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IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

FORREST GREGG STONE,  
a Minor, etc., et al.,  
plaintiffs,

-vs- CASE NO. 396873  
VOLUME I

CORAZON O. GO, M.D.,  
et al.,

Defendants.

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Deposition of RICHARD E. McCLEAD, JR., M.D.,  
taken as if upon cross-examination before Kelli  
Rae Page, a Notary Public within and for the  
State of Ohio, at Children's Hospital, 700  
Children's Drive, Room ED-373, Columbus, Ohio, at  
3:00 p.m. on Thursday, March 7, 2002, pursuant to  
notice and/or stipulations of counsel, on behalf  
of the Plaintiffs in this cause.

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BARBERIC & ASSOCIATES, INC.  
COURT REPORTERS  
14237 DETROIT AVENUE, SUITE THREE  
CLEVELAND, OHIO 44107  
(216) 221-1970  
FAX (216) 221-9171  
(888) 595-1970

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## APPEARANCES:

Joel L. Levin, Esq.  
Levin & Associates  
323 Lakeside Avenue, N.W.  
Suite 450 Lakeside Place  
Cleveland, Ohio 44113  
(216) 928-0600,

-and-  
Kevin T. Roberts, Esq.  
The Roberts Law Firm  
Lakeside Place  
323 Lakeside Avenue, West  
Cleveland, Ohio 44113  
(216) 781-6166,

On behalf of the Plaintiffs;

Beverly A. Harris, Esq.  
Weston, Hurd, Fallon, Paisley & Howley LLP.  
2500 Terminal Tower  
50 Public Square  
Cleveland Ohio 44113-2241  
(216) 687-3223,

On behalf of the Defendant  
Corazon O. Go, M.D.;

(via telephone)  
John R. Scott, Esq.  
Reminger & Reminger Co., L.P.A.  
Seventh Floor  
The 113 St. Clair Building  
Cleveland Ohio 44113  
(216) 687-1311,

On behalf of the Defendants  
PHS Deaconess Hospital and  
Paul A. Hudock, M.D.

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(Thereupon, Plaintiff's Exhibits 1  
and 2 were mark'd for purposes of  
identification.)

RICHARD E. McCLEAD, JR., M.D., of lawful  
age, called by the Plaintiffs for the purpose of  
cross-examination, as provided by the Rules of  
Civil Procedure, being by me first duly sworn, as  
hereinafter certified, deposed and said as  
follows:

## CROSS-EXAMINATION OF

RICHARD E. McCLEAD, JR., M.D.

BY MR. ROBERTS:

Q. Doctor, please state your full name for the  
record.

A. Richard Eugene McClead, Junior.

Q. You have had your deposition taken before?

A. Yes.

Q. About how many times?

A. I would guess 10, 12 times.

Q. Have you been an expert before?

A. Yes, I have.

Q. In med mal cases?

A. Yes, I have.

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Q. Approximately how many times?

A. I would guess in the neighborhood of 15 or 20  
times, maybe more, 30 times over a period of 20  
some years. Probably two to three cases per year  
is my typical average.

Q. Do you ever review cases for the plaintiff?

A. I do.

Q. Do you have a percentage?

A. I don't keep track of it, but I guess it's  
probably 75 percent for the defense and 25  
percent for plaintiffs.

Q. Have you ever testified in court?

A. I have never testified in court.

Q. Never?

A. Never.

Q. All right. How many depositions have you given  
in med mal cases as an expert, is that the 10 to  
12 figure?

A. Yes.

MR. ROBERTS: John, can you hear  
us? Hello?

MS. HARRIS: John?

MR. ROBERTS: Can you hear us?

MR. SCOTT: Reasonably well.

MR. ROBERTS: Reasonably well?

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1 MR. SCOTT: I can hear you now very  
 2 well.  
 3 MR. ROBERTS: Okay.  
 4 Q. Have you testified in any deposition in the last  
 5 three years in a med mal case?  
 6 A. Yes.  
 7 Q. Do you remember the names of any of the cases?  
 8 A. The most recent was a plaintiff's case and the --  
 9 the patient's name was Bixler, B-I-X-L-E-R.  
 10 Q. Who was the defendant, or can you name some of  
 11 the defendants?  
 12 A. No. I would have to look at a report from that  
 13 case. I can't remember all the names.  
 14 Q. Do you remember the plaintiff's attorney?  
 15 A. I can't remember on short notice.  
 16 Q. Was that in Franklin County or somewhere else?  
 17 A. The case was from eisewhere. I don't remember  
 18 the names other than I do remember it was the  
 19 Bixler case.  
 20 Q. Was it out of Ohio or in Ohio?  
 21 A. I think the case was in Cincinnati. And I do  
 22 remember the defendant's lawyer was Paul  
 23 McCartney. You can see why I remembered that.  
 24 Q. Was Mr. McCartney an attorney in Cincinnati?  
 25 A. Yes.

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1 Q. And is that case still active?  
 2 A. As far as I know it's settled, but I have not  
 3 heard anything recently about it. It's been a  
 4 few months.  
 5 Q. Do you know if it was filed in Hamilton County?  
 6 A. I believe it is.  
 7 Q. What other cases have you given a deposition in  
 8 in the last three years?  
 9 A. You know, I'm sorry, I'm not prepared to give all  
 10 that. I don't remember these things. I don't do  
 11 enough it to remember all the cases.  
 12 Q. Okay. Are you listed with any expert services?  
 13 A. I am not.  
 14 Q. How do attorneys find your name?  
 15 A. I think I'm -- often times they're referred by  
 16 other physicians that know me.  
 17 Q. Is there any law firm for whom you have performed  
 18 more than one expert review?  
 19 A. Yes. Yes.  
 20 Q. Which firms?  
 21 A. Dickie, McCamey and -- in Pittsburgh. Dickie,  
 22 D-I-C-K-I-E, M-C-C-A-M-E-Y and Chilcote,  
 23 C-H-I-L-C-O-T-E.  
 24 Q. How many cases have you reviewed for them?  
 25 A. Probably three or four.

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1 Q. Is that a plaintiffs' firm?  
 2 A. That is a defense firm.  
 3 Q. Any other firms that you have done multiple  
 4 reviews for?  
 5 A. Not in recent times. I don't remember anything  
 6 in the past.  
 7 Q. Do you know how Miss Harris got your name?  
 8 A. I do not know how she got my name. She sent me  
 9 an E-mail, asked if I would be willing to look at  
 10 the records in this case and I said I would and  
 11 that's how we initially made contact, but I have  
 12 no idea how she got my name,  
 13 Q. Do you know Dr. Nowicki who's also been  
 14 identified?  
 15 A. Yes.  
 16 Q. How do you know him?  
 17 A. He is my partner.  
 18 Q. Oh, in what group?  
 19 A. He's part of the division of neonatology at  
 20 Children's Hospital Department of Pediatrics Ohio  
 21 State University College of Medicine.  
 22 Q. You say he's your partner, does that mean you're  
 23 part of a private group?  
 24 A. We're part of the Pediatric Academic Association  
 25 which is a nonprofit physician multispecialty

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1 pediatric group that is essentially the practice  
 2 plan.  
 3 Q. Have you ever discussed this case with him?  
 4 A. He mentioned to me that he had -- was involved in  
 5 the case and that was the extent of our  
 6 discussion.  
 7 Q. You never sat down and went over the records with  
 8 him?  
 9 A. No, I have not.  
 10 Q. Have you ever seen his report before it was  
 11 issued?  
 12 A. No.  
 13 Q. You have not seen it ever?  
 14 A. I have not seen it ever.  
 15 Q. Has he ever seen your report?  
 16 A. As far as I know he has.  
 17 Q. Did he comment on your report?  
 18 A. He said it was very good.  
 19 Q. Anything else?  
 20 A. That was the extent. You know, there was nothing  
 21 else.  
 22 Q. Did he mark it up with a red pen and send it back  
 23 to you?  
 24 A. No. He might do that, but he did not, no.  
 25 Q. Did you review any literature in connection with

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1 this case?  
 2 A. **No**, I did not.  
 3 Q. Did you consult any colleagues in connection with  
 4 the case?  
 5 A. No, I did not.  
 6 Q. Did you bring your file with you today?  
 7 A. I have records that I have looked at.  
 8 Q. Okay. Do you have a file that contains more than  
 9 the records you brought today?  
 10 A. No, I do not.  
 11 Q. Can we see those, please? Did you bring your  
 12 complete file on this case?  
 13 A. I brought everything that I have.  
 14 Q. Is there anything that you used that you didn't  
 15 bring with you?  
 16 A. No, nothing else.  
 17 Q. What do you charge per hour to review cases like  
 18 this?  
 19 A. Three hundred dollars?  
 20 Q. That's what you charged for this case, too?  
 21 A. Uh-huh.  
 22 Q. Is that what you are charging for this  
 23 deposition?  
 24 A. Yes.  
 25 Q. All right.

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1 MS. HARRIS: There is no Volume I.  
 2 MR. ROBERTS: Okay.  
 3 MS. HARRIS: That's the way it came  
 4 from John Scott.  
 5 Q. So, Doctor, I have various volumes of medical  
 6 records that you reviewed. I presume you  
 7 reviewed all of these?  
 8 A. Yes.  
 9 Q. Did you look at every page?  
 10 A. I looked through the pages I thought were  
 11 pertinent to the case.  
 12 Q. We have medical records Volume I which is the  
 13 MetroHealth admission of 3/31/99. Medical  
 14 records Volume II MetroHealth admission 4/21/99  
 15 and MetroHealth miscellaneous records. We have a  
 16 volume of Deaconess records which is apparently  
 17 mistitled Volume II of II and this would be the  
 18 records for Edna Stone and Forrest Stone,  
 19 correct?  
 20 A. That's what it says.  
 21 Q. All right. And we have a number of depositions.  
 22 We have Dr. Go's two volume deposition,  
 23 Dr. Hudock, Dr. Shurin, Dr. Miller and Edna  
 24 Stone, correct?  
 25 A. Correct.

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1 Q. Did you ever review a statement by Edna Stone?  
 2 A. I don't think I know of any statement.  
 3 Q. She apparently sent you a letter November 1st,  
 4 2001, but other than that have you ever seen  
 5 anything that she prepared?  
 6 A. I don't think I have ever seen anything else.  
 7 Q. And you did not review any of the depositions of  
 8 the nurses in this case?  
 9 A. No, I did not.  
 10 Q. Have you ever contacted any of the nurses in the  
 11 case?  
 12 A. No, I have not.  
 13 Q. Have you ever contacted any witness in the case?  
 14 A. No, I have not.  
 15 Q. You have a report from Dr. Lanzieri, Charles  
 16 Lanzieri, and a report from Carol Miller dated  
 17 July 18th, 2001. Have you received any updated  
 18 or supplemental reports from any of these  
 19 experts?  
 20 A. No.  
 21 Q. Okay. I have marked as Plaintiff's Exhibit 1 a  
 22 report from you to Beverly Harris dated July  
 23 22nd, 2001. It's a four-page report and it's on  
 24 Children's Hospital letterhead. Would you just  
 25 identify that as your report for us, please?

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1 A. This is my report.  
 2 Q. Okay. The file you brought with you today also  
 3 has a four-page report, the same date, but it is  
 4 not on letterhead. Could you explain the  
 5 difference?  
 6 A. Yes. This was printed out for my own records  
 7 just to review the case in preparation for the  
 8 deposition.  
 9 MR. ROBERTS: Let's mark that as  
 10 Exhibit 3 please.  
 11 ---  
 12 (Thereupon, Plaintiff's Exhibit 3  
 13 was mark'd for purposes of identification.)  
 14 - - - -  
 15 Q. Doctor, did you prepare your report on a word  
 16 processor or computer?  
 17 A. Yes, I did.  
 18 Q. Are there various drafts or revisions of that  
 19 report?  
 20 A. I usually delete them when I make changes. I  
 21 don't save any individual drafts.  
 22 Q. Do you recall that there were drafts of this  
 23 report?  
 24 A. I don't recall specifically, but I can't believe  
 25 I can do a finished product the first time and

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1 have it the way I like it, so I suspect there  
 2 were drafts.  
 3 Q. Did you E-mail drafts to Bev Harris?  
 4 A. I did not.  
 5 Q. Did you send it to her by fax or otherwise?  
 6 A. I may have faxed it to her, the final report.  
 7 Q. Do you know if she assisted you in making any  
 8 revisions to your report?  
 9 A. I don't think she did, no.  
 10 Q. Did anyone from her firm?  
 11 A. No.  
 12 Q. Did anyone else assist you in preparing your  
 13 report?  
 14 A. No.  
 15 Q. For the record, let's mark your resume, Plaintiff  
 16 Exhibit 2.  
 17 MS. HARRIS: It's been marked.  
 18 Q. That is your resume?  
 19 A. Yes.  
 20 Q. How current is it?  
 21 A. It was updated yesterday.  
 22 Q. That's pretty good.  
 23 A. I got a publication, that's all.  
 24 Q. Can you identify any particular abstracts or  
 25 publications that you believe are directly

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1 relevant to the issues in this case?  
 2 A. No, I don't believe any of the papers that I have  
 3 published directly relate to this particular  
 4 case.  
 5 Q. Do you have any subspecialty in pediatric  
 6 hematology?  
 7 A. No.  
 8 Q. Do you have any research or studies in bleeding  
 9 after circumcision --  
 10 A. No, I have not.  
 11 Q. -- in hemophilia in neonates?  
 12 A. No, I have not.  
 13 Q. Do you perform circumcisions?  
 14 A. Yes, I do.  
 15 Q. How long have you done that?  
 16 . 974.  
 17 Q. Approximately how many have you performed?  
 18 A. I would be guessing, but I suspect probably 50 to  
 19 60 a year.  
 20 Q. How would you describe your practice in 1999?  
 21 What did you do then?  
 22 A. I was a clinical neonatologist at the Children's  
 23 Hospital, also had clinical responsibilities at  
 24 University Hospital and Mt. Carmel East  
 25 Hospital. I spent in 1999 probably more than 50

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1 percent of my time in actual direct patient  
 2 care. Last year, for instance, it was almost  
 3 two-thirds of my time, and currently I'm only  
 4 doing three months a year of clinical work. The  
 5 rest of the time is taking on more administrative  
 6 responsibility.  
 7 Q. Were you a member of the Pediatric Academic  
 8 Association in 1999?  
 9 A. Yes.  
 10 Q. Can you describe your typical week back then,  
 11 say, around March of '99?  
 12 A. Well, I think it depends if I'm on or off service  
 13 because the months vary. If I'm on service most  
 14 days would be fairly similar, rounds begin in the  
 15 morning depending on where I was rounding. If I  
 16 had responsibility at the Children's Hospital or  
 17 University Hospital then my rounds begin in the  
 18 morning, usually with the review of the X-rays  
 19 with the radiologist from the night before, from  
 20 that morning, and then a clinical teaching round  
 21 with the house staff, and then subsequently over  
 22 the period of the day then follow-up on  
 23 documentation in the records, et cetera.  
 24 My night call at that time would be at  
 25 University which would be every third night at

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1 home. And my night call here at the Children's  
 2 Hospital is probably every fourth, fifth night  
 3 in-house. The -- if I have clinical  
 4 responsibility -- and at Mt. Carmel East it's a  
 5 little different. It's a Level II nursery and we  
 6 will have a number of well babies that I would  
 7 see of mothers who would deliver at the hospital  
 8 whose pediatrician either they had not identified  
 9 a pediatrician yet or their pediatrician is not  
 10 on staff at Mt. Carmel East. Those patients  
 11 would be assigned me, examine the baby, complete  
 12 the records, if a boy, perform the circumcision.  
 13 Q. From the resume it appears you attended a number  
 14 of management type courses?  
 15 A. Yes.  
 16 Q. Was there a period of time you were involved in  
 17 hospital administration?  
 18 A. I have been increasingly involved with hospital  
 19 administration from '94 to '97. It really first  
 20 began with my election as a medical staff officer  
 21 in '89 and then formal management training with a  
 22 Master's degree in '94 and that management  
 23 responsibility has -- at that time I increased my  
 24 activity in the area of hospital administration,  
 25 I decreased my research commitment. For 15 years

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1 I had a research laboratory at Children's  
 2 Hospital and was engaged in research studies.  
 3 Q. You have a Master's in health care administration  
 4 from the University of Minnesota?  
 5 A. That's correct.  
 6 Q. Did you attend the campus up there?  
 7 A. I participated in an executive program in which I  
 8 was on campus over a period of three years, in  
 9 the summertime for two weeks the first three  
 10 years, and five weeks the fourth year, fourth  
 11 summer, and then monthly I had preceptorships  
 12 that I participated in which I went to Toledo,  
 13 Ohio and spent the day with the chief operating  
 14 officer of one of the hospitals in Toledo. A  
 15 part of that there is a considerable amount of  
 16 reading and writing that was necessary and in the  
 17 third year there was a Master's -- the Master's  
 18 thesis that I had to complete.  
 19 Q. In '99 did you have any hospital administrative  
 20 appointments?  
 21 A. I have a part time appointment as a hospital  
 22 administrator.  
 23 Q. Is this listed on your resume?  
 24 A. It should be in there. There is no -- currently  
 25 I'm medical director for quality improvement

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1 services. I don't know that I had officially  
 2 been designated that at the time in 1999, but a  
 3 lot of my administrative responsibilities relate  
 4 to the quality improvement services program.  
 5 Q. How much time in a typical week did you spend in  
 6 administrative duties in '99?  
 7 A. When I'm on clinical service very little, and  
 8 when I'm not on clinical service except for night  
 9 call I spend probably 50 percent of my time  
 10 involved in administrative activities.  
 11 Q. How much time were you on clinical service?  
 12 A. In '99?  
 13 Q. Uh-huh.  
 14 A. I would have to go and look, but my suspicions  
 15 are that probably 60 percent of the time, six  
 16 months in various kinds of clinical roles at the  
 17 different hospitals.  
 18 Q. I assume you work full time the whole year?  
 19 A. Yeah, I do.  
 20 Q. And what percentage of your time do you now spend  
 21 in administrative duties?  
 22 A. Well, this year, the past academic year, July to  
 23 June, I have had three months of clinical  
 24 attending responsibilities, two months at  
 25 Mt. Carmel East and one month at Children's

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1 Hospital. I have had night call responsibilities  
 2 in-house the entire year and that's four to five  
 3 nights a month.  
 4 Q. How many hours per night, the whole night?  
 5 A. Yes.  
 6 Q. From when to when?  
 7 A. Well, when I'm not attending in the nursery NICU  
 8 my night call responsibilities begin at 5:00 and  
 9 they continue through the next morning.  
 10 Q. About how much you actually do in the clinic  
 11 depends on whether you're called or not?  
 12 A. That's correct.  
 13 Q. The three months when you were in clinical  
 14 service would you devote all your time to  
 15 clinical service during those three months?  
 16 A. It's almost impossible to do anything other than  
 17 clinical work because of such a busy NICU.  
 18 Q. Other than the nine months being on call four or  
 19 five nights a month did you have any other  
 20 clinical duties?  
 21 A. Only when somebody would be absent and I needed  
 22 to cover for them, they were either away from the  
 23 clinic or not available to round the NICU.  
 24 Q. And that was your schedule until this past June?  
 25 A. Just this year. It's the first time this has

20

1 ever been I have had responsibilities, clinical  
 2 responsibilities.  
 3 Q. What's your schedule after June?  
 4 A. It's not made out yet, but I expect it will  
 5 continue about three months a year. I don't see  
 6 things changing.  
 7 Q. What administrative positions do you hold right  
 8 now?  
 9 A. I'm medical director for quality improvement  
 10 services. I am the corporate compliance officer  
 11 for the Pediatric Academic Association. I'm  
 12 medical director for the transport program for  
 13 Children's Hospital. I'm medical director of the  
 14 special care nursery of Mt. Carmel East  
 15 Hospital. That's it, I think.  
 16 Q. Since getting your Master's from the University  
 17 of Minnesota in health care administration have  
 18 you taken any other formal course work towards  
 19 any degree or certification?  
 20 A. I did complete a certification for the American  
 21 Board of Quality Assurance and Utilization Review  
 22 Physicians.  
 23 Q. How much time did you spend doing that?  
 24 A. That involves basically reading four or five  
 25 books and sitting down, attending a seminar for

21

1 two and a half days and completing a standardized  
 2 test.  
 3 Q. Okay. So right now you're not taking any  
 4 courses?  
 5 A. No, I am not.  
 6 Q. All right. Okay. Let's go back *to* this case.  
 7 Do you know Dr. Go?  
 8 A. No, I do not.  
 9 Q. Do you know any of the defendants in the case?  
 10 A. No, I do not.  
 11 Q. Do you know anybody from Deaconess Hospital?  
 12 A. No, I do not.  
 13 Q. Let me turn to your report for a minute. You can  
 14 take either version. Are they identical?  
 15 A. As far as I know they're identical.  
 16 Q. By the way, did you review the exhibits to the  
 17 depositions that were provided to you?  
 18 A. No.  
 19 Q. So you have never seen Dr. Go's handwritten  
 20 statement dated March 31st, '99?  
 21 A. If it's in the records I saw it, but I can't  
 22 remember specifically what you're talking about.  
 23 There was a large handwritten note that was part  
 24 of the medical record, I thought.  
 25 MS. HARRIS: I think it's at the

22

1 end. All I can say, Kevin, is I did send it  
 2 to him.  
 3 Q. Well, I guess my question is have you reviewed  
 4 the office records of Dr. Go?  
 5 A. Everything I have reviewed is right there.  
 6 Q. You have been provided the office records of  
 7 Dr. Go by your -- the attorney who hired you in  
 8 this case?  
 9 A. Yes.  
 10 Q. Also the office calendar of Dr. Go?  
 11 A. I guess.  
 12 MR. ROBERTS: I don't think we have  
 13 ever seen that.  
 14 MS. HARRIS: it was turned over in  
 15 discovery.  
 16 Q. And the Visiting Nurse Association records,  
 17 correct?  
 18 A. Yes.  
 19 Q. Look at your report, please, July 22nd. Do you  
 20 intend to supplement your report? As you sit  
 21 here today do you have any intention of doing  
 22 that?  
 23 A. I have no intention of doing that, no.  
 24 MS. HARRIS: Unlike your experts.  
 25 Q. Do you have any opinions that are not contained

23

1 in this report?  
 2 MS. HARRIS: Objection.  
 3 You can answer. I'm objecting for the  
 4 record that, you know, your report contains  
 5 all of your opinions or doesn't contain all  
 6 of your opinions or whether you will  
 7 formulate others.  
 8 A. I have no opinions specifically -- additional  
 9 opinions specifically related to the malpractice  
 10 issues raised in this case. I have other  
 11 opinions.  
 12 Q. You don't find that Dr. Go, in your opinion,  
 13 breached the standard of care in this case?  
 14 A. No, I do not.  
 15 Q. Do you find that any of the medical health care  
 16 providers in this situation breached the standard  
 17 of care?  
 18 A. I do not think so.  
 19 Q. No nurses, no doctors?  
 20 A. Not from -- based on the records that I reviewed  
 21 I cannot see any evidence where they breached the  
 22 standard of care.  
 23 Q. Okay. Looking at your report you apparently  
 24 think Mrs. Stone is negligent?  
 25 A. Negligent is a strong word. I think Mrs. Stone

24

1 has some responsibility for participating in the  
 2 follow-up of her child. And I -- my opinions  
 3 relate to the fact that I'm concerned that she  
 4 did not follow through as she was instructed by  
 5 the discharge advice given to her at the  
 6 hospital.  
 7 Q. Okay. When you say responsibility what do you  
 8 mean by that?  
 9 A. Well, I think the relationship between a patient  
 10 and a physician is a shared responsibility and I  
 11 think when I provide advice to a parent be it  
 12 written or verbal I would expect a parent to  
 13 follow through on those recommendations, and if  
 14 things changed based on the patient's clinical  
 15 situation after the child goes home then I would  
 16 expect that parent to follow through and call me  
 17 about those particular issues. And I think that  
 18 in looking at the records that I have looked  
 19 at I'm concerned that, for whatever reason,  
 20 Mrs. Stone did not do as good a job in that  
 21 regard as she could have.  
 22 Q. Well, the patient is Forrest Stone, right?  
 23 A. That is correct.  
 24 Q. Okay. You are not blaming him, are you?  
 25 MS. HARRIS: Objection.

25

1 Q. It's kind of a rhetorical question.  
 2 A. Is it?  
 3 Q. He's a baby.  
 4 A. Should I dignify it with an answer?  
 5 Q. All right. You are saying the patient has some  
 6 responsibility?  
 7 A. The patient, Forrest and his mother. I see as a  
 8 pediatrician you have obligations and they have  
 9 obligations to you. They go together.  
 10 Q. Okay. Let's look at your report and I want you  
 11 to tell me everything that you think that Edna  
 12 Stone didn't do here or in any way in which she  
 13 failed in her obligations.  
 14 A. My report indicates that -- my concerns relate to  
 15 the failure of her to follow through on the  
 16 discharge instructions she was given, to call  
 17 your doctor if, and then I list four items here  
 18 where I felt that she should have followed  
 19 through on contacting Dr. Go. I list them as  
 20 item 1, instructs her to call if the infant's  
 21 eating habits change. Example, baby refuses to  
 22 eat at two consecutive feedings and is behaving  
 23 unusually. Mrs. Stone had to change from breast  
 24 feeding to formula because Forrest was having  
 25 problems. She did not call Dr. Go.

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1 Second item, item 5 instructs on your call  
 2 your doctor sheet instructs Mrs. Stone to call if  
 3 convulsion occurs. Apparently they were  
 4 concerned about Forrest twitching, but they did  
 5 not call Dr. Go.  
 6 Item 6 instructs Mrs. Stone to call if there  
 7 is blood in baby's vomit or stool. If the  
 8 bleeding from the circumcision site persisted,  
 9 the diaper would have contained blood. She  
 10 should have called Dr. Go as instructed.  
 11 Item 7 instructs Mrs. Stone to call if the  
 12 baby is unusually sleepy or cries constantly and  
 13 cannot be comforted for two or more hours. Even  
 14 when Forrest was sleeping a lot she did not call  
 15 Dr. Go.  
 16 Q. Anything else?  
 17 A. Well, I state in my report that when Miss Stone  
 18 did contact Dr. Go's office regarding Forrest's  
 19 yellow color, she never followed through with  
 20 Dr. Go's instruction to obtain a serum bilirubin  
 21 level.  
 22 Q. Before we get into this, do you believe that  
 23 Forrest Stone suffered any intrauterine traumatic  
 24 injury?  
 25 A. I see no evidence in the record that there was

27

1 any trauma to this child of any great consequence  
 2 that occurred at the time of delivery.  
 3 Q. I'm saying before delivery?  
 4 A. Nothing before delivery.  
 5 Q. Do you think he suffered any trauma from the time  
 6 he was discharged from Deaconess until he was  
 7 admitted to Metro on Wednesday the 31st?  
 8 A. I am concerned that the nature of this child's  
 9 injury is suspicious. And even though there was  
 10 an evaluation for child abuse I have discomfort  
 11 that something is not quite right here.  
 12 Q. Why?  
 13 A. The subdural hematoma that the child develops, if  
 14 it was related to the trauma at the time of -- if  
 15 there was trauma at the time of birth, which --  
 16 and the child turns out to have hemophilia, which  
 17 he does, I would expect the bleeding to be much  
 18 more rapid and this subdural hematoma would have  
 19 presented as a clinical significant event sooner  
 20 than what it did. It seems that it -- timingwise  
 21 it's occurring much later.  
 22 I have no basis other than my clinical  
 23 experience with these matters to suggest  
 24 otherwise, but this just doesn't sit right with  
 25 me. But I have no basis other than what appears

28

1 to be the sequence of events of the timing of  
 2 when this became clinically significant. In my  
 3 experience this is much later than what I would  
 4 have expected and in my experience with babies  
 5 who have bleeding disorders like hemophilia that  
 6 experience an injury to the brain that causes  
 7 subdural hemorrhage at the time of birth.  
 8 Q. Well, how many such patients have you had?  
 9 A. Probably over the years, 20 some years, maybe  
 10 three or four patients.  
 11 Q. Who had hemophilia?  
 12 A. Who turned out to have a blood disorder like  
 13 hemophilia, Factor VIII, Factor IX deficiency who  
 14 present with a hemorrhage in the brain. In my  
 15 experience those kids have presented in the first  
 16 few days of life and not day five or six if the  
 17 injury occurs at the time of birth.  
 18 Q. Would you expect someone to develop a subdural  
 19 hematoma from the same injury at the same rate if  
 20 they were missing Factor VIII as opposed to  
 21 Factor IX?  
 22 A. I don't think so. I have no reason to believe  
 23 that.  
 24 Q. Would it be a different rate of development of  
 25 the subdural hematoma?

29

- 1 A. I don't believe there would be a difference. The  
 2 bleeding would be -- I don't differentiate. I  
 3 think clinical things would be the same. The  
 4 rate of bleeding would be similar.  
 5 Q. Have you consulted any studies to support this  
 6 opinion?  
 7 A. No.  
 8 Q. Have you consulted any colleagues to support this  
 9 opinion?  
 10 A. I have not.  
 11 Q. This is based on three or four cases you remember  
 12 in the last twenty years?  
 13 A. It's based on the kids that I have seen who have  
 14 presented at the neonatal intensive care unit  
 15 here at Children's Hospital with bleeding  
 16 disorders like hemophilia in the first time of  
 17 birth, you know.  
 18 Q. And in these particular cases that you experience  
 19 are these your patients?  
 20 A. My patients or my partner's patients. We operate  
 21 as a team so that, you know, I may be attending  
 22 this month but there is different ones attending  
 23 at night.  
 24 Q. So some of these three or four cases you might  
 25 have consulted as opposed to being the primary

30

- 1 physician?  
 2 A. I would not have been consulted, I would have  
 3 been the attending neonatologist or  
 4 cross-covering attending neonatologist for my  
 5 group.  
 6 Q. The first case you remember is what? What  
 7 happened?  
 8 A. The most -- the characteristic example of what I  
 9 have remembered from these few cases is a baby  
 10 turned out to have a hemophilia like disorder,  
 11 they presented with a subgaleal hemorrhage.  
 12 That's S-U-B-G-A-L-E-A-L hemorrhage.  
 13 Q. Caused by what?  
 14 A. Usually they have some sort of injury that occurs  
 15 in or about the time of birth in the process of  
 16 coming down the birth canal, you know is  
 17 suspected of hemophilia, delivers vaginally,  
 18 sustains, you know, the typical amount of trauma  
 19 that's associated with any normal vaginal  
 20 delivery and the child has enough injury to the  
 21 membranes to cover the scalp that they will  
 22 hemorrhage into it, and they develop this very  
 23 rapid increase in head size due to this blood  
 24 accumulating in this subgaleal space.  
 25 Q. How many times have you seen this same scenario?

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- 1 A. Probably three times.  
 2 Q. And do you know what type or -- what type of  
 3 hemophilia was involved?  
 4 A. Factor VIII and they have been Factor IX. *low many effs?*  
 5 Q. Were they characterized as severe, moderate,  
 6 mild?  
 7 A. I don't remember. It would seem to me, as far as  
 8 the quality of the -- the severity of the  
 9 hemophilia, from my perspective it was severe  
 10 because it was a major hemorrhage, but I don't  
 11 follow these children so I can't provide an  
 12 opinion so much as it was a severe or moderate  
 13 case of hemophilia.  
 14 Q. How do they present the first few days?  
 15 MS. HARRIS: How do they appear, do  
 16 you mean?  
 17 Q. Well, what led the physicians involved to  
 18 diagnose intracranial hemorrhage?  
 19 A. The most common reason is a sudden increase in  
 20 the head size. The circumference of the head  
 21 increases very dramatically, literally right  
 22 before people's eyes.  
 23 Q. Sometime in the first three days?  
 24 A. When I have seen it it's been in the first 24 to  
 25 48 hours.

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- 1 Q. How much of an increase are we talking about?  
 2 A. Well, head Circumference of a newborn, full term  
 3 baby is typically 35 centimeters, and it would  
 4 not be unusual for the baby's head size to  
 5 increase to 45 centimeters very quickly, within  
 6 hours.  
 7 Q. Would this be a localized subdural hematoma?  
 8 A. No, this is a subgaleal hemorrhage.  
 9 Q. Describe that for me.  
 10 A. There is a membrane that covers the scalp and  
 11 there is a space that normally contains nothing  
 12 because it's right on top of the bone, but that  
 13 space, that potential space is known as the  
 14 subgaleal space also known as the -- the  
 15 aponeurosis, so the space below it is the  
 16 subaponeurotic space and if there are blood  
 17 vessels in the membranes on top of the bones and  
 18 if they are injured and the child has a bleeding  
 19 disorder the blood fills up that space and it  
 20 just accumulates there and when you palpate the  
 21 scalp it feels like there is a lake of blood  
 22 right beneath the surface of the skin.  
 23 Q. So you're not describing an intracranial  
 24 hemorrhage?  
 25 A. It's not an intracranial hemorrhage, but it is



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1 equally as damaging because of the blood loss  
 2 that you can have. Typically with an acute  
 3 subdural hemorrhage we would not see an increase  
 4 of head size, acute increase of head size.  
 5 Q. Babies who have a vaginal birth often suffer  
 6 intracranial hemorrhage, do they not?  
 7 A. I would disagree with that.  
 8 Q. It's a known phenomena, is it not?  
 9 A. It occurs, but it was not common.  
 10 Q. Do you have a percentage --  
 11 A. Yes.  
 12 Q. -- as common?  
 13 A. Well, based on -- it's virtually very rare in a  
 14 term infant and it increases in frequency with  
 15 the degree of prematurity. At 1250 grams the  
 16 incidence is 4 percent, and as one goes down it  
 17 increases to 20 percent in the neighbor of 500  
 18 grams.  
 19 Q. Forrest's weight was approximately what?  
 20 A. Four kilo, I think. Eight pound baby, near close  
 21 to it. In the neighborhood of eight pounds.  
 22 Q. If a baby is born vaginally its head can be  
 23 misshapened?  
 24 A. Correct.  
 25 Q. Would that indicate --

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1 THE NOTARY: May we go off the  
 2 record?  
 3 - - - -  
 4 (Thereupon, a discussion was had off  
 5 the record.)  
 6 - - - -  
 7 MR. LEVIN: On the record, the  
 8 deposition is suspended and to be continued  
 9 at 1:30 on Tuesday by telephone by consent  
 10 of all parties.  
 11 MS. HARRIS: Okay. Thank you,  
 12 Doctor.

14 ~~RICHARD E. MCCLEAD, JR., M.D.~~  
 15  
 16  
 17  
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## CERTIFICATE

5 The State of Ohio ) SS:  
 6 County of Cuyahdga.)

7 I, Kelli Rae Page, a Notary Public within  
 8 and for the State of Ohio, authorized to  
 9 administer oaths and to take and certify  
 10 depositions, do hereby certify that the  
 11 above-named RICHARD E. McCLEAD, JR., M.D., was by  
 12 me, before the giving of his deposition, first  
 13 duly sworn to testify the truth, the whole truth,  
 14 and nothing but the truth; that the deposition as  
 15 above-set forth was reduced to writing by me by  
 16 means of stenotypy and was later transcribed  
 17 into typewriting under my direction; that this is  
 18 a true record of the testimony given by the  
 19 witness, and was subscribed by said witness in my  
 20 presence; that said deposition was taken at the  
 21 aforementioned time, date and place pursuant to  
 22 notice or stipulation of counsel; that I am not  
 23 a relative or employee or attorney of any of the  
 24 parties, or a relative or employee of such  
 25 attorney or financially interested in this  
 action, I am not, nor is the court reporting  
 firm with which I am affiliated, under a contract  
 as defined in Civil Rule 28 (D).

19 IN WITNESS WHEREOF, I have hereunto set my  
 20 hand and seal of office, at Cleveland, Ohio, this  
 21 day of \_\_\_\_\_, A.D. 20 \_\_\_\_.

22 Kelli Rae Page, Notary Public, State of Ohio  
 23 14237 Detroit Avenue, Cleveland, Ohio 44107  
 24 My commission expires October 30, 2005.  
 25

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