

<p>Page 1</p> <p>1 IN THE COURT OF COMMON PLEAS 2 OF SUMMIT COUNTY, OHIO 3 4 KAREN L. ARMOUR, 5 Admin., etc., 6 Plaintiff, 7 vs Case No. 2002-07-4063 8 PATRICK A. RICH, D.O., 9 et al., 10 Defendants. 11 ----- 12 DEPOSITION OF LAWRENCE MARTIN, M.D. 13 TUESDAY, NOVEMBER 18, 2003 14 ----- 15 Deposition of LAWRENCE MARTIN, M.D., a 16 Witness herein, called by counsel on behalf of 17 the Plaintiff for examination under the statute, 18 taken before me, Lorraine J. Klodnick, a 19 Registered Merit Reporter and Notary Public in 20 and for the State of Ohio, pursuant to notice and 21 stipulations of counsel, at the offices of 22 Lawrence Martin, M.D., 9500 Mentor Avenue, 23 Mentor, Ohio, commencing at 5:17 p.m., on the day 24 and date above set forth. 25 -----</p>	<p>Page 3</p> <p>1 LAWRENCE MARTIN, M.D., of lawful age, called 2 for examination, as provided by the Ohio Rules of 3 Civil Procedure, being by me first duly sworn, as 4 hereinafter certified, deposed and said as 5 follows: 6 EXAMINATION OF LAWRENCE MARTIN, M.D. 7 BY MR. MISHKIND: 8 Q. Would you state your name for the 9 record, please? 10 A. Lawrence Martin. 11 Q. Dr. Martin, you've been identified as 12 an expert on behalf of Dr. Dean Rich in the 13 lawsuit that has been filed by the estate of Jean 14 Speicher and I am here to take your deposition 15 today. You understand that, don't you? 16 A. Yes. 17 Q. Have you had your deposition taken 18 before, sir? 19 A. Yes. 20 Q. I have a report that you wrote on July 21 12, 2003. It's four pages in length. Is this 22 the only report that you've written? 23 A. Yes. 24 Q. I also was faxed yesterday by Mr. 25 Murphy's office a copy of a CV, 16 pages in</p>
<p>Page 2</p> <p>1 APPEARANCES: 2 On behalf of the Plaintiff: 3 Becker & Mishkind, by 4 HOWARD MISHKIND, ESQ. 5 660 Skylight Office Tower 6 1660 West 2nd Street 7 Cleveland, Ohio 44113 8 (216) 241-2600 9 On behalf of Defendant Patrick A. Rich, D.O.: 10 Reminger & Reminger Co., L.P.A., by 11 ANDREW JAMISON, ESQ. 12 200 Courtyard Square 13 80 South Summit Street 14 Akron, Ohio 44308 15 (330) 375-9075 16 On behalf of Defendant Dean P. Rich, D.O.: 17 Bonezzi, Switzer, Murphy & Polito, by 18 PATRICK MURPHY, ESQ. 19 1400 Leader Building 20 526 Superior Avenue 21 Cleveland, Ohio 44114 22 (216) 875-2767 23 ALSO PRESENT: 24 Kim Thomas, Nurse Paralegal 25 ----</p>	<p>Page 4</p> <p>1 length, which indicates it was revised as of July 2 2003. To your knowledge would that be the most 3 current? 4 A. I believe so, yes. 5 MR. MISHKIND: Why don't we go ahead 6 and mark the report as Plaintiff's Exhibit 1 and 7 the CV as Plaintiff's Exhibit 2. 8 ----- 9 (Thereupon, Martin Deposition Exhibit 10 Plaintiff's Exhibit 1 and 2 were 11 marked for purposes of 12 identification.) 13 ----- 14 BY MR. MISHKIND: 15 Q. Doctor, before I begin my questioning, 16 if I could just take a look at what you have in 17 front of you. 18 Just for the purposes of the record, 19 Plaintiff's Exhibit 1 is your report, true? 20 A. Yes. 21 Q. And Plaintiff's Exhibit 2 is a copy of 22 your most current CV, 16 pages in length, true? 23 A. Yes. 24 Q. It appears that in your letter of July 25 12, 2003, you have outlined all of the material</p>

<p>Page 5</p> <p>1 that you had reviewed for the purposes of your 2 opinion letter, is that correct? 3 A. Yes. 4 Q. In looking at the material that you 5 have in front of you, it doesn't appear as if you 6 have been provided with any additional material 7 by way of reports or depositions or expert 8 reports since you authored your report, is that 9 correct? 10 A. Right. 11 Q. Is it fair to say that the only other 12 correspondence that is in your file would be 13 relative to the deposition and your trial 14 testimony in this case? 15 A. What do you mean other correspondence? 16 Q. Since you drafted your report, the 17 only other correspondence from Mr. Murphy's 18 office would be his paralegal or perhaps Mr. 19 Murphy scheduling your deposition and your trial 20 testimony? 21 A. Right. 22 Q. You have not seen the deposition 23 transcript of Dr. Bacik that was taken last week? 24 A. Right, I have not. 25 Q. You know Ron Bacik, don't you?</p>	<p>Page 7</p> <p>1 Q. How about Dr. Ammerman, do you recall 2 seeing a report or hearing his name -- 3 A. No. 4 Q. -- referenced? 5 A. No. 6 Q. No to both questions? 7 A. Right. 8 Q. Okay. You have Dr. Ron Bacik's 9 report, correct? 10 A. Yes. 11 Q. Let me ask you a couple questions 12 about Dr. Bacik's report. First, can we agree 13 that Dr. Bacik in his report makes no comment 14 relative to the care provided by Dr. Dean Rich? 15 A. Right. 16 Q. I think you in fact commented on that 17 in your report; true? 18 A. Yes. 19 Q. In terms of the opinions which are 20 contained on page 3 of Dr. Bacik's report, 21 starting at the top of page 3 and continuing 22 through the balance of page 3, that half page of 23 page 3, do you have any disagreement with the 24 opinions that Dr. Bacik has expressed? 25 A. I believe these opinions were about</p>
<p>Page 6</p> <p>1 A. I have met him, yes. 2 Q. How do you know him? 3 A. I think I met him once or twice at 4 pulmonary meetings. 5 Q. You are a pulmonologist, correct? 6 A. Yes. 7 Q. Have you ever practiced at the same 8 facility as Dr. Bacik? 9 A. No. 10 Q. What type of reputation does Dr. Bacik 11 have as a pulmonary specialist in the greater 12 Cleveland area? 13 A. He has a good reputation. 14 Q. Do you know Dr. Conomy? 15 A. I don't know him; I've heard of him. 16 I've never met him. 17 Q. Do you know about his reputation as a 18 neurologist? 19 A. No. 20 Q. You've also apparently not seen the 21 report of Dr. Herwig? At least I don't see it 22 referenced anywhere in your material. 23 A. No. 24 Q. Do you know who Dr. Herwig is? 25 A. No.</p>	<p>Page 8</p> <p>1 his father, Dr. Rich's father, is that correct? 2 Q. Well, they're both with regard to Dr. 3 Rich's care as well as the cause of the pulmonary 4 embolism and the issues relative to deep vein 5 thrombosis. So if you want to just read it over 6 and then answer my question as to whether or not 7 you have any quarrel or disagreement with what 8 Dr. Bacik has said? 9 MR. MURPHY: Let me just note an 10 objection on the record. 11 MR. JAMISON: Objection. 12 MR. MURPHY: You can read that while 13 I'm objecting. I only asked Dr. Martin to look 14 at Dean Rich. 15 MR. MISHKIND: I understand that. Go 16 ahead. 17 MR. JAMISON: Same objection. 18 A. In my opinion, Dr. Patrick Rich fell 19 below the standard of care on 10-25-01 when he 20 failed to diagnose -- 21 MR. MURPHY: I don't think he's asking 22 you to read it. 23 Q. I'm asking you after you've read it to 24 yourself, do you -- let me back up for one 25 second.</p>

<p>Page 9</p> <p>1 You are a pulmonary specialist, as is 2 Dr. Bacik? 3 A. Yes. 4 Q. You reviewed the records of Dr. 5 Patrick Rich, which included the note of February 6 1, 2001 for Dr. Dean Rich, correct? 7 A. Yes. 8 Q. And you also reviewed the records from 9 Barberton and the records from Akron General 10 Hospital, correct? 11 A. Yes. 12 Q. So certainly you had the same 13 information available to you and I recognize that 14 Mr. Murphy has only asked you to comment on the 15 care of Dr. Dean Rich? 16 A. Yes. 17 Q. But you have sufficient information as 18 a pulmonary specialist and you're board certified 19 in internal medicine as well, correct? 20 A. Yes. 21 Q. Certainly you have enough information 22 to be able to evaluate and look at the care 23 provided beginning on or about January 25, 2001, 24 up through the hospitalization at Barberton and 25 then up to the time of Mrs. Speicher's death to</p>	<p>Page 11</p> <p>1 presented both in his office and in the hospital, 2 that it would have been appropriate to do the 3 studies to do a deep vein thrombophlebitis and 4 pulmonary embolism, those studies would be 5 indicated. 6 Q. So you agree with Dr. Bacik at least 7 with regard to the first sentence that I've read? 8 A. Those studies should have been done, 9 right. 10 Q. And then the history of sudden onset 11 of shortness of breath, left leg swelling and 12 pulmonary hypertension noted on the 13 echocardiogram should have led to a VQ scan of 14 the lung, a CT angio of the lung or duplex study 15 of the lower extremity, any of which would have 16 made a diagnosis of thromboembolism. Do you 17 agree with Dr. Bacik when he makes that statement 18 as well? 19 A. Yes, I agree. 20 Q. And Dr. Bacik indicates that had 21 appropriate therapy with heparin been 22 administered during the admission on January 25 23 at Barberton, in all probability Mrs. Speicher 24 would have survived her thromboembolism. Do you 25 agree with that as well?</p>
<p>Page 10</p> <p>1 be able to tell me whether or not what Dr. Bacik 2 has said concerning the care provided to this 3 patient, whether you agree or disagree with his 4 opinion? 5 A. Well, as has been pointed, I was not 6 asked to review the case from the standpoint of 7 Dr. Patrick Rich's care, but if you asked 8 specific questions, I think I could answer them 9 regarding this case. 10 Q. What I'm trying to do is try to 11 streamline it. 12 A. I understand. 13 Q. Do you disagree with Dr. Bacik when he 14 says that Dr. Patrick Rich fell below the 15 standard of care on January 25 when he failed to 16 diagnose deep vein thrombosis of the left lower 17 extremity and pulmonary embolism in this patient? 18 MR. JAMISON: Objection. 19 MR. MURPHY: Let me put a continuing 20 objection -- 21 MR. JAMISON: Same. 22 MR. MURPHY: -- then I won't continue 23 to interrupt. 24 MR. MISHKIND: That's fine. 25 A. I have to say the way this patient</p>	<p>Page 12</p> <p>1 A. Right, she would have survived the 2 hospitalization. I can't quote what would happen 3 long term, but I would agree with the way he's 4 written that statement. 5 Q. Okay. The second paragraph where he 6 indicates hemodynamic compromise February 5, 7 2001, was a direct and proximate cause of her 8 cardiorespiratory arrest, ventilator dependency, 9 aspiration pneumonia and multi-system organ 10 failure. Do you agree with that? 11 A. Yes. 12 Q. And the constellation of problems 13 caused a mortality in excess of 50 percent and 14 thus, in all probability she would not have 15 survived her recurrent pulmonary thromboemboli. 16 Do you agree with that? 17 A. Well, that's convoluted. She did not 18 survive. She does not survive. 19 Q. By the time she arrived on February 20 5 -- 21 A. The way he wrote the sentence, he's 22 saying after she had all these problems, 23 mortality was in excess of 50 percent, in fact, 24 she didn't survive. 25 Q. Certainly the longer one goes with</p>

<p style="text-align: right;">Page 13</p> <p>1 thromboemboli untreated, the greater the 2 probability is of dying, correct? 3 A. Well, the greater the probability of 4 dying or complications, right. 5 Q. So the greater the likelihood of 6 morbidity and/or mortality, correct? 7 A. Right. 8 Q. The third paragraph of his letter, the 9 severe hypotension and bradycardia noted around 2 10 a.m. on the morning of the 6th also precipitated 11 her cerebrovascular accident. Do you agree with 12 Dr. Bacik? 13 A. Most likely, yes. 14 Q. And in all probability the massive 15 left middle cerebral artery infarct would not 16 have occurred in the absence of her hemodynamic 17 compromise caused by recurrent pulmonary 18 thromboemboli. Do you agree or disagree? 19 A. Yes, I would agree with that. 20 Q. I'm going to ask you similar 21 questions, doctor, about Dr. Conomy's report and 22 then move forward from there. So if you could 23 pull that, put that in front of you. 24 If you would look to page 3 of his 25 report where it says analysis and opinions, the</p>	<p style="text-align: right;">Page 15</p> <p>1 condition and deep venous thrombosis and 2 pulmonary embolization and its treatment would, 3 in my opinion, have prevented her stroke as well 4 as her death? 5 A. I have no basis to disagree with that. 6 Q. May I then conclude that that's a 7 reasonable statement and one that you'd agree 8 with? 9 MR. JAMISON: Objection. 10 A. I have no reason to disagree with it. 11 The woman was elderly. 12 Q. I'm sorry? 13 A. The woman was elderly and had she been 14 started on heparin two weeks earlier, there could 15 have been complications. I have no basis for 16 predicting what would have happened. 17 Q. Can we agree that had she been started 18 on heparin at the point in time where the 19 clinical signs and symptoms existed and 20 appropriate diagnostic studies were done, that 21 it's less likely that she would have died of 22 complications of administration of heparin? 23 A. Yes, we can agree with that. 24 Q. In fact, doctor, you've obviously 25 lectured on pulmonary emboli?</p>
<p style="text-align: right;">Page 14</p> <p>1 first opinion, I'll read it just for the record, 2 then same thing we did with Dr. Bacik where he 3 says, I share the opinion of her medical 4 caregivers during her terminal hospitalization 5 that the cause of Jean Speicher's death was 6 pulmonary embolization. Do you agree with Dr. 7 Conomy? 8 A. Yes. 9 Q. Second opinion, it is my opinion that 10 the cause of Mrs. Speicher's stroke was systemic 11 high tension coupled with the resultant renal 12 cerebral blood flow defect caused by preexisting 13 stenosis of her left middle cerebral artery, and 14 parenthetical not imaged, artery? 15 A. That's a misprint, I guess. I think 16 he meant hypotension. 17 Q. Right. Regional systemic hypotension 18 coupled with regional cerebral blood flow. 19 If we correct that typo, do you agree 20 with that sentence? 21 A. I have no reason to disagree with it, 22 put it that way. 23 Q. On page 4, paragraph 3, do you agree 24 with Dr. Conomy with regard to his opinion that 25 the prompt recognition of Miss Speicher's</p>	<p style="text-align: right;">Page 16</p> <p>1 A. Yes. 2 Q. Have you written anything specifically 3 on the diagnosis and treatment of pulmonary 4 emboli? 5 A. No. 6 Q. But you have given a number of 7 lectures over time -- 8 A. Yes. 9 Q. -- that have touched on pulmonary 10 emboli; true? 11 A. Yes. 12 Q. And you recognize that with prompt 13 recognition of the signs and symptoms of deep 14 vein thrombosis and with appropriate treatment, 15 those patients that are timely treated, that 16 there's about a 90 percent likelihood that the 17 patient will survive and not suffer a fatal 18 emboli? 19 A. I don't know where you got the number 20 90 percent. It's a much greater chance of 21 survival with treatment than without treatment by 22 threefold difference. 23 Q. 75 percent? 24 A. Well -- 25 MR. JAMISON: Objection.</p>

<p>Page 17</p> <p>1 A. -- the numbers would vary upon the 2 population. There's a much better chance of 3 survival with treatment than without treatment. 4 About a threefold difference with treatment 5 compared to no treatment. 6 Q. You know in the law we don't deal with 7 absolute certainty; we deal with probabilities. 8 There's a high probability, substantially greater 9 than 50 percent, that with timely diagnosis and 10 treatment a patient like Jean Speicher would have 11 survived, true? 12 MR. JAMISON: Objection. 13 A. You mean survive the hospitalization? 14 Q. Would not have died of complications 15 of pulmonary emboli? 16 A. I don't think you can say that. I 17 think what you can say is there would have been 18 much less of a risk of what happened happening 19 had she been treated earlier. The chances would 20 have been -- with less risk and what actually 21 happens wouldn't have happened had she been 22 treated earlier. 23 Q. Can we agree to a reasonable degree of 24 probability what happened at that time would not 25 have happened had she been timely diagnosed and</p>	<p>Page 19</p> <p>1 Q. I think her PO2 was 45 or 44, correct? 2 A. Yes. 3 Q. And that's profound hypoxia, is it 4 not? 5 A. Yes. 6 Q. Can we agree that the effects of the 7 pulmonary emboli that she experienced most likely 8 led to her developing multi-system organ failure? 9 A. Yes. 10 Q. Had she been treated earlier, before 11 the pulmonary emboli had caused perfusion defects 12 and decreased the oxygen flow, it's less likely 13 that she would have experienced all of those 14 complications? 15 A. Yes. 16 Q. And in fact it's likely she would have 17 avoided those complications; true? 18 A. You keep changing the treatment 19 question. 20 MR. JAMISON: Objection. 21 A. It's less likely she would have had 22 those complications. I can't predict what would 23 have happened, but it's less likely she would 24 have had those complications. I definitely agree 25 with that.</p>
<p>Page 18</p> <p>1 timely treated? 2 MR. JAMISON: Objection. 3 A. I don't know what would have happened 4 had she been timely diagnosed and timely treated. 5 I can't predict. All I can say, the evidence as 6 you pointed out, I agree the earlier you treat, 7 the less your risk of morbidity and mortality. 8 Q. Well, doctor, in the lectures you've 9 given, what have you indicated in terms of the 10 survival of patients when the signs and symptoms 11 of a DVT are timely recognized and appropriate 12 treatment is given as to the degree of morbidity 13 and the likelihood of mortality? 14 A. Well, you definitely improve the 15 chances of survival, lessen morbidity by timely 16 treatment. You seem to be asking me how long 17 she's -- 18 Q. No, no, no. I'm talking about -- can 19 we agree that she suffered significant perfusion 20 defects as a result of the pulmonary emboli? 21 A. Yes. 22 Q. Is that because of the emboli that 23 were affecting the lungs, she developed hypoxia 24 when she was admitted to Akron General, correct? 25 A. Yes.</p>	<p>Page 20</p> <p>1 Q. Do you have an opinion in this case 2 that you intend to provide, assuming she had been 3 timely diagnosed with appropriate treatment 4 given, as to what her life expectancy would have 5 been? 6 A. One cannot say because you don't have 7 all the information in terms of why she had the 8 embolism, whether it was concurrent disease or 9 whatever else might be going on. 10 Q. Again, you're not going to take the 11 stand and indicate a specific opinion that she 12 would have lived one year or ten years? 13 A. No. 14 Q. I think I missed the last opinion on 15 Dr. Conomy's report where he indicates in his 16 opinion Mrs. Speicher's stroke occurred in the 17 context of her hypotensive and hypoxic episodes 18 starting before midnight February 5th, 2001. In 19 this setting she experienced generalized brain 20 anoxia and stroke, which were contributing causes 21 to her demise. 22 Do you agree with those statements? 23 A. I have no reason to disagree. 24 Q. They're reasonable statements? 25 A. Yes.</p>

<p>Page 21</p> <p>1 Q. In fact, all of the opinions from Dr. 2 Bacik and Dr. Conomy that I've read to you are 3 reasonable opinions, correct? 4 A. Yes. 5 Q. Have you reviewed any medical 6 literature for the purposes of preparing your 7 report? 8 A. No. 9 Q. Have you reviewed any medical 10 literature in connection with this case as it 11 relates to the relationship between pulmonary 12 emboli and stroke? 13 A. No. 14 Q. Have you reviewed any medical 15 literature on either topic since you wrote your 16 report up to the present date? 17 A. Relating to this case? 18 Q. Yes. 19 A. No. 20 Q. Obviously you keep up with the 21 literature, correct? 22 A. Right. 23 Q. You get the New England Journal of 24 Medicine, don't you? 25 A. Yes.</p>	<p>Page 23</p> <p>1 in terms of strategies and clinical diagnoses, 2 long before you read this, correct? 3 A. Hopefully, yes. 4 Q. In a patient with no history of 5 chronic obstructive pulmonary disease or any 6 other significant pulmonary illnesses -- in a 7 patient that does not have a prior history of 8 COPD or other pulmonary disease that presents and 9 is admitted to a hospital and undergoes an 10 echocardiogram that shows normal left ventricular 11 function but demonstrates pulmonary arterial 12 pressure in the 55 to 60 range, as a 13 pulmonologist what is on your differential in 14 terms of the cause of such high arterial 15 pressures? 16 A. Well, there's several conditions that 17 can do that. Pulmonary embolism is obviously one 18 of them. 19 Q. Would that be high on the 20 differential? 21 A. It would be something to be 22 considered, sure. 23 Q. If you saw pulmonary hypertension, a 24 pulmonary arterial pressure of 55 to 60, that's 25 about what, three times normal?</p>
<p>Page 22</p> <p>1 Q. I'm sure you read the September 03 2 article on the evaluation of suspected pulmonary 3 embolism? 4 A. Yes. 5 Q. Do you consider that to be a 6 relatively reasonable article as it relates to 7 the evaluation of suspected pulmonary embolism? 8 A. Yeah. 9 Q. And the statement contained in that 10 article that the majority of preventable deaths 11 associated with pulmonary embolism can be 12 ascribed to a misdiagnosis rather than to a 13 failure of existing therapies. You agree with 14 that as well, don't you? 15 A. Yes. 16 Q. In fact, doctor, in terms of this 17 article, while this describes the evaluation of 18 pulmonary embolism as of September 2003, there 19 really isn't anything new, per se, in this 20 article, is there? 21 A. It's a review article basically, 22 right. 23 Q. Stating that which you probably knew 24 from your other readings in terms of the 25 evaluation of a patient with pulmonary embolism</p>	<p>Page 24</p> <p>1 A. Yes. 2 Q. Would you interpret that 3 echocardiogram as being normal? 4 A. No. 5 Q. Would you in a patient admitted for 6 rule out CHF and rule out PE that has an acute 7 onset of shortness of breath that has that 8 echocardiogram result, what in your opinion would 9 the standard of care require once getting back 10 the echocardiogram showing the pulmonary arterial 11 pressures of 55 to 60? 12 MR. JAMISON: Objection. 13 A. Well, you could either do ventilation 14 perfusion lung scan or you could consult with a 15 cardiologist for their opinion or there are other 16 studies you could do. Those would be the two 17 avenues I would see most immediate. 18 Q. The pulmonary embolism would be, as 19 you said, high on your differential in terms of 20 potential explanations for the arterial 21 pressures, right? 22 A. Would be one of the conditions I would 23 consider. 24 Q. Especially in a patient that doesn't 25 have any other pulmonary abnormalities, correct?</p>

Page 25

1 A. You could do breathing, pulmonary
2 function tests. There are many other things you
3 could do. We see this now in people with sleep
4 apnea, deep saturated during sleep, the condition
5 of primary pulmonary hypertension where you can
6 do this, rule out all the other causes. The
7 work-up can be fairly extensive. You could start
8 with either -- if you're primary care, you could
9 request a specialty consultation, do a
10 ventilation perfusion lung scan. In some cases
11 you could consider doing CT scan, but you might
12 want to go to VQ scan first.
13 Q. In this case if a VQ scan had been
14 done while the patient was in Barberton Citizens
15 Hospital in light of the echo results, do you
16 agree that it's likely that the ventilation
17 perfusion scan would have been a high probability
18 for PE?
19 MR. JAMISON: Objection.
20 A. There's no way of knowing. I think
21 it's likely it would have been abnormal, I can't
22 say high probability.
23 Q. If there's a -- I'm sorry, did you say
24 high likelihood it would have been abnormal?
25 A. No. High likelihood it would have

Page 27

1 Barberton Citizens Hospital with the echo result
2 and with the history of leg pain earlier in the
3 week then with sudden onset of shortness of
4 breath that had gotten worse within the last two
5 days before coming to the hospital and the echo
6 result showing pulmonary arterial pressures, with
7 what we know, what would you have done, doctor?
8 MR. MURPHY: Objection. For the
9 record.
10 A. In this case I would have done
11 ventilation perfusion lung scan and DVT study of
12 the legs.
13 Q. And if those results came back
14 positive or if the VQ came back low probability,
15 but you went on to do an angiogram and had a
16 suspicion that patient was throwing clots to her
17 lungs, what would the treatment or the standard
18 treatment have been at that point?
19 MR. MURPHY: Objection.
20 MR. JAMISON: Objection.
21 A. Heparin followed by Coumadin.
22 Q. Was any of that done at Barberton
23 Citizens Hospital, to your knowledge?
24 A. No.
25 Q. I want to move off of the substance of

Page 26

1 been abnormal in some fashion.
2 Q. If it would have been abnormal in some
3 fashion, what additional testing then would have
4 been required in order to comply with the
5 standard of care?
6 A. Well, it would depend how it was read.
7 First of all, if it was normal, that would rule
8 out pulmonary embolism. If it's abnormal,
9 there's a high probability you would go ahead and
10 assume the diagnosis and treatment on that basis.
11 If it's intermediate abnormality, you might still
12 treat depending on clinical suspicion or you
13 might want to do a CT scan of the chest. And if
14 it's low probability, then you might want to
15 consider pulmonary angiogram. And in all three
16 cases you might want to study the legs, see if
17 there's a DVT in the legs.
18 Q. Do you know whether any of those
19 studies were done on this patient after the
20 echocardiogram was reported while she was in the
21 hospital at Barberton Citizens Hospital?
22 A. Yes.
23 Q. What studies were done?
24 A. None.
25 Q. If this had been your patient at

Page 28

1 the case for a moment and just ask you a little
2 bit about your medical/legal experience. You and
3 I have ever met before. Although as the years go
4 on, I've been doing this fairly long and I
5 suspect you've been doing medicine fairly long,
6 it's conceivable we may have met, but you told me
7 that you have given deposition testimony before?
8 A. Yes.
9 Q. Give me an idea how many times you've
10 been deposed.
11 A. Couple dozen, at least.
12 Q. How many years have you done
13 medical/legal work?
14 A. About 20.
15 Q. Have you ever testified in a pulmonary
16 embolism case?
17 A. Yes.
18 Q. How many of the 24 depositions would
19 you say have been PE cases?
20 A. At least -- well, I'm sorry. A lot of
21 those depositions were not medical/legal; they're
22 occupational.
23 Q. Let's break down the 24 depositions to
24 putting aside occupational disease matters and
25 just concentrate on medical negligence cases

7 (Pages 25 to 28)

Page 29

1 where either standard of care or proximate cause
2 was involved, or both.
3 A. Probably 10 or 15.
4 Q. Of the 10 to 15 medical/legal cases
5 dealing with standard of care or proximate cause,
6 how many of those have involved an issue of
7 pulmonary embolism?
8 A. I don't know for sure. Probably three
9 or four.
10 Q. Can you tell me the names of any of
11 those cases?
12 A. I don't remember the names.
13 Q. Were any of them on behalf of a
14 patient that was bringing the claim for issues of
15 failing to timely diagnose or timely treat?
16 A. One was, yes. And I think I recall
17 one was from out of town and I think -- two
18 others were defense.
19 Q. The one that was out of town, was that
20 a plaintiff or defense?
21 A. Plaintiff.
22 Q. So there were two plaintiff cases --
23 A. No, one was plaintiff.
24 Q. The one that you remembered that was
25 plaintiff was an out-of-town case?

Page 31

1 weeks ago.
2 Q. And were you working as the expert for
3 the plaintiff or the defendant?
4 A. Defense.
5 Q. Who was the attorney?
6 A. The attorney was Murray Lenson.
7 Q. Was that a PE case or was that
8 unrelated?
9 A. No, it was not PE.
10 Q. What was the name of the doc or the
11 patient in that case two weeks ago?
12 A. It's the plaintiff is I think it's
13 Ensinger versus Dr. McFadden is the name of the
14 case. There's a lot of other people involved.
15 Q. When are you scheduled to testify next
16 either in deposition or at trial?
17 A. Actually, I think that one is going to
18 trial sometime December.
19 Q. This case was set for trial December
20 9, I think Mr. Murphy has you scheduled --
21 MR. MURPHY: The 12th. I think Friday
22 that week.
23 A. Yes.
24 Q. Is your testimony in this case with
25 Mr. Lenson before that?

Page 30

1 A. Right. And two defense were local.
2 Q. Do you happen to remember what town it
3 was?
4 A. Detroit.
5 Q. But you don't remember the name?
6 A. No.
7 Q. Do you remember the name of the
8 lawyer?
9 A. No.
10 Q. How long ago would that have been?
11 A. Ten, 15 years ago. Maybe 10 years
12 ago.
13 Q. Do you remember the names of the
14 lawyers that you were involved in in PE cases
15 from the defense side?
16 A. Yes.
17 Q. Who are they?
18 A. Murray Lenson.
19 Q. Both of them?
20 A. Yes.
21 Q. When is the last time you were
22 deposed?
23 A. From medical/legal?
24 Q. Yes.
25 A. I think a few weeks ago. Maybe two

Page 32

1 A. Actually, I think it's before. I
2 don't think they have a firm date. Possibility
3 it will be continued.
4 Q. That never happens.
5 A. But I think, as I recall from his last
6 e-mail, it's going to be sometime before that, if
7 it goes. Last I heard, most likely will be
8 continued.
9 Q. You don't remember the attorney that
10 took your deposition?
11 A. That was -- yes, I do. I remember the
12 firm. I don't remember the attorney. It was Elk
13 & Elk.
14 Q. Steve Crandall by chance?
15 A. No. Steve is on the case. He didn't
16 do it. It was his partner.
17 Q. Jay Kelley?
18 A. Yes. That sounds familiar.
19 Q. What's the subject matter of that
20 case?
21 A. Missed lung cancer.
22 Q. So essentially over 20 years you've
23 been deposed 10 to 15 times in medical negligence
24 cases?
25 A. Yes.

8 (Pages 29 to 32)

<p>Page 33</p> <p>1 Q. And you've testified at trial in 2 medical negligence cases how many times? 3 A. Actually, I went to trial both times 4 on Murray Lenson's cases. Just two, maybe two or 5 three others. Maybe two others, I think. Most 6 of the times, as you obviously know, they don't 7 proceed for various reasons. 8 Q. Of the Murray Lenson cases, those two 9 you were appearing as the expert on behalf of the 10 doctors in the hospital? 11 A. Yes. 12 Q. The other two or three times you 13 testified in a courtroom were you also testifying 14 on behalf of a doctor or a hospital? 15 A. Yes. 16 Q. Have you ever testified in a courtroom 17 where -- in a medical negligence case where you 18 were testifying on behalf of a patient? 19 A. No. 20 Q. Have you ever had the misfortune of 21 being named as a party in a medical negligence 22 case? 23 A. Yes. 24 Q. How many times? 25 A. Five or six times.</p>	<p>Page 35</p> <p>1 Q. Or Jacobson, Maynard? 2 A. I think he was with Jacobson, Maynard 3 at the time. 4 MR. MURPHY: It's a long time ago. 5 A. About 20 years ago. 6 MR. MURPHY: Could be. 7 Q. Do you know how it is Mr. Murphy 8 contacted you relative to this case? 9 A. Well, he knew me from that. I've done 10 some work for their firm. 11 Q. For his current firm? 12 A. Yes. 13 Q. Are you serving in any capacity as an 14 expert for the firm other than currently, other 15 than on this case? 16 A. I don't recall. I can't remember. 17 Q. But you're not being defended or are 18 you being defended by his office? 19 A. No. 20 Q. With regard to the lectures that 21 you've given, doctor, on pulmonary emboli, have 22 you distributed any printed material to the 23 audience? 24 A. I'm sure I did. Usually do. 25 Q. Do you maintain any type of a file</p>
<p>Page 34</p> <p>1 Q. Any of those go to trial? 2 A. No. 3 Q. Any of those involve pulmonary emboli 4 or issues surrounding? 5 A. Yes, one. 6 Q. What was the name of that case? 7 A. Hasn't -- it's just been filed, 8 recently filed. 9 Q. In Cuyahoga County or Lake County? 10 A. Cuyahoga. 11 Q. Since it's been filed, I can ask this 12 of you, the name of the patient? 13 A. Richardson. 14 Q. The other cases were pulmonary 15 matters, but not -- or lung matters, but not PEs? 16 A. As far as I can recall, yes. 17 Q. Have you been represented in any of 18 those cases by the gentleman seated to your 19 right, Mr. Murphy? 20 A. I think we met once on one of these 21 cases many years ago and nothing came of the 22 case. 23 Q. What about anybody from his law firm, 24 Bonezzi, Switzer, Murphy & Polito? 25 A. No.</p>	<p>Page 36</p> <p>1 with regard to your lecture material on pulmonary 2 emboli? 3 A. No. I do it each time I give a talk. 4 Q. When is the last time you lectured on 5 pulmonary emboli? 6 A. I have to look. Probably a few years 7 ago. 8 Q. It would have been several years ago? 9 A. Probably. 10 Q. Do you recall anything this year, for 11 example? 12 A. No. 13 Q. As I understand it, you are not 14 critical of Dr. Dean Rich, correct? 15 A. Correct. 16 Q. Do you know Dr. Dean Rich? 17 A. No. 18 Q. Do you know Dr. Patrick Rich? 19 A. No. 20 Q. Do you know any of the docs at Akron 21 General that treated Mrs. Speicher when she 22 arrived on February 5th? 23 A. No. 24 Q. You tabbed a couple pages in the 25 record, one I see is obviously the February 1</p>

Page 37

1 visit with Dr. Dean Rich. There are two other
2 pages that are tabbed. Can you tell me the
3 reason for those yellow stickies?
4 A. I think I just read this last night
5 about the history and summary from Akron General
6 Hospital. I put a tab in there maybe because I
7 was going to come back to it if I stayed awake.
8 Q. I take it you didn't stay awake then?
9 A. No.
10 Q. There's another tab also, doctor, in
11 there?
12 A. That's another handwritten thing about
13 Akron General, Dr. Wright.
14 Q. Do you know Dr. Ginella?
15 A. No.
16 Q. Dr. Ginella signed the death
17 certificate in this case indicating the cause of
18 death was respiratory failure as a consequence of
19 pulmonary emboli. Do you agree with that?
20 A. It's in the context, that's fine.
21 There are many things that happened to this
22 woman.
23 Q. But the pulmonary emboli preceded the
24 other complications, correct?
25 A. Yes.

Page 39

1 Q. I'm going to talk in detail about some
2 of what you've just said. I think you've given
3 me sort of an overview. Are there any other
4 aspects of why it is that you're not critical of
5 Dr. Dean Rich, again, as a general statement,
6 other than what you've told me?
7 A. I don't know what you mean by other
8 aspects. I have the impression that the -- this
9 lawsuit was holding to a standard which was
10 unfair for practitioners seeing a patient once
11 and once only in the context of the way she
12 presented.
13 Q. What information did Dr. Dean Rich
14 have available to him concerning the
15 hospitalization of January 25 to January 28 when
16 he saw this patient on February 1?
17 A. He had his father's chart, the
18 outpatient chart and the patient's history.
19 Q. In terms of his father's chart, we can
20 agree that Dean Rich saw the patient at his
21 father's office; true?
22 A. Right.
23 Q. Do you know where the office is
24 located?
25 A. The address is in the deposition. I

Page 38

1 Q. And at the time that she was in the
2 hospital, we could agree that it's unlikely that
3 the other complications that developed after the
4 pulmonary emboli would have occurred during that
5 hospitalization, but for the pulmonary emboli?
6 A. Yes.
7 Q. Tell me the reason that you are not
8 critical of Dr. Dean Rich.
9 A. In the context of the way she
10 presented it, this care was -- fell within the
11 standards and he examined her, took a history and
12 gave her some medication and I'm not critical of
13 the way he handled it. And I also disagree with
14 the way this doctor criticized him in the context
15 of what happened. The criticisms of Dr. Rich are
16 in the context of knowing exactly what happened
17 afterwards with a slightly different history with
18 which she presented to Akron General Hospital, so
19 the criticism, which, by the way, is one of the
20 three experts from the reports, is in the context
21 of knowing what was available to Dr. Rich when he
22 had seen her.
23 Q. We're talking about Dr. Bibler,
24 correct?
25 A. Yes.

Page 40

1 can look it up.
2 Q. That's all right. Not a problem.
3 Have you ever talked to Dr. Dean Rich
4 since this lawsuit has been filed?
5 A. No.
6 Q. Or Patrick Rich?
7 A. No.
8 Q. I take it that would apply to all of
9 the care-givers as well as the experts in this
10 case. You've left the talking to Mr. Murphy and
11 the others?
12 A. Right.
13 Q. You've just gone about your business,
14 correct?
15 A. I haven't talked to anybody else.
16 Q. Okay. Is there a reason that you
17 didn't request of Mr. Murphy that he provide you
18 with Dr. Patrick Rich's deposition?
19 A. No particular reason.
20 Q. Have you had any conversations with
21 Mr. Murphy about the testimony that Dr. Patrick
22 Rich has provided in this case?
23 A. No.
24 Q. In the deposition testimony of Dr.
25 Rich, tell me what it is that you believe Dr.

10 (Pages 37 to 40)

Page 41

1 Dean Rich had available to him in his dad's
2 office record that would relate to that
3 hospitalization other than the history the
4 patient gave to him after she was in the room
5 with him. In other words, what physically
6 constituted Dr. Patrick Rich's office record as
7 it relates to that recent hospitalization?

8 A. I believe he testified that he had the
9 record regarding the previous visit of the
10 patient to his father preceding the hospital
11 admission.

12 Q. That would be the January 25?

13 A. Right.

14 Q. So he knew that the patient had a
15 history of left leg swelling earlier that week
16 followed by --

17 A. I don't remember what he said he knew
18 at the time. I remember he said he had the
19 chart.

20 Q. Certainly if he had the chart he would
21 have had an obligation in seeing this patient,
22 who was recently discharged from the hospital, to
23 look at his dad's record to see what at the last
24 office visit showed by way of patient signs and
25 symptoms, correct?

Page 43

1 pillow because of shortness of breath at 4 a.m.
2 she was also tachycardic. And on examination Dr.
3 Patrick Rich noted that she had dyspnea. All of
4 that information, if Dr. Dean Rich was acting
5 reasonable in looking at the last note, would be
6 information that he would have available to him;
7 true?

8 MR. MURPHY: Objection.

9 A. Yes.

10 Q. Do you know from your review in this
11 case whether or not Dr. Dean Rich did look back
12 to his dad's note from January 25, 01 to see what
13 his patient's recent history was?

14 A. I don't remember. I'd have to look at
15 the deposition. I don't remember him saying that
16 he looked at that, so I'd have to quote him in
17 the deposition.

18 Q. But, again, you would expect a
19 reasonable physician in the context of covering
20 for someone, whether it's their father or someone
21 else that has an office chart available and the
22 patient has recently been seen, you would expect
23 a reasonable practitioner to look at that office
24 note to gather information about the patient's
25 recent medical history?

Page 42

1 MR. MURPHY: Objection.

2 A. You're saying he had an obligation. I
3 believe he testified that he did not actually see
4 the previous note or read the previous note. I'd
5 have to see exactly what he said.

6 Q. If that previous note was in his
7 father's chart, would it have been reasonable for
8 Dr. Dean Rich, seeing this patient in his
9 father's absence, to look at the chart in the
10 context of his total examination?

11 A. Yes.

12 Q. And would it have been reasonable for
13 him to have looked at the most recent office
14 visit that the patient had with his father in the
15 context of the patient's current complaints?

16 A. Yes.

17 Q. Assuming as a reasonable doctor Dr.
18 Dean Rich did look at his father's office record,
19 he would have had available to him knowledge that
20 the patient was complaining of shortness of
21 breath, had swelling in the left leg last week,
22 this is the January 25 note, then developed
23 shortness of breath especially with walking three
24 days, and the night before she came to Dr.
25 Patrick Rich's office she had to use another

Page 44

1 MR. MURPHY: Objection. Is that a
2 general question.

3 A. Yes.

4 Q. It's a general question?

5 A. Yes.

6 Q. And specifically in regard to this
7 case, it would have been a reasonable and prudent
8 thing for Dr. Dean Rich to have done as well,
9 correct?

10 A. Yes.

11 Q. This February 1 office visit, was
12 this, based upon your review, a scheduled office
13 visit or was it an appointment that was scheduled
14 because --

15 A. I don't recall if it was scheduled or
16 if it was the same day, same type of appointment.

17 Q. In looking at the deposition of Dr.
18 Dean Rich or any of the information that you have
19 available, did you get a sense as to whether or
20 not Mrs. Speicher was coming in simply for a
21 follow-up on her recent hospitalization?

22 A. I don't recall the exact context in
23 which she appeared, whether it was scheduled or
24 whether she was coming in the same day sick. I
25 don't recall specifics how the appointment was

<p>Page 45</p> <p>1 made. 2 Q. Can we agree that there's some 3 discrepancy between what Dr. Dean Rich's office 4 staff wrote as the chief complaint and what Dr. 5 Dean Rich noted when he actually saw the patient? 6 A. Well, I don't think discrepancy is the 7 right term. 8 Q. Tell me what you think the right term 9 would be. 10 A. The right term is describe what 11 happened. 12 Q. Mrs. Speicher was seen by someone 13 other than Dr. Dean Rich when she first arrived, 14 correct? 15 A. I believe he testified it was his 16 medical assistant. 17 Q. And his medical assistant noted 18 something -- 19 A. Short of breath. Then he wrote short 20 of breath resolved. 21 Q. So Dr. Dean Rich's medical assistant 22 marked down chief complaint number one, short of 23 breath. Then right below that, cough times two 24 days, no chest pain, correct? 25 MR. MURPHY: I think the stuff below</p>	<p>Page 47</p> <p>1 that she said was her chief complaint had 2 resolved, correct? 3 A. That's what he wrote. 4 Q. So you're giving Dr. Dean Rich the 5 benefit of the doubt in terms of the shortness of 6 breath having resolved as one of the bases for 7 your not being critical of him, correct? 8 A. I don't understand your term benefit 9 of the doubt. I'm just quoting what is in his 10 note. In his note he wrote shortness of breath 11 resolved. So he did not from his note and from 12 his later testimony perceive that to be the 13 problem when he was examining her. 14 Q. You're accepting his note of shortness 15 of breath resolved and what you gathered from his 16 deposition testimony and that causes you to 17 believe that this patient wasn't short of breath 18 when she was seen by Dr. Dean Rich in his office 19 on February 1? 20 A. That's apparently the case, yes. 21 Q. If in fact this patient was short of 22 breath and had continued to be short of breath 23 since being discharged from the hospital and that 24 history was obtained by the doctor and the doctor 25 in his examination clinically was able to detect</p>
<p>Page 46</p> <p>1 SOB written by Dean Rich, just to make the record 2 clear. 3 MR. MISHKIND: You may be correct 4 about that. 5 Q. Chief complaint, number one, short of 6 breath. It's your understanding that was written 7 by Dr. Dean Rich's medical assistant? 8 A. Right. 9 Q. There are no other chief complaints 10 given by the patient, Jean Speicher, to the 11 medical assistant other than shortness of breath, 12 correct? 13 A. Right. 14 Q. And that chief complaint doesn't say 15 recent history of shortness of breath. So in 16 other words, if we stopped with the first line 17 and didn't go any further and you saw chief 18 complaint shortness of breath, would you as a 19 physician at least raise in your mind the 20 question as to whether or not this patient was 21 coming to the office because she was experiencing 22 in the current time shortness of breath? 23 A. Yes. 24 Q. But then the note from Dr. Dean Rich 25 caused you to feel that the shortness of breath</p>	<p>Page 48</p> <p>1 shortness of breath, would that change or impact 2 the opinions that you hold in this case as it 3 relates to Dr. Dean Rich? 4 MR. MURPHY: Object to the 5 hypothetical, but go ahead. 6 A. Well, if the patient is in fact 7 different from what he says the patient is, the 8 patient is short of breath, it's a different 9 clinical presentation. 10 Q. Okay. Hypothetically, again, if Jean 11 Speicher came on February 1, 01 to Dr. Dean Rich 12 because his dad was out of town, I think in 13 Florida for a couple weeks, and had continued and 14 in fact had increasing shortness of breath since 15 being discharged on February 28th from the 16 hospital and that information was conveyed first 17 to the medical assistant and then to Dr. Dean 18 Rich and he with his clinical judgment and 19 experience assessed the patient and detected 20 shortness of breath, under those circumstances, 21 hypothetically, what should a reasonable 22 physician have done at that time? 23 MR. MURPHY: Objection. Go ahead. 24 A. Well, I mean that's a big hypothetical 25 question because it would depend on the way the</p>

Page 49

1 patient is presenting and the perception of how
2 severe it is and the clinical presentation and
3 lots of other things. But I would say the
4 patient's problem is shortness of breath, as
5 perceived by the doctor, as complained by the
6 patient, it's a different evaluation and there
7 are many different avenues one can take.
8 Q. In the context of a patient that had
9 just been seen on January 25 by this same office,
10 sufficient enough that another doctor's note was
11 available, and the patient had had leg swelling
12 then followed by shortness of breath, that then
13 caused an admission to the hospital from January
14 25 to January 28, and then she presents on
15 February 1 for an unscheduled visit of an
16 appointment that was made because of continuing
17 symptoms that are getting actually worse, what
18 duty or responsibility would a reasonable doctor
19 have to ascertain any information from that
20 recent hospitalization?
21 MR. MURPHY: Objection. Go ahead.
22 A. I would agree that would be a
23 reasonable first step. Get the information from
24 the hospitalization then do any other tests you
25 think may be necessary.

Page 50

1 Q. In terms of the year 2001, is that
2 kind of information such as the echocardiogram
3 result or lab results, are those things available
4 if a patient has been recently seen at a hospital
5 such that you can call and get the information
6 under the circumstances I have a patient in my
7 office, she's experiencing shortness of breath,
8 she was seen in the office a week earlier with
9 shortness of breath, before that she had left leg
10 swelling and then she was admitted by my
11 partner/father, or somebody in the office, and
12 I'd like to know the results of any tests that
13 were run, is that something that you do on a
14 fairly regular basis when you see a patient?
15 A. You mean get old records?
16 Q. Yes.
17 A. Yes.
18 Q. Is that something that in this day and
19 age that kind of information can be provided to
20 you as a physician almost real time, very quickly
21 so that you can be told the patient had the
22 following blood work, the patient had the
23 following diagnostic studies done?
24 A. Yes.
25 Q. If the echocardiogram result,

Page 51

1 hypothetically, had been communicated in terms of
2 the results to Dr. Dean Rich because of the
3 patient's complained of continuing shortness of
4 breath and he was told that she had a pulmonary
5 arterial pressure of 55 to 60, under those
6 circumstances what do you believe a reasonable
7 and prudent doctor would have been required to do
8 at that time?
9 A. Probably seek consultation.
10 Q. What would that consultation have
11 consisted of?
12 A. Either a heart specialist or lung
13 specialist.
14 Q. Is this something that could have been
15 done in a week or two weeks or --
16 A. I don't know. It would have been
17 reasonable to attempt to do that.
18 Q. Would it have been reasonable to
19 attempt to have the consultation immediately?
20 A. That would depend on the perception of
21 the doctor and severity of the patient's problem.
22 There are patients I see often with
23 shortness-of-breath appointments made a week or
24 two or two weeks earlier, so it's not
25 unreasonable to make an appointment for someone

Page 52

1 you don't think is having an acute problem later
2 in the week or month or whenever an appointment
3 is available.
4 Q. What about in a patient like Jean
5 Speicher, who did not have a history of shortness
6 of breath, other than an acute onset of shortness
7 of breath that had occurred sometime around the
8 22nd or 23rd of January that caused Dr. Dean
9 Rich's father to admit her to the hospital, if
10 under the circumstances where Dr. Dean Rich
11 called over to the hospital and had available to
12 him the echo results with pulmonary arterial
13 pressures of 55 to 60, with the patient
14 continuing to have shortness of breath, would you
15 agree, number one, that a PE should have been
16 within Dr. Dean Rich's differential at that time?
17 A. Well, you know, you're getting really
18 deep into this hypothetical. The chart says no
19 shortness of breath, or rather says shortness of
20 breath resolved, so you're presenting me with a
21 hypothetical, but you're not telling me the
22 degree of the hypothetical. For example, what's
23 her respiratory rate? Is she using accessory
24 muscles? Is she speaking in full sentences?
25 What's the doctor's perception of shortness of

<p>Page 53</p> <p>1 breath? We're getting into deep hypothetical 2 areas here. 3 I'm telling you, if the doctor doesn't 4 perceive the patient as having an acute 5 respiratory problem, it would be reasonable to 6 get her a consultation from a cardiologist or 7 pulmonologist at, say, the first available 8 appointment. You're asking me should he have 9 done something immediately? That would, again, 10 depend upon the degree of the patient's problem 11 and the doctor's perception of the problem. 12 Q. I don't agree with you at all, doctor. 13 Does Dr. Dean Rich in his note 14 describe the patient's lung sounds? 15 A. Yes. 16 Q. What does he describe? 17 A. Few rhonchi right upper lobe without 18 wheezing. 19 Q. Does that tell you whether or not the 20 patient was or was not short of breath? 21 A. No. 22 Q. Again, going back to my hypothetical, 23 I fully acknowledge for the purposes of what you 24 have in front of you it is a hypothetical because 25 we know, for example, you have not seen the</p>	<p>Page 55</p> <p>1 Q. Every once in a while that happens. I 2 try to minimize that confusion. 3 We tried to talk about depending upon 4 what the patient's symptoms were and if in fact 5 she did have shortness of breath that he 6 perceived in his exam, knowing her recent 7 hospitalization, it would have been reasonable 8 for him to get on the phone and get more 9 information from the hospital? 10 A. Yes. 11 Q. And -- 12 MR. MURPHY: When you said before -- 13 let's try to listen to this hypothetical. You 14 didn't know, referring to Dr. Martin, how she was 15 walking or talking that day in question, that 16 kind of segued after his not reviewing family 17 members' depositions, he said, no, I don't know. 18 So the record is clear, as far as he knows from 19 the record here, that shortness of breath wasn't 20 an issue on that day -- 21 Q. I understand that. 22 MR. MURPHY: I want to be clear. 23 Q. But I want you to understand there 24 will be testimony at trial that Jean Speicher was 25 short of breath on February 1. She was short of</p>
<p>Page 54</p> <p>1 depositions of Karen Armour or Linda Speicher or 2 Karen's daughter at this particular point, 3 correct? 4 A. Right. 5 Q. You don't know then what the 6 circumstance was that caused Karen Armour to take 7 her mom to see Dean Rich on February 1, 01, 8 correct? 9 A. Right. 10 Q. You don't know what level of 11 difficulty Jean Speicher was having with regard 12 to shortness of breath in terms of walking, in 13 terms of talking, when she went to see Dr. Dean 14 Rich on February 1, correct? 15 A. Right. 16 Q. Those are important matters for you to 17 take into account in evaluating whether or not 18 this was truly a bronchitis from the standpoint 19 of what Dr. Dean Rich saw or whether or not he 20 should have picked up the phone and called over 21 to the hospital; true? 22 A. No, I don't understand your question 23 at all. 24 Q. You don't? 25 A. No.</p>	<p>Page 56</p> <p>1 breath on January 30 or 31, how many days there 2 are in January. She was short of breath on 3 January 30th and on January 29th. Continuing 4 short of breath since being discharged from the 5 hospital. 6 There will be testimony that the visit 7 to Dr. Dean Rich was based upon their mom's 8 continued shortness of breath and other symptoms 9 that were causing her to have difficulty as well 10 as a cough that had developed. 11 So I tell you that as a hypothetical 12 for several reasons, one of which is you've got 13 to accept my statement of facts. If I'm wrong, 14 I'm wrong, but you haven't seen the deposition 15 testimony. And it's in that context I'm asking 16 these questions to you, okay? 17 A. Yes. 18 Q. Hypothetically, if Dr. Rich had 19 evidence that the patient was continuing to have 20 shortness of breath, she presented to the 21 doctors' office because of shortness of breath 22 and he detected shortness of breath, we've 23 established probably two or three times already 24 it would have been reasonable and prudent for him 25 to have picked up the phone, called Barberton</p>

<p>Page 57</p> <p>1 Hospital and gotten results of the tests that his 2 dad had done when she was in the hospital, 3 correct? 4 A. Yes. 5 Q. And certainly during that 6 communication, it's reasonable that Dr. Rich, 7 Dean Rich, would have learned that the patient 8 was admitted by his dad -- strike that. 9 Actually, Dean Rich would have known 10 by looking at his dad's note on January 25 that 11 he was admitting or his diagnosis was rule out 12 CHF and rule out PE, correct? 13 A. Right. 14 Q. It's fair to say that Dr. Dean Rich on 15 February 1, without contacting the hospital, 16 wouldn't have known whether his dad ruled out or 17 confirmed the existence of a pulmonary embolism, 18 correct? 19 A. Right. 20 Q. It's also reasonable to conclude that 21 without contacting the hospital, Dr. Dean Rich 22 wouldn't have known whether his dad had done any 23 studies to determine whether or not Jean Speicher 24 had a DVT? 25 A. Right.</p>	<p>Page 59</p> <p>1 Q. If the patient had been admitted to 2 the hospital on February 1 or February 2 or 3 February 3, and had a ventilation perfusion scan 4 done, based upon what we know would you agree 5 that most likely the ventilation perfusion scan 6 would have been a high probability for a PE? 7 A. Again, definitely would have been 8 abnormal. There's no way to predict whether high 9 probability at any point before it was actually 10 done. 11 MR. MURPHY: I'm sorry, there's been 12 so many hypotheticals, you say with what we 13 know -- 14 MR. MISHKIND: I'll -- 15 MR. MURPHY: We focused on what 16 happened on February 5 or are we focused on your 17 hypothetical? 18 MR. MISHKIND: No problem. My 19 question was admission on February 1. 20 MR. MURPHY: I thought it was 21 BY MR. MISHKIND: 22 Q. February 1, February 2 or February 3, 23 on any of those dates, if a ventilation perfusion 24 scan had been done based upon what we know, the 25 VQ scan showed on February 5, is it likely that</p>
<p>Page 58</p> <p>1 Q. But had he called over to the hospital 2 because of continued shortness of breath, some of 3 that information reasonably would have been 4 conveyed to him when he talked to someone at the 5 hospital; true? 6 A. I don't know who he would have talked 7 to. He would have had the records sent over. 8 Q. And depending upon what information 9 was presented to him, especially the echo, in 10 light of the fact the patient was admitted to 11 rule out CHF and rule out PE, it would have been 12 reasonable on the part of Dr. Dean Rich to pick 13 up the phone and call a cardiologist or a 14 pulmonary doctor to see the patient that same 15 day, correct? 16 A. Well, I don't know if he would see it 17 the same day. Usually not the same day, but 18 within reasonable consultation. 19 Q. In light of the recent 20 hospitalization, sooner rather than later, 21 correct? 22 A. Right. 23 Q. If not that same day, next day, maybe 24 within 48 hours; would that have been reasonable? 25 A. It would have been reasonable, yes.</p>	<p>Page 60</p> <p>1 it would have been abnormal on February 1, 2 February 2 or February 3? 3 A. Yes. 4 Q. Whether it would have been high 5 probability or low probability, it would have 6 been abnormal such that I think you told me a 7 reasonable doctor wouldn't have stopped at that 8 point, but would have done additional testing? 9 A. Or treated the patient. 10 Q. With heparin? 11 A. Right. 12 Q. Either additional testing, which would 13 have led to a diagnosis of deep vein thrombosis, 14 correct? 15 A. Right. 16 Q. And most likely documented pulmonary 17 embolism? 18 A. Right. 19 Q. And at that point then treatment with 20 heparin would have been initiated, right? 21 A. Right. 22 Q. So if Dr. Dean Rich had this 23 hypothetical information that I've described from 24 the family leaving the hospital, continuing to 25 have shortness of breath, coming to his office,</p>

Page 61

1 telling the medical assistant that the reason
2 she's here is because she's short of breath and
3 he then overlooked it or didn't do an adequate
4 examination, and the shortness of breath was
5 solely attributed to the cough and thus an acute
6 case of bronchitis, would your opinions with
7 regard to Dr. Dean Rich's care be different?
8 A. You're creating this whole fabric of
9 something that's nonexistent. You're creating a
10 fabric I'm attributing shortness of breath, which
11 she says was resolved to bronchitis. I mean,
12 let's just stick with the facts here. I'm
13 getting confused by your hypothetical.
14 Q. I'm not trying to confuse you. You're
15 basing your opinions on the note of Dr. Dean Rich
16 and what you gathered from his testimony?
17 A. And you're basing the lawsuit on a
18 result which is not known to Dr. Dean Rich.
19 Q. Well, if Dr. Dean Rich knew that Jean
20 Speicher was short of breath and the family's
21 testimony is believed and for whatever reason Dr.
22 Dean Rich's medical assistant marked down
23 shortness of breath, but then Dr. Dean Rich when
24 he saw the patient didn't perceive shortness of
25 breath or didn't do an adequate examination or

Page 63

1 information I don't have when I told you, and it
2 was already testified to an hour and a half ago,
3 my report is based on the information I had.
4 You're changing the information I have. You're
5 changing what Dr. Dean Rich wrote in his note.
6 You're changing what his perception was. You're
7 saying can we assume he was negligent. You're
8 either confusing me or I don't understand how
9 we're going to resolve it.
10 MR. MURPHY: I think, Dr. Martin, in
11 response, he has accepted your hypothetical and
12 has agreed to certain premises if Dr. Rich had
13 this information, should have done different
14 things, different work-ups, I don't think he's
15 disregarding that, but it's getting real
16 confusing, Howard. I'm used to hypotheticals,
17 but it's getting confusing.
18 MR. MISHKIND: Frankly, I think your
19 statement summarizes what Dr. Martin has said is
20 accurate, although it seems like he's now trying
21 to back off on that and he's getting, with all
22 due respect, I don't mean to be disrespectful,
23 sounds like you're getting a little anxious with
24 some of my questions refusing to accept the
25 hypothetical.

Page 62

1 didn't listen to his patient, something
2 sufficient enough, the shortness of breath was
3 overlooked --
4 A. Then the thrust of your question is if
5 Dr. Dean Rich was negligent, can we agree he was
6 negligent. It's a tautology. You're just making
7 up an answer to a question you're asking over and
8 over again.
9 Q. If Dr. --
10 A. Do you understand what I'm saying?
11 Q. I understand what you're saying, but I
12 think you're having a difficult time accepting
13 information I'm telling you to apply because you
14 have not had the benefit of the full story.
15 A. So you want me to change my opinion of
16 this case based on information I don't have?
17 Q. I'm asking if you that information --
18 A. Let me read the information, then we
19 can meet again, perhaps then I can respond.
20 Q. Would you at least agree with me that
21 if the information that I'm representing to you
22 is accurate --
23 A. No, I won't agree with you anything
24 because I don't know the information in this
25 context. You're presenting a hypothetical about

Page 64

1 A. That's not the case at all. Let me
2 say, for the record, I'm not getting anxious that
3 you're asking, but you're being confusing in your
4 hypotheticals. If you clarify your questions a
5 little better, I'll try to answer them as well as
6 I can.
7 Q. Are you done? It's not good if both
8 of us are talking at the same time. I want to
9 make sure you're done before I start talking
10 again.
11 A. I said what I had to say.
12 Q. I'm going to move on from here other
13 than just to make a concluding statement and
14 concluding question on this point.
15 Concluding statement or question is if
16 additional information is brought to your
17 attention about that visit on February 1, it's
18 fair to say that your opinion on whether Dr. Rich
19 met or fell below the standard of care might be
20 different; true?
21 A. I have no idea. I'd have to see the
22 additional information. May I speak?
23 Q. No. Just answer my question.
24 A. I said I don't know. I'd have to see
25 the additional information.

16 (Pages 61 to 64)

Page 65

1 Q. Depending upon what that information
2 is, your opinion as to whether or not he fell
3 below or met the standard of care might or might
4 not be different, correct?

5 A. Where would this information be from?

6 Q. From the deposition testimony of the
7 family concerning what their mother's symptoms
8 were from the time they left the hospital on the
9 day she was taken to the doctor's office, when
10 they left the doctor's office, what her continued
11 symptoms --

12 A. As related to Dr. Rich at the time?

13 Q. Well, yes.

14 A. So you're telling me there's testimony
15 that they related information to Dr. Rich which
16 is not in his note?

17 Q. I'm telling you that there's going to
18 be testimony from the family as to mother's
19 condition. I'm telling you there will be
20 testimony as to the mother being taken by the
21 daughter to the doctor's office. We know that
22 the medical assistant marked down shortness of
23 breath, which is consistent with what the family
24 says is the reason they took him -- took her to
25 the doctor. And I'm asking you that if in fact

Page 67

1 negligent on his part, correct?

2 A. No, no, no. You're confused or I'm
3 confused. I think you're trying to box me into a
4 corner so you can ask me something at trial,
5 which I don't think is very fair.

6 Q. Then why did you say to me a moment
7 ago that what I'm asking you is if Dr. Dean Rich
8 was negligent, was he negligent --

9 A. Let me try to clarify for you. The
10 question you're asking, if I can prove to you,
11 Dr. Martin, Dr. Dean Rich was negligent, didn't
12 note something that was told to him or should
13 have noted, then can we agree he was negligent.

14 Q. That's not what I'm saying to you.
15 What would have to be presented to you for you to
16 be able to admit under oath that Dr. Dean Rich
17 was negligent? What information would he have
18 had to have had in the context of this patient
19 who was seen on January 25 by his dad who then
20 was admitted to the hospital for a rule out CHF,
21 rule out PE, and then presents three days later,
22 what would have to be presented for you to be
23 able to say to me, you know what, he didn't do
24 what a reasonable doctor should have done under
25 like or similar circumstances?

Page 66

1 she had shortness of breath and if in fact that
2 shortness of breath was not a resolved shortness
3 of breath, but a continuing shortness of breath,
4 and Dr. Dean Rich overlooked it or didn't
5 appreciate it, depending upon the context of
6 that, that might or might not alter your
7 opinions, correct?

8 A. May I answer this without a yes or no
9 question?

10 Q. Go ahead, because I think that's how
11 you're going to do it anyway.

12 A. What you're saying, I don't think you
13 appreciate what you're asking. Probably you do,
14 I'm being naive.

15 You're saying, in effect, if I can
16 show you Dr. Rich was negligent in his history or
17 physical, can we agree he was negligent. That's
18 the type of question you're asking. I'm saying
19 for me to even begin to try to assess that type
20 of situation, I need to see this type of
21 information that you're talking about.

22 Q. Okay. Doctor, if Dr. Dean Rich was
23 told that the patient had shortness of breath and
24 he didn't note it in the record and didn't act on
25 it, I think you're telling me that would be

Page 68

1 MR. MURPHY: I'm going to object now,
2 Howard. Now you're asking him to come up with a
3 hypothetical situation. You really are. I think
4 you're going beyond the scope of discovery.

5 He's written a report with his
6 opinions. You're entitled to his opinions, the
7 basis for his opinions. You can challenge his
8 opinions.

9 MR. MISHKIND: I'm doing. I'm doing
10 that and asking him --

11 MR. MURPHY: You've given
12 hypotheticals, he's responded to them. He's not
13 going to come up now with hypotheticals as to
14 what might change his mind in this case. If I'm
15 wrong, the judge can tell me I'm wrong, but I'm
16 not going to let him get into that.

17 MR. MISHKIND: You're not going to
18 instruct him not to answer the question because
19 you don't have the right to do that.

20 MR. MURPHY: I just did.

21 MR. MISHKIND: I'm going to continue
22 to ask questions. If you want to stand up and
23 walk out, go ahead, but I'm going --

24 MR. MURPHY: I'm not going to walk out
25 unless he's got to go see a patient.

<p>Page 69</p> <p>1 MR. MISHKIND: At quarter of 7? I 2 don't know. 3 BY MR. MISHKIND: 4 Q. Doctor, what I want to understand is 5 if Dr. Dean Rich -- what is your definition of 6 negligence? 7 A. Well, I think negligence would be 8 something that any prudent physician would do 9 that was not being done by the physician in 10 question. 11 Q. I'm going to move on, hopefully move 12 to the end. 13 Can we agree that a low TSH in the 14 hospital would not explain a pulmonary arterial 15 pressure of 55 to 60? 16 A. Right. 17 Q. Can we agree from what you have seen 18 in the Barberton records that Dr. Patrick Rich 19 never ruled out a pulmonary embolism while the 20 patient was in the hospital? 21 A. Right. 22 Q. From what you've reviewed in this case 23 in the records, is there any indication at the 24 time of discharge from Barberton Citizens 25 Hospital that Dr. Patrick Rich planned to do</p>	<p>Page 71</p> <p>1 A. Right. 2 Q. Are you critical of the 3 endocrinologist that saw Mrs. Speicher on consult 4 by Dr. Patrick Rich for not diagnosing the PE? 5 A. No. 6 Q. Why? 7 A. That's not his area. No reason to be 8 critical of that. 9 Q. Whose responsibility was it to 10 diagnose the PE? 11 A. In that admission it would be the 12 attending physician. 13 Q. That would be? 14 A. Dr. Patrick Rich. 15 Q. Okay. So to wrap things up, looks 16 like the opinions you've been asked to provide 17 have to do with whether or not Dr. Dean Rich met 18 or fell below the standard of care, correct? 19 A. Correct. 20 Q. And based upon the information you 21 have right now, putting aside any hypotheticals 22 that I presented to you, you do not believe that 23 he fell below the standard of care, correct? 24 A. That's correct. 25 Q. Have we now covered all of the</p>
<p>Page 70</p> <p>1 further studies to rule out or confirm the 2 existence of pulmonary embolism? 3 A. No other studies were planned. 4 Q. Why is it important to timely diagnose 5 and treat a patient with DVT? 6 A. Well, as pointed out earlier, the 7 earlier you treat it, the more likely the 8 condition will resolve and less likely it will 9 cause complications of pulmonary embolism. 10 Q. And pulmonary embolism untreated can 11 be and frequently is lethal, right? 12 A. Can be, yes. 13 Q. And frequently if it's not treated is 14 lethal? 15 A. Right. 16 Q. As in it will kill you? 17 A. Yes. 18 Q. The care at Akron General Hospital, do 19 you have any criticism at all of how she was 20 managed? 21 A. No. 22 Q. I think you've already told me you 23 don't intend to express an opinion on Mrs. 24 Speicher's life expectancy had she survived PE 25 and not experienced a CVA?</p>	<p>Page 72</p> <p>1 opinions that you have been asked to provide as 2 well as opinions that I have delved into in this 3 case? 4 A. Yes. 5 Q. And should you between now and 6 February 12th -- 7 A. February 12th? 8 Q. I'm sorry, December 12th, should you 9 review any information and arrive at any new or 10 additional or perhaps modified opinions, would 11 you promise me I'd be the second person to know, 12 Mr. Murphy being the first? 13 A. Yes. 14 MR. MISHKIND: Doctor, thank you. I 15 have no further questions. 16 MR. JAMISON: No questions. 17 MR. MISHKIND: I will take it written 18 up. I would like it by Friday. 19 (Deposition concluded at 7:50 p.m.) 20 21 22 23 24 25</p>

Page 73	Page 75
<p>1 AFFIDAVIT</p> <p>2 I have read the foregoing transcript from</p> <p>3 page 1 through 72 and note the following</p> <p>4 corrections:</p> <p>5 PAGE/LINE REQUESTED CHANGE</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18 LAWRENCE MARTIN, M.D.</p> <p>19 Subscribed and sworn to before me this</p> <p>20 day of 2003.</p> <p>21 Notary Public</p> <p>22</p> <p>23 My commission expires</p> <p>24</p> <p>25</p>	<p>1 INDEX</p> <p>2 EXAMINATION OF LAWRENCE MARTIN, M.D.</p> <p>3 BY MR. MISHKIND..... 3:6</p> <p>4</p> <p>5 EXHIBITS</p> <p>6 Plaintiff's Exhibit 1 and 2 were</p> <p>7 marked..... 4:9</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p>Page 74</p> <p>1 CERTIFICATE</p> <p>2</p> <p>3 State of Ohio,</p> <p>4 SS:</p> <p>5 County of Cuyahoga.</p> <p>6</p> <p>7</p> <p>8 I, Lorraine J. Klodnick, a Notary Public</p> <p>9 within and for the State of Ohio, duly</p> <p>10 commissioned and qualified, do hereby certify</p> <p>11 that the within named LAWRENCE MARTIN, M.D. was</p> <p>12 by me first duly sworn to testify to the truth,</p> <p>13 the whole truth and nothing but the truth in the</p> <p>14 cause aforesaid; that the testimony as above set</p> <p>15 forth was by me reduced to stenotypy, afterwards</p> <p>16 transcribed, and that the foregoing is a true and</p> <p>17 correct transcription of the testimony.</p> <p>18</p> <p>19 I do further certify that this deposition</p> <p>20 was taken at the time and place specified and was</p> <p>21 completed without adjournment; that I am not a</p> <p>22 relative or attorney for either party or</p> <p>23 otherwise interested in the event of this action.</p> <p>24 I am not, nor is the court reporting firm with</p> <p>25 which I am affiliated, under a contract as</p> <p>defined in Civil Rule 28 (D).</p> <p>IN WITNESS WHEREOF, I have hereunto set my</p> <p>hand and affixed my seal of office at Cleveland,</p> <p>Ohio, on this 20th of November, 2003.</p> <p>Lorraine J. Klodnick</p> <p>Lorraine J. Klodnick, Notary Public</p> <p>Within and for the State of Ohio</p> <p>My commission expires July 20, 2007.</p>	

<p>A</p> <p>able 9:22 10:1 47:25 67:16,23</p> <p>abnormal 25:21,24 26:1,2,8 59:8 60:1,6</p> <p>abnormalities 24:25</p> <p>abnormality 26:11</p> <p>about 6:17 7:1,12 7:25 9:23 13:21 16:16 17:4 18:18 23:25 28:2,14 34:23 35:5 37:5 37:12 38:23 39:1 40:13,21 43:24 46:4 52:4 55:3 62:25 64:17 66:21</p> <p>above 1:24 74:11</p> <p>absence 13:16 42:9</p> <p>absolute 17:7</p> <p>accept 56:13 63:24</p> <p>accepted 63:11</p> <p>accepting 47:14 62:12</p> <p>accessory 52:23</p> <p>accident 13:11</p> <p>account 54:17</p> <p>accurate 62:22 63:20</p> <p>acknowledge 53:23</p> <p>act 66:24</p> <p>acting 43:4</p> <p>action 74:15</p> <p>actually 17:20 31:17 32:1 33:3 42:3 45:5 49:17 57:9 59:9</p> <p>acute 24:6 52:1,6 53:4 61:5</p> <p>additional 5:6 26:3 60:8,12 64:16,22 64:25 72:10</p> <p>address 39:25</p> <p>adequate 61:3,25</p> <p>adjournment 74:14</p> <p>Admin 1:5</p> <p>administered 11:22</p> <p>administration 15:22</p> <p>admission 11:22 41:11 49:13 59:19 71:11</p>	<p>admit 52:9 67:16</p> <p>admitted 18:24 23:9 24:5 50:10 57:8 58:10 59:1 67:20</p> <p>admitting 57:11</p> <p>affecting 18:23</p> <p>AFFIDAVIT 73:1</p> <p>affiliated 74:16</p> <p>affixed 74:18</p> <p>aforesaid 74:11</p> <p>after 8:23 12:22 26:19 38:3 41:4 55:16</p> <p>afterwards 38:17 74:11</p> <p>again 20:10 39:5 43:18 48:10 53:9 53:22 59:7 62:8 62:19 64:10</p> <p>age 3:1 50:19</p> <p>ago 30:10,11,12,25 31:1,11 34:21 35:4,5 36:7,8 63:2 67:7</p> <p>agree 7:12 10:3 11:6,17,19,25 12:3,10,16 13:11 13:18,19 14:6,19 14:23 15:7,17,23 17:23 18:6,19 19:6,24 20:22 22:13 25:16 37:19 38:2 39:20 45:2 49:22 52:15 53:12 59:4 62:5,20,23 66:17 67:13 69:13 69:17</p> <p>agreed 63:12</p> <p>ahead 4:5 8:16 26:9 48:5,23 49:21 66:10 68:23</p> <p>Akron 2:8 9:9 18:24 36:20 37:5 37:13 38:18 70:18</p> <p>al 1:9</p> <p>almost 50:20</p> <p>already 56:23 63:2 70:22</p> <p>alter 66:6</p> <p>although 28:3 63:20</p> <p>Ammerman 7:1</p>	<p>analysis 13:25</p> <p>ANDREW 2:7</p> <p>and/or 13:6</p> <p>angio 11:14</p> <p>angiogram 26:15 27:15</p> <p>another 37:10,12 42:25 49:10</p> <p>anoxia 20:20</p> <p>answer 8:6 10:8 62:7 64:5,23 66:8 68:18</p> <p>anxious 63:23 64:2</p> <p>anybody 34:23 40:15</p> <p>anything 16:2 22:19 36:10 62:23</p> <p>anyway 66:11</p> <p>anywhere 6:22</p> <p>apnea 25:4</p> <p>apparently 6:20 47:20</p> <p>appear 5:5</p> <p>APPEARANCES 2:1</p> <p>appeared 44:23</p> <p>appearing 33:9</p> <p>appears 4:24</p> <p>apply 40:8 62:13</p> <p>appointment 44:13 44:16,25 49:16 51:25 52:2 53:8</p> <p>appointments 51:23</p> <p>appreciate 66:5,13</p> <p>appropriate 11:2 11:21 15:20 16:14 18:11 20:3</p> <p>area 6:12 71:7</p> <p>areas 53:2</p> <p>Armour 1:4 54:1,6</p> <p>around 13:9 52:7</p> <p>arrest 12:8</p> <p>arrive 72:9</p> <p>arrived 12:19 36:22 45:13</p> <p>arterial 23:11,14,24 24:10,20 27:6 51:5 52:12 69:14</p> <p>artery 13:15 14:13 14:14</p> <p>article 22:2,6,10,17 22:20,21</p>	<p>ascertain 49:19</p> <p>ascribed 22:12</p> <p>aside 28:24 71:21</p> <p>asked 8:13 9:14 10:6,7 71:16 72:1</p> <p>asking 8:21,23 18:16 53:8 56:15 62:7,17 64:3 65:25 66:13,18 67:7,10 68:2,10</p> <p>aspects 39:4,8</p> <p>aspiration 12:9</p> <p>assess 66:19</p> <p>assessed 48:19</p> <p>assistant 45:16,17 45:21 46:7,11 48:17 61:1,22 65:22</p> <p>associated 22:11</p> <p>assume 26:10 63:7</p> <p>assuming 20:2 42:17</p> <p>attempt 51:17,19</p> <p>attending 71:12</p> <p>attention 64:17</p> <p>attorney 31:5,6 32:9,12 74:15</p> <p>attributed 61:5</p> <p>attributing 61:10</p> <p>audience 35:23</p> <p>authored 5:8</p> <p>available 9:13 38:21 39:14 41:1 42:19 43:6,21 44:19 49:11 50:3 52:3,11 53:7</p> <p>Avenue 1:22 2:12</p> <p>avenues 24:17 49:7</p> <p>avoided 19:17</p> <p>awake 37:7,8</p> <p>a.m 13:10 43:1</p> <p>B</p> <p>Bacik 5:23,25 6:8 6:10 7:13,24 8:8 9:2 10:1,13 11:6 11:17,20 13:12 14:2 21:2</p> <p>Bacik's 7:8,12,20</p> <p>back 8:24 24:9 27:13,14 37:7 43:11 53:22 63:21</p> <p>balance 7:22</p>	<p>Barberton 9:9,24 11:23 25:14 26:21 27:1,22 56:25 69:18,24</p> <p>based 44:12 56:7 59:4,24 62:16 63:3 71:20</p> <p>bases 47:6</p> <p>basically 22:21</p> <p>basing 61:15,17</p> <p>basis 15:5,15 26:10 50:14 68:7</p> <p>Becker 2:2</p> <p>before 1:18 3:18 4:15 19:10 20:18 23:2 27:5 28:3,7 31:25 32:1,6 42:24 50:9 55:12 59:9 64:9 73:18</p> <p>begin 4:15 66:19</p> <p>beginning 9:23</p> <p>behalf 1:16 2:2,6,10 3:12 29:13 33:9 33:14,18</p> <p>being 3:3 24:3 33:21 35:17,18 47:7,23 48:15 56:4 64:3 65:20 66:14 69:9 72:12</p> <p>believe 4:4 7:25 40:25 41:8 42:3 45:15 47:17 51:6 71:22</p> <p>believed 61:21</p> <p>below 8:19 10:14 45:23,25 64:19 65:3 71:18,23</p> <p>benefit 47:5,8 62:14</p> <p>better 17:2 64:5</p> <p>between 21:11 45:3 72:5</p> <p>beyond 68:4</p> <p>Bibler 38:23</p> <p>big 48:24</p> <p>bit 28:2</p> <p>blood 14:12,18 50:22</p> <p>board 9:18</p> <p>Bonezzi 2:10 34:24</p> <p>both 7:6 8:2 11:1 29:2 30:19 33:3 64:7</p> <p>box 67:3</p>
--	--	--	---	--

bradycardia 13:9 brain 20:19 break 28:23 breath 11:11 24:7 27:4 42:21,23 43:1 45:19,20,23 46:6,11,15,18,22 46:25 47:6,10,15 47:17,22,22 48:1 48:8,14,20 49:4 49:12 50:7,9 51:4 52:6,7,14,19,20 53:1,20 54:12 55:5,19,25 56:1,2 56:4,8,20,21,22 58:2 60:25 61:2,4 61:10,20,23,25 62:2 65:23 66:1,2 66:3,3,23 breathing 25:1 bringing 29:14 bronchitis 54:18 61:6,11 brought 64:16 Building 2:11 business 40:13	32:15,20 33:17,22 34:6,22 35:8,15 37:17 40:10,22 43:11 44:7 47:20 48:2 61:6 62:16 64:1 68:14 69:22 72:3 cases 25:10 26:16 28:19,25 29:4,11 29:22 30:14 32:24 33:2,4,8 34:14,18 34:21 cause 8:3 12:7 14:5 14:10 23:14 29:1 29:5 37:17 70:9 74:11 caused 12:13 13:17 14:12 19:11 46:25 49:13 52:8 54:6 causes 20:20 25:6 47:16 causing 56:9 cerebral 13:15 14:12,13,18 cerebrovascular 13:11 certain 63:12 certainly 9:12,21 12:25 41:20 57:5 certainty 17:7 certificate 37:17 74:1 certified 3:4 9:18 certify 74:9,13 challenge 68:7 chance 16:20 17:2 32:14 chances 17:19 18:15 change 48:1 62:15 68:14 73:5 changing 19:18 63:4,5,6 chart 39:17,18,19 41:19,20 42:7,9 43:21 52:18 chest 26:13 45:24 CHF 24:6 57:12 58:11 67:20 chief 45:4,22 46:5,9 46:14,17 47:1 chronic 23:5 circumstance 54:6	circumstances 48:20 50:6 51:6 52:10 67:25 Citizens 25:14 26:21 27:1,23 69:24 Civil 3:3 74:17 claim 29:14 clarify 64:4 67:9 clear 46:2 55:18,22 Cleveland 2:4,12 6:12 74:18 clinical 15:19 23:1 26:12 48:9,18 49:2 clinically 47:25 clots 27:16 Co 2:6 come 37:7 68:2,13 coming 27:5 44:20 44:24 46:21 60:25 commencing 1:23 comment 7:13 9:14 commented 7:16 commission 73:23 74:24 commissioned 74:9 COMMON 1:1 communicated 51:1 communication 57:6 compared 17:5 complained 49:5 51:3 complaining 42:20 complaint 45:4,22 46:5,14,18 47:1 complaints 42:15 46:9 completed 74:14 complications 13:4 15:15,22 17:14 19:14,17,22,24 37:24 38:3 70:9 comply 26:4 compromise 12:6 13:17 conceivable 28:6 concentrate 28:25 concerning 10:2 39:14 65:7 conclude 15:6 57:20	concluded 72:19 concluding 64:13 64:14,15 concurrent 20:8 condition 15:1 25:4 65:19 70:8 conditions 23:16 24:22 confirm 70:1 confirmed 57:17 confuse 61:14 confused 61:13 67:2,3 confusing 63:8,16 63:17 64:3 confusion 55:2 connection 21:10 Conomy 6:14 14:7 14:24 21:2 Conomy's 13:21 20:15 consequence 37:18 consider 22:5 24:23 25:11 26:15 considered 23:22 consisted 51:11 consistent 65:23 constellation 12:12 constituted 41:6 consult 24:14 71:3 consultation 25:9 51:9,10,19 53:6 58:18 contacted 35:8 contacting 57:15,21 contained 7:20 22:9 context 20:17 37:20 38:9,14,16,20 39:11 42:10,15 43:19 44:22 49:8 56:15 62:25 66:5 67:18 continue 10:22 68:21 continued 32:3,8 47:22 48:13 56:8 58:2 65:10 continuing 7:21 10:19 49:16 51:3 52:14 56:3,19 60:24 66:3 contract 74:16 contributing 20:20	conversations 40:20 conveyed 48:16 58:4 convoluted 12:17 COPD 23:8 copy 3:25 4:21 corner 67:4 correct 5:2,9 6:5 7:9 8:1 9:6,10,19 13:2,6 14:19 18:24 19:1 21:3 21:21 23:2 24:25 36:14,15 37:24 38:24 40:14 41:25 44:9 45:14,24 46:3,12 47:2,7 54:3,8,14 57:3,12 57:18 58:15,21 60:14 65:4 66:7 67:1 71:18,19,23 71:24 74:12 corrections 73:4 correspondence 5:12,15,17 cough 45:23 56:10 61:5 Coumadin 27:21 counsel 1:16,21 County 1:2 34:9,9 74:5 couple 7:11 28:11 36:24 48:13 coupled 14:11,18 court 1:1 74:16 courtroom 33:13 33:16 Courtyard 2:7 covered 71:25 covering 43:19 Crandall 32:14 creating 61:8,9 critical 36:14 38:8 38:12 39:4 47:7 71:2,8 criticism 38:19 70:19 criticisms 38:15 criticized 38:14 CT 11:14 25:11 26:13 current 4:3,22 35:11 42:15 46:22
--	---	--	--	---

<p>currently 35:14 Cuyahoga 34:9,10 74:5 CV 3:25 4:7,22 CVA 70:25</p> <hr/> <p>D</p> <p>D 74:17 dad 48:12 57:2,8,16 57:22 67:19 dad's 41:1,23 43:12 57:10 date 1:24 21:16 32:2 dates 59:23 daughter 54:2 65:21 day 1:23 44:16,24 50:18 55:15,20 58:15,17,17,23,23 65:9 73:19 days 27:5 42:24 45:24 56:1 67:21 deal 17:6,7 dealing 29:5 Dean 2:10 3:12 7:14 8:14 9:6,15 36:14,16 37:1 38:8 39:5,13,20 40:3 41:1 42:8,18 43:4,11 44:8,18 45:3,5,13,21 46:1 46:7,24 47:4,18 48:3,11,17 51:2 52:8,10,16 53:13 54:7,13,19 56:7 57:7,9,14,21 58:12 60:22 61:7 61:15,18,19,22,23 62:5 63:5 66:4,22 67:7,11,16 69:5 71:17 death 9:25 14:5 15:4 37:16,18 deaths 22:10 December 31:18,19 72:8 deceased 19:12 deep 8:4 10:16 11:3 15:1 16:13 25:4 52:18 53:1 60:13 defect 14:12 defects 18:20 19:11</p>	<p>defendant 2:6,10 31:3 Defendants 1:10 defended 35:17,18 defense 29:18,20 30:1,15 31:4 defined 74:17 definitely 18:14 19:24 59:7 definition 69:5 degree 17:23 18:12 52:22 53:10 delved 72:2 demise 20:21 demonstrates 23:11 depend 26:6 48:25 51:20 53:10 dependency 12:8 depending 26:12 55:3 58:8 65:1 66:5 deposed 3:4 28:10 30:22 32:23 deposition 1:12,15 3:14,17 4:9 5:13 5:19,22 28:7 31:16 32:10 39:25 40:18,24 43:15,17 44:17 47:16 56:14 65:6 72:19 74:13 depositions 5:7 28:18,21,23 54:1 55:17 describe 45:10 53:14,16 described 60:23 describes 22:17 detail 39:1 detect 47:25 detected 48:19 56:22 determine 57:23 Detroit 30:4 developed 18:23 38:3 42:22 56:10 developing 19:8 diagnose 8:20 10:16 29:15 70:4 71:10 diagnosed 17:25 18:4 20:3 diagnoses 23:1 diagnosing 71:4</p>	<p>diagnosis 11:16 16:3 17:9 26:10 57:11 60:13 diagnostic 15:20 50:23 died 15:21 17:14 difference 16:22 17:4 different 38:17 48:7,8 49:6,7 61:7 63:13,14 64:20 65:4 differential 23:13 23:20 24:19 52:16 difficult 62:12 difficulty 54:11 56:9 direct 12:7 disagree 10:3,13 13:18 14:21 15:5 15:10 20:23 38:13 disagreement 7:23 8:7 discharge 69:24 discharged 41:22 47:23 48:15 56:4 discovery 68:4 discrepancy 45:3,6 disease 20:8 23:5,8 28:24 disregarding 63:15 disrespectful 63:22 distributed 35:22 doc 31:10 docs 36:20 doctor 4:15 13:21 15:24 18:8 22:16 27:7 33:14 35:21 37:10 38:14 42:17 47:24,24 49:5,18 51:7,21 53:3,12 58:14 60:7 65:25 66:22 67:24 69:4 72:14 doctors 33:10 56:21 doctor's 49:10 52:25 53:11 65:9 65:10,21 documented 60:16 doing 25:11 28:4,5 68:9,9 done 11:8 15:20 25:14 26:19,23 27:7,10,22 28:12</p>	<p>35:9 44:8 48:22 50:23 51:15 53:9 57:2,22 59:4,10 59:24 60:8 63:13 64:7,9 67:24 69:9 doubt 47:5,9 down 28:23 45:22 61:22 65:22 dozen 28:11 Dr 3:11,12 5:23 6:8 6:10,14,21,24 7:1 7:8,12,13,14,20 7:24 8:1,2,8,13,18 9:2,4,6,15 10:1,7 10:13,14 11:6,17 11:20 13:12,21 14:2,6,24 20:15 21:1,2 31:13 36:14,16,18 37:1 37:13,14,16 38:8 38:15,21,23 39:5 39:13 40:3,18,21 40:24,25 41:6 42:8,17,24 43:2,4 43:11 44:8,17 45:3,4,13,21 46:7 46:24 47:4,18 48:3,11,17 51:2 52:8,10,16 53:13 54:13,19 55:14 56:7,18 57:6,14 57:21 58:12 60:22 61:7,15,18,19,21 61:23 62:5,9 63:5 63:10,12,19 64:18 65:12,15 66:4,16 66:22 67:7,11,11 67:16 69:5,18,25 71:4,14,17 drafted 5:16 due 63:22 duly 3:3 74:8,10 duplex 11:14 during 11:22 14:4 25:4 38:4 57:5 duty 49:18 DVT 18:11 26:17 27:11 57:24 70:5 dying 13:2,4 dyspnea 43:3 D.O 1:8 2:6,10</p> <hr/> <p>E</p>	<p>each 36:3 earlier 15:14 17:19 17:22 18:6 19:10 27:2 41:15 50:8 51:24 70:6,7 echo 25:15 27:1,5 52:12 58:9 echocardiogram 11:13 23:10 24:3 24:8,10 26:20 50:2,25 effect 66:15 effects 19:6 either 21:15 24:13 25:8 29:1 31:16 51:12 60:12 63:8 74:15 elderly 15:11,13 Elk 32:12,13 emboli 15:25 16:4 16:10,18 17:15 18:20,22 19:7,11 21:12 34:3 35:21 36:2,5 37:19,23 38:4,5 embolism 8:4 10:17 11:4 20:8 22:3,7 22:11,18,25 23:17 24:18 26:8 28:16 29:7 57:17 60:17 69:19 70:2,9,10 embolization 14:6 15:2 end 69:12 endocrinologist 71:3 England 21:23 enough 9:21 49:10 62:2 Ensinger 31:13 entitled 68:6 episodes 20:17 especially 24:24 42:23 58:9 ESQ 2:3,7,11 essentially 32:22 established 56:23 estate 3:13 et 1:9 etc 1:5 evaluate 9:22 evaluating 54:17 evaluation 22:2,7 22:17,25 49:6</p>
---	--	---	--	---

<p>even 66:19 event 74:15 ever 6:7 28:3,15 33:16,20 40:3 Every 55:1 evidence 18:5 56:19 exact 44:22 exactly 38:16 42:5 exam 55:6 examination 1:17 3:2,6 42:10 43:2 47:25 61:4,25 75:2 examined 38:11 examining 47:13 example 36:11 52:22 53:25 excess 12:13,23 Exhibit 4:6,7,9,10 4:19,21 75:6 EXHIBITS 75:5 existed 15:19 existence 57:17 70:2 existing 22:13 expect 43:18,22 expectancy 20:4 70:24 experience 28:2 48:19 experienced 19:7 19:13 20:19 70:25 experiencing 46:21 50:7 expert 3:12 5:7 31:2 33:9 35:14 experts 38:20 40:9 expires 73:23 74:24 explain 69:14 explanations 24:20 express 70:23 expressed 7:24 extensive 25:7 extremity 10:17 11:15 e-mail 32:6</p>	<p>48:14 55:4 58:10 65:25 66:1 facts 56:13 61:12 failed 8:20 10:15 failing 29:15 failure 12:10 19:8 22:13 37:18 fair 5:11 57:14 64:18 67:5 fairly 25:7 28:4,5 50:14 familiar 32:18 family 55:16 60:24 65:7,18,23 family's 61:20 far 34:16 55:18 fashion 26:1,3 fatal 16:17 father 8:1,1 41:10 42:14 43:20 52:9 father's 39:17,19 39:21 42:7,9,18 faxed 3:24 February 9:5 12:6 12:19 20:18 36:22 36:25 39:16 44:11 47:19 48:11,15 49:15 54:7,14 55:25 57:15 59:2 59:2,3,16,19,22 59:22,22,25 60:1 60:2,2 64:17 72:6 72:7 feel 46:25 fell 8:18 10:14 38:10 64:19 65:2 71:18,23 few 30:25 36:6 53:17 file 5:12 35:25 filed 3:13 34:7,8,11 40:4 fine 10:24 37:20 firm 32:2,12 34:23 35:10,11,14 74:16 first 3:3 7:12 11:7 14:1 25:12 26:7 45:13 46:16 48:16 49:23 53:7 72:12 74:10 Five 33:25 Florida 48:13 flow 14:12,18 19:12</p>	<p>focused 59:15,16 followed 27:21 41:16 49:12 following 50:22,23 73:3 follows 3:5 follow-up 44:21 foregoing 73:2 74:12 forth 1:24 74:11 forward 13:22 four 3:21 29:9 Frankly 63:18 frequently 70:11,13 Friday 31:21 72:18 from 5:17 9:8,9 10:6 13:22 21:1 22:24 29:17 30:15 30:23 32:5 34:23 35:9 37:5 38:20 41:22 43:10,12 46:24 47:11,11,15 47:23 48:7,15 49:13,19,23 53:6 54:18 55:9,18 56:4 60:23 61:16 64:12 65:5,6,8,18 69:17,22,24 73:2 front 4:17 5:5 13:23 53:24 full 52:24 62:14 fully 53:23 function 23:11 25:2 further 46:17 70:1 72:15 74:13</p>	<p>given 16:6 18:9,12 20:4 28:7 35:21 39:2 46:10 68:11 giving 47:4 go 4:5 8:15 25:12 26:9 28:3 34:1 46:17 48:5,23 49:21 66:10 68:23 68:25 goes 12:25 32:7 going 13:20 20:9,10 31:17 32:6 37:7 39:1 53:22 63:9 64:12 65:17 66:11 68:1,4,13,16,17 68:21,23,24 69:11 gone 40:13 good 6:13 64:7 gotten 27:4 57:1 greater 6:11 13:1,3 13:5 16:20 17:8 guess 14:15</p>	<p>52:9,23 53:6 54:7 55:6 56:9 65:10 65:24 hereinafter 3:4 hereunto 74:18 Herwig 6:21,24 high 14:11 17:8 23:14,19 24:19 25:17,22,24,25 26:9 59:6,8 60:4 him 6:1,2,3,15,15 6:16 38:14 39:14 41:1,4,5 42:13,19 43:6,15,16 47:7 52:12 55:8 56:24 58:4,9 65:24 67:12 68:2,10,16 68:18 history 11:10 23:4 23:7 27:2 37:5 38:11,17 39:18 41:3,15 43:13,25 46:15 47:24 52:5 66:16 hold 48:2 holding 39:9 hopefully 23:3 69:11 hospital 9:10 11:1 23:9 25:15 26:21 26:21 27:1,5,23 33:10,14 37:6 38:2,18 41:10,22 47:23 48:16 49:13 50:4 52:9,11 54:21 55:9 56:5 57:1,2,15,21 58:1 58:5 59:2 60:24 65:8 67:20 69:14 69:20,25 70:18 hospitalization 9:24 12:2 14:4 17:13 38:5 39:15 41:3,7 44:21 49:20,24 55:7 58:20 hour 63:2 hours 58:24 Howard 2:3 63:16 68:2 hypertension 11:12 23:23 25:5 hypotension 13:9 14:16,17</p>
<p>F fabric 61:8,10 facility 6:8 fact 7:16 12:23 15:24 19:16 21:1 22:16 47:21 48:6</p>		<p>G gather 43:24 gathered 47:15 61:16 gave 38:12 41:4 general 9:9 18:24 36:21 37:5,13 38:18 39:5 44:2,4 70:18 generalized 20:19 gentleman 34:18 getting 24:9 49:17 52:17 53:1 61:13 63:15,17,21,23 64:2 Ginella 37:14,16 give 28:9 36:3</p>	<p>H half 7:22 63:2 hand 74:18 handled 38:13 handwritten 37:12 happen 12:2 30:2 happened 15:16 17:18,21,24,25 18:3 19:23 37:21 38:15,16 45:11 59:16 happening 17:18 happens 17:21 32:4 55:1 having 47:6 52:1 53:4 54:11 62:12 heard 6:15 32:7 hearing 7:2 heart 51:12 hemodynamic 12:6 13:16 heparin 11:21 15:14,18,22 27:21 60:10,20 her 11:24 12:7,15 13:11,16 14:3,4 14:13 15:3,4 19:1 19:8 20:4,17,21 27:16 38:11,12,22 44:21 47:1,13</p>	

<p>hypotensive 20:17 hypothetical 48:5 48:24 52:18,21,22 53:1,22,24 55:13 56:11 59:17 60:23 61:13 62:25 63:11 63:25 68:3 hypothetically 48:10,21 51:1 56:18 hypotheticals 59:12 63:16 64:4 68:12 68:13 71:21 hypoxia 18:23 19:3 hypoxic 20:17</p> <hr/> <p>I</p> <p>idea 28:9 64:21 identification 4:12 identified 3:11 illnesses 23:6 imaged 14:14 immediate 24:17 immediately 51:19 53:9 impact 48:1 important 54:16 70:4 impression 39:8 improve 18:14 included 9:5 increasing 48:14 INDEX 75:1 indicate 20:11 indicated 11:5 18:9 indicates 4:1 11:20 12:6 20:15 indicating 37:17 indication 69:23 infarct 13:15 information 9:13 9:17,21 20:7 39:13 43:4,6,24 44:18 48:16 49:19 49:23 50:2,5,19 55:9 58:3,8 60:23 62:13,16,17,18,21 62:24 63:1,3,4,13 64:16,22,25 65:1 65:5,15 66:21 67:17 71:20 72:9 initiated 60:20 instruct 68:18</p>	<p>intend 20:2 70:23 interested 74:15 intermediate 26:11 internal 9:19 interpret 24:2 interrupt 10:23 involve 34:3 involved 29:2,6 30:14 31:14 issue 29:6 55:20 issues 8:4 29:14 34:4</p> <hr/> <p>J</p> <p>J 1:18 74:8,22 Jacobson 35:1,2 JAMISON 2:7 8:11 8:17 10:18,21 15:9 16:25 17:12 18:2 19:20 24:12 25:19 27:20 72:16 January 9:23 10:15 11:22 39:15,15 41:12 42:22 43:12 49:9,13,14 52:8 56:1,2,3,3 57:10 67:19 Jay 32:17 Jean 3:13 14:5 17:10 46:10 48:10 52:4 54:11 55:24 57:23 61:19 Journal 21:23 judge 68:15 judgment 48:18 July 3:20 4:1,24 74:24 just 4:16,18 8:5,9 14:1 28:1,25 33:4 34:7 37:4 39:2 40:13 46:1 47:9 49:9 61:12 62:6 64:13,23 68:20</p> <hr/> <p>K</p> <p>Karen 1:4 54:1,6 Karen's 54:2 keep 19:18 21:20 Kelley 32:17 kill 70:16 Kim 2:14 kind 50:2,19 55:16 Klodnick 1:18 74:8</p>	<p>74:22 knew 22:23 35:9 41:14,17 61:19 know 5:25 6:2,14 6:15,17,24 16:19 17:6 18:3 26:18 27:7 29:8 33:6 35:7 36:16,18,20 37:14 39:7,23 43:10 50:12 51:16 52:17 53:25 54:5 54:10 55:14,17 58:6,16 59:4,13 59:24 62:24 64:24 65:21 67:23 69:2 72:11 knowing 25:20 38:16,21 55:6 knowledge 4:2 27:23 42:19 known 57:9,16,22 61:18 knows 55:18</p> <hr/> <p>L</p> <p>L 1:4 lab 50:3 Lake 34:9 last 5:23 20:14 27:4 30:21 32:5,7 36:4 37:4 41:23 42:21 43:5 later 47:12 52:1 58:20 67:21 law 17:6 34:23 lawful 3:1 Lawrence 1:12,15 1:22 3:1,6,10 73:17 74:9 75:2 lawsuit 3:13 39:9 40:4 61:17 lawyer 30:8 lawyers 30:14 Leader 2:11 learned 57:7 least 6:21 11:6 28:11,20 46:19 62:20 leaving 60:24 lecture 36:1 lectured 15:25 36:4 lectures 16:7 18:8 35:20</p>	<p>led 11:13 19:8 60:13 left 10:16 11:11 13:15 14:13 23:10 40:10 41:15 42:21 50:9 65:8,10 leg 11:11 27:2 41:15 42:21 49:11 50:9 legs 26:16,17 27:12 length 3:21 4:1,22 Lenson 30:18 31:6 31:25 33:8 Lenson's 33:4 less 15:21 17:18,20 18:7 19:12,21,23 70:8 lessen 18:15 let 7:11 8:9,24 10:19 62:18 64:1 67:9 68:16 lethal 70:11,14 letter 4:24 5:2 13:8 let's 28:23 55:13 61:12 level 54:10 life 20:4 70:24 light 25:15 58:10,19 like 17:10 50:12 52:4 63:20,23 67:25 71:16 72:18 likelihood 13:5 16:16 18:13 25:24 25:25 likely 13:13 15:21 19:7,12,16,21,23 25:16,21 32:7 59:5,25 60:16 70:7,8 Linda 54:1 line 46:16 listen 55:13 62:1 literature 21:6,10 21:15,21 little 28:1 63:23 64:5 lived 20:12 lobe 53:17 local 30:1 located 39:24 long 12:3 18:16 23:2 28:4,5 30:10 35:4</p>	<p>longer 12:25 look 4:16 8:13 9:22 13:24 36:6 40:1 41:23 42:9,18 43:11,14,23 looked 42:13 43:16 looking 5:4 43:5 44:17 57:10 looks 71:15 Lorraine 1:18 74:8 74:22 lot 28:20 31:14 lots 49:3 low 26:14 27:14 60:5 69:13 lower 10:16 11:15 lung 11:14,14 24:14 25:10 27:11 32:21 34:15 51:12 53:14 lungs 18:23 27:17 L.P.A 2:6</p> <hr/> <p>M</p> <p>made 11:16 45:1 49:16 51:23 maintain 35:25 majority 22:10 make 46:1 51:25 64:9,13 makes 7:13 11:17 making 62:6 managed 70:20 many 25:2 28:9,12 28:18 29:6 33:2 33:24 34:21 37:21 49:7 56:1 59:12 mark 4:6 marked 4:11 45:22 61:22 65:22 75:7 Martin 1:12,15,22 3:1,6,10,11 4:9 8:13 55:14 63:10 63:19 67:11 73:17 74:9 75:2 massive 13:14 material 4:25 5:4,6 6:22 35:22 36:1 matter 32:19 matters 28:24 34:15,15 54:16 may 15:6 28:6 46:3 49:25 64:22 66:8 maybe 30:11,25</p>
--	--	--	---	--

33:4,5 37:6 58:23 Maynard 35:1,2 McFadden 31:13 mean 5:15 17:13 39:7 48:24 50:15 61:11 63:22 meant 14:16 medical 14:3 21:5,9 21:14 28:25 32:23 33:2,17,21 43:25 45:16,17,21 46:7 46:11 48:17 61:1 61:22 65:22 medical/legal 28:2 28:13,21 29:4 30:23 medication 38:12 medicine 9:19 21:24 28:5 meet 62:19 meetings 6:4 members 55:17 Mentor 1:22,23 Merit 1:19 met 6:1,3,16 28:3,6 34:20 64:19 65:3 71:17 middle 13:15 14:13 midnight 20:18 might 20:9 25:11 26:11,13,14,16 64:19 65:3,3 66:6 66:6 68:14 mind 46:19 68:14 minimize 55:2 misdiagnosis 22:12 misfortune 33:20 Mishkind 2:2,3 3:7 4:5,14 8:15 10:24 46:3 59:14,18,21 63:18 68:9,17,21 69:1,3 72:14,17 75:3 misprint 14:15 Miss 14:25 missed 20:14 32:21 modified 72:10 mom 54:7 moment 28:1 67:6 mom's 56:7 month 52:2 morbidity 13:6 18:7,12,15	more 55:8 70:7 morning 13:10 mortality 12:13,23 13:6 18:7,13 most 4:2,22 13:13 19:7 24:17 32:7 33:5 42:13 59:5 60:16 mother 65:20 mother's 65:7,18 move 13:22 27:25 64:12 69:11,11 much 16:20 17:2,18 multi-system 12:9 19:8 Murphy 2:10,11 5:19 8:9,12,21 9:14 10:19,22 27:8,19 31:20,21 34:19,24 35:4,6,7 40:10,17,21 42:1 43:8 44:1 45:25 48:4,23 49:21 55:12,22 59:11,15 59:20 63:10 68:1 68:11,20,24 72:12 Murphy's 3:25 5:17 Murray 30:18 31:6 33:4,8 muscles 52:24 M.D 1:12,15,22 3:1 3:6 73:17 74:9 75:2	new 21:23 22:19 72:9 next 31:15 58:23 night 37:4 42:24 None 26:24 nonexistent 61:9 normal 23:10,25 24:3 26:7 Notary 1:19 73:21 74:8,22 note 8:9 9:5 42:4,4 42:6,22 43:5,12 43:24 46:24 47:10 47:10,11,14 49:10 53:13 57:10 61:15 63:5 65:16 66:24 67:12 73:3 noted 11:12 13:9 43:3 45:5,17 67:13 nothing 34:21 74:10 notice 1:20 November 1:13 74:19 number 16:6,19 45:22 46:5 52:15 numbers 17:1 Nurse 2:14	office 2:3 3:25 5:18 11:1 35:18 39:21 39:23 41:2,6,24 42:13,18,25 43:21 43:23 44:11,12 45:3 46:21 47:18 49:9 50:7,8,11 56:21 60:25 65:9 65:10,21 74:18 offices 1:21 often 51:22 Ohio 1:2,20,23 2:4 2:8,12 3:2 74:3,8 74:19,23 okay 7:8 12:5 40:16 48:10 56:16 66:22 71:15 old 50:15 once 6:3 24:9 34:20 39:10,11 55:1 one 8:24 12:25 15:7 20:6,12 23:17 24:22 29:16,17,19 29:23,24 31:17 34:5,20 36:25 38:19 45:22 46:5 47:6 49:7 52:15 56:12 only 3:22 5:11,17 8:13 9:14 39:11 onset 11:10 24:7 27:3 52:6 opinion 5:2 8:18 10:4 14:1,3,9,9,24 15:3 20:1,11,14 20:16 24:8,15 62:15 64:18 65:2 70:23 opinions 7:19,24,25 13:25 21:1,3 48:2 61:6,15 66:7 68:6 68:6,7,8 71:16 72:1,2,10 order 26:4 organ 12:9 19:8 other 5:11,15,17 22:24 23:6,8 24:15,25 25:2,6 31:14 33:12 34:14 35:14,14 37:1,24 38:3 39:3,6,7 41:3,5 45:13 46:9 46:11,16 49:3,24 52:6 56:8 64:12	70:3 others 29:18 33:5,5 40:11 otherwise 74:15 out 18:6 24:6,6 25:6 26:8 29:17,19 48:12 57:11,12,16 58:11,11 67:20,21 68:23,24 69:19 70:1,6 outlined 4:25 outpatient 39:18 out-of-town 29:25 over 8:5 16:7 32:22 52:11 54:20 58:1 58:7 62:7,8 overlooked 61:3 62:3 66:4 overview 39:3 oxygen 19:12
P				
P 2:10 page 7:20,21,22,22 7:23 13:24 14:23 73:3 pages 3:21,25 4:22 36:24 37:2 PAGE/LINE 73:5 pain 27:2 45:24 paragraph 12:5 13:8 14:23 paralegal 2:14 5:18 parenthetical 14:14 part 58:12 67:1 particular 40:19 54:2 partner 32:16 partner/father 50:11 party 33:21 74:15 patient 10:3,17,25 16:17 17:10 22:25 23:4,7 24:5,24 25:14 26:19,25 27:16 29:14 31:11 33:18 34:12 39:10 39:16,20 41:4,10 41:14,21,24 42:8 42:14,20 43:22 45:5 46:10,20 47:17,21 48:6,7,8 48:19 49:1,6,8,11				

<p>50:4,6,14,21,22 52:4,13 53:4,20 56:19 57:7 58:10 58:14 59:1 60:9 61:24 62:1 66:23 67:18 68:25 69:20 70:5 patients 16:15 18:10 51:22 patient's 39:18 42:15 43:13,24 49:4 51:3,21 53:10,14 55:4 Patrick 1:8 2:6,11 8:18 9:5 10:7,14 36:18 40:6,18,21 41:6 42:25 43:3 69:18,25 71:4,14 PE 24:6 25:18 28:19 30:14 31:7 31:9 52:15 57:12 58:11 59:6 67:21 70:24 71:4,10 people 25:3 31:14 per 22:19 perceive 47:12 53:4 61:24 perceived 49:5 55:6 percent 12:13,23 16:16,20,23 17:9 perception 49:1 51:20 52:25 53:11 63:6 perfusion 18:19 19:11 24:14 25:10 25:17 27:11 59:3 59:5,23 perhaps 5:18 62:19 72:10 person 72:11 PEs 34:15 phone 54:20 55:8 56:25 58:13 physical 66:17 physically 41:5 physician 43:19 46:19 48:22 50:20 69:8,9 71:12 pick 58:12 picked 54:20 56:25 pillow 43:1 place 74:14 plaintiff 1:6,17 2:2 29:20,21,22,23,25</p>	<p>31:3,12 Plaintiff's 4:6,7,10 4:19,21 75:6 planned 69:25 70:3 PLEAS 1:1 please 3:9 pneumonia 12:9 point 15:18 27:18 54:2 59:9 60:8,19 64:14 pointed 10:5 18:6 70:6 Polito 2:10 34:24 population 17:2 positive 27:14 Possibility 32:2 potential 24:20 PO2 19:1 practiced 6:7 practitioner 43:23 practitioners 39:10 preceded 37:23 preceding 41:10 precipitated 13:10 predict 18:5 19:22 59:8 predicting 15:16 preexisting 14:12 premises 63:12 preparing 21:6 present 2:14 21:16 presentation 48:9 49:2 presented 11:1 38:10,18 39:12 56:20 58:9 67:15 67:22 71:22 presenting 49:1 52:20 62:25 presents 23:8 49:14 67:21 pressure 23:12,24 51:5 69:15 pressures 23:15 24:11,21 27:6 52:13 preventable 22:10 prevented 15:3 previous 41:9 42:4 42:4,6 primary 25:5,8 printed 35:22 prior 23:7</p>	<p>probabilities 17:7 probability 11:23 12:14 13:2,3,14 17:8,24 25:17,22 26:9,14 27:14 59:6,9 60:5,5 probably 22:23 29:3,8 36:6,9 51:9 56:23 66:13 problem 40:2 47:13 49:4 51:21 52:1 53:5,10,11 59:18 problems 12:12,22 Procedure 3:3 proceed 33:7 profound 19:3 promise 72:11 prompt 14:25 16:12 prove 67:10 provide 20:2 40:17 71:16 72:1 provided 3:2 5:6 7:14 9:23 10:2 40:22 50:19 proximate 12:7 29:1,5 prudent 44:7 51:7 56:24 69:8 Public 1:19 73:21 74:8,22 pull 13:23 pulmonary 6:4,11 8:3 9:1,18 10:17 11:4,12 12:15 13:17 14:6 15:2 15:25 16:3,9 17:15 18:20 19:7 19:11 21:11 22:2 22:7,11,18,25 23:5,6,8,11,17,23 23:24 24:10,18,25 25:1,5 26:8,15 27:6 28:15 29:7 34:3,14 35:21 36:1,5 37:19,23 38:4,5 51:4 52:12 57:17 58:14 60:16 69:14,19 70:2,9 70:10 pulmonologist 6:5 23:13 53:7 purposes 4:11,18 5:1 21:6 53:23</p>	<p>pursuant 1:20 put 10:19 13:23 14:22 37:6 putting 28:24 71:21 p.m 1:23 72:19</p> <hr/> <p>Q</p> <p>qualified 74:9 quarrel 8:7 quarter 69:1 question 8:6 19:19 44:2,4 46:20 48:25 54:22 55:15 59:19 62:4,7 64:14,15,23 66:9 66:18 67:10 68:18 69:10 questioning 4:15 questions 7:6,11 10:8 13:21 56:16 63:24 64:4 68:22 72:15,16 quickly 50:20 quote 12:2 43:16 quoting 47:9</p> <hr/> <p>R</p> <p>raise 46:19 range 23:12 rate 52:23 rather 22:12 52:19 58:20 read 8:5,12,22,23 11:7 14:1 21:2 22:1 23:2 26:6 37:4 42:4 62:18 73:2 readings 22:24 real 50:20 63:15 really 22:19 52:17 68:3 reason 14:21 15:10 20:23 37:3 38:7 40:16,19 61:1,21 65:24 71:7 reasonable 15:7 17:23 20:24 21:3 22:6 42:7,12,17 43:5,19,23 44:7 48:21 49:18,23 51:6,17,18 53:5 55:7 56:24 57:6 57:20 58:12,18,24</p>	<p>58:25 60:7 67:24 reasonably 58:3 reasons 33:7 56:12 recall 7:1 29:16 32:5 34:16 35:16 36:10 44:15,22,25 recent 41:7 42:13 43:13,25 44:21 46:15 49:20 55:6 58:19 recently 34:8 41:22 43:22 50:4 recognition 14:25 16:13 recognize 9:13 16:12 recognized 18:11 record 3:9 4:18 8:10 14:1 27:9 36:25 41:2,6,9,23 42:18 46:1 55:18 55:19 64:2 66:24 records 9:4,8,9 50:15 58:7 69:18 69:23 recurrent 12:15 13:17 reduced 74:11 referenced 6:22 7:4 referring 55:14 refusing 63:24 regard 8:2 11:7 14:24 35:20 36:1 44:6 54:11 61:7 regarding 10:9 41:9 regional 14:17,18 Registered 1:19 regular 50:14 relate 41:2 related 65:12,15 relates 21:11 22:6 41:7 48:3 Relating 21:17 relationship 21:11 relative 5:13 7:14 8:4 35:8 74:15 relatively 22:6 remember 29:12 30:2,5,7,13 32:9 32:11,12 35:16 41:17,18 43:14,15 remembered 29:24</p>
---	---	--	--	--

<p>Reminger 2:6,6 renal 14:11 report 3:20,22 4:6 4:19 5:8,16 6:21 7:2,9,12,13,17,20 13:21,25 20:15 21:7,16 63:3 68:5 reported 26:20 Reporter 1:19 reporting 74:16 reports 5:7,8 38:20 represented 34:17 representing 62:21 reputation 6:10,13 6:17 request 25:9 40:17 REQUESTED 73:5 require 24:9 required 26:4 51:7 resolve 63:9 70:8 resolved 45:20 47:2 47:6,11,15 52:20 61:11 66:2 respect 63:22 respiratory 37:18 52:23 53:5 respond 62:19 responded 68:12 response 63:11 responsibility 49:18 71:9 result 18:20 24:8 27:1,6 50:3,25 61:18 resultant 14:11 results 25:15 27:13 50:3,12 51:2 52:12 57:1 review 10:6 22:21 43:10 44:12 72:9 reviewed 5:1 9:4,8 21:5,9,14 69:22 reviewing 55:16 revised 4:1 rhonchi 53:17 Rich 1:8 2:6,10 3:12 7:14 8:14,18 9:5,6,15 10:14 36:14,16,18 37:1 38:8,15,21 39:5 39:13,20 40:3,6 40:22,25 41:1 42:8,18 43:3,4,11 44:8,18 45:5,13</p>	<p>46:1,24 47:4,18 48:3,11,18 51:2 52:10 53:13 54:7 54:14,19 56:7,18 57:6,7,9,14,21 58:12 60:22 61:15 61:18,19,23 62:5 63:5,12 64:18 65:12,15 66:4,16 66:22 67:7,11,16 69:5,18,25 71:4 71:14,17 Richardson 34:13 Rich's 8:1,3 10:7 40:18 41:6 42:25 45:3,21 46:7 52:9 52:16 61:7,22 right 5:10,21,24 7:7 7:15 11:9 12:1 13:4,7 14:17 21:22 22:22 24:21 30:1 34:19 39:22 40:2,12 41:13 45:7,8,10,23 46:8 46:13 53:17 54:4 54:9,15 57:13,19 57:25 58:22 60:11 60:15,18,20,21 68:19 69:16,21 70:11,15 71:1,21 risk 17:18,20 18:7 Ron 5:25 7:8 room 41:4 rule 24:6,6 25:6 26:7 57:11,12 58:11,11 67:20,21 70:1 74:17 ruled 57:16 69:19 Rules 3:2 run 50:13</p>	<p>63:7 66:12,15,18 67:14 says 10:14 13:25 14:3 48:7 52:18 52:19 61:11 65:24 scan 11:13 24:14 25:10,11,12,13,17 26:13 27:11 59:3 59:5,24,25 scheduled 31:15,20 44:12,13,15,23 scheduling 5:19 scope 68:4 se 22:19 seal 74:18 seated 34:18 second 8:25 12:5 14:9 72:11 see 6:21 24:17 25:3 26:16 36:25 41:23 42:3,5 43:12 50:14 51:22 54:7 54:13 58:14,16 64:21,24 66:20 68:25 seeing 7:2 39:10 41:21 42:8 seek 51:9 seem 18:16 seems 63:20 seen 5:22 6:20 38:22 43:22 45:12 47:18 49:9 50:4,8 53:25 56:14 67:19 69:17 segued 55:16 sense 44:19 sent 58:7 sentence 11:7 12:21 14:20 sentences 52:24 September 22:1,18 serving 35:13 set 1:24 31:19 74:11 74:18 setting 20:19 several 23:16 36:8 56:12 severe 13:9 49:2 severity 51:21 share 14:3 short 45:19,19,22 46:5 47:17,21,22 48:8 53:20 55:25</p>	<p>55:25 56:2,4 61:2 61:20 shortness 11:11 24:7 27:3 42:20 42:23 43:1 46:11 46:15,18,22,25 47:5,10,14 48:1 48:14,20 49:4,12 50:7,9 51:3 52:5 52:6,14,19,19,25 54:12 55:5,19 56:8,20,21,22 58:2 60:25 61:4 61:10,23,24 62:2 65:22 66:1,2,2,3 66:23 shortness-of-brea... 51:23 show 66:16 showed 41:24 59:25 showing 24:10 27:6 shows 23:10 sick 44:24 side 30:15 signed 37:16 significant 18:19 23:6 signs 15:19 16:13 18:10 41:24 similar 13:20 67:25 simply 44:20 since 5:8,16 21:15 34:11 40:4 47:23 48:14 56:4 sir 3:18 situation 66:20 68:3 six 33:25 Skylight 2:3 sleep 25:3,4 slightly 38:17 SOB 46:1 solely 61:5 some 25:10 26:1,2 35:10 38:12 39:1 45:2 58:2 63:24 somebody 50:11 someone 43:20,20 45:12 51:25 58:4 something 23:21 45:18 50:13,18 51:14 53:9 61:9 62:1 67:4,12 69:8</p>	<p>sometime 31:18 32:6 52:7 sooner 58:20 sorry 15:12 25:23 28:20 59:11 72:8 sort 39:3 sounds 32:18 53:14 63:23 South 2:8 speak 64:22 speaking 52:24 specialist 6:11 9:1 9:18 51:12,13 specialty 25:9 specific 10:8 20:11 specifically 16:2 44:6 specifics 44:25 specified 74:14 Speicher 3:14 11:23 17:10 36:21 44:20 45:12 46:10 48:11 52:5 54:1 54:11 55:24 57:23 61:20 71:3 Speicher's 9:25 14:5,10,25 20:16 70:24 Square 2:7 SS 74:4 staff 45:4 stand 20:11 68:22 standard 8:19 10:15 24:9 26:5 27:17 29:1,5 39:9 64:19 65:3 71:18 71:23 standards 38:11 standpoint 10:6 54:18 start 25:7 64:9 started 15:14,17 starting 7:21 20:18 state 1:20 3:8 74:3 74:8,23 statement 11:17 12:4 15:7 22:9 39:5 56:13 63:19 64:13,15 statements 20:22 20:24 Stating 22:23 statute 1:17</p>
---	---	---	--	---

<p>stay 37:8 stayed 37:7 stenosis 14:13 stenotypy 74:11 step 49:23 Steve 32:14,15 stick 61:12 stickies 37:3 still 26:11 stipulations 1:21 stopped 46:16 60:7 story 62:14 strategies 23:1 streamline 10:11 Street 2:4,8 strike 57:8 stroke 14:10 15:3 20:16,20 21:12 studies 11:3,4,8 15:20 24:16 26:19 26:23 50:23 57:23 70:1,3 study 11:14 26:16 27:11 stuff 45:25 subject 32:19 Subscribed 73:18 substance 27:25 substantially 17:8 sudden 11:10 27:3 suffer 16:17 suffered 18:19 sufficient 9:17 49:10 62:2 summarizes 63:19 summary 37:5 Summit 1:2 2:8 Superior 2:12 sure 22:1 23:22 29:8 35:24 64:9 surrounding 34:4 survival 16:21 17:3 18:10,15 survive 12:18,18,24 16:17 17:13 survived 11:24 12:1 12:15 17:11 70:24 suspect 28:5 suspected 22:2,7 suspicion 26:12 27:16 swelling 11:11 41:15 42:21 49:11 50:10</p>	<p>Switzer 2:10 34:24 sworn 3:3 73:18 74:10 symptoms 15:19 16:13 18:10 41:25 49:17 55:4 56:8 65:7,11 systemic 14:10,17</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>tab 37:6,10 tabbed 36:24 37:2 tachycardic 43:2 take 3:14 4:16 20:10 37:8 40:8 49:7 54:6,17 72:17 taken 1:18 3:17 5:23 65:9,20 74:14 talk 36:3 39:1 55:3 talked 40:3,15 58:4 58:6 talking 18:18 38:23 40:10 54:13 55:15 64:8,9 66:21 tautology 62:6 tell 10:1 29:10 37:2 38:7 40:25 45:8 53:19 56:11 68:15 telling 52:21 53:3 61:1 62:13 65:14 65:17,19 66:25 ten 20:12 30:11 tension 14:11 term 12:3 45:7,8,10 47:8 terminal 14:4 terms 7:19 18:9 20:7 22:16,24 23:1,14 24:19 39:19 47:5 50:1 51:1 54:12,13 testified 28:15 33:1 33:13,16 41:8 42:3 45:15 63:2 testify 31:15 74:10 testifying 33:13,18 testimony 5:14,20 28:7 31:24 40:21 40:24 47:12,16 55:24 56:6,15 61:16,21 65:6,14</p>	<p>65:18,20 74:11,12 testing 26:3 60:8,12 tests 25:2 49:24 50:12 57:1 thank 72:14 their 24:15 35:10 43:20 56:7 65:7 therapies 22:13 therapy 11:21 thing 14:2 37:12 44:8 things 25:2 37:21 49:3 50:3 63:14 71:15 think 6:3 7:16 8:21 10:8 14:15 17:16 17:17 19:1 20:14 25:20 29:16,17 30:25 31:12,17,20 31:21 32:1,2,5 33:5 34:20 35:2 37:4 39:2 45:6,8 45:25 48:12 49:25 52:1 60:6 62:12 63:10,14,18 66:10 66:12,25 67:3,5 68:3 69:7 70:22 third 13:8 Thomas 2:14 thought 59:20 three 23:25 26:15 29:8 33:5,12 38:20 42:23 56:23 67:21 threefold 16:22 17:4 thromboemboli 12:15 13:1,18 thromboembolism 11:16,24 thrombophlebitis 11:3 thrombosis 8:5 10:16 15:1 16:14 60:13 through 7:22 9:24 73:3 throwing 27:16 thrust 62:4 time 9:25 12:19 15:18 16:7 17:24 30:21 35:3,4 36:3 36:4 38:1 41:18 46:22 48:22 50:20</p>	<p>51:8 52:16 62:12 64:8 65:8,12 69:24 74:14 timely 16:15 17:9 17:25 18:1,4,4,11 18:15 20:3 29:15 29:15 70:4 times 23:25 28:9 32:23 33:2,3,6,12 33:24,25 45:23 56:23 today 3:15 told 28:6 39:6 50:21 51:4 60:6 63:1 66:23 67:12 70:22 top 7:21 topic 21:15 total 42:10 touched 16:9 Tower 2:3 town 29:17,19 30:2 48:12 transcribed 74:12 transcript 5:23 73:2 transcription 74:12 treat 18:6 26:12 29:15 70:5,7 treated 16:15 17:19 17:22 18:1,4 19:10 36:21 60:9 70:13 treatment 15:2 16:3,14,21,21 17:3,3,4,5,10 18:12,16 19:18 20:3 26:10 27:17 27:18 60:19 trial 5:13,19 31:16 31:18,19 33:1,3 34:1 55:24 67:4 tried 55:3 true 4:19,22 7:17 16:10 17:11 19:17 39:21 43:7 54:21 58:5 64:20 74:12 truly 54:18 truth 74:10,10,10 try 10:10 55:2,13 64:5 66:19 67:9 trying 10:10 61:14 63:20 67:3 TSH 69:13</p>	<p>TUESDAY 1:13 twice 6:3 two 15:14 24:16 27:4 29:17,22 30:1,25 31:11 33:4,4,5,8,12 37:1 45:23 51:15,24,24 56:23 type 6:10 35:25 44:16 66:18,19,20 typo 14:19</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>under 1:17 48:20 50:6 51:5 52:10 67:16,24 74:16 undergoes 23:9 understand 3:15 8:15 10:12 36:13 47:8 54:22 55:21 55:23 62:10,11 63:8 69:4 understanding 46:6 unfair 39:10 unless 68:25 unlikely 38:2 unreasonable 51:25 unrelated 31:8 unscheduled 49:15 untreated 13:1 70:10 upper 53:17 use 42:25 used 63:16 using 52:23 Usually 35:24 58:17</p> <hr/> <p style="text-align: center;">V</p> <hr/> <p>various 33:7 vary 17:1 vein 8:4 10:16 11:3 16:14 60:13 venous 15:1 ventilation 24:13 25:10,16 27:11 59:3,5,23 ventilator 12:8 ventricular 23:10 versus 31:13 very 50:20 67:5 visit 37:1 41:9,24 42:14 44:11,13</p>
--	---	---	---	--

49:15 56:6 64:17 VQ 11:13 25:12,13 27:14 59:25 vs 1:7	25:14 26:20 55:1 69:19 whole 61:8 74:10 Witness 1:16 74:18 woman 15:11,13 37:22 words 41:5 46:16 work 28:13 35:10 50:22 working 31:2 work-up 25:7 work-ups 63:14 worse 27:4 49:17 wouldn't 17:21 57:16,22 60:7 wrap 71:15 Wright 37:13 written 3:22 12:4 16:2 46:1,6 68:5 72:17 wrong 56:13,14 68:15,15 wrote 3:20 12:21 21:15 45:4,19 47:3,10 63:5	1400 2:11 15 29:3,4 30:11 32:23 16 3:25 4:22 1660 2:4 18 1:13	44308 2:8 45 19:1 48 58:24
W		5	
walk 68:23,24 walking 42:23 54:12 55:15 want 8:5 25:12 26:13,14,16 27:25 55:22,23 62:15 64:8 68:22 69:4 wasn't 47:17 55:19 way 5:7 10:25 12:3 12:21 14:22 25:20 38:9,13,14,19 39:11 41:24 48:25 59:8 week 5:23 27:3 31:22 41:15 42:21 50:8 51:15,23 52:2 weeks 15:14 30:25 31:1,11 48:13 51:15,24 well 8:2,3 9:19 10:5 11:18,25 12:17 13:3 15:3 16:24 18:8,14 22:14 23:16 24:13 26:6 28:20 35:9 40:9 44:8 45:6 48:6,24 52:17 56:9 58:16 61:19 64:5 65:13 69:7 70:6 72:2 went 27:15 33:3 54:13 were 4:10 7:25 15:20 18:23 20:20 26:19,23 28:21 29:13,18,22 30:1 30:14,21 31:2 33:9,13,18 34:14 50:13 55:4 56:9 65:8 70:3 75:6 West 2:4 we're 38:23 53:1 63:9 we've 56:22 wheezing 53:18 WHEREOF 74:18 while 8:12 22:17	2 2 4:7,10,21 13:9 59:2,22 60:2 75:6 2nd 2:4 20 28:14 32:22 35:5 74:24 20th 74:19 200 2:7 2001 9:6,23 12:7 20:18 50:1 2002-07-4063 1:7 2003 1:13 3:21 4:2 4:25 22:18 73:19 74:19 2007 74:24 216 2:5,13 22nd 52:8 23rd 52:8 24 28:18,23 241-2600 2:5 25 9:23 10:15 11:22 39:15 41:12 42:22 43:12 49:9,14 57:10 67:19 28 39:15 49:14 74:17 28th 48:15 29th 56:3	5 12:6,20 59:16,25 5th 20:18 36:22 5:17 1:23 50 12:13,23 17:9 526 2:12 55 23:12,24 24:11 51:5 52:13 69:15	6 6th 13:10 60 23:12,24 24:11 51:5 52:13 69:15 660 2:3
	Y	7	
	Yeah 22:8 year 20:12 36:10 50:1 years 20:12 28:3,12 30:11,11 32:22 34:21 35:5 36:6,8 yellow 37:3 yesterday 3:24	8 80 2:8 875-2767 2:13	9 9 31:20 90 16:16,20 9500 1:22
	0 01 43:12 48:11 54:7 03 22:1	3 3 7:20,21,22,23 13:24 14:23 59:3 59:22 60:2 3:6 75:3 30 56:1 30th 56:3 31 56:1 330 2:9 375-9075 2:9	
	1 1 4:6,10,19 9:6 36:25 39:16 44:11 47:19 48:11 49:15 54:7,14 55:25 57:15 59:2,19,22 60:1 64:17 73:3 75:6 10 29:3,4 30:11 32:23 10-25-01 8:19 12 3:21 4:25 12th 31:21 72:6,7,8	4 4 14:23 43:1 4:9 75:7 44 19:1 44113 2:4 44114 2:12	