

FILE COPY

IN THE COURT OF COMMON PLEAS
TRUMBULL COUNTY, OHIO

THOMAS W. MONROE,)	CASE NO. 00-CV-2380
Administrator of the)	JUDGE KONTOS
Estate of Deborah Monroe,)	
Deceased,)	
)	
Plaintiff)	DEPOSITION OF
vs.)	
)	JOHN MAXFIELD, M.D.
JOHN MAXFIELD, M.D.,)	
et al.,)	
)	
Defendants)	

Deposition taken before me, Christine Breinz, Notary Public within and for the State of Ohio, on the 20th day of September, 2001, at 2:10 PM, pursuant to agreement between counsel, taken at the offices of Simoni Court Reporting, 301 Legal Arts Centre, Youngstown, Ohio, to be used in accordance with the Ohio Rules of Civil Procedure or the agreement of the parties in the aforesaid cause of action pending in the Court of Common Pleas within and for the County of Trumbull and State of Ohio.

SIMONI COURT REPORTING
WARREN/YOUNGSTOWN, OHIO
(330) 399-1400, 746-0934

A P P E A R A N C E S

On Behalf of the Plaintiff:
Donna Kolis, Attorney at Law

On Behalf of the Defendant, John Maxfield, M.D.:
Michael Ockerman, Attorney at Law
HANNA, CAMPBELL & POWELL

On Behalf of the Defendant, HM Health Services, dba
St. Joseph Hospital, and HM Health Services, dba St.
Joseph Family Medical Center, Howland:
Douglas J. Kress, Attorney at Law
COMSTOCK, SPRINGER & WILSON

I N D E X

DEPONENT -- JOHN MAXFIELD, M.D.

E X A M I N A T I O N S

DIRECT CROSS REDIRECT RECROSS

By Ms. Kolis: 6

By Mr. Kress: 35

E X H I B I T S

Exhibit Number

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Plaintiff's Exhibit A

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P R O C E E D I N G S

JOHN MAXFIELD, M.D.

having been duly sworn according to law, on his
oath, testified as follows:

(PLAINTIFF'S EXHIBIT A MARKED FOR IDENTIFICATION)

MS. KOLIS: Doctor, we have been
introduced, but for identification purposes for the
record, let me state that my name is Donna Kolis. I
am an attorney from Cleveland and I've been retained
to represent the estate of Deborah Monroe in an
action which we filed against you. Doctor, prior to
today, have you ever had the opportunity to give a
deposition?

THE WITNESS: Yes.

MS. KOLIS: Okay. Every attorney
states their rules differently, but I would like to
make a couple of introductory remarks to you and
secure some understanding. You are aware, I would
assume, that you are required to answer each and
every question orally.

THE WITNESS: Right.

MS. KOLIS: Okay. You are aware,

1 Doctor, I would hope, that today is the only
2 opportunity that I will have to ask you questions
3 prior to the trial of this lawsuit.

4 THE WITNESS: Uh huh, yes.

5 MS. KOLIS: Okay. My purpose today
6 is to, of course, go through the medical records
7 with you to determine what you were thinking, and in
8 that regard, if I ask you a question and you answer
9 it, I'm going to assume that you understood my
10 question. Since that will be my assumption, I would
11 encourage you at any time I ask a question that is
12 not absolutely clear to you in terms of information
13 I'm seeking that you can certainly tell me that.
14 Can I secure that agreement from you?

15 THE WITNESS: Yes.

16 CROSS EXAMINATION

17 BY MS. KOLIS:

18 Q. All right. Doctor, in anticipation of today's
19 deposition, what materials did you review?

20 A. Oh, I couldn't possibly enumerate them. Right
21 after that event occurred, I must have
22 spent two months researching everything I

1 could about the issue, and that was two
2 years ago. So, I'm not going to be able
3 to say exactly what I have researched,
4 but, I mean, I can give you a few sources,
5 but I can't give you everything. A lot of
6 it was over the internet and journals and,
7 you know, what can I --

8 Q. We'll get back to that in a second.

9 A. Okay.

10 Q. Perhaps I asked too broad of a question, but my
11 initial concern in the first question that
12 I asked was for today's deposition, what
13 materials did you review recently?

14 A. Oh, recently, okay. Well, recently, I reviewed
15 the medical record and I went over some of
16 the standard areas of some of the standard
17 textbooks and a few articles.

18 Q. Okay. Can you tell me with particularity
19 which -- when you say medical records,
20 which medical records are you referring
21 to?

22 A. The visit at St. Joe's Hospital.

- 1 Q. Uh huh.
- 2 A. The visit at Howland.
- 3 Q. Howland being the urgent?
- 4 A. Yes.
- 5 Q. -- urgent care center?
- 6 A. That is correct.
- 7 Q. so, you --
- 8 A. And I -- at some point, I went over the
- 9 autopsy, bur, that was a while back.
- 10 Q. Okay. Do you believe you reviewed the autopsy
- 11 after I filed the lawsuit or before?
- 12 A. Oh, probably after. I don't think I had access
- 13 to it. I don t know. I'm not sure.
- 14 Q. That's okay.
- 15 A. Probably.
- 16 Q. We're going to go back to -- I'm already off my
- 17 game, because I didn t bring my standard
- 18 questions. You indicated to me in your
- 19 initial answer chat shortly after this
- 20 incident, you spent about two months
- 21 researching the issue.
- 22 A. Uh huh.

1 Q Can you state with particularity what issue you
2 were researching?

3 A I was trying to find out if there was any
4 instance ~~per~~ or ~~an~~ physiological basis for
5 someone who had low back pain and only low
6 back pain to have had a thoracic level
7 dissection.

8 Q And how would be researching that because you
9 believed that this patient had low back
10 pain only?

11 A That's correct.

12 Q If you were aware, Doctor, that the patient had
13 upper and mid scapular back pain, would
14 you have considered a thoracic aneurysm as
15 a possible cause of that pain?

16 A Yes.

17 Q I guess to cut to the chase, although we're
18 going to go over these records in detail,
19 is it your testimony, Doctor, under oath,
20 that you were not advised by the doctor
21 from Howland or the emergency personnel or
22 the patient herself that she had, in fact,

1 experienced pain other than in the low
2 back region?

3 MR. OCKERMAN: Objection. Can you go
4 through those one at a time rather than all three?

5 MS. KOLIS: Oh, sure. Absolutely,
6 Mike. Not a problem.

7 Q. Is it your testimony, Doctor, under oath, that
8 you did not speak with the physician at
9 the urgent care center?

10 A. That is not my testimony.

11 Q. Okay. We'll hit that later. Will it be your
12 testimony that that physician did not
13 relate to you that the patient was
14 experiencing pain in the upper and mid
15 back?

16 A. No, it will not.

17 Q. Okay. I'm sorry. I'm not asking good
18 questions today.

19 MR. OCKERMAN: You had a double
20 negative in there.

21 MS. KOLIS: Did I have a double --

22 MR. OCKERMAN: Why don't ask you him

1 what the doctor said to him?

2 MS. KOLIS: That will probably be
3 easier.

4 Q What physician did you speak with from the
5 urgent care center regarding Deborah
6 Monroe?

7 A. I don't know his name.

8 Q. Okay. So, you don't recall today who you spoke
9 with?

10 A. I don't recall the man's name. I recall the
11 conversation.

12 Q. Okay. That was my question. First of all, you
13 don't know who it is you spoke with?

14 A. Not by name.

15 Q. Did he identify himself as a physician?

16 A. Yes.

17 Q. Do you know who Dr. Shaw is?

18 A. No.

19 Q. Okay. What was the content of the conversation
20 that you had with the physician from the
21 urgent care center?

22 A. He said that he -- I don't recall every word,

1 but the gist of it was that he said that
2 he had a patient with back and I believe
3 he may have said chest pain, that he was
4 considering an aneurysm; although, he was
5 almost embarrassed to suggest that, but he
6 wanted to send the patient anyway, and
7 from what he told me, that certainly
8 sounded like a reasonable thing to do.

9 Q. Did he tell you what test he thought the
10 patient should undergo?

11 A. I think he said CT scan; I mean, because from
12 what he considered, that would have been
13 the logical thing to do.

14 Q. A CT scan of what area of the body?

15 A. Chest.

16 Q. He didn't express to you in medical terms that
17 perhaps the person needed her aorta CAT
18 scanned?

19 A. Oh, perhaps he did. That was the suggestion
20 certainly. I mean, that was the thrust of
21 the conversation.

22 Q. And in the conversation with him -- and I

1 gather he's sending her over to the
2 hospital because they have the facility to
3 do a CAT scan?

4 A. Correct.

5 Q. Is that a fair assumption?

6 A. Yes.

7 Q. All right. And in discussing with you the
8 symptomology that led him to have this
9 opinion that this was the test that was
10 needed, did you disagree with what his
11 thinking was?

12 A. You mean during the conversation?

13 Q. Uh huh.

14 A. No.

15 Q. So, based upon what he told you the symptoms
16 were, you would have been in agreement
17 that she did need to have her chest CT'd
18 so that the aorta could be examined?

19 A. Pending further examination of my own, it
20 seemed like a reasonable suggestion at the
21 time.

22 Q. Did you tell the doctor that you were going to

1 perform this examination, the one that he
2 was requesting?

3 A. I don't recall.

4 Q. Okay.

5 A. I highly doubt it.

6 Q. Did you just say you highly doubted it?

7 A. I highly doubt that I would promise to perform
8 it. I wasn't going to disagree with it
9 and say that I wasn't going to. I was
10 going to evaluate the patient myself, of
11 course.

12 Q. But it's clear to you that based upon what he
13 told you, even if you don't precisely
14 remember all the physical components of
15 it, that you didn't disagree with the plan
16 to do a chest CT?

17 A. No, I did not disagree.

18 Q. Did you discuss the patient's condition with
19 the emergency medical service personnel
20 that transported her?

21 A. I don't recall.

22 Q. Did you see their report?

- 1 A. I have seen their report.
- 2 Q. Did you see it at the time that you examined
3 the patient?
- 4 A. I don't recall.
- 5 Q. Would it be part of your emergency room chart,
6 to take that report from EMS and put it in
7 the triage documents so that you could
8 review it?
- 9 A. It wouldn't be part of my job, but it would
10 have been done perhaps. It may or may not
11 have been part of the chart at the time I
12 saw the patient. They don't always make
13 it to the chart at the same time.
- 14 Q. If there is a triage document available from
15 emergency personnel, do you not want to
16 review that, Doctor, for a complete
17 picture of the patient's history?
- 18 A. Oh, as much as is possible, I would like to.
- 19 Q. And in this instance, you just don't know
20 whether you reviewed it or not, is that
21 what you're stating?
- 22 A. That is correct.

- 1 Q. Okay. Let's go back. I told you I was going
2 to be off track going down this road, but
3 that's all right. Once again, you said in
4 the ensuing two months after Deborah
5 Monroe's death that did you some research.
6 Can you please tell me to the best of your
7 ability what sources you used?
- 8 A. Well, I would have used articles that I
9 found -- would find in a literature search
10 on the internet.
- 11 Q. Did you save those articles?
- 12 A. Did I save them?
- 13 Q. Uh huh.
- 14 A. No, I didn't even print them.
- 15 Q. So, you were Just perusing the internet and
15 reading articles; is that right?
- 17 A. I wouldn't say just, but I was perusing the
18 internet.
- 19 Q. Okay. I'll take out the word just. In other
20 words, you just wanted to do some reading.
21 You did not print out the articles?
- 22 A. I wanted to do some reading.

1 Q. Okay. Did you use any textbooks?

2 A. Yes, I did, I'm sure.

3 Q. What textbooks would you customarily rely upon
4 as authoritative in helping you as an
5 emergency room physician?

6 A. I wouldn't use the word authoritative.

7 Q. Why wouldn't you use the word authoritative?

8 A. Because it doesn't really have adequate
9 meaning.

10 Q. Well, what meaning do you give the word
11 authoritative, Doctor?

12 A. I use it outside the realm of medicine. So, I
13 wouldn't -- it wouldn't be of any use in
14 this setting.

15 Q. Do you testify as a medical legal expert?

16 A. Do I?

17 Q. Uh huh.

18 A. No.

19 Q. Okay. What textbooks do you rely upon or do
20 you use as a resource material?

21 A. Rosen, Tintinalli's. I've used Harrison's for
22 sort of things.

1 Q. Dr. Maxfield, do you know who Dr. Bruce Janiak
2 is?

3 A. Yes.

4 Q. Do you know his reputation?

5 MR. OCKERMAN: Objection.

6 A. No, I only know his position.

7 MR. OCKERMAN: Go ahead.

8 Q. Go ahead and answer. You only know his
9 position?

10 A. Yes. I think I know his position. Well, yeah,
11 I suspect I know his position. I'm not
12 sure exactly what it is.

13 Q. Well, how is it that you're acquainted with
14 Dr. Janiak?

15 A. Well, he is a publisher -- or not a publisher,
16 but he's an editor, I believe, of one or
17 more of the journals.

18 Q. One or more of the journals in emergency room
19 medicine --

20 A. Uh huh.

21 Q. -- is that what you're referring to? Okay.
22 Let's go through your background. We have

1 Plaintiff's Exhibit A, which was given to
2 me, and I may have received it in the past
3 and, if so, I apologize, but this
4 apparently is your curriculum vitae. You
5 attended medical school at Dartmouth; is
6 that correct?

7 A. That's correct.

8 Q. And concluded that training in 1978?

9 A. Yes.

10 Q. Okay. Following your graduation from medical
11 school, I see you did an internship in
12 residency in internal medicine, correct?

13 A. Uh huh, that's correct.

14 Q. Okay. Then you also attended a residency in
15 emergency room medicine at Georgetown?

16 A. Yes.

17 Q. And that was a two-year program?

18 A. Well, it's a three-year program, but I get some
19 cross credit, because I did -- I complete
20 my internal medicine at Georgetown and I
21 did emergency medicine at Georgetown, and
22 for the work I had done already in

1 internal medicine, I get credit for some
2 parts of the emergency medicine.

3 Q. Okay. So, you didn't have to repeat the
4 material that you learned --

5 A. That's correct.

6 Q. -- in the internship in internal medicine; so,
7 you were able to complete it in a shorter
8 amount of time, correct?

9 A. Well, it depends how you look at it. It's a
10 longer amount of time really. It's four
11 years as opposed to three. There's two
12 residencies.

13 Q. Okay, fair enough. I see that you are, in
14 fact, board certified both in internal
15 medicine and emergency room medicine?

16 A. Yes.

17 Q. Doctor, other than this instant lawsuit, have
18 you been sued for medical negligence in
19 the past?

20 A. Yes.

21 Q. On how many occasions?

22 MR. OCKERMAN: Objection. Wait a

1 second. Objection and continuing objection to this
2 line of questioning.

3 A. For medical negligence, yes, I was sued.

4 Q. Can you tell me on approximately how many
5 occasions?

6 A. Three, I believe.

7 Q. And in any of those cases, were payments made
8 on your behalf?

9 A. Yes.

10 Q. Okay. How many?

11 A. Two.

12 Q. Okay. Can you tell me -- first of all, were
13 both of those cases filed here in
14 Youngstown --

15 A. No, neither.

16 Q. -- or in Warren?

17

18 Q. Can you tell me where those lawsuits were
19 filed?

20 A. In Rhode Island.

21 Q. When were you practicing medicine in Rhode
22 Island?

- 1 A. 1982 to '92, '91, thereabouts.
2 Q. Okay. And then did you relocate to this
3 area --
4 A. Yes.
5 Q. -- in '91 or '92?
6 A. Yes.
7 Q. Okay.
8 A. Not relocated. I located here. I had never
9 been here before.
10 Q. Oh, sorry. So, why did you come to this area?
11 A. It was a good job opportunity and I no longer
12 had to go to where my family wished to go
13 since we had moved to England.
14 Q. Okay. So, what was the job opportunity that
15 attracted you to northeast -- I call it
16 northeast Ohio -- Ohio?
17 A. St. Elizabeth Hospital.
18 Q. What position did you take with St. E's?
19 A. Emergency physician.
20 Q. Okay. In July of 1999, who was your employer?
21 A. It was -- well, there are several different
22 umbrellas of an overall organization and

1 the primary umbrella is Mahoning Valley
2 Emergency Specialists. The umbrella that
3 employs me part-time at St. Joseph's
4 Hospital is 4M Emergency Systems. They
5 are both part of a larger organization.

6 Q. I'm sorry. I was writing. You said 4M
7 Emergency Systems?

8 A. Uh huh, yes.

9 Q. And that is the corporation that provides
10 emergency room physicians to St.
11 Joseph's --

12 A. Yes.

13 Q. -- Hospital; is that correct?

14 A. That's correct.

15 MR. OCKERMAN: Doctor, you need to
16 let her get her question out and then answer the
17 question, so it's not difficult for the court
18 reporter.

19 THE WITNESS: Okay.

20 MS. KOLIS: Sorry, I should have told
21 you that in the beginning.

22 Q. At or around the time of July 1999, were you

1 exclusively providing services at St.
2 Joe's or were you actually working as an
3 emergency room physician at other
4 facilities?

5 A. I was working at other facilities.

6 Q. What other facilities?

7 A. St. Elizabeth Hospital.

8 Q. Okay.

9 A. And University Hospitals of Cleveland.

10 Q. How did you divide your time?

11 A. Primary -- most of my time was at
12 St. Elizabeth. I would do three, four,
13 five shifts at St. Joe's and then two or
14 three, four maybe up at University.

15 Q. Okay. When you say you were working for
16 University Hospitals of Cleveland, at what
17 facility?

18 A. At the main facility, the emergency department
19 at the University.

20 Q. In downtown Cleveland?

21 A. Yes.

22 Q. Okay. I guess I'm just a little confused. You

1 have three different places where you're
2 working?

3 A. Right. There's another suborganization, an
4 umbrella under that same organization that
5 has a contract with University Hospital.

6 Q. Okay. So, let's say -- were you working all
7 three facilities during a one week period
8 of time?

9 A. I could be.

10 Q. Okay. How many days a week do you work?

11 A. On, I think in terms of -- can I give it to you
12 in days of month?

13 Q. Yeah, I suppose, if you have a recollection as
14 to -- really, I'm looking at July of 1999

15 A. No, I don't recall, but for quite a long time,
16 I've worked between 18 and 21 shifts a
17 month.

18 Q. And a shift consists of 12 hours?

19 A. Twelve or twelve and a half, depending where
20 I'm working. And, actually, there's some
21 shorter shifts at University, but on the
22 average, I would probably say 12-hour

1 shifts.

2 Q Okay Do you have any idea when Bob says
3 Deborah Monroe where you were at in terms
4 of your shift at St. Joe's that day,
5 meaning time-wise?

6 A. Yes. It was in the afternoon.

7 Q Okay And you would have come on when?

8 A At 6 in the morning

9 Q Okay So, it would have been 6 in the morning
10 until 6 in the evening --

11 A. Yes.

12 Q -- essentially?

13 A Yes

14 Q Okay All right Doctor. I would like to go
15 first to -- and you're calling it Holland.
16 but it says at St Joseph's Family Medical

17 Center, Holland?

18 A. Yes.

19 Q. That is the urgent care center that we were
20 discussing, correct?

21 A. Right.

22 Q. All right. You've had an opportunity to review

1 those medical notes, correct?

2 A. Yes.

3 Q. All right. Do you have a copy available to
4 you?

5 A. I do right here.

6 MR. OCKERMAN: No, I don't think
7 that's --

8 THE WITNESS: Oh, that's the other
9 one?

10 MR. OCKERMAN: Yeah.

11 Q. All right. Are you able to read the
12 handwriting in the doctor's -- physician's
13 history, exam and assessment portion?

14 A. Most of it.

15 Q. Okay. And, once again, you're indicating you
16 don't know who the doctor was?

17 A. I didn't know his name. I never met him.

18 Q. Right. That's what I'm saying. You had a
19 communication from a physician, but not
20 someone who you're familiar with; is that
21 correct?

22 A. That's right.

1 Q. All right. As I'm reading this, it says.

2 "Patient" -- and I can't read the s-con^o
3 word, it could be as or with severe --

4 A. No, this is -- want me to read it for you or
5 not?

6 Q. Sure.

7 A. "Patient complaints of severe back pain, mid
8 scapular region," next word, I don't
9 understand, "suddenly." I don't know the
10 next two words, three words. Then it
11 says, "Initially EMS called" -- well, I'm
12 not sure. No, "came and evaluated her,
13 but she wanted to come here by herself.
14 She thinks pain started as chest pain," I
15 don't -- and I don't know the next word.

16 "It is," I don't know the next symbol

17 Q That's okay.

18 A "Mid back, no radiation Mid diaphragm^osis,
19 positive diaphragm^osis. positive " That's
20 the history

21 Q. Okay.

22 A. Do you want me to go on to the physical?

- 1 Q. Sure, if you can.
- 2 A. I don't understand the first few --
- 3 Q. That's fine.
- 4 A. -- scribbles there, but then it says, "Blood
5 pressure, 180/90; negative JVD; negative
6 bruit; heart, no murmur; S-1, S-2
7 positive, RRR," means regular rate and
8 rhythm, "lungs clear; abdomen soft;
9 extremities, no pulse delay, circulation
10 good." And then treatment/medication
11 section says, "Discuss with St. Joe ER.
12 Will transfer to ER for further
13 evaluation," something "CT," and then it
14 says, "Consider back pain, hypertension,
15 rule out any evidence of aorta."
- 16 Q. Okay. And, essentially, I've had you read that
17 just to see if this refreshes your
18 recollection about the conversation. Is
19 this essentially the information that was
20 communicated to you by this physician?
- 21 A. I believe so.
- 22 Q. Okay. And then the patient is transferred to

1 your care; is that correct?

2 A. That's correct.

3 Q. All right. You have a copy of your records,
4 Doctor?

5 A. Yes.

6 Q. The patient's records that were created by you
7 I guess is a better way to say it. When
8 you first examined Mrs. Monroe, did you
9 take a history from her?

10 A. Yes.

11 Q. Okay. Now, I see this is a typed history.

12 A. Yes.

13 Q. When would you have dictated this particular
14 history?

15 A. 6:11 p.m. that day.

16 Q. Okay. So, where it says date of dictation?

17 A. That's right.

18 Q. Okay. Let's go through this. As I'm reading
19 it, it says, "Chief complaint is back
20 pain," correct?

21 A. Right.

22 Q. All right. It says, "Patient complains of

1 sudden, diffused lower back pain; onset,
2 three hours prior to arrival ' Doctor,
3 that history doesn't square or didn't
4 square with what you were told by the
5 other physician. Does it?

6 A No, it does not

7 Q Okay Did you ask her about what she had
8 originally told the other physician?

9 A Yes

10 Q And what did she say?

11 A She said she didn't say that

12 Q Did you call the Doctor back at Howland and
13 say, 'Gee, you got a bad history, and
14 we're not going to do a chest CT. Because
15 I don't think there's an aneurysm here'?

16 A. No.

17 Q. Why wouldn't you have done that?

18 A I had no reason to do that

19 Q So, if I understand this correctly, you got a
20 report from a physician; he was obviously
21 concerned enough about her condition and
22 what she reported to him to transport her

1 to the hospital with the intended purpose
2 of obtaining a CT of the chest area and
3 when -- correct?

4 MR. OCKERMAN: Objection.

5 A. That's what I --

6 Q. That was your understanding?

7 A. That's what I have.

8 Q. Okay. And then the patient came to you and
9 gave you a different history?

10 A. That's correct.

11 Q. And based upon what you're testifying today,
12 that she claims that she did not say that
13 she had upper back pain, that is why you
14 elected not to do a CT of the chest?

15 A. She claimed -- I didn't say that -- the reason
16 I did not do the CT of her chest is
17 because she claimed that repeatedly and
18 she claimed repeatedly that she never had
19 chest pain.

20 Q. Was anyone with Mrs. Monroe?

21 A. Not when I first evaluated her.

22 Q. Her husband came at a later time; is that

1 correct?

2 A. I don't recall, but I know that there was no
3 one in the room at the time I first saw
4 her and there would not have been. That's
5 the policy at St. Joe's. I see the
6 patient first and then after that, the
7 family comes in.

8 Q. All right. Did you speak with any other family
9 member?

10 A. I don't recall.

11 Q. Okay. Did you happen to speak with her
12 employer, who brought her to the Howland
13 emergency center?

14 A. I don't remember doing that.

15 Q. Okay.

16 A. I don't remember them being there or ever being
17 part of the event.

18 Q. So, you were unable to speak with him?

19 A. I didn't speak with him. I didn't even know
20 who he was or that he was involu

21 Q. Okay doctor, have you had an opportunity to
22 review the EMS report that was prepared at

1 EMS was transporting the patient from
2 Howland to St. Joe's?

3 A. I reviewed that.

4 Q. Okay. Do you see that the EMS report indicates^s
5 that this patient's chief complaint is
6 upper back pain?

7 A. Right. I noticed that, yes.

8 Q. So, did Mrs. Monroe Just misstate to the EMS
9 where her pain was? Is that what
10 conciusion you draw?

11 MR. OCKERMAN: Objection. Go ahead,
12 Doctor.

13 A. No, not necessarily. I don't know if that was
14 an independently obtained history or one
15 that they got from the people at the other^r
16 hospital.

17 Q. Well, is it customary for EMS when they're
18 transporting a patient and there's a
19 physical assessment form, if you know, to
20 get the history from the hospital?

21 A. I don't know if it's customary. I know that
22 the vital signs were taken directly from

1 the hospital. They don't do those.

2 MS. KOLIS: You know what, Doctor? I
3 don't have any further questions for you.

4 THE WITNESS: Okay.

5 MR. KRESS: Doctor, my name is Doug
6 Kress and I am representing HM Health Services, dba
7 St. Joseph Family Medical Center, Howland and also
8 St. Joe's as well.

9 THE WITNESS: Yes.

10 CROSS EXAMINATION

11 BY MR. KRESS:

12 Q. Do you have any criticism of anything that any
13 of the hospital employees did with respect
14 to their treatment of Deborah Monroe? And
15 I'll start with St. Joe's.

16 A. No.

17 Q. And what about anything that you saw in the
18 records for Howland, do you have any
19 criticisms with anything that any of the
20 people there did or did not do?

21 A. No.

22 MR. KRESS: Thank you, Doctor.

1 MR. OCKERMAN: Doctor, you have the
2 right to review this transcript or you can waive
3 that right. I would suggest you tell her that you
4 will read it.

5 THE WITNESS: No, I'm not going to
6 waive it.

7 MS. KOLIS: I can waive the seven
8 days as long as I have it back in 30.

9 MR. OCKERMAN: Okay. We have 30 days
10 to review.

11 (WHEREUPON THE DEPOSITION OF JOHN MAXFIELD, M.D. WAS
12 CONCLUDED AT 2:40 PM)

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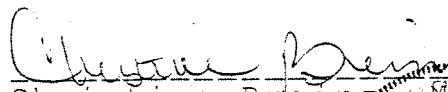
REPORTER'S CERTIFICATE

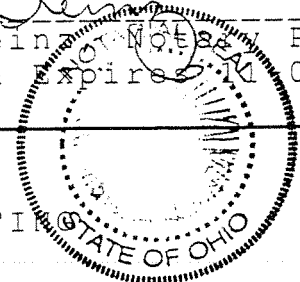
I, Christine Breinz, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the above-named JOHN MAXFIELD, M.D. was by me first duly sworn to testify the truth, and that this deposition was written in the presence of the witness and by me transcribed, and that the deposition was taken at the time and place in the agreement specified.

I certify that I am not of counsel or relative to either party or otherwise interested in this action.

I further certify that the above and foregoing is a true and complete transcript of all the testimony and proceedings had in this deposition, as shown by stenotype notes written in the presence of the witness at the time of this deposition.

IN WITNESS WHEREOF, I have set my hand and Seal of Office at Warren, Ohio, this 1st day of October, 2001.


Christine Breinz, Notary Public
My Commission Expires 10-01-01



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CORRECTION SHEET

PAGE NO.	LINE NO.	CORRECTION
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SIGNATURE PAGE

I, JOHN MAXFIELD, M.D., have read or have had the opportunity to read the foregoing deposition and find it true and correct to the best of my knowledge, information and belief, unless otherwise specified and listed on page 38, and I hereby subscribe my signature thereto, this _____ day of _____, 2001.

JOHN MAXFIELD, M.D.

Before me, a Notary Public, in and for the State of Ohio, personally appeared JOHN MAXFIELD, M.D., who deposes and says that he has read or has had the opportunity to read the foregoing deposition, and that he finds it true and correct to the best of his knowledge, information and belief, unless otherwise specified and excepted to on page 38 of the deposition.

Sworn to and subscribed before me this _____ day of _____, 2001.

NOTARY PUBLIC