IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

BARBARA D. GRASGREEN, etc., et al.,

Plaintiffs,

-vs-

JUDGE GRIFFIN
CASE NO. 263268

MERIDIA HILLCREST HOSPITAL, et al.,

Doc. 337

Defendants,

- - - -

Deposition of STEWART N. NICKEL, M.D., taken as if upon direct examination before Lynn D. Thompson, a Notary Public within and for the State of Ohio, at the offices of Stewart N. Nickel, M.D., 5770 Mayfield Road, Mayfield Heights, Ohio, at 8:00 a.m. on Thursday, July 7, 1994, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiffs in this cause.

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On behalf of the Witness.

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STEWART N. NICKEL, M.D., of lawful age, called by the Plaintiffs for the purpose of direct examination, as provided by the Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

DIRECT EXAMINATION OF STEWART N. NICKEL, M.D.

BY MR. ZUCKER:

Q. Doctor, as we met a few moments ago, you know that my name is Dale Zucker and that I represent the Grasgreen family in a lawsuit that's been brought against the hospital. I am here today to ask you some questions relative to Mr. Grasgreen's care and treatment in May of 1993.

If for any reason you don't understand a question that I ask, please make sure to have me clarify the question so that you do understand it. If you answer a question, I'll assume that you understood it. Is that agreed?

A. Yes, agreed.

Q. Would you please state your full name for the record?

A. Stewart N. Nickel,

Q. Doctor, you're presently in private practice; is

that correct?
A, Yes, I am.
Q. Do you practice in association with any other individuals?
A. At the present time, I am associated with Dr. Mistry.
Q. M-i-s-t-r-y?
A. M-i-s-t-r-y.
Q. And what type of association are you and Dr. Mistry --
A. Dr. Mistry bought my practice about a year ago, and I'm working for him now.
Q. Are you an employee of an association?
A. I'm an employee of Dr. Mistry. I have my own corporation.
Q. What is the name of Dr. Mistry's association?
A. I think it's Vijay Mistry, Incorporated.
Q. And you are employed by him?
A, Yes, I am,
Q. Are you employed by any other persons or entity at this time?
A. I don't understand that question.
Q. In May of 1993, were you an employee of Dr. Mistry?
A. What date?

Q. Okay. May 20th, 1993?
A, I started with Dr. Mistry May 17th.
Q. Okay. So your buyout and arrangement with him began May 17th, 1993?
A. Right. Absolutely,
Q. On May 20th, 1993, were you employed by Meridia Hillcrest Hospital?
A. I was not employed by Hillcrest Hospital. It was an oral arrangement where I read EKGs for the hospital.
Q. Did you employ any other doctors at that time?
A. No. There were 11 other doctors reading.
Q. So there were 12 doctors who had --
A. Essentially 12 doctors reading EKGs for the whole year.
Q. Did each of them have an oral agreement with the hospital as far as you know?
A. Oral agreement, yes.
Q. And what was the agreement, if you will? And we're talking about May 20th, 1993.
A. There wasn't any yearly contractual agreement. I've been reading EKGs at the hospital since 1969, when the hospital was first built, and the chief of medicine was in charge of making out the schedule, and there was no written

agreement,

Q. What specialty do you practice in, doctor?

A. Cardiology.

Q. Besides reading EKGs for the hospital, you have a private practice in cardiology; is that correct?

A. Yes, I do.

Q. And you did so in May of 1993?

A, Yes.

Q. Did you have any other' type of arrangement with the hospital other than reading EKGs?

A. I did stress tests for them. And that's the only other thing **I** did with them.

Q. And you were also, I assume, an independent staff-privileged physician at the hospital?

A. Yes, I am.

Q. And you were in May of 1993?

A. Yes, I was.

Q. My understanding, and correct me if I'm wrong, is that there's an EKG department or an EKG unit here at the hospital?

A. Yes.

Q. Which is dispatched to various departments as needed; is that correct?

A. Yes.

Q. And those EKGs that are taken by the EKG department would be the EKGs that you and the other 11 physicians would read; is that correct?
A. Yes.
Q. Interpret?
A. That's correct,
Q. I want to get an understanding of the actual procedure after an EKG is done here in the hospital.

MR. ZUCKER: I would like you to mark these on the back if you would, Lynn. Why don't I give you these all to you and ask you to mark these at this time so that I don't have --

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(Thereupon, Plaintiffs' Nickel Deposition Exhibit 1, 5-21-93 0717 EKG, was marked for purposes of identification.)

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(Thereupon, Plaintiffs' Nickel Deposition Exhibit 2, 5-21-93 1750 EKG, was marked for purposes of identification.)

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(Thereupon, Plaintiffs' Nickel Deposition Exhibit 3, 5-21-93 1905 EKG, was

marked for purposes of identification.)

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(Thereupon, Plaintiffs' Nickel Deposition Exhibit 4, 5-22-93 EKG, was marked for purposes of identification.)

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(Thereupon, Plaintiffs' Nickel Deposition Exhibit 5, 5-20-93 2204 EKG, was marked for purposes of identification.)

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(Thereupon, Plaintiffs' Nickel Deposition Exhibit 6, 11-19-86 8:00 a.m. EKG, was marked for purposes of identification.)

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Q. Doctor, is there any particular order within which the 12 doctors who have an agreement with the hospital to read EKGs work interpreting the EKGs?

A. The chief of medicine determines that.

Q. On a case-by-case basis or in a time interval --

A. At two-week intervals.

Q. Doctor, first, I'm going to ask you to look at what has been marked as Plaintiffs' Exhibit No. 1, and *if* you would identify that, please, I'd appreciate it, if you can.

A, It's an EKG done on May 21st, 1993 at 0717
Q. And an EKG of whom?
A. Of Arthur Grasgreen.
Q. Now, your name appears via stamp; is that correct?
A. Yes,
Q. Or is that a computer-generated stamp?
A, No. That's a hand stamp.
Q. The interpretation itself, doctor, is that computer-generated?
A, No. That's my interpretation.
Q. So you did in fact at some point review this EKG and interpret it and state what is stated on that EKG; is that correct?
A. Yes, I did.
Q. And then did you stamp your name on there after you interpreted it?
A. No, I didn't.
Q. How does that take place, the stamping of your name?
A. The secretary types up my dictating note and then stamps it.
Q. Above the interpretation that you testified just now that you made on this EKG, above that interpretation, there is some typewritten

material. Is that computer-generated?
A. That's what I dictated,
Q. You dictated the top portion as well as --
A, No. No. No, This is computer.
Q. That's computer-generated?
A, Right.
Q. Doctor, would you be kind enough to interpret this or tell me what your interpretation was on May 21st, 19933
A. "Sinus rhythm rate, 65 per minute, PR interval .20 seconds. Borderline first degree AV block. Q-waves in V-1 through V-4 with inverted T-waves in V-4 through V-6. Antero-septal myocardial infarction age undetermined. There is some ST elevation in V-1 through V-4."
Q. Regarding your interpretation of "age undetermined," what led you to believe in interpreting this EKG that the myocardial infarction -- the age of the myocardial infarction was undetermined?
A. At times, one cannot be sure -- even though there appears to be acute changes that we cannot define when the myocardial infarction occurred.
Q. What particular aspect of the electrocardiogram

are you referring to?
A. We're mainly referring to Leads V-1 through V-4.
Q. And what aspect of those leads led you to interpret the EKG as showing an MI *of* age undetermined?
A. There's ST elevation in V-1 through V-4, Q-waves in V-1 through V-4. This indicates the patient had a myocardial infarction in the anteroseptal area, and one really can't be sure, unless there are prior EKGs, that this was an acute or a remote myocardial infarction.
Q. How about the R-wave progression; does that have anything to do with your interpretation that the age of the MI was undetermined?
A. No. It's possible -- R-wave indicates -- a loss of R-wave indicates myocardial infarction.
Q. Is there a loss of R-wave on --
A. V-1 through V-3, there's a loss of R-wave.
Q. Doctor, I'm handing you Plaintiffs' Exhibit 6. Would you identify that, please?
A. This is an EKG. I don't see a name on here.
Q. Okay. Assume, if you will, that this is an EKG *of* Arthur Grasgreen that was done 11-19-86.
A. Okay.
Q. For purposes of our conversation here.

MR. SCOTT: Which Exhibit is it? I'm sorry.

MR. ZUCKER: 6.

Q. The EKG was taken several days, I believe, after he had suffered an acute MI. Would the MI that he suffered in 1986 and the electrocardiograph findings from that period of time have any bearing on your interpretation of an EKG that you read in May of 1993?

A. It helps to establish whether the myocardial infarction was recent or remote.

Q. At the time you read the May, '93 EKG, you were not aware of the previous EKG; is that correct?

A. Yes, sir.

Q. Plaintiffs' Exhibit 6?

A. Yes.

Q. You were aware?

A. I was not aware of it.

Q. In retrospect then looking at the 1986 EKG, what bearing does that have on your interpretation as you sit here today of the May, 1993 electrocardiogram that we just discussed?

A. It's difficult to say. If we had an EKG that was even later, we might be able to give more information with regard to both of these EKGs.

This EKG in 1986 was an evolving EKG, meaning that the myocardial infarction was an evolution. And one really can't be certain unless we had an EKG, say, in December of '86 whether this would indeed -- the EKG in 1993 indeed showed acute changes. There's a difference on May 21st, 1993 from that of 11-19-86.

Q. Doctor, once a person suffers a myocardial infarction, is it accurate to say that future EKGs will show increase in Q-wave?

A. Say that again.

Q. Once a person suffers a myocardial infarction, won't the Q-waves on electrocardiogram done in the future always be elevated?

A. No, not necessarily.

Q. In most cases?

MR. SCOTT: Objection.

A. In most cases, it's not. In most cases, there's a return of the ST segment to the isoelectric line.

Q. In most cases, there will be a return to the isoelectric line?

A. Yes.

Q. I want to hand you now what has been marked as

Plaintiffs' Exhibit 5. Can you identify that, please?

A" EKG Arthur Grasgreen, May 20, 1993 2204.

Q. Doctor, I see two interpretations. Is one of those interpretations computer-generated?

A. It's computer-generated.

Q. Which one?

A. The top one.

Q. And the writing at the top -- or the type at the top is also computer-generated; is that correct?

A" Yes.

Q. And then the last interpretation was your interpretation; is that correct?

A. Yes.

Q. Doctor, generally speaking, how soon after the EKGs are done do you interpret them?

A. Most likely probably ten hours after this. This was done in the evening of May 20th, 1993, and my habit is to read the EKGs done in the evening the next day, usually in the morning.

Q. Relative to Plaintiffs' Exhibit No. 1, which we discussed, the same thing; you would have read that at what time?

A. It would be difficult. I would have either read it at 8:00 in the morning or about 11:00 in the

morning.

Q. Doctor, what was your interpretation of the Plaintiffs' Exhibit 5 EKG?

A. "Sinus rhythm, rate 83 beats per minute, First degree AV block with a PR interval of .21 seconds. Q-waves in V-1 through V-4 with ST elevation. Now on this EKG there are changes of an acute antero-septal wall myocardial infarction."

Q. This EKG was done prior to the EKG that we first discussed; is that correct?

A. Yes.

Q. Plaintiffs' Exhibit 1?

A. Yes.

Q. Now, in Plaintiffs' Exhibit 1, which was done on May 21st, you indicate the age was undetermined, correct?

A. Yes.

Q. On the EKG that was done the evening before, you indicate that there are changes now on this EKG, there are changes of an acute anteroseptal wall myocardial infarction. Can you explain how the evening before you indicate what you did indicate?

A, My comments on the first EKG, May 20th, 1993,

revealed changes that are compatible with an acute anteroseptal wall myocardial infarction.

Q. Changes from what, doctor?

A. A loss of R-wave of V-1 through V-3. ST elevation in V-1 through V-4.

Q. So did you interpret that to be an acute anteroseptal wall myocardial infarction on May 20th?

A. I don't know.

Q. By looking at it now, you don't know whether you interpreted it to be acute?

A. I don't know. I said there are changes characteristic of an acute anteroseptal wall myocardial infarction.

Q. You didn't say "changes characteristic of" on your EKG?

A. There are changes of an acute anteroseptal wall myocardial infarction.

Q. Comparing those two EKGs, the one done on May 20th at 2204, is it, and the one done on May 21st at 0717, do you see any difference in those EKGs as you sit here today?

A. I don't see any changes that you could say that were major changes. I don't see any major changes.

Q. So could your interpretation of the EKG on May 20th as you sit here today be that it was an MI of undetermined age?
A, On May 20th?
Q. Yes.
A. You might rephrase it this way,
Q. I'm not understanding why you didn't indicate the age was undetermined on that one, the EKG done on the 20th, as well as the one done on the 21st.
A, I understand.
Q. Right.
A. My feeling at the time, a new patient admitted to the coronary care unit, my interpretation was that these are changes of an acute anteroseptal wall myocardial infarction.
Q. And that doesn't necessarily mean --
MR. ZUCKER: Well, strike that.
Q. You said an acute myocardial infarction?
A, An acute.
Q. However, the next day, you interpreted an EKG which you just stated is virtually the same and you indicate that the age was undetermined, not acute. Is that correct?
A. That's correct.

Q. Let me hand you now what has been marked Plaintiffs' Exhibit No. 2 and ask you to identify that if you would.
A. Arthur Grasgreen. May 21, '93. Time, 1750.
Q. Doctor, when would you have interpreted this EKG?
A. On May 22nd, 1993.
Q. At what time?
A. Probably approximately 8:00 a.m.
Q. Doctor, in all four of the EKGs I've handed you, there is a typewritten word that indicate "Reviewed by" or "Referred by," and they're blank. Can you explain to me why the names of the doctor who reviewed and/or who referred the patient for ERG are not indicated?
A. I have no idea why they weren't put down.
Q. Is that standard? Does that --
A. The technician should put those down, but evidently she -- I don't know. I can't explain why she didn't put them down.
Q. Would you interpret the EKG from May 21st at 0717 hours?
A, "Sinus rhythm, rate 60 per minute. Borderline first degree AV block."
MR. POLLIS: Just a second. I am

not sure you're asking the same thing he's answering.

Q. I asked you to interpret the May 21st, EKG done at --

MR. POLLIS: 1750 or 0717?

MR. ZUCKER: 1750.

MR. HUPP: Exhibit 2 we're talking about.

Q. 1750 hours.

A. "ST elevation in V-1 through V-4 with Q-waves. Acute antero-septal wall myocardial infarction."

Q. May I see that, doctor.

May I see the other ones, please.

Do you see any difference in the EKG done at 1750 compared to the other EKGs you've interpreted here this morning? Not including the 1986 EKG.

A. The only change I see is that the T-waves in Leads V-6 may be a little deeper in the one taken on May 21st, 1993 at 1750.

Q. And you interpreted the EKG as showing an acute anteroseptal wall myocardial infarction; is that correct?

A. That's right.

Q. And what's the difference between this EKG and the one that was done on May 20th in the evening or May 21st in the morning?
A, The T-waves are a little deeper in V-6.
Q. What --
A. It might suggest an evolving event.
Q. It might suggest?
A. It might suggest an evolving event
Q. Could it also be interpreted as an MI age undetermined?
A, It could represent an acute -- it could represent a myocardial infarction, age undetermined.
Q. Why did you indicate on the one EKG "age undetermined," yet on all the others, you don't indicate "age undetermined"?
A. Reading EKGs is a nonexact science. It's a subjective interpretation. And it was my impression that this was an acute anteroseptal wall myocardial infarction.
Q. Do you recall discussing these EKGs with any doctors at the time that they were taken or at the time that you interpreted them?
A. No, I didn't.
Q. Is that pretty much the standard, doctor; you

interpret the EKG?
A. Yes, it is,
Q. Put it into the chart and the attending physician or cardiologist does with it as he feels necessary?
A. Yes.
Q. I want to hand you now Plaintiffs' Exhibit No. 3 and ask you to identify that.
A. Would you like me to identify it?
Q. Would you, please?
A. It's Arthur Grasgreen, May 21, 1993, 1905.
Q. And your interpretation, please?
A. "Sinus rhythm, rate 65 per minute. PR interval .19 seconds. Q-waves in V-1 through V-4 with ST elevation. Evolutionary changes of an antero-septal wall myocardial infarction."
Q. And what led you to believe that there were evolutionary changes of an anteroseptal wall myocardial infarction?
A. I think my interpretation was that it was just an EKG at a later date showing similar changes as to the previous EKG.
Q. But there are no changes between this EKG and the others that were done?
A. I think it's a matter of semantics.

Q. Doctor, you stated it was a matter of semantics?
A, Yes.
Q. What does that mean?
A. Probably what I should have said was that changes are of a similar nature.
Q. When you say "a matter of semantics," does that also apply to my questions regarding why you didn't indicate on each one of these EKGs that the MI was of an undetermined age?
MR. HUPP: Objection.
Q. Do you understand my question?
A. Why didn't I say --
Q. Well, I said is it also a matter of semantics why you might not have indicated that the age of the --
A. Yes.
Q. -- MI was undetermined?
A. Yes.
Q. On the other EKGs?
A. Yes.
Q. Were you just being cautious when you did not indicate on the other EKGs we've discussed here that the age was undetermined?
A. Yes.
Q. Now, I will hand you Plaintiffs' Exhibit 4 and

ask you to identify that, please.
A. Arthur Grasgreen, May 22nd, 1993, I don't know what the time is.
Q. Would that be "0800"? Is that what it says?
All right, For the record, the copy machine missed the full time there, correct?
A. Yes.
Q. But we know that it was done at the 8:00 hour or during the 8:00 hour, correct?
A. Yes.
Q. You'll agree with that?
A. Yes.
Q. And your interpretation of that, doctor?
A. "Sinus rhythm, rate 83 beats per minute. PR interval .20 seconds, QRS duration .10 seconds, QQ-waves in V-1 through V-6 with ST elevation in V-1 through V-5. Evolutionary changes of an acute antero-septal wall myocardial infarction."
Q. Now, do you see any difference in this EKG as opposed to the other ones?
A. No, I don't see any difference. No.
Q. So it's a matter of semantics; you could have put down "age undetermined" as well in this EKG. Is that correct?

A. These are ongoing EKGs, and you'd like to give an interpretation with that in mind. And that --
Q. With what in mind?
A. That these were continuing EKGs.
Q. Serial EKGs, correct?
A, Serial EKGs. And the only reason I put "evolutionary changes" is to indicate that.
Q. Are you aware of the nature of the allegations that were brought in this lawsuit?
A. Well, the only thing I know is that the patient received TPA and had a hemorrhage.
Q. Have you discussed this case with anybody besides your attorney?
A. Absolutely not.
Q. None of the doctors who were involved?
A. No.
Q. The hospital administration?
A. Absolutely not,
Q. You're going to drive the court reporter crazy.
A. Pardon me?
Q. You're going to drive the court reporter crazy if you don't let me finish. It's strictly for purposes of the court reporter.
A. All right.

Q. So you have never discussed this case with anybody?
A. No.
Q. As you sit here today and review these EKGs at my request, is it your interpretation that Mr. Grasgreen suffered an acute MI during his hospital stay at Meridia Hillcrest Hospital in May of 1993?
A, I don't know.
Q. And is the basis for the answer you just gave me because you haven't reviewed the entire chart and you don't know the other findings?
A. No. It's because I didn't see the patient. I have no data to indicate -- "data" meaning laboratory studies, cardiac enzymes. I don't have any of that available to me.
Q. By EKG criteria alone -- if you can answer this question. By EKG criteria alone, do you believe that the patient suffered an acute myocardial infarction in May of 1993 after having reviewed the '86 EKG and all the others?
A. No, I can't,
Q. You cannot determine that?
A. I cannot,
Q. Doctor, as a cardiologist, do you often

prescribe TPA for patients?
A. Yes, I do.
Q. What is the EKG criteria for prescribing TPA?
A. Usually, it's one to two millimeters of ST elevation on the EKG.
Q. Is that an absolute indication?
A. No, it's not.
Q. And would you explain your answer?
A. Pardon me?
Q. Would you explain your answer?
A. Some individuals are using TPA in relatively normal EKGs with their knowledge that the patient is having unstable angina, heart pain.
Q. It's your testimony that TPA is being used presently in the treatment of unstable angina?
A. No, that's not what I'm saying. I'm saying that people have done this in the past. I think that the present indications are not for unstable angina. It's been proven that it doesn't help unstable angina.
Q. As a matter of fact, there have been studies indicating that the use of TPA in patients with unstable angina who have not suffered acute MI is actually dangerous; isn't that correct?
MR. SCOTT: Objection.

A. I am not aware of that.
Q. Doctor, relative to Plaintiffs' Exhibit 1, which is the EKG that was done May 21st at 0717, do you see ST elevations in any two contiguous leads of one millimeter or more?
A. There is ST elevation in V-1 through V-4.
Q. Do you see elevation greater than one millimeter in any of those leads? In your interpretation?
A. This is a subjective evaluation, and I would say that there's greater than one millimeter ST elevation in V-1 through V-3.
Q. Greater than two millimeters?
A. It's approximately one to two millimeters.
Q. In the EKG of 1750 done on May 21st, do you see ST elevations greater than one millimeter?
A. There's ST elevation greater than one millimeter in V-1 through V-3.
Q. Greater than two millimeters?
A. No.

MR. ZUCKER: I have no further questions.

MR. HUPP: Any question, gentlemen?

MR. SCOTT: *Go* ahead,

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CROSS-EXAMINATION OF STEWART N. NICKEL, M.D.

BY MR. POLLIS:

Q. I just have a few, We met just before your deposition. I'm Andrew Pollis, and I represent Hillcrest Hospital in this lawsuit filed by the plaintiff.

I just want to make sure I understand the timing of your interpretation of EKGs vis-a-vis the actual performance of the EKG. I think you said it was about a ten-hour difference?

A. The EKG, the initial EKG, as I remember, was taken about 2200, 2200 hours, and my habit of reading EKGs is to read them three times a day, 7:00 to 8:00 in the morning, 10:30 to 11:30 and 3:30 to 4:30. And there's no time on here that indicates when I read the EKG.

Q. Okay. Well, let me just very quickly take you through the ones that have been marked by the plaintiff. Plaintiffs' Exhibit 1 was the EKG of 5-21-93 at 0717 a.m. My question to you with respect to all of these EKGs is would they have been interpreted by you prior to let's say 5:00 p.m., or 1700 hours, on 5-21-93?

A, This would have been read the next day.

Q. So Plaintiffs' Exhibit 1 would not have been --

the written interpretation would not have been completed and in the chart --

A. Until the 22nd.

Q. Until the 22nd. What about Plaintiffs' Exhibit 5, which is May 20, '93 at 2204?

A. This would have been read most likely -- most likely at 8:00 a.m., although it may take a little longer for the EKG to arrive from the emergency room. So it may have been at the 10:30 time, 10:30 a.m. time.

Q. So it would either be 8:00 a.m. or about 10:30 a.m. on May 21st?

A. Yes.

Q. And how long does it take from the time you would do the interpretation until the time that it's typed up and placed in the chart; do you know?

A. That varies from minutes to hours.

Q. Do you have a way of knowing whether the EKG marked as Plaintiffs' Exhibit 5 would have been interpreted in the chart as of 1700 hours on May 21' '93?

A. Pardon me?

Q. 1700 hours, or 5:00 p.m., on May 21, '93.

MR. HUPP: In the chart at 5:00.

THE WITNESS: This is 5:00.

MR, HUPP: The question is would this have been interpreted and typed up and put in the chart by 5:00.

A. That next day? You mean the 21st?

Q. Right.

A. I don't know.

Q. Plaintiffs' Exhibits 2 and 3 are both taken on May 21st, 1993, one at 1750, that's Plaintiffs' Exhibit 2, and then Plaintiffs' Exhibit 3 at 1905. I take it that you would not have reviewed these EKGs until May 22nd?

A. May 22nd.

Q. So that your interpretation obviously would not have been in the chart contemporaneous with the actual taking of the EKGs on May 21st?

A. That's right. Probably wouldn't have been in the chart until later that evening.

Q. The evening of the --

A, Later that day, on May 22nd.

Q. But in any event, your interpretation would not have been in the chart at all on May 21st?

A. That's right.

MR. POLLIS: Nothing further. Thank you, doctor.

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CROSS-EXAMINATION OF STEWART N. NICKEL, M.D.

BY MR. SCOTT:

Q. Doctor, you mentioned that there were differences in the EKG taken in 1986 and the ones taken in 1993?

A. Yes.

Q. Could you expand on that, please?

A. The changes in 1993 consisted of inverted T-waves. These were not present in 1986. However, it doesn't mean that they were not present in 1986 at a later date or 1987.

MR. SCOTT: Thank you, doctor.

MR. ZUCKER: I have just a few more, doctor.

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REDIRECT EXAMINATION OF STEWART N. NICKEL, M.D.

BY MR. ZUCKER:

Q. Doctor, when an EKG is ordered by a cardiologist in the hospital for purposes of rendering immediate treatment to a patient, he would read and/or interpret the EKG prior to you; is that correct?

A. Yes, he would,

Q. So he receives the EKG immediately, correct?

A. Absolutely,
Q. And after he's finished using it, he would place it in the chart, Is that correct?
A. As a matter of fact, there are two EKGs made on each patient, and one stays at the bedside, and one comes to the EKG office for interpretation.
Q. And the one that comes back to the EKG office for interpretation, does that eventually wind up in the chart?
A. Yes, it does,
Q. But the one that stays with the nurses' station goes into the chart immediately at the end of the day; is that correct?
A. Right.
Q. So that I understand this, you set aside three times a day to interpret EKGs, correct?
A. Yes.
Q. And the ones that are done in the evening you'll read in the morning when you come in, correct?
A. Correct.
Q. But prior to your coming in to read those, they're placed in the chart?
A. That's right, They're not placed in the chart. The ERG is alongside the bed or it's in a nurse's chart, It's not put in the patient's

chart. And the EKG is looked at by the attending physician when he makes rounds.

Q. All right. And at the end of the day or at some point during the day, it's put in the chart?

A. Yes.

Q. I understand.

How many EKGs do you read on a daily basis?

MR. HUPP: When he's doing it for the hospital or for his practice?

Q. When you're doing it for the hospital.

A. Doing it for the hospital? It may vary from 35 to a hundred.

Q. And would that have been so in May of 1993 as well?

A. That would be true of May, 1993.

Q. Have you slowed down your work for the hospital relative to reading EKGs since May of 1993?

A. No.

Q. So you were reading the same amount in May of 1993 as you are now?

A. Essentially the same amount. Probably a little more.

Q. More now?

A. More now.

Q. The inverted T-waves that you indicated were present on the 1986 EKG --
A. No, The inverted T-waves are in 1993.
Q. What is the significance of the inverted T-waves being present on the 1993 EKGs and not being present on the 1986 EKG that you interpreted for me this morning?
A, No specific indication that -- no importance. Nonspecific changes.
Q. Nonspecific changes?
A, Nonspecific.
Q. Could you expand on that?
A. Nonspecific changes. It could be due to many things.
Q. Would it have anything to do with the age of the MI?
A. It could be due to evolutionary changes in 1986, It could be related to new changes.
Q. So, again, it's a matter of semantics. Is that what you're saying?
MR. SCOTT: Objection.
A. No, it's not a matter of semantics in this case. It's a matter that there are changes and one can't interpret when they occurred or if they were important.

Q. Without reviewing previous EKGs?
A. Yes. And reviewing the clinical case.
Q. Doctor, you mentioned that you do use TPA, you prescribe TPA to your patients. When you do and you have available to you all EKGs that were present in the hospital, would you review those EKGs prior to prescribing the TPA?

MR. SCOTT: Objection.

A. Each case is different, and I couldn't comment on that,

MR. ZUCKER: Okay. I have no further questions. Thank you very much.

Do you want to explain the reading on the record?

MR. HUPP: You have a right to waive signature or if you want to read the deposition if it's ordered -- is it going to be ordered?

MR. ZUCKER: Yes. Presently.

MR. HUPP: If they are going to order a copy, if you want to read it and sign it Just to make sure he took everything down, that's fine.

THE WITNESS: Do you think I should?

MR, HUPP: I'd waive it. I feel comfortable.

THE WITNESS: I'll waive it.

(Signature waived.)

C E R T I F I C A T E

The State of Ohio,) SS:
County of Cuyahoga.)

I, Lynn D. Thompson, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named STEWART N. NICKEL, M.D. was by me, before the giving of his deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness, and the reading and signing of the deposition was expressly waived by the witness and by stipulation of counsel; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulation of counsel; and that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney, or financially interested in this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this 25th day of July A.D. 19 94.

Lynn D. Thompson

Lynn D. Thompson, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires January 21, 1995

WITNESS INDEX

EXHIBIT INDEX

GRASSGREEN, ARTHURR ID: 178749 21-MAY-93 07:17
Med:
74yr Ht: Wt:
Sex: M Race: Cauc
Loc: Room: CCU 3

Vent. rate	65 BPM
PR interval	204 ms
QRS duration	92 ms
QT/QTc	388/400 ms
P-R-T axes	45 40 137

Pgm 105C /104 Reviewed by:
Referred by: DR GRINBLATT

Sinus rhythm, rate 65/min. PR interval .20 seconds. Borderline first degree AV block. Q-waves in V1-V4 with inverted T-waves in V4-V6. Antero-septal wall myocardial infarction age undetermined. There is some ST elevation in V1-V4. amp

np

Stewart N. Nickel, M.D.

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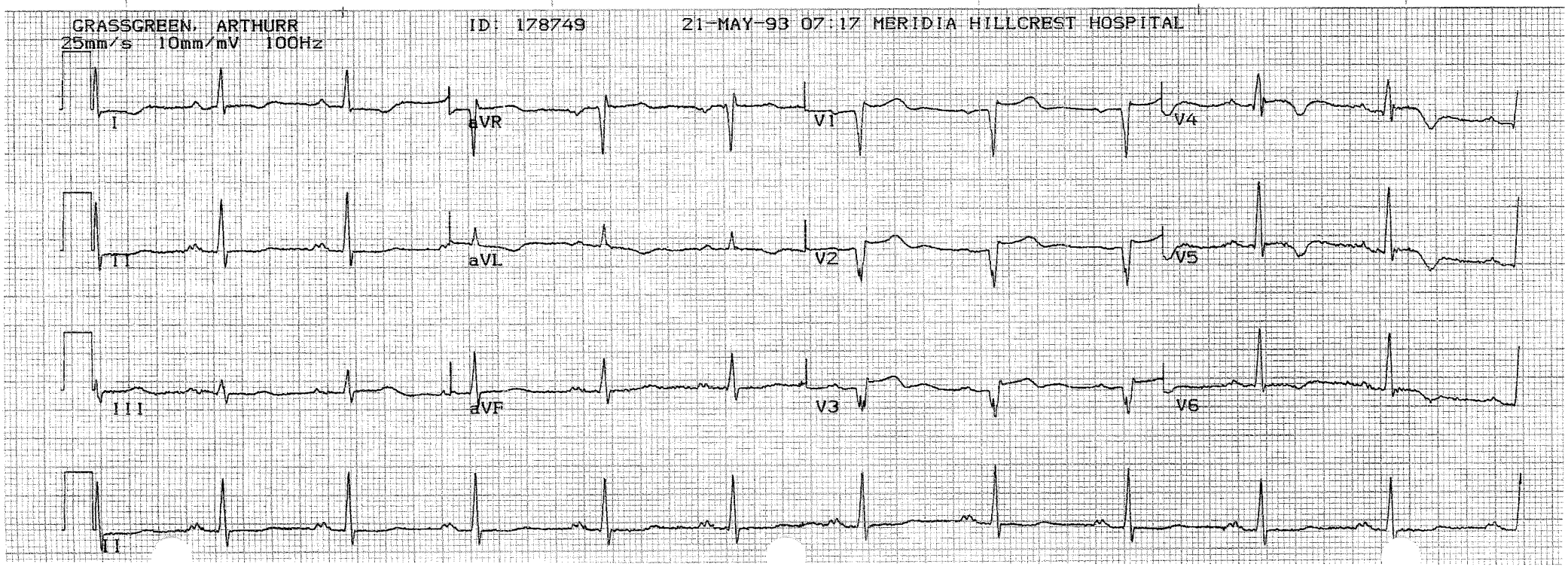


GRASSGREEN, ARTHUR ID: 178749 21-MAY-93 17:50

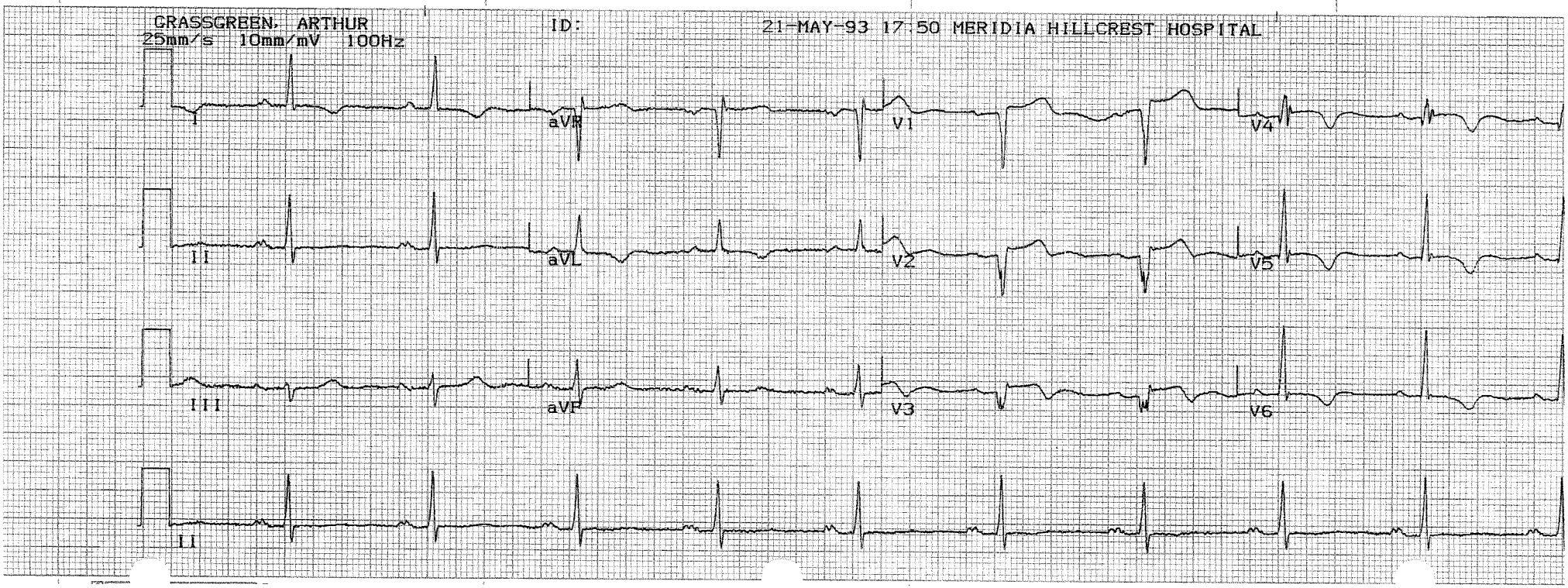
Med:
Age: Ht: Wt:
Sex: Race:
Loc: Room: CCU 3

Vent. rate	60 BPM
PR interval	208 ms
QRS duration	96 ms
QT/QTc	420/420 ms
P-R-T axes	48 18 136

Pgm 105C /104 Reviewed by:
Referred by:

Sinus rhythm, rate 60/min. Borderline first degree AV block. ST elevation in V1-V4 with Q-waves. Acute antero-septal wall M.I. amp

Stewart N. Nickel, M.D.



GRA REEN, ARTHUR ID: 178744 21-MAY 93 19:05
Meg
Age: Ht: Wt:
Sex: Race:
Loc: Room: CCU 3

Vent. rate	65	BPM
PR interval	192	ms
QRS duration	100	ms
QT/QTc	404/417	ms
P-R-T axes	35 14	122

Pgm 105C /104 Reviewed by:
Referred by: VANDYKE

Sinus rhythm, rate 65/min. PR interval .19 sec. Q-waves in V1-V4 with ST elevation. Evolutionary changes of an antero-septal wall M.I. amp

Stewart N. Nickel, M.D.

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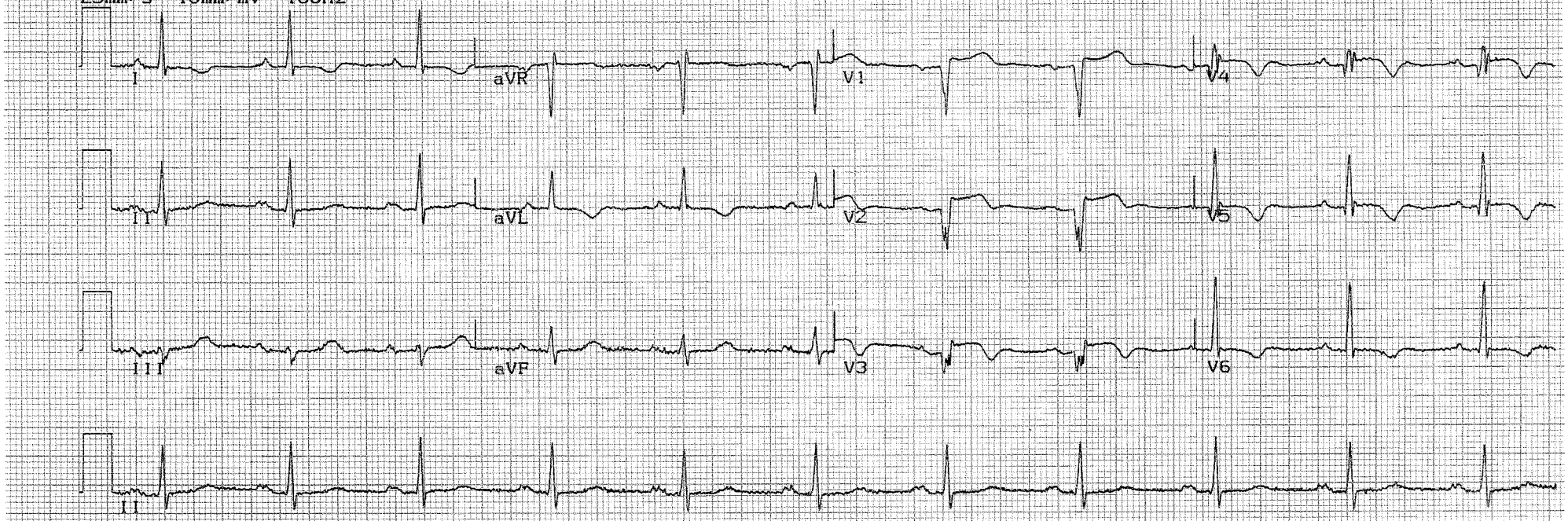
GRASSGREEN, ARTHUR ID: 21-MAY-93 19:05 MERIDIA HILLCREST HOSPITAL
25mm/s 10mm/mV 100Hz



GRASSGREE ARTHUR ID: 178749 22-MAY-93 [illegible])IA HILLCREST HOSPITAL

25mm/s
10mm/mV
100Hz
Pgm 107A
12SLtm v78
W

Mod:
54yr Ht: Wt:
Sex: M Race:
Loc: Room: CCW3

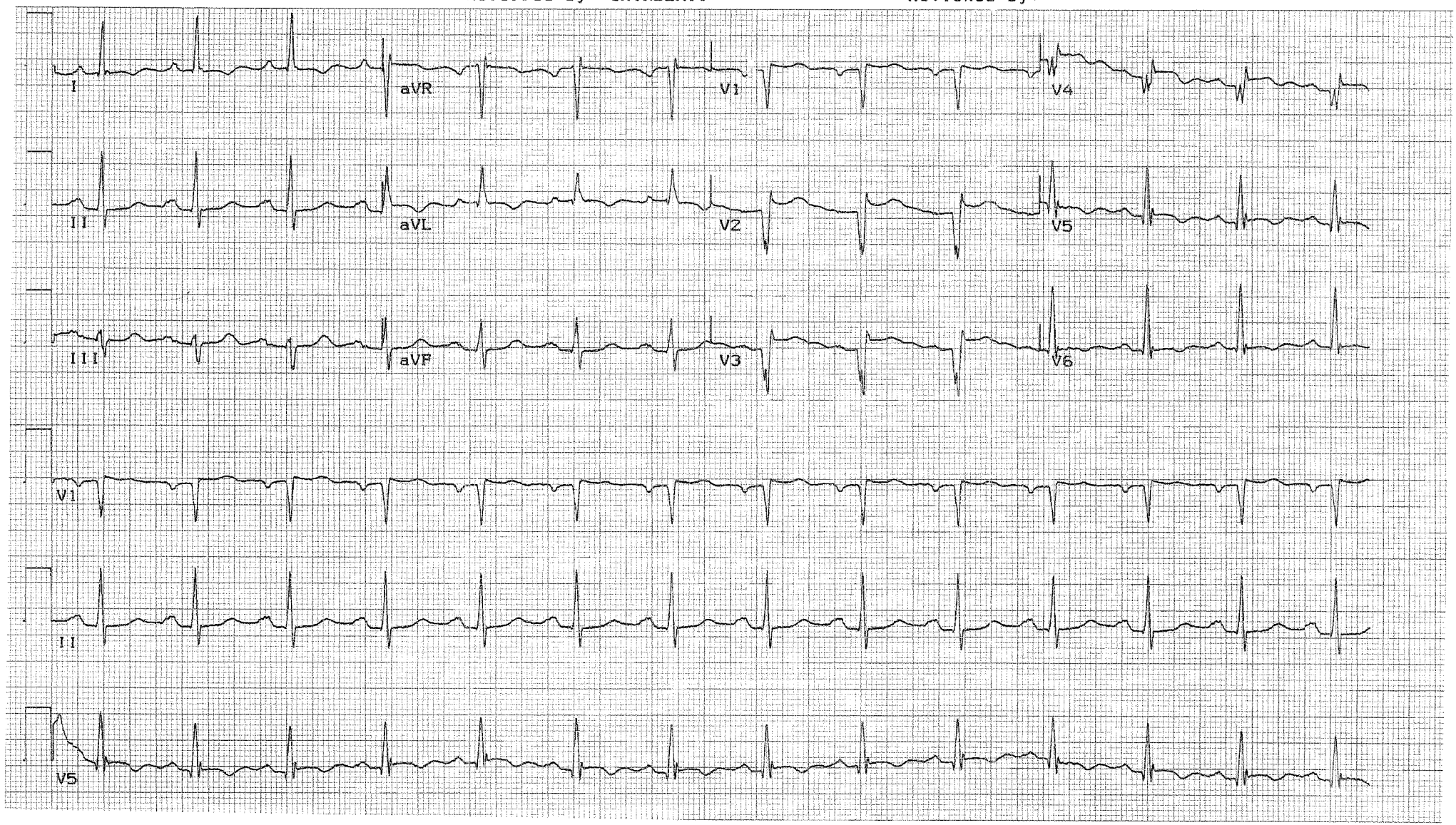
Vent. rate	83	BPM
PR interval	204	ms
QRS duration	104	ms
QT/QTc	364/424	ms
P-R-T axes	47 16	104

Sinus rhythm, rate 83/min. PR interval .20 seconds. QRS duration .10 seconds. QQ-waves in V1-V6 with ST elevation in V1-V5. Evolutionary changes of an acute anteroseptal wall M.I. amp

Stewart N. Nickel, M.D.

Referred by: GRINBLATT

Reviewed by:



GRASSGREEN, ARTHUR ID: 20-MAY-93 22:
Med: Coumadin, Isordil, Lopressor Tegretol
Age: 74 Ht: 65 Wt: 160
Sex: M Race: Caucasian
Loc: 6 Room: ER-2 CCU-3

Vent. rate	83 BPM
PR interval	212 ms
QRS duration	96 ms
QT/QTc	348/406 ms
P-R-T axes	61 28 115

Pgm 105C /104 Reviewed by:
Referred by:

NORMAL SINUS RHYTHM WITH 1ST DEGREE AV BLOCK
POSSIBLE LEFT ATRIAL ENLARGEMENT
RSR' OR QR PATTERN IN V1 SUGGESTS RIGHT VENTRICULAR CONDUCTION DELAY
ANTEROSEPTAL INFARCT, POSSIBLY ACUTE
T WAVE ABNORMALITY, CONSIDER LATERAL ISCHEMIA
ABNORMAL ECG

Sinus rhythm, rate 83/min. First degree AV block with a PR interval of .21 seconds. Q-waves in V1-V4 with ST elevation... Now on this EKG there are changes of an acute antero-septal wall myocardial infarction.

amp

Stewart N. Nickel, M.D.

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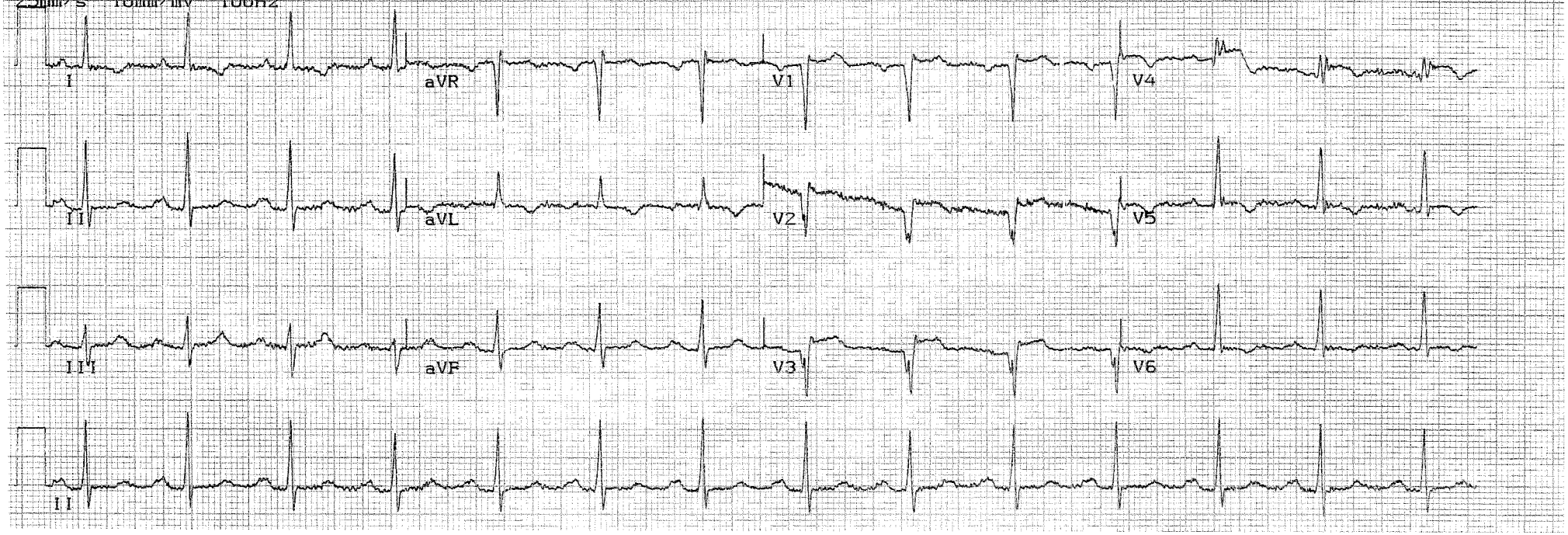
GRASSGREEN, ARTHUR ID: 178749 20-MAY-93 22:04 MERIDIA HILLCREST HOSPITAL (08)
25mm/s 10mm/mV 100Hz



NO 178749 DATE 11 19 86 @8:00am

67M RATE 75

AXIS PR .16

QRS .08 QT

RX Nitropaste, Lido, Lopressor

MD Dr. Ohanessian B/P 112/70 DX: M.I.

I AVR V1 V4
II AVL V2 V5
III AVF V3 V6
I II III RLF
V1-6

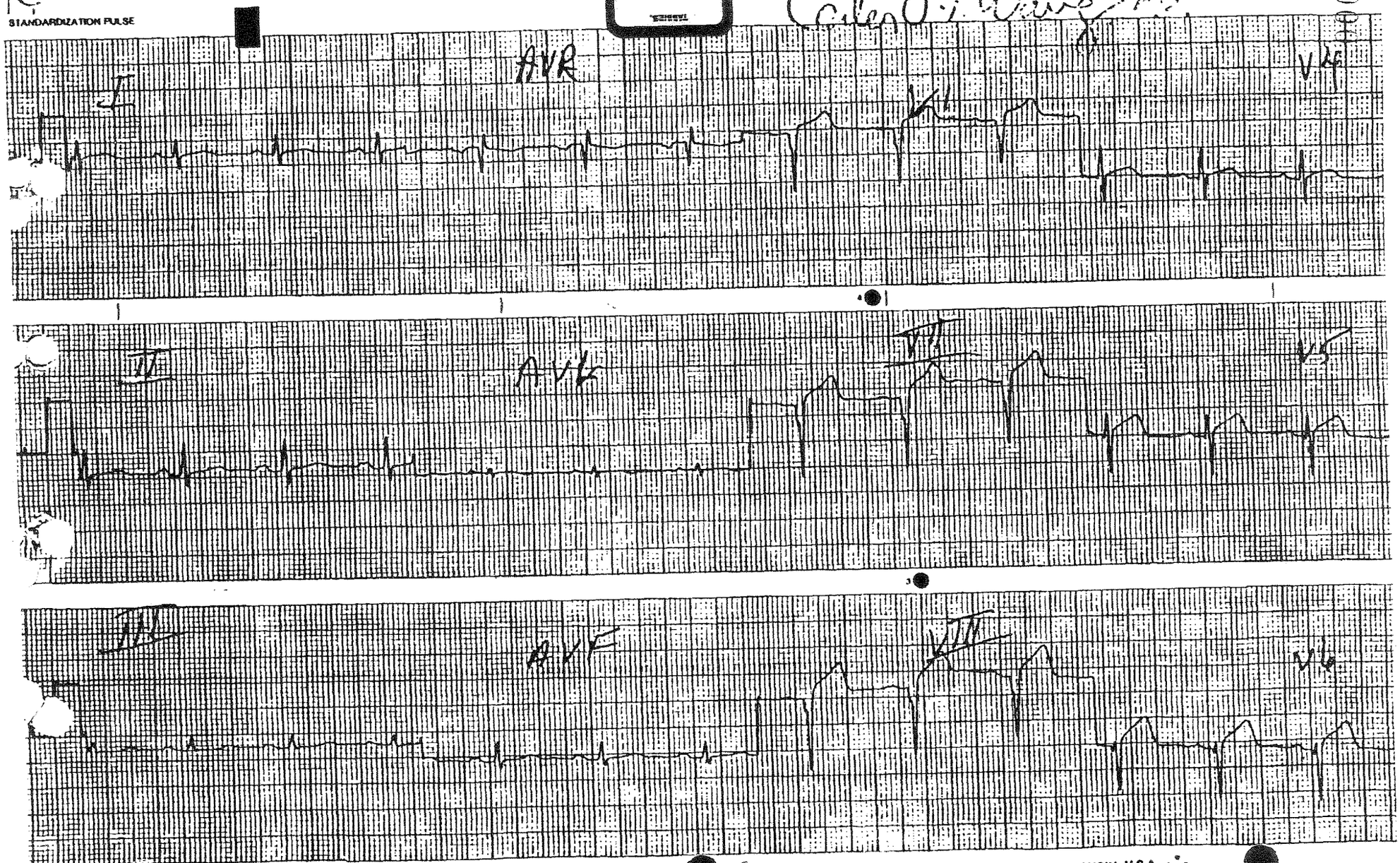
STANDARDIZATION PULSE

PLAINTIFF'S EXHIBIT 6 NICKEL

INTERPRETATION:
There have been moderate changes of the ST segments and T waves since 11/13/86. R waves is absent in leads V_2, and V_3.
SInus Rhythm with antero-septal wall myocardial infarction. The lateral precordial leads were misplaced please repeat the tracing.hb

Q

U-120



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