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 Buckinham, Doolittle & Burroughs, 4518 Fulton Drive, N.W., Canton, Ohio, on Tuesday, June 22, 1999 commencing at 9:30 a.m.

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WILLIAM MURPHY, M.D.

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

CROSS-EXAMINATION

By Ms. Kolis:

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

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

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

Yes.

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

A Yes.
Q Do you understand that you are under oath today just as if you were in a court of law?
A Yes.
Q I will be relying upon the answers which you give me today. Do you understand that?
A Yes.
Q To that extent, if I ask a question and you are uncertain of the answer or just uncertain as to what information I'm seeking, would you afford me the courtesy of indicating that you don't understand what I'm asking?
A Yes.
Q Having said that, we were handed as we all sat down here a copy of what I'm going to assume is your current curriculum vitae; is that correct?
A Correct.
MS. KOLIS: That will be marked Plaintiffs' Exhibit A.
Q Doctor, just briefly if we could, go through your educational training that led you to your current occupation as a physician. Reiterating what I can read off the cover page, you received a B.A. in chemistry in 1979 from Miami University of Ohio?
A Correct.

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

A Correct.

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

A Summer.

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

A Right out of college I worked at an ambulance service as a summer job, and 1 enrolled at Kent State University for a biomedical engineering course, which I didn't like, and then applied to med school.

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

A Not quite a full year.

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

A Correct.

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

A Yes.

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

A Correct.

Q All right. You then began a residency, which I see occurred at Mercy Medical Center and Aultman Hospital, correct?
A Yes.
Q At that point there was a Canton integrated diagnostic radiology residency program, correct?
A Yes.
Q That was a three-year program, four-year program?
A Four-year.
Q Who ran that program?
A At the time William -- Willard Howland was chairman and program director. Then Alan Robiner took over as chairman and I also believe as program director.
Q And at that time the program covered both Mercy and Aultman, correct?
A Primarily, and also we rotated at Akron Children's Hospital.
Q Okay. Does that program exist any longer?
A Yes.
Q There is still that -- I was unaware of that, okay.
A Yes.
Q Following the completion of your residency program, you apparently obtained a fellowship at MetroHealth?
A Yes.
Q Who was your program director at Metro?

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

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

A Primarily, yes.

Q What else did you do in that fellowship program?

A Some computer tomography and some ultrasound.

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

A Yes.

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

A Yes.

Q And you got your radiology board in 1989?

A Yes.

Q Dr. Murphy, in September of 1997, who was your emp1oyer?

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

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

A Yes.

Q What corporation are you a partner in?

A Radiology Services of Canton.

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

A I began in July of 1990.

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

A Yes.
Q As of September of 1997, did you perform radiology services anyplace other than Mercy Medical Center?
A No. We used to cover a small hospital south of Canton, but I believe we stopped doing that before 1997.
Q In calendar year 1997, were you on the active teaching staff of any medical school?
A The Northeast Ohio.
Q Clinical instructor of radiology?
A Correct.
Q In September of 1997 were there any radiology residents at Mercy Medical?
A Yes.
Q Were any of the residents involved in reading CAT scans on September 23rd or September 24th, 1997, to the best of your knowledge?
A Don't know.
Q How many residents were here at the hospital in that time period?
A Well, the total program has anywhere between 12 and 16. On any given month we can have zero to eight residents.
Q So if I asked you to name who the residents were, I guess the program would start July to July, is that

how you do your residency program here?

A Yes.

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

A No.

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

A No.

Q Do you know what she has testified to?

A No.

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

A Yesterday I looked at those.

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

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

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

A Not as a specific incident, no.

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

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

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

A No.

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

Yes.

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

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

I have no idea.

Q How would you be able to determine the answer to that question for me?
A I would have to get an old schedule.
Q As a practical matter, does your group maintain the schedules?
A Not that I'm aware of. Our scheduler might.
Q I'd make a request of you through Mr. Ockerman that, subsequent to this morning's deposition, that you return to your office and inquire of your scheduler if there is in fact a hard copy in existence of who was scheduled on what day to perform what service.

Within your group, Doctor, are you a specialty reader?
A I'm not sure what you mean.
Q Good answer if you're not sure. Is there one kind of film that you read more than any other?
A No. There's certain areas I rotate through and certain areas I don't rotate through.
Q What areas do you rotate through?
A Body computer tomography, neuro computer tomography, and with both of those sections we also do magnetic resonance imaging, mammography and all the various plane film areas, fluoroscopy, plane X-rays.
Q The majority of time are you assigned to one kind of film more than any other?

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

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

A More experience meaning more time spent in that area?

Q More expertise in reading body CT's.

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

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

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

A On the day of September 23rd?

Q Correct.

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

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

A Not that I can remember specifically, no.

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

the film on September 23rd, 1997?

A Not that I specifically remember, no.

Q Do you have a vague memory if not a specific one?

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

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

MR. OCKERMAN: Objection. Go ahead.

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

Q You do understand that I have not sued you?

A Yes.

Q All right.

MR. OCKERMAN: Sued his corporation.

MS. KOLIS: That's true.

Corporations are nameless, faceless people to me.

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

answer to.

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

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

Again, not that I specifically remember, no.

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

No.

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

Basically --

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

No, there's not a policy.

So you just determine on your own how you want to

handle that situation?

A Correct.

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

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

Q Barry --

A McNulty.

Q He's the other person who does neuroradiology?

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

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

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

A Yes.

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

A No.

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

A No.

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

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

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

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

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

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

MR. OCKERMAN: Objection, go ahead.

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

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

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

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

MR. OCKERMAN: Objection.

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

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

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

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

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

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

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

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

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

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

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

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

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

A That's why they're asking for the consult.
Q To paraphrase it, and if it's not in a definitional form that you like we can work on it, when you are called in -- not called in, but if you are available for a curbside consult with one of your fellow radiologists, the goal is to reach a consensus, a diagnostic consensus; is that a fair way to state it?
A Depends on the situation, but that's one of the outcomes, hopefully. Or just to confirm a question. We do this 10, 20 times a day, ***so*** it's, you know.
Q Assuming for the sake of this question that we learned that indeed you were assigned the rotation to read body CT's on the 23rd of September, 1997, how is it that Dr. Cawthon then would come to read the whole CT, head, chest and pelvis?

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

MS. **KOLIS**: Right.

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

MS. **KOLIS**: Right.

MR. OCKERMAN: Do you know?

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

Q Coffee break or lunch or something?

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

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

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

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

THE WITNESS: Do I answer?

MR. OCKERMAN: Yes.

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

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

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

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

A No.

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

A Correct.

Q Do you know how many films you looked at?

A I think at least six.

Q What amount of time did you spend reviewing them?

A Oh, several minutes.

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

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

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

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

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

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

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

A Mike.

Q Have you read any of the medical records?

A No.

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

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

Q So you have not seen them?

A I don't remember, no.

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

A Yes.

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

MR. OCRERMAN: Objection.

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

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

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

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

A I believe we did.

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

MR. OCXERMAN: Yesterday.

A Yesterday.

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

MR. OCXERMAN: Objection.

A Yes.

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

MR. OCKERMAN: Objection. I'm not

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

MS. KOLIS: Is that your objection?

MR. OCKERMAN: Yes.

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

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

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

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

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

Q In hindsight, what abnormalities did you observe

yesterday, Doctor?

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

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

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

A Correct.

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

A No.

Q You did not see any?

A Not that I remember.

Q Would you mind looking at the films for me?

A No.

Q Okay.

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

THE WITNESS: Do we have a view box?

MR. OCKERMAN: Did you bring a view box?

THE WITNESS: Hold 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.

(Brief 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 Mary Shreadbury on September 23rd, correct?

A Yes

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

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

A That's fine.

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

A Yeah, I believe it was image 17.

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

MR. OCXERMAN: Objection,

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

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

A Yes.

Q Where you can see the flap, correct?

A Yes.

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

MR. OCKERMAN: Objection.

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

Q Would you describe it as subtle?

A I think the findings are subtle, yes.

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

mean?

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

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

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

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

But if you don't want to answer any more

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

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

Q What would we be looking at?

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

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

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

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

A Correct.

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

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

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

Q Turn it over to you?

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

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

A Sure.

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

A I believe so.

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

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

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

A Yes.

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

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

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

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

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

Q What abnormalities do you see?

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

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

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

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

A Correct.

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

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

A I'm not the neuroradiologist.

Q I thought you were a neuroradiologist.

A No.

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

A No.

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

MR. OCXERMAN: Objection.

MR. TABER: Objection.

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

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

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

would give more contrast.

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

MS. KOLIS: One second.

(Pause)

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

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

Q I think you made that perfectly clear to me.

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

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

A No.

Q Dr. Telesz?

A No.

Q Dr. Kralik?

A No.
Q Dr. Kresos?
A No.
Q Dr. Sos?
A No.
Q And do you recall on September 23rd, 1997 speaking with Dr. Menia in the emergency room as the CAT scan was going on?
A No.
Q While Mr. Emershaw is looking at his notes, Dr. Murphy, how long have you known Dr. Cawthon?
A I joined in 1990. I believe she joined approximately 1992, '93.
Q So you've practiced medicine with her on a regular basis for seven or eight years since that time, six, seven, eight, that ballpark?
A Correct.
Q Do you feel that you know her personal character?
MR. OCKERMAN: Objection.
A Not very well. I don't socialize with her.
Q So you are partners, business colleagues only, you're not social outside of the office?
A Correct.
Q Would you be able to offer to me an answer to the following: If your partner, Dr. Cawthon, testified

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

MR. OCKERMAN: Objection.

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

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

MR. TABER: Pass.

MS. WYLER: No questions.

MS. MOORE: No questions.

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

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

(Plaintiffs' Exhibit A marked for identification)

(Deposition concluded)

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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 UNIVERSITIES COLLEGE OF MEDICINE
27	2+3	PHEUMOTHORACES (NOT "PHEUMONIA OR MONGERS)
39	a	CHRYSSOS

William Murphy, M.D.

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

Notary Public

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

My commission expires

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

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

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

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

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

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

CSR L

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