

State of Ohio,)
) SS:
County of Stark.)

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IN THE COURT OF COMMON PLEAS

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Marla J. Spreadbury, et al.,)	
)	
Plaintiffs,)	
)	
vs.)	No. 1998 CV 1681
)	1998 CV 00589
Mercy Medical Center, et al.,)	
)	
Defendants.)	

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DEPOSITION OF WILLIAM MURPHY, M.D.

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Deposition of WILLIAM MURPHY, M.D., called by the
Plaintiffs for examination pursuant to the Ohio Rules of
Civil Procedure, taken before Phyllis L. Englehart, RMR
and Notary Public in and for the State of Ohio, at the
offices of Buckingham, Doolittle & Burroughs, 4518 Fulton
Drive, N.W., Canton, Ohio, on Tuesday, June 22, 1999
commencing at 9:30 a.m.

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FLOWERS, VERSAGI & CAMPBELL
THE 113 ST. CLAIR BUILDING, STE. 505
CLEVELAND, OHIO 44114
(216) 771-8018

I N D E X

WitnessCross

William Murphy, M.D.

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E X H I B I T S

Plaintiffs'Marked

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1 APPEARANCES :

2 On Behalf of the Plaintiffs:

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1 WILLIAM MURPHY, M.D.

2 having been first duly sworn, as hereinafter certified,
3 was examined and testified as follows:

4 CROSS-EXAMINATION

5 By Ms. Kolis:

6 Q Dr. Murphy, let me once again introduce myself for
7 identification purposes on the record. My name is
8 Donna Kolis, and I'm one of the attorneys who has
9 been retained to represent Mark and Marla
10 Spreadbury.

11 It is my understanding from a deposition
12 which was given by Dr. Cawthon on April 12, 1999
13 that you may have some information regarding the
14 readings of CAT scans which occurred on
15 September 23rd, 1997. That's the reason that I
16 asked for your deposition today.

17 Have you had the opportunity before today
18 to give a deposition?

19 Yes.

20 Okay. Just to re-refresh your memory as to the
21 rules of depositions, I ask questions and hopefully
22 you're able to answer them. At the point that I ask
23 you a question, you're required, of course, to
24 answer the question verbally, Do you understand
25 that requirement?

1 A Yes.

2 Q Do you understand that you are under oath today just
3 as if you were in a court of law?

4 A Yes.

5 Q I will be relying upon the answers which you give me
6 today. Do you understand that?

7 A Yes.

8 Q To that extent, if I ask a question and you are
9 uncertain of the answer or just uncertain as to what
10 information I'm seeking, would you afford me the
11 courtesy of indicating that you don't understand
12 what I'm asking?

13 A Yes.

14 Q Having said that, we were handed as we all sat down
15 here a copy of what I'm going to assume is your
16 current curriculum vitae; is that correct?

17 A Correct.

18 MS. KOLIS: That will be marked
19 Plaintiffs' Exhibit A.

20 Q Doctor, just briefly if we could, go through your
21 educational training that led you to your current
22 occupation as a physician. Reiterating what I can
23 read off the cover page, you received a B.A. in
24 chemistry in 1979 from Miami University of Ohio?

25 A Correct.

1 Q Following that you attended med school beginning in
2 1981 at the Medical College of Ohio, correct?

3 A Correct.

4 Q What did you do between June of '79, and I'm going
5 to assume you started med school in the fall of '81?

6 A Summer.

7 Q Summer, excuse me. What did you do in that interim
8 two-year period?

9 A Right out of college I worked at an ambulance
10 service as a summer job, and I enrolled at Kent
11 State University for a biomedical engineering
12 course, which I didn't like, and then applied to med
13 school.

14 Q How long were you in the biomed program at Kent
15 State?

16 A Not quite a full year.

17 Q And you determined that wasn't the direction you
18 wanted to go?

19 A Correct.

20 Q Was **it** at that point in time that you began to make
21 application to medical schools?

22 A Yes.

23 Q And you were obviously then accepted and you
24 completed your medical school training in 1985?

25 A Correct.

1 Q All right. You then began a residency, which I see
2 occurred at Mercy Medical Center and Aultman
3 Hospital, correct?

4 A Yes.

5 Q At that point there was a Canton integrated
6 diagnostic radiology residency program, correct?

7 A Yes.

8 Q That was a three-year program, four-year program?

9 A Four-year.

10 Q Who ran that program?

11 A At the time William -- Willard Howland was chairman
12 and program director. Then Alan Robiner took over
13 as chairman and I also believe as program director.

14 Q And at that time the program covered both Mercy and
15 Aultman, correct?

16 A Primarily, and also we rotated at Akron Children's
17 Hospital.

18 Q Okay. Does that program exist any longer?

19 A Yes.

20 Q There is still that -- I was unaware of that, okay.

21 A Yes.

22 Q Following the completion of your residency program,
23 you apparently obtained a fellowship at MetroHealth?

24 A Yes.

25 Q Who was your program director at Metro?

1 A Erroll, that's E-R-R-O-L-L, I believe, Bellon was
2 chairman and program director.

3 Q And it looks, if I'm reading this correctly, as if
4 your focus in your fellowship was MRI?

5 A Primarily, yes.

6 Q What else did you do in that fellowship program?

7 A Some computer tomography and some ultrasound.

8 Q Fair enough. I see in fact you are board certified?

9 A Yes.

10 Q You obtained your first certification from the
11 national board in 1986, correct?

12 A Yes.

13 Q And you got your radiology board in 1989?

14 A Yes.

15 Q Dr. Murphy, in September of 1997, who was your
16 employer?

17 A Part of a corporation, *so* I don't have an employer.

18 Q I'm sorry, are you a partner in that corporation?

19 A Yes.

20 Q What corporation are you a partner in?

21 A Radiology Services of Canton.

22 Q **How** long have you been a member of that corporation?

23 A I began in July of 1990.

24 Q Has that been your exclusive means of employment
25 since July of 1990?

1 A Yes.

2 Q As of September of 1997, did you perform radiology
3 services anyplace other than Mercy Medical Center?

4 A No. We used to cover a small hospital south of
5 Canton, but I believe we stopped doing that before
6 1997.

7 Q In calendar year 1997, were you on the active
8 teaching staff of any medical school?

9 A The Northeast Ohio.

10 Q Clinical instructor of radiology?

11 A Correct.

12 Q In September of 1997 were there any radiology
13 residents at Mercy Medical?

14 A Yes.

15 Q Were any of the residents involved in reading CAT
16 scans on September 23rd or September 24th, 1997, to
17 the best of your knowledge?

18 A Don't know.

19 Q How many residents were here at the hospital in that
20 time period?

21 A Well, the total program has anywhere between 12 and
22 16. On any given month we can have zero to eight
23 residents.

24 Q So if I asked you to name who the residents were, I
25 guess the program would start July to July, is that

1 how you do your residency program here?

2 A Yes.

3 Q You wouldn't be able to tell me who those residents
4 were in that time period?

5 A No.

6 Q Okay. Prior to coming here today for this
7 deposition, did you have the opportunity to review
8 the deposition of Dr. Cawthon?

9 A No.

10 Q Do you know what she has testified to?

11 A No.

12 Q Did you review the CAT scans of Marla Spreadbury
13 from September 23rd, 1997?

14 A Yesterday I looked at those.

15 Q When was the first time you saw those scans before
16 yesterday?

17 A I'm not sure if I did or not. Actually, I did meet
18 with Mike once before, about a month ago, but before
19 that, other than meeting with Mike, I don't know if
20 I did or not.

21 Q So that I clearly understand your testimony, though
22 I think your answer clear, is it your testimony
23 today that you have no recollection of ever having
24 seen the CAT scans before you saw them in the
25 company of Mike Ockerman?

1 A Not as a specific incident, no.

2 Q When you say not as a specific incident, what do you
3 mean?

4 A The case was two years ago. Other than meeting with
5 Mike and saying I was going to be deposed, I **don't**
6 remember specifically going over that case.

7 Q Since the time you were contacted by Mr. Ockerman
8 relative to my request to depose you, have you
9 discussed this matter, the matter being Marla
10 Spreadbury and the interpretation of her CAT scans,
11 with Dr. Cawthon?

12 A No.

13 Q Dr. Cawthon in fact is still your business partner?
14 Yes.

15 I'm going to go through a series of questions
16 basically that are derived from the deposition
17 testimony of Dr. Cawthon, okay? Do you have a copy
18 of Dr. Cawthon's deposition? Maybe we'll read it in
19 the middle of the table so I'm not misstating
20 anything.

21 But initially in September of 1997, on
22 September 23rd, would you have a recollection **as to**
23 whether or not you were the person assigned to read
24 body CAT scans?

25 I have no idea.

1 Q How would you be able to determine the answer to
2 that question for me?

3 A I would have to get an old schedule.

4 Q As a practical matter, does your group maintain the
5 schedules?

6 A Not that I'm aware of. Our scheduler might.

7 Q I'd make a request of you through Mr. Ockerman that,
8 subsequent to this morning's deposition, that you
9 return to your office and inquire of your scheduler
10 if there is in fact a hard copy in existence of who
11 was scheduled on what day to perform what service.

12 Within your group, Doctor, are you a
13 specialty reader?

14 A I'm not sure what you mean.

15 Q Good answer if you're not sure. Is there one kind
16 of film that you read more than any other?

17 A No. There's certain areas I rotate through and
18 certain areas I don't rotate through.

19 Q What areas do you rotate through?

20 A Body computer tomography, neuro computer tomography,
21 and with both of those sections we also do magnetic
22 resonance imaging, mammography and all the various
23 plane film areas, fluoroscopy, plane X-rays.

24 Q The majority of time are you assigned to one kind of
25 film more than any other?

1 A I don't do any one area more than 50 percent, so
2 probably each area is probably split up into thirds.

3 Q If Dr. Cawthon testified that on September 23rd,
4 1997 she believed that you had more experience than
5 she did in reading body CT's, would you agree with
6 her?

7 A More experience meaning more time spent in that
8 area?

9 A More expertise in reading body CT's.

10 A I wouldn't say I had more expertise, but I might
11 spend more time in CT.

12 Q All right. Did you, Doctor, on September 23rd, 1997
13 review the chest CT of Marla Spreadbury?

14 MR. OCKERMAN: Objection, asked and
15 answered. Go ahead, Doctor.

16 A On the day of September 23rd?

17 Q Correct.

18 A I don't know if I did or not.

19 Q Do you have a recollection, Dr. Murphy, of
20 Dr. Cawthon asking you to aid and assist her in
21 interpreting the chest CT of Marla Spreadbury?

22 A Not that I can remember specifically, no.

23 Q Do you have a recollection, Doctor, one way or
24 another, as to whether or not Dr. Cawthon asked you
25 to reevaluate an initial finding which she made on

1 the film on September 23rd, 1997?

2 A Not that I specifically remember, no.

3 0 Do you have a vague memory if not a specific one?

4 A Not really. I mean it's been two years. We do
5 hundreds of films a day, so to be frank, **no**, I don't
6 remember. It's possible, but I don't remember. **On**
7 any given day in CT I'm looking at 50 to 70 cases.

8 Q Doctor, do you believe that in anticipation of your
9 deposition today it might have been helpful to
10 discuss with your partner what she recalled about
11 that date in terms of refreshing your recollection?

12 MR. OCKERMAN: Objection. Go ahead.

13 A In my experience, if I'm involved with a lawsuit I
14 don't discuss it with anybody, so if anything, I
15 would avoid the issue with Dr. Cawthon.

16 Q You do understand that I have not sued you?

17 A Yes.

18 | 0 All right.

19 MR. OCKERMAN: Sued his corporation.

20 MS. KOLIS: That's true.

21 Corporations are nameless, faceless people to me.

22 Q Doctor, I'm just going to continue with this line of
23 questioning. I'm going to ask the questions several
24 different ways so that later on I don't feel like I
25 didn't ask a question that I could have gotten an

1 answer to.

2 Do you have a specific or vague
3 recollection one way or another if Dr. Cawthon on
4 September 23rd, 1997 approached you and asked you
5 for a second opinion as to her interpretation of
6 Marla Spreadbury's chest CT?

7 MR. OCKERMAN: Objection, asked and
8 answered. Go ahead.

9 Again, not that I specifically remember, no.

10 In September of 1997, I'll just narrow that little
11 window so you only have to think about one month of
12 your life, if someone in your radiology group had
13 asked you for a second opinion and you read a film,
14 would you have committed that opinion to writing?

15 No.

16 Explain to me within your group what the policy is,
17 if there is one, as to what occurs when a
18 radiologist asks another radiologist in the group
19 for aid or assistance in the interpretation of a
20 film.

21 Basically --

22 MR. OCKERMAN: First of all, is there
23 a policy?

24 No, there's not a policy.

25 So you just determine on your own how you want to

1 handle that situation?

2 A Correct.

3 Q Fair enough. How do you handle that situation
4 personally?

5 A For example, I'm doing neuroradiology this week. We
6 have someone in our group who is a specialist in
7 neuroradiologist, so yesterday I can think of three
8 times where I went to Barry and I asked him here's
9 an interesting case, what do you think.

10 Q Barry --

11 A McNulty.

12 Q He's the other person who does neuroradiology?

13 A Yes, he's a neuroradiologist. Basically somebody
14 might call it just a curbside consult where I'd
15 approach another radiologist and say there's
16 something funny on this film or here's something I
17 haven't seen before, what do you think, and they'll
18 say oh, maybe it's a meningioma, and then, you know,
19 that's the end of it.

20 Then I'll go back and dictate the case, but
21 I don't mention that I discussed it with Barry or
22 Dr. Spriggs or whoever. It's mostly just there's
23 something funny **or** here's something unusual or
24 here's something I don't understand, what do you
25 guys think about it.

1 Q Something funny, something unusual **or** something you
2 don't understand. I had to say it as fast as **I**
3 could. In your mind is there a difference, first of
4 all, if you're looking at a film because you think
5 it's interesting, you don't see it much but you know
6 what it is, you might show it to another radiologist
7 just as intellectual interest?

8 A Yes.

9 Q In the situation, however, that I'm describing where
10 a radiologist approaches you because they are not
11 certain as to what something means and it may be a
12 concerning finding, once again, it's not your
13 personal practice to record a note that you were
14 curbside consulted?

15 A No.

16 Q If the radiologist that conferred with you showed
17 you something, told you what they thought it
18 demonstrated and you had a different opinion as to
19 what that demonstrated, would you then write a note
20 in the chart?

21 A No.

22 Q **Is** that your personal preference not to write, **I**
23 would call it a dissenting note, but you can call it
24 whatever you'd like to.

25 A I can't speak for every instance, but when we get a

1 second opinion it's to confirm what the first person
2 or myself is thinking so we're not going to have two
3 different interpretations.

4 If someone has a question, they either want
5 to confirm their own opinion or get the correct
6 answer, so they're not going to get a second opinion
7 from someone, and someone is going to say well, this
8 is B and they're going to go around and dictate A.
9 Or if anything, they'll put down both scenarios, but
10 no, you wouldn't have a dissenting opinion.

11 Q! I probably didn't ask the question clearly enough,
12 and you gave me a lot of information, so I'm going
13 to try to ask you a couple questions about what
14 you've said.

15 Hypothetically situation A exists, and
16 situation A is that in the area of the, let's say
17 hypothetically, descending thoracic aorta, a
18 radiologist in your group has a finding, but they're
19 not sure about the finding. They come to you and
20 ask you to look at it. When you said that they only
21 come to you to confirm, you didn't mean that they
22 only come to you for a stamp of approval, they're
23 coming to you for your interpretation; is that
24 right?

25 MR. OCKERMAN: Objection, **go** ahead.

1 A No, it's usually -- they've already looked at the
2 case. We know -- they may just see something
3 they're unsure of, so they're not asking another
4 radiologist to take over the case; they're asking
5 usually just one specific thing, what do you think
6 of this, I think it's this, do you agree or not
7 agree, and we might discuss the options.

8 Q So if they thought it was one thing and you thought
9 it was something else, what is the internal
10 procedure for your medical group to resolve the
11 difference of opinion, if there is an internal
12 procedure?

13 A Following that point there wouldn't be a difference
14 of opinion. They'd probably discuss the options and
15 then dictate what was --

16 Q I think we're getting closer to the information that
17 I needed. If there were two different opinions, in
18 other words, the first radiologist who asked you to
19 look at a finding, if you and that radiologist, he
20 or she, were not in absolute agreement -- let me
21 eliminate the word absolute, because Mr. Ockerman
22 was going to eliminate it for me -- if **you** were not
23 in agreement, then both scenarios would be dictated?

24 MR. OCKERMAN: Objection.

25 A No, people aren't asking for different opinions.

1 They're trying to confirm a question. If they
2 already have their opinion, they don't need to ask
3 the question.

4 MR. OCKERMAN: I think what he's
5 saying --

6 A You know, if someone says I think this is a fracture
7 and someone else says no, I don't think it's a
8 fracture, those are two firm opinions. They're not
9 going to ask -- if I see a fracture, I'm not going
10 to go to one of my colleagues and say do you think
11 this is a fracture. I already know it's a fracture.

12 But if I see something I have a question
13 of, I see a little defect, and I say is this a
14 fracture, and radiologist B says yes, it is, I'm
15 going to go back to my report and say this is a
16 fracture. So I'm using it not as an opinion, but
17 sometimes you have questions about cases so you
18 don't know the answer. It's not like someone says I
19 know this is the answer, I'm going to see if someone
20 else thinks there's a different answer.

21 Q In the scenario where a radiologist in your group
22 testifies that they saw something and they didn't
23 have a firm opinion about it and then they came to
24 you, and once again going back to my scenario, if at
25 the conclusion of your conversation there was a

1 difference of opinion as to what a particular
2 finding meant, is it your testimony that both
3 scenarios would be dictated in the summary?

4 A It's possible. They might put down both
5 possibilities. We often put down six, seven, eight
6 different, sometimes I have paragraphs of
7 differentials, so yes, it's possible.

8 Q But you, yourself, if you were the person who were
9 consulted and if you had a difference of opinion
10 than the one you knew the other radiologist was
11 going to render, would you take it upon yourself to
12 dictate an independent note?

13 A I wouldn't have that opportunity, and I wouldn't
14 know that they are going to dictate something
15 differently than what we discussed. I'm not there
16 when they dictate.

17 Q All right. I don't mean to be pedantic, but if what
18 you're saying --

19 A It's fair to say that a radiologist is not going to
20 not agree with another radiologist following a curb
21 consult. We're going to come up with a scenario or
22 they're just going to get a second opinion, you
23 know, do you think this is a fracture or not a
24 fracture.

25 Q In other words, what you're saying is --

1 A That's why they're asking for the consult.

2 Q To paraphrase it, and if it's not in a definitional
3 form that you like we can work on it, when you are
4 called in -- not called in, but if you are available
5 for a curbside consult with one of your fellow
6 radiologists, the goal is to reach a consensus, a
7 diagnostic consensus; is that a fair way to state
8 it?

9 A Depends on the situation, but that's one of the
10 outcomes, hopefully. Or just to confirm a question.
11 We do this 10, 20 times a day, *so* it's, you know.

12 Q Assuming for the sake of this question that we
13 learned that indeed you were assigned the rotation
14 to read body CT's on the 23rd of September, 1997,
15 how is it that Dr. Cawthon then would come to read
16 the whole CT, head, chest and pelvis?

17 MR. OCKERMAN: So you're asking him on
18 September 23rd?

19 MS. KOLIS: Right.

20 MR. OCKERMAN: What occurred, how she
21 did it?

22 MS. KOLIS: Right.

23 MR. OCKERMAN: Do you know?

24 A Not specifically, but we're often not in an area
25 we're assigned to at any given moment.

1 Q Coffee break or lunch or something?

2 A Teaching residents, conferences, we do tumor boards.
3 Sometimes if there's neuro case and a body case, one
4 person reads both areas instead **of** trying to split
5 it up even though there's two radiologists assigned.
6 **So** if there's a head CT and abdominal CT, sometimes
7 one person will do both or vice versa.

8 We may be called out to a hospitalwide
9 meeting. We often get other people to cover for us.

10 Q As a general matter, when it comes to you
11 personally, don't worry about anybody else in your
12 group, if you are asked to read a chest CT to
13 evaluate for chest trauma from an automobile
14 accident, do you review the plane X-ray films in
15 conjunction with reading the CT?

16 MR. TABER: Objection, beyond the
17 scope of his involvement.

18 THE WITNESS: **Do I** answer?

19 MR. OCKERMAN: *Yes.*

20 A Depends on if they're available, so the strict
21 answer is no, they're not always available to
22 review.

23 Q Can you ask for them to be available if they're up
24 in the ER?

25 A We can ask, but they're not always retrievable.

1 Q As you sit here today, Dr. Murphy, do you have a
2 specific or vague recollection on September 24th,
3 1997 of indicating to Dr. Cawthon that the CAT scan
4 from the day before had been misinterpreted?

5 A No.

6 Q You indicated that you were able this morning to
7 review the CAT scan; is that a fair statement?

8 A Correct.

9 Q Do you know how many films you looked at?

10 A I think at least six.

11 Q What amount of time did you spend reviewing them?

12 A Oh, several minutes.

13 Q Was that a sufficient amount of time for you to draw
14 a conclusion as to what those films demonstrated?

15 MR. OCKERMAN: Objection. Were you
16 drawing a conclusion?

17 Q Well, answer my question first. Would that have
18 been a sufficient amount of time for you to
19 interpret those CAT scans?

20 MR. OCKERMAN: Objection. First off,
21 when I showed him the films we were not in the usual
22 course and scope of what he would be doing, so I
23 think that's an unfair question. But go ahead if
24 you can answer it, Doctor.

25 A If I was interpreting them fresh on my own, no, I

1 would have spent more time, but I already knew some
2 of the specifics about the case, so I wasn't
3 reviewing the case to interpret it.

4 Q The specifics which you were aware of about the case
5 came to you from what source?

6 A Mike.

7 Q Have you read any of the medical records?

8 A No.

9 Q Have you reviewed the written interpretations
10 prepared by Dr. Cawthon?

11 A I didn't yesterday and, quite frankly, I don't know
12 if Mike showed them to me at our first meeting or
13 not.

14 Q So you have not seen them?

15 A I don't remember, no.

16 Q In reviewing the films -- did you have a shadow box
17 available to look at the films today?

18 A Yes.

19 Q Did you have any diagnostic impression based upon
20 your limited review of those films this morning?

21 MR. OCRERMAN: Objection.

22 A I have impressions, but I didn't make a diagnosis,
23 no. I already knew what the diagnosis was,

24 Q When you say you already knew what the diagnosis
25 was, what are you referring to?

1 A Just I knew she lacerated her aorta based upon what
2 Mike told me, and I believe she had pneumonia or
3 thoraces and some chest tubes.

4 Q Were you able to observe from the **CAT** scans that you
5 saw today -- first of all, let me back that up, have
6 you actually -- I probably wasn't listening
7 appropriately. The first time you met with Michael,
8 were you able to look at the CAT scans on that day
9 **also?**

10 A I believe we did.

11 Q **So** you looked at them at least a month or **so** ago and
12 then again this morning?

13 MR. OCKERMAN: Yesterday.

14 A Yesterday.

15 Q Yesterday, I'm sorry. I'm tired. Were you able to
16 see indications of a transection of the descending
17 thoracic aorta on those CAT scans?

18 MR. OCKERMAN: Objection.

19 A Yes.

20 Q Although we didn't ask you to write a written
21 report, obviously, can you tell me what
22 abnormalities you observed that would support the
23 contention that there was a transection of the
24 descending thoracic aorta on the **CAT** scan?

25 MR. OCKERMAN: Objection. I'm not

1 going to let him answer that question because, I
2 mean, he's looking at it in hindsight, knows what to
3 look for. I think that's an unfair question.

4 MS. KOLIS: Is that your objection?

5 MR. OCKERMAN: Yes.

6 MS. KOLIS: It isn't an unfair
7 question to this extent. Hindsight aside, I mean
8 that's a thing that you guys want to talk about, you
9 can talk about it all you want at trial.

10 Q Did you need to know, Doctor, in hindsight, that
11 there was a transection, or was it obvious to you in
12 looking at the film that the indicia was there to
13 diagnostically indicate that there could possibly be
14 a transection of the aorta?

15 MR. OCKERMAN: Objection. I mean the
16 meeting was in hindsight, so there's no way to get
17 around hindsight.

18 MS. KOLIS: Well, the unfortunate
19 part is that the testimony of your other client is
20 that this isn't a matter of hindsight. Your other
21 client, who is a member of this group, has testified
22 that this doctor looked at the film at the time.

23 MR. OCKERMAN: And this doctor has
24 indicated that he does not recall that.

25 Q In hindsight, what abnormalities did you observe

1 yesterday, Doctor?

2 A I have to remember. I believe there were bilateral
3 pneumothoraces, there was a lot of subcutaneous air,
4 mediastinal air. The esophagus appeared thickened.
5 I know there were a lot of tubes and catheters, but
6 I can't remember specifics.

7 The actual tear in the aorta was actually
8 pointed out by Mike, so it wasn't -- I didn't put up
9 a film and say there's a tear. I think there was
10 bilateral pleural effusions -- there were bilateral
11 pleural effusions, and I don't know if I looked at
12 the entire case or not.

13 Q You didn't make a list, so you can't tell me what
14 frames of the CT you looked at; is that right?

15 A Correct.

16 Q Did you make note of the fact that there was a
17 hematoma contained within the mediastinum?

18 A No.

19 Q You did not see any?

20 A Not that I remember.

21 Q Would you mind looking at the films for me?

22 A No.

23 Q Okay.

24 MS. XOLIS: We'll give **Mr.** Emershaw
25 a minute to find them for me.

THE WITNESSE: Do we have a view box?

MR. OCKERMAN: Did you bring a view

box?

THE WITNESS: xold it up to the

light

MS KOLIS: You want to hold it up
to the light? Is that good enough for you?

THE WITNESS: No.

MR. OCKERMAN: I will let you inquire
into this limitedly.

(2-15 recess)

Q Doctor I'm going to have you look at this
particular -- if you don't mind both of us have to
be real professional here Just for identification
purposes so that later on if we need to, I can go
backtrack can you find a way to describe to the
court reporter what sheet of the CAT scan we're
looking at?

A It's one film of a chest CT and images 24 through
13 The image number is at the top left-hand corner
of each frame.

Q And these are in fact of Merle's Spreadbury on
September 23rd correct?

A Yes

Q Doctor, contained within this row images 16, 17 and

1 18, are any one of these three images the slices --
2 I call them slices, if that's okay with you?

3 A That's fine.

4 Q -- where Mr. Ockerman pointed out the tear, an aorta
5 tear?

6 A Yeah, I believe it was image 17.

7 Q Okay. In terms of image 17 can I ask you this: Do
8 you see anything that you could or would interpret
9 as a pseudoaneurysm?

10 MR. OCKERMAN: Objection,

11 A Yeah. I don't know if I'd call it a pseudoaneurysm,
12 but you can see a little flap, Pseudoaneurysm I
13 think is more of a pathological, since I don't know
14 which layers of the aorta may or may not be torn.

15 Q And once again, we're looking at slice 17?

16 A Yes.

17 Q Where you can see the flap, correct?

18 A Yes.

19 Q It's an obvious flap, isn't it?

20 MR. OCKERMAN: Objection.

21 A It's there. I don't know if I would describe it as
22 obvious.

23 Q Would you describe it as subtle?

24 A I think the findings are subtle, yes.

25 Q When you say the findings are subtle, what do you

1 mean?

2 A A lot of times with aortas you get what's called
3 motion artifact, and especially the ascending and
4 proximal descending aorta. In fact, we often have
5 cases we have to go back and try to reformat the
6 images differently or rescan the patient to try to
7 determine is the line you see through it real or is
8 it motion because the aorta is pulsating.

9 Q Would you in a diagnostic interpretation which
10 you're preparing for the clinician indicate the
11 existence of a flap and question as to whether the
12 line may be a motion artifact or not?

13 MR. OCKERMAN: Objection. I'm not
14 going to let him answer this question, because
15 you're basically getting him to try to act as an
16 expert witness in hindsight against Dr. Cawthon.

17 MS. KOLIS: Let me state just for
18 the record, to be argumentative with you,
19 Mr. Ockerman, I'm not presuming to make a member of
20 her group an expert. I'm just seeking to gain the
21 truth. And once again we have this little problem
22 that Dr. Cawthon has testified that she showed these
23 films to Dr. Murphy, so I'm trying to test the
24 credibility of that testimony.

25 But if you don't want to answer any more

1 questions regarding that one, it's all right with
2 me.

3 A The only thing I would correct is, if it was a
4 curbside consult, we wouldn't be looking at the
5 films.

6 Q What would we be looking at?

7 A Probably one or two images on the monitor. That's
8 usually what occurs.

9 Q So put me in your CAT scanner room. It's like beam
10 me up, but not really. What you're saying is you're
11 looking at the monitor that is the continuous feed
12 of the film, not this film, right?

13 A Yeah, often the films come out later. We're not
14 looking at the entire case. It may have been,
15 usually someone sees something on the TV screen,
16 which is more real time, and says what do you think
17 about this, because often the films aren't ready
18 yet. That's usually what happens.

19 Q Let me ask you this. You just testified -- first of
20 all, I think it's clear, it's the third time I've
21 asked you it and you don't have to answer it again,
22 you're saying you absolutely don't remember being
23 consulted by Dr. Cawthon that day?

24 A Correct.

25 Q What I think I just heard you testify to, if you had

1 been asked to do a curbside consult, you would not
2 have looked at all of the completed films but would
3 have selectively looked at films on a monitor?

4 A Yeah. Usually it's a question **on** one or two images.
5 They're not asking us to look at the whole case.
6 That could be 20-some films. Usually a question
7 comes up on one or two images and someone **is** just
8 trying to get clarification. If someone is going **to**
9 review the whole case, then --

10 Q Turn it over to you?

11 A Yeah, we're going to be taking the case over.

12 Q If you had been asked for a curbside consult, you
13 would not have looked at every single film that
14 included the mediastinum; is that what your
15 testimony would be?

16 A Sure.

17 Q I think Mr. Emershaw has another film he would like
18 you to look at to see if it's one that you reviewed.
19 Can you identify -- first of all, can you recall
20 from yesterday morning if this is one of the films
21 that you looked at?

22 A I believe so.

23 Q Once again if you could extend me the courtesy of
24 identifying for the reporter what particular **segment**
25 of films we're looking at.

1 A It looks like a more detailed images of the chest,
2 images 1 through 12, and these are, I don't know the
3 time frame, the time is on the film, these are done
4 at 1351.46, and these are five millimeter thick
5 slices. I assume the last one was either seven **or**
6 ten.

7 Q **So** this is a thinner slice of the same prior frames,
8 correct?

9 A Yes.

10 Q **Do** you see any abnormalities in the area **of** the
11 aorta on any of those cuts?

12 MR. OCRERMAN: Objection, same
13 objection. Trying to get him to be a second opinion
14 against or be an expert opinion against Dr. Cawthon.
15 **Go** ahead, Doctor, if you can answer that question.

16 A I see abnormalities everywhere but not specific to
17 the aorta.

18 MS. KOLIS: **Do** you want **to** ask him
19 a question, Mr. Emershaw?

20 MR. OCXERMAN: I'm not going to let
21 Mr. Emershaw ask him a question.

22 Q What abnormalities **do** you see?

23 A There's extensive subcutaneous emphysema, there's a
24 lot of air in the mediastinum, again the esophagus
25 looks thickened. Frankly, the aorta we don't see

1 very well, because I assume these are delayed images
2 without contrast. The aorta itself is just not well
3 visualized.

4 What I see of it doesn't look bad. There's
5 a little -- that's the NG tube, there's an
6 endotracheal tube, there's bilateral pleural
7 effusions larger on the right and some atelectasis
8 in the lungs.

9 Q So on these thinner slices the aorta itself is not
10 well visualized; that's your testimony as to this
11 sheet, correct?

12 A Correct.

13 Q Okay. Okay, Doctor. I actually have only a couple
14 more questions, and Ockerman is going to say that's
15 not true Kolis, but I'm going to try.

16 You've been a member of this group since
17 1990. That was your testimony today. As a
18 radiologist, or neuroradiologist actually, in the
19 group who does read chest CT's --

20 A I'm not the neuroradiologist.

21 Q I thought you were a neuroradiologist.

22 A No.

23 Q I'm sorry. Did I just give you a promotion?
24 Kidding.

25 A No.

1 Q As the radiologist who has training and does
2 regularly read chest CT's, do you on occasion
3 recommend or have you in the past recommended in
4 your conclusion section of your CT reading that a
5 person be referred for an aortogram if you suspect
6 that the film itself has not ruled out a
7 transection?

8 MR. OCXERMAN: Objection.

9 MR. TABER: Objection.

10 A Probably not. I don't do angiograms, I don't do
11 angiography, so it's not an area that I would know
12 when or when not to do. If someone asked me, I
13 **would** probably render an opinion, you know, if a
14 surgeon asked me. I'm sure there's cases where the
15 ER may ask. So depending on the results of what I
16 was looking at and what their question was, I would
17 render an opinion.

18 Q If there is a question on the seven or ten
19 millimeter slices of a chest CT as to whether there
20 is a possible disruption of the aorta, is the
21 appropriate follow-up study to do thinner slices on
22 a CAT scan of that area?

23 A If you're specifically looking for an aortic tear,
24 personally I would, if I still had the patient **on**
25 the scanner, I would do thinner sections, but I

1 would give more contrast.

2 Another way, if I thought it was because of
3 the motion artifact, I would do what we call
4 reformatting the images where we can -- the way the
5 CT works, it takes a slice every second, sometimes
6 every two seconds. We can program the machine to
7 cut that time down so that the motion that occurs in
8 two seconds won't occur in a half a second. So
9 that's two possibilities of trying to figure out
10 what you're seeing on a CT scanner.

11 MS. KOLIS: One second.

12 (Pause)

13 Q Aside from Dr. Cawthon, have you discussed this case
14 with anyone else in your radiologist group?

15 A No, and I haven't even discussed it with her.

16 Q I think you made that perfectly clear to me.

17 A I don't think I'm supposed to.

18 Q Did **you** talk with any of the doctors involved in the
19 care and treatment of Mrs. Spreadbury, aside from
20 the radiology group, **Dr.** Tawil regarding
21 Mrs. Spreadbury?

22 A **No.**

23 Q **Dr.** Telesz?

24 A **No.**

25 Q **Dr.** Kralik?

1 A No.

2 Q Dr. Kresos?

3 A No.

4 Q Dr. Sos?

5 A No.

6 Q And do you recall on September 23rd, 1997 speaking
7 with Dr. Menia in the emergency room as the CAT scan
8 was going on?

9 A No.

10 Q While Mr. Emershaw is looking at his notes,
11 Dr. Murphy, how long have you known Dr. Cawthon?

12 A I joined in 1990. I believe she joined
13 approximately 1992, '93.

14 Q So you've practiced medicine with her on a regular
15 basis for seven or eight years since that time, six,
16 seven, eight, that ballpark?

17 A Correct.

18 Q Do you feel that you know her personal character?

19 MR. OCKERMAN: Objection.

20 A Not very well. I don't socialize with her.

21 Q So you are partners, business colleagues only,
22 you're not social outside of the office?

23 A Correct.

24 Q Would you be able to offer to me an answer to the
25 following: If your partner, Dr. Cawthon, testified

1 that on September 24th, 1997 you advised her that
2 the CAT scan of the previous day had been
3 misinterpreted, should I believe her that you told
4 her that?

5 MR. OCKERMAN: Objection.

6 It's possible, but the way our group works, I doubt
7 it very much. Or the way I work, I doubt that I
8 would have done that.

9 MS. KOLIS: I don't have any
10 further questions. I doubt anyone else will ask
11 you, but it's their turn.

12 MR. TABER: Pass.

13 MS. WYLER: No questions.

14 MS. MOORE: No questions.

15 MR. OCKERMAN: We'll read. Can we
16 have --

17 MS. KOLIS: Yes, you can have 30
18 days.

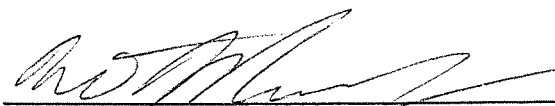
19 (Pleadings' Exhibit A
20 marked for
21 identification)

22 (Deposition concluded)


23 - - -
24
25

I have read the foregoing transcript from page
1. through 40 and note the following
corrections:

PAGE	LINE	REQUESTED CHANGE
8	12	ALLEN ROVNER
10	9	NORTHEASTERN OHIO UNIVERSITY COLLEGE OF MEDICINE
27	2 + 3	PNEUMOTHORACES (NOT "PNEUMONIA ON THOMAS")
39	a	CHRYSTOS


William Murphy, M.D.

Subscribed and sworn to before me this 21 day
of July, 1999.


Notary Public
MICHAEL COHEN, Attorney-At-Law
Notary Public - State Of Ohio
My Commission has no expiration date
Sec. 147.03 R.C.

My commission expires _____

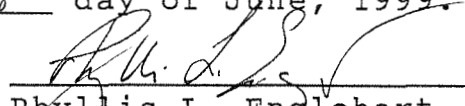
1 State of Ohio,)
2 County of Cuyahoga,) SS: CERTIFICATE

3 I, Phyllis L. Englehart, RMR and Notary Public in
4 and for the State of Ohio, duly commissioned and
5 qualified, **do** hereby certify that the within named
6 witness, William Murphy, M.D., was by me first duly sworn
7 to testify the truth, the whole truth, and nothing but
8 the truth in the cause aforesaid; that the testimony them
9 given by him was by me reduced to computerized stenotypy
10 in the presence of said witness, afterward transcribed,
11 and that the foregoing is a true and correct transcript
12 of the testimony so given by him as aforesaid.

13 I do further certify that this deposition **was**
14 taken at the time and place in the foregoing caption
15 specified and completed without adjournment.

16 I do further certify that I am not a relative,
17 counsel, or attorney of either party, **or** otherwise
18 /interested in the event of this action.

19 IN WITNESS WHEREOF, I have hereunto set my hand
20 and affixed my seal of office at Cleveland, Ohio, on
21 this 28th day of June, 1999.

22 
23 Phyllis L. Englehart, RMR and Notary Public
24 in and for the State of Ohio.
25 My commission expires June 23, 2001.

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