

DOC. 364

[illegible]

Abstract

(216) 771-8018
1-800-837-DEPO

1 APPEARANCES:

2
3 ON BEHALF OF THE PLAINTIFFS:

4 Charles Kampinski, Esq.

5 Christopher M. Mellino, Esq.

6 Law offices of Charles Kampinski Co., L.P.A.

7 1530 Standard Building

8 Cleveland, Ohio 44113.

9 ON BEHALF OF DEFENDANT DRS. SUNDARESH/MORTIMER:

10 Steven J. Hupp, Esq.

11 Jacobson, Maynard, Tuschman & Kalur

12 1001 Lakeside Avenue

13 Cleveland, Ohio 44114.

14 ON BEHALF OF THE DEFENDANT

15 METROHEALTH HOSPITAL FOR WOMEN:

16 Alan B. Parker, Esq.

17 Reminger & Reminger

18 The 113 Saint Clair Building

19 Cleveland, Ohio 44114-1273.

20 ON BEHALF OF THE DEFENDANT STANLY POST, M.D.

21 Patrick Murphy, Esq.

22 Jacobson, Maynard, Tuschman & Kalur

23 1001 Lakeside Avenue

24 Cleveland, Ohio 44114.

25 - - - - -

1

I_N_D_E_X

2

WITNESS:STANLEY POST, M.D.

3

Page

4

Cross-examination by Mr. Mellino

5

5

- - - - -

6

(NO EXHIBITS MARKED)

7

- - - - -

8

INDEX of OBJECTIONS

9

BY MR. MURPHY: PAGE/LINE PAGE/LINE

10

7/14

26/25

11

7/18

28/4

12

7/21

29/9

13

8/18

30/16

14

9/13

31/13

15

10/3

32/8

16

13/16

17

14/6

18

14/8

19

21/14

20

24/8

21

BY MR. PARKER:PAGE/LINE

22

24/19

23

27/1

24

29/10

25

- - - - -

1 STANLEY POST, M.D.

2 of lawful age, a defendant herein, called by the
3 plaintiffs for the purpose of cross-examination
4 pursuant to the Ohio Rules of Civil Procedure, being
5 first duly sworn, as hereinafter certified, was
6 examined and testified as follows:

7 - - - - -

8 **CROSS-EXAMINATION**

9 BY MR. MELLINO:

10 Q. Would you state your name, please, for the
11 record?

12 A. Stanley Post.

13 Q. Where do you live?

14 A. 26371 Shaker Boulevard.

15 Q. What city is that?

16 A. Beachwood.

17 Q. Before the deposition your attorney provided me
18 with a copy of your CV. I just have a few questions
19 about that.

20 What year did you graduate from the
21 University of Syracuse?

22 A. 1949.

23 Q. Then what years did you do an internship and
24 residency at Mount Sinai?

25 A. '49 to -- no, '53 to '57.

1 Q. Says you were re-certified in OB/GYN in 1979,
2 when were you originally Board certified?

3 A. I don't know. I have it on the wall. I don't
4 remember the exact date. I would assume soon after my
5 residency.

6 Q. Did you pass the test the first time you took
7 it?

8 A. Yes.

9 Q. Have you taken it since '79?

10 A. No, hasn't been given.

11 Q. Pardon me?

92 A. Hasn't been given.

13 Q. The test hasn't been given since '79?

14 A. No. Right.

15 Q. Well, is there some requirement of
16 re-certification?

17 A. No.

18 Q. Why did you become re-certified in '79?

19 A. Voluntarily.

20 Q. I don't understand your answer about the test
21 hasn't been given since '79.

22 Wow does a physician become certified
23 since then if it hasn't been given?

24 A. The re-certification test hasn't been given.

25 Q. It's a different test than the original test?

1 A. Sure.

2 Q. How often do they give the re-certification
3 test?

4 A. I have no idea.

5 Q. Are you still a clinical instructor at Case
6 Western Reserve University?

7 A. Yes.

8 Q. ~~How~~ often do you teach there?

9 A. Not very often now.

30 Q. Well, how often is that?

11 A. I used to go down once a week until about
12 two years ago. **Now** I just attend lectures from time
13 to time,

14 Q. You just attend lectures?

15 A. Yes.

16 Q. So you yourself don't actually teach there?

17 a. No.

18 Q. When is the last time you taught a class at Case
19 Western?

20 A. Approximately I would say two or three years
21 ago.

22 Q. What hospital. do you currently have privileges
23 at?

24 A. Hillcrest Hospital and Mount Sinai Hospital.

25 Q. When is the last time you did a delivery at

1 Mount Sinai?

2 A. Mount Sinai I haven't done for probably
3 three years.

4 Q. So Hillcrest is the primary hospital that you,
5 or is the only hospital you work out of right now?

6 A. Yes.

7 Q. What is the name of your practice currently?

8 A. Stanley Post & Associates.

9 Q. What doctors belong to that practice?

10 A. Stanley Post.

11 Q. How long have you practiced by yourself?

12 A. Approximately say about six or seven years now.

13 Q. Have you been sued before?

14 MR. MURPHY: Objection. You
15 can answer.

16 A. Yes.

17 Q. How many times?

18 MR. MURPHY: Objection.

19 A. I don't recall.

20 Q. When is the Past time?

21 MR. MURPHY: Objection.

22 A. The last time?

23 Q. Yes.

24 A. When we went to court, we won the suit, that was
25 when my old partner was sued.

1 Q. When was this?

2 A. Last year.

3 Q. Last year?

4 A. When we went to court. The suit was pending for
5 about ten years.

6 Q. What is the name of the case?

7 A. I'm trying to remember the name. The name of
8 the lawyer, the plaintiff's lawyer was Landskroner,
9 and the name of the case was -- I forgot the name of
10 the patient. The first name was Gladys.

11 We went to court and we won. It was
12 appealed and we went down to court again three years
13 later, and we won again.

14 Q. What was your partner's name?

15 A. Schneider and Pollack,

16 Q. Can you tell me what other cases you remember
17 being a defendant?

18 MR. MURPHY: Objection.

19 A. We went to court on a patient who had to have a
20 second D & C after a therapeutic abortion.

21 Q. Do you remember the name of that case, the
22 patient's name?

23 A. I think her name was Black,

24 Q. Do you remember the plaintiff's lawyer?

25 A. No.

1 Q. Do you remember what year that you went to court
2 in?

3 A. Probably I think about three or four years ago,
4 a guesstimate.

5 Q. Any others?

6 A. No.

7 Q. Not **just** that you went to court?

8 **a.** Where somebody presented a case?

9 Q. Yes.

10 A. Without going to court?

11 Q. Right. Where you were named a defendant in the
12 lawsuit?

13 MR. MURPHY: Objection.

14 A. I can't give the number. There were several
15 times we never went to court on.

16 Q. Can you give an approximate number?

17 A. No. If you need the exact number, I'm sure it's
18 available to you. I don't have a number. It would be
19 only a guess.

20 Q. Is it more than ten?

21 **a.** I think that information is available to you. I
22 don't have it at my fingertips.

23 Q. Do you remember who represented you in those
24 lawsuits?

25 A. P.I.E.

1 MR. MELLINO: Would y o have
2 that --

3 MR. MURPHY: Move to strike the
4 reference to P.I.E. Go ahead.

5 MR. MELLINO: Would you have
6 that information, Pat?

7 MR. MURPHY: I don't have it
8 now.

9 MR. MELLINO: You can provide it
10 to me, though.

11 MR. MURPHY: Try to.

12 BY MR. MELLINO:

13 Q. Have you been sued anywhere outside of Cuyahoga
14 County?

15 A. NO.

16 Q. How many cases have you testified as an expert
17 witness in a medical malpractice case?

18 a. A number.

19 Q. Do you have any idea what that number is?

20 A. I haven't reviewed the numbers. I can't give
21 you any kind of exact number; but I have testified,
22 yes.

23 Q. Would it be more than ten times?

24 A. No, not in court. I have testified, if you call
25 a deposition testifying, yes.

1 Q. You have given more than ten depositions as an
2 expert witness?

3 A. Yes.

4 Q. Do you have any idea what the number of cases
5 you reviewed is?

6 A. aver a period of 35 years?

7 Q. Is that how long you have been doing it?

8 A. That's how long I have been in practice.

9 Q. Have long have you been reviewing cases?

10 A. I would only guess somewhere between eight and
11 10 or 12 years.

12 Q. In those last eight to 10, eight to 12 years,
13 have you reviewed more than 50 eases as an expert
14 witness?

15 A. You are asking for numbers that I can't give you
16 any kind of reasonable degree of accuracy to.

17 Q. Do you keep records on the cases you reviewed?

18 A. What?

19 Q. Do you keep a record of the cases you reviewed?

20 A. Somewhat, yes.

21 Q. Where are those records?

22 A. At home, They certainly -- they don't represent
23 all of the cases that I reviewed, no.

24 Q. What kind of records do you keep?

25 A. The case until the case is solved or resolved.

1 Q. Do you keep a list of the cases?

2 A. Not -- no.

3 Q. So the records that you have at home are just
4 pending cases?

5 A. Pending cases.

6 Q. Can you give me an idea of how many pending
7 cases there are now?

8 A. Probably three or four.

9 Q. Would your income tax records reflect how many
10 cases you reviewed during that year?

11 A. The income from it?

12 Q. Yes.

13 A. Yes. Sure.

14 Q. How many cases have you reviewed this year,
15 calendar year 1992, as an expert witness?

16 A. You want approximations, I assume.

17 Q. Yes.

18 A. I would guess somewhere around eight or nine.

19 Q. How about for 1991?

20 A. I couldn't again give you a guess. I have to
21 look it up in our records.

22 Q. Well, if you reviewed eight or nine cases this
23 year, that would be an average of a case a month; is
24 that about standard?

25 A. You are taking that eight to nine as an absolute

1 number. That's not an absolute number. It's a very
2 big guess on it. It's not something that I spend my
3 primary time with. I can't give you the accuracy that
4 you'd like.

5 Q. Well, have you reviewed about the same number of
6 cases this year that you would normally review?

7 A. I would think so.

8 Q. Do you know the names of the cases that you have
9 pending right now that you are acting as an expert
10 witness?

11 A. Not offhand.

12 Q. Do you know the names of the attorneys you're
13 reviewing them for?

14 A. Yes.

15 Q. Who are they?

16 MR. MURPHY: Objection. I'm
17 going to instruct him not to answer that question on
18 the basis of confidentiality .

19 Q. Are you reviewing them for the plaintiffs or the
20 defendant?

21 A. Both.

22 Q. How many for the plaintiffs and how many for the
23 defendants?

24 A. I think probably about 25 percent for
25 plaintiffs, 75 percent for defense.

1 Q. Of the cases you have pending, how many are for
2 the defense?

3 A. Probably three out of four.

4 Q. Do you know the name of the plaintiff's attorney
5 that was involved in the pending case you have?

6 MR. MURPHY: Same instruction.

7 Q. How about for the defense?

8 MR. MURPHY: Again, I'll tell
9 Dr. Post not to answer the question.

10 MR. MELLINO: Where is the
11 privilege?

12 MR. MURPHY: It's confidential
13 as far as I am concerned. I think his review is
14 attorney work product. I'm not going to sit here and
15 allow him to breach that.

16 Q. Have you ever published any articles?

17 A. Yes.

18 Q. Do you have a list of the articles?

19 A. I believe we have a list.

20 Q. Where is it?

21 A. I don't know. We probably have it somewhere at
22 home. They haven't been done for years.

23 Q. When is the last time you have published
24 anything?

25 a. When I was in my third year of practice.

1 Q. That would have been 1960?

2 A. Somewhere around there.

3 Q. How many publications are there?

4 A. I think there were three.

5 Q. Do you know the names of them or what journals
6 they were published in?

7 A. Two of them were about hydatiform mole with
8 hydremia relapse, and the third was on ovarian
9 hormones. They were in the American College of
10 OB/GYN.

11 Q. When did you become affiliated with Booth?

12 A. I would think somewhere around 1960. 19 -- no,
13 when I first went out in 1958.

34 Q. When did your affiliation with Booth end?

15 A. When the hospital closed.

16 Q. What position or office did you hold at Booth?

17 A. I was Chief of Gynecology several years, then I
18 became Chief of Staff for several years.

19 Q. Do you remember the years?

20 A. No.

21 Q. Were you chief of the medical staff at all
22 during the '80s?

23 A. Must have been, yes.

24 Q. You don't recall what year you first became
25 chief of staff?

1 A. NO.

2 Q. What year did you cease being chief of staff?

3 A. I think the year before the hospital closed or
4 two years before the hospital closed.

5 Q. Why did you stop being chief of staff?

6 a. I had been chief of staff for ten years. It was
7 felt that we have a new chief of staff, Dr. Jayavant
8 became chief of staff.

9 Q. Well, did you resign, were you asked to step
10 down as chief of staff?

11 A. No. No. We have a vote I think every two or
12 three years, I don't recall the exact number, and this
13 last vote Dr. Jayavant became chief of staff.

14 Q. You don't recall when you first became chief of
15 staff?

16 A. The date, no.

17 Q. Not the date, the year?

18 a. No.

19 Q. Was it in the '70s?

20 A. You asked -- no.

21 Q. So sometime in the '80s?

22 A. You are asking me to guess at dates that I have
23 no idea, no recollection of exact dates.

24 Q. Were you chief of the medical staff in 1986?

25 A. Probably, but I don't know.

1 Q. How about in '90?

2 A. I don't know the exact time that Dr. Jayavant
3 became chief of staff.

4 Q. Do you know Dr. Shekar?

5 A. Yes.

6 Q. How do you know him?

7 A. He was the internist at Booth Hospital during
8 the time that E was on staff there.

9 Q. What were your duties as the chief of staff at
10 Booth? What were your responsibilities?

11 A. Usual, moderate the monthly meetings, discussion
12 of cases, and pending business.

13 Q. Did you have anything to do with credentialing?

14 A. Credentialing in terms of what each doctor was
15 permitted to perform, yes; in coordination with the
16 rest of the staff, yes. We would review doctors
17 credentialing for each procedure that they wanted to
18 do.

19 Q. So you would have been responsible for
20 credentialing Dr. Shekar for the over reading of EKG's
21 at Booth?

22 A. For the practice of internal medicine, that
23 would have been credentialing him, yes.

24 Q. But the question was: For over reading of the
25 EKG's at Booth?

1 a. I don't know if it would have been specifically
2 Lor that. It would have been specifically for the
3 practice of internal medicine, which would include the
4 reading of EKG's.

5 Q. Well, was there one physician at Booth that was
6 responsible for reading all the inpatient EKG's?

7 A. That Dr. Shekar was the only internist we had
8 at Booth, very small hospital. Only internist that we
9 had was Dr. Shekar. We needed somebody who could read
10 EKG's and he did them, the same way you would see with
11 anybody, with infectious diseases, or any kind of
12 medical problem, diabetes, heart disease.

13 Q. Well, he was given a separate contract for
14 reading the EKG's; are you aware of that?

15 A. Well, very peripherally.

16 Q. What does that mean?

17 A. That I really didn't take a big part in the
18 writing of any contraces. That was the hospital
19 business.

20 Q. But you were the one responsible for
21 credentialing him for that job?

22 A. Credentialing him for internal medicine, yes, by
23 all means.

24 Q. You knew that, I think by your prevrous answer!
25 that by him being credentialed in internal medicine,

1 that he would be the one reading the EKG's?

2 A. He not only would read EKG's, he would treat
3 diabetics or a heart disease, and those type of
4 things, even though it wasn't specifically mentioned
5 as part of his job; that would be understood that he
6 would know how to read EKG's.

7 Q. What was his qualification for reading the
8 EKG's?

9 A. The same qualifications that are required for
10 anybody who was Board certified in internal medicine,
11 the ability to read EKG's.

12 Q. Well, did you do anything to test his
13 qualifications to read EKG's?

14 A. No, not on that anymore so than tested his
15 ability to treat diabetics or infectious disease or
16 heart disease, all the province of internal medicine.

17 Q. Doctor, you keep referring to all these other
18 diseases, and my questions really aren't asking you
19 about that. I am asking or specifically interested in
20 his ability to read EKG's.

21 A. Did I test him on that?

22 Q. Yes.

23 A. I wouldn't be qualified to,

24 Q. So you didn't test him on that?

25 A. No.

1 Q. Did you check his qualifications to see what
2 training, experience he had in reading EKG's?

3 A. That, I knew because he read EKG's for my
4 patients for years before that.

5 Q. Did you ever do anything to determine the
6 accuracy of his reading of EKG's on your patients?

7 A. We never had a problem.

8 Q. For how long has he read EKG's on your patients?

9 A. For as long as he was in charge of doing EKG's
10 on pre-op patients.

11 Q. At the hospital, you mean?

12 A. At the hospital.

13 Q. But I assume if he would be doing it at the
14 hospital, he already would have been credentialed?

15 A. I am sorry. I don't understand.

16 Q. If he would have been doing it at the hospital
17 for your patients, he would have been, already been
18 credentialed?

19 A. Yes.

20 Q. Did you ever check into his credentials for
21 reading pediatric EKG's?

22 A. I never had occasion to.

23 Q. Well, when you say "Never had occasion to," you
24 were the one that was responsible for credentialing
25 him?

1 A. But there was never a problem. If he was Board
2 certified in internal medicine, good assumption that
3 he can read EKG's.

4 Q. Isn't there a Board certification in cardiology?

5 A. I wasn't aware of it.

6 Q. Of the Board certification?

7 A. That it's a requirement. I wasn't aware of it
8 being a requirement for reading EKG's.

9 Q. Well, are you aware that cardiologists read
10 EKG's?

11 A. Yes.

12 Q. Are you aware that they're better qualified than
13 internists to read EKG's?

14 MR. MURPHY: Objection.

15 a. I imagine endocrinologists are more qualified to
16 control diabetics, but internal medicine doctors can
17 do -- can take care of diabetics.

18 Q. If you would just answer my question, this will
19 go a lot quicker,

20 Are you aware of the fact that
21 cardiologists are better qualified to read EKG's than
22 internists?

23 A. Probably.

24 Q. Was there ever a cardiologist on staff at Booth?

25 A. Not to my knowledge.

1 Q. Do you know who Dr. Krall is?

2 A. Yes.

3 Q. Who is he?

4 A. He read EKG's prior to Dr. Shekar.

5 Q. What was he Board certified in?

6 A. Internal medicine.

7 Q. He was not a cardiologist?

8 A. Not that I know of.

9 Q. Did you credential Dr. Krall?

10 A. Not that I am aware of.

11 Q. How often would doctors have their credentials
12 or have their privileges -- how often would they be
13 reviewed to determine whether or not --

14 a. I don't remember exactly.

95 Q. Was it every year, every two years?

16 A. You are asking me to remember exactly. I don't
17 remember exactly.

18 Q. Do you remember Dr. Shekar had already been
19 credentialed for reading the EKG's prior to your
20 becoming chief of staff?

21 A. No. No, I don't remember.

22 Q. If you were chief of staff in 1986, you would
23 have reviewed his credentials though prior to 1990,
24 correct?

25 A. Probably.

1 Q. I'm sorry. I don't remember your answer about
2 did you check into his qualifications for reading
3 pediatric EKG's?

4 A. I certainly don't remember.

5 Q. You don't remember checking into his
6 qualifications for that?

7 A. No.

8 Q. Was Dr. Shekar supposed to be reading pediatric
9 EKG's as part of his duties at Booth?

10 A. I have no idea.

11 Q. Well, was he responsible for reading all the
12 inpatient EKG's?

13 A. Was he responsible for reading inpatient EKG's?

14 Q. Yes.

15 A. Yes.

16 Q. What about EKG's that were done on an outpatient
17 basis, would he also be responsible for reading those?

18 A. I have no idea about that.

19 Q. Who would know about that?

20 A. I suppose the administration.

21 Q. Did you ever send an outpatient for EKG?

22 A. No.

23 Q. Who at Booth was responsible for ensuring that
24 children in the newborn nursery received appropriate
25 care?

1 A. I suspect the chief of pediatrics.

2 Q. Who was that?

3 A. I don't know. I don't recall.

4 Q. In the time that you were chief of staff at
5 Booth, did you ever deny anybody privileges at Booth?

6 A. Yes.

7 Q. How many times?

8 A. I can't even give you a guess.

9 Q. Do you remember the names of any of the
E0 physicians?

11 A. Not offhand.

12 Q. How was it they were denied, for what reasons?

13 A. If their credentials or qualifications did not
I4 come up to standard we set.

15 Q. Well, why is it that you were checking into
16 their qualifications and credentials and you weren't
17 checking into Dr. Shekar's?

18 MR. MURPHY: Objection.

19 MR. PARKER: Objection.

20 A. Anybody who applied for privileges had to send
21 us documents credentialing their past experience and
22 training. If there wasn't an adequate credentialing,
23 then we cannot give them privileges until that came
24 through. In many instances it never came. We never
25 received adequate documentation of theirs.

1 Q. What was required to obtain privileges at Booth?

2 A. Well, first place, Board certification would
3 have been very helpful in a given field.

4 Q. It would have been helpful, but not required?

5 A. No. Or Board qualified, would be qualified
6 would be necessary, yes.

7 Q. Anything else?

8 A. I don't recall the details. I'm sure they are
9 available to you in the records of Booth, but I don't
10 recall the more specific details.

11 Q. Where would they be contained?

12 A. I suppose at the hospital.

13 Q. Well, is there some document within the hospital
14 bylaws or --

15 A. I have no idea.

16 id. Well, weren't you the one responsible for
17 credentialing the physicians?

18 A. Only if I had to see what was presented as to
19 their past training, if that was certified by a Board,
20 and their training was documented, then I would
21 credential it, yes.

22 Q. Wouldn't you refer to whatever the standards are
23 to determine whether or not they met the standards --

24 A. Not that I recall.

25 id. -- of the credentialing?

1 You never referred to whatever
2 document at is you are telling me they would be
3 contained in?

4 a. No. My work was principally in conducting the
5 meetings and reviewing the work of the month that was
6 done by each doctor. It was not an administrative.

7 Q. When doctors -- how often do they have to
8 re-apply for privileges?

9 A. I don't recall.. I'm sure it's in the bylaws,
10 but I don't recall.

11 Q. When they re-apply, what would be looked at to
12 determine whether or not their privileges would be
13 retained?

14 A. Their past records for the period of time since
15 the last credentialing.

16 Q. What records?

17 a. Work as to what they had done in the hospital,
18 whether they have had problems. The -- it's a small
19 hospital, we would have known if there were problems.

20 Q. Well, did you know of any problems with
21 Dr. Shekar?

22 A. No.

23 Q. Did you know that he was not qualified to read
24 pediatric EKG's?

25 MR. MURPHY: Objection.

1 MR. PARKER: Objection.

2 A. No.

3 Q. Did you ever ask him?

4 A. Ask him about reading pediatric EKG's?

5 Q. If he was qualified to read pediatric EKG's?

4 A. We never had occasion to have that come up as an
7 issue.

8 Q. You had a division of pediatrics there, you told
9 me before?

10 A. Yes.

11 Q. And he was the one that was responsible for
12 reading all inpatient EKG's?

13 A. Yes.

14 Q. So if an EKG was done on a pediatric patient, ne
15 would be the one that would read it, correct?

16 A. I can't remember an occasion when an EKG was
17 done on a pediatric patient at Booth Hospital.

18 Q. Well, Doctor, if you just answer my question,
19 I'd appreciate it,

20 That is: If there was an EKG done on
21 a pediatric patient, he would be the one that would
22 read it?

23 A. I am not aware of that.

24 Q. Well, if he was the one that was responsible for
25 reading all the inpatient EKG's and you had a

1 pediatric patient that was an inpatient that had an
2 EKG done on him, then he would be the one who would
3 read it?

4 MR. MURPHY: Objection. He
5 just answered the question and said he wasn't aware of
6 any.

7 A. I wasn't aware that he would be doing that.

8 Q. Who else would do it if it wasn't him?

9 A. Maybe he would send it out to a pediatric
10 cardiologist. I don't know.

11 Q. Well, is that what he should do?

12 A. No. I think that would be his discretion.

13 Q. You never asked him whether or not he was
14 qualified to read a pediatric ERG?

15 A. Never asked him once.

16 Q. Why wasn't there a cardiologist on staff
17 at Booth?

18 A. There was no cardiologist on staff.

19 Q. Why not?

20 A. The hospital serviced obstetrical patients and
21 gynecological patients. There was rarely any need for
22 any cardiologist on the staff.

23 Q. Were there cardiologists that applied for
24 privileges at Booth during the time you were chief of
25 staff?

1 A. Mot 'chat I am aware of.

2 Q. Was the possibility of sending out the EKG's to
3 a cardiologist to be reviewed ever discussed?

4 A. No.

5 Q. If Dr. Shekar was not qualified to read EKG's,
6 then that would -- that would have been your
7 responsibility as the one who gave him the credentials
8 to do that, correct?

9 MR. MURPHY: Objection.

10 MR. PARKER: Note my objection,
11 also.

12 A. I don't understand the question. If he were not
13 qualified?

14 Q. Competent.

15 A. If he were not qualified?

16 Q. Competent to read EKG's?

17 A. Competent? if he -- if he were not competent,
18 it would have been my Job, I would have to know that
19 he was not competent.

20 Q. Well, it was your responsibility for determining
21 whether he was competent or not, correct?

22 A. That's why I found out he was Board certified
23 and knew he was competent to read EKG's.

24 Q. Well, you are equating Board certification in
25 internal medicine with being competent to read EKG's?

1 A. Yes.

2 Q. Assume that that correlation doesn't exist for
3 the purpose of answering my question, I want you to
4 assume Dr. Shekar was not competent to read EKG's,
5 then it was your responsibility and you're the one
6 that is responsible for him being in the position to
7 read EKG's at the hospital3

8 A. You're asking me to assume something that was
9 not true in fact.

10 Q. 'That he is not competent?

11 A. Yes.

12 Q. Well, that may be true or may not be true. I
13 just want you to assume that it is true.

14 You were the one that was responsible
15 for putting him in a position to read EKG's, correct?

16 MR. MURPHY; Objection. He
17 said there was a staff that was involved in doing
18 credentialing.

19 A. Staff also reviewed. But regardless of that,
20 you are asking me to assume that he was not competent
21 and he had every credential to suggest that he was.

22 Q. When you say there was a staff involved, you
23 were the head of that staff, correct?

24 A. Yes.

25 Q. So you were the one ultimately responsible for

1 the credentialing of the hospital?

2 A. Yes.

3 Q. And you were the one that was responsible for
4 putting Dr. Shekar in charge of reading the EKG's at
5 Booth Hospital in the 1980's?

6 A. Myself and the board of trustees.

7 Q. So you're the only one ultimately responsible
8 for ensuring his competency to read EKG's?

9 A. Yes.

10 Q. If relying on Board certification in internal
11 medicine is determined not to be an appropriate way to
12 do that, then you would be responsible for that?

13 NR. MURPHY:: Objection.

14 Q. Correct?

15 A. No. You have two negatives in there. I wish
16 you would re-submit the question.

17 Q. You relied on him being Board certified in
18 internal medicine, in other words, when you gave him
19 the qualifications to read EKG's?

20 A. Yes.

21 Q. If that was the wrong thing to do, in other
22 words, the correlation doesn't exist that a person is
23 competent to read EKG's by virtue of being Board
24 certified in internal medicine, and it turns out that
25 Dr. Shekar even though he is Board certified in

1 internal medicine is not competent to read EKG's,
2 that's your responsibility, correct?

3 a. It would be my responsibilities, but I don't
4 know how I would even suspect that that would be true.

5 Q. Did you assume that Dr. Shekar was competent to
6 read pediatric EKG's based on his being Board
7 certified in internal medicine?

8 MR. MURPHY: Objection.

9 A. We never had a pediatric EKG discussion, never
10 came up as an issue.

11 Q. Did you know that EKG's were being done on
12 pediatric patients at Booth?

13 a. No.

14 Q. Was there anything prohibiting --

15 A. I cannot --

16 Q. Let me finish my question.

17 Was there anything prohibiting EKG's
18 being done on pediatric patients at Booth?

19 A. I doubt it.

20 Q. Was there anything at the hospital prohibiting
21 Dr. Shekar from reading pediatric EKG's --

22 A. No.

23 Q. -- at the hospital?

24 What was your relationship with
25 Dr. Sundaresh?

1 A. He was a pediatrician on staff.

2 Q. Was he part of the staff that credentialed
3 Dr. Shekar?

4 A. I don't remember.

5 Q. Well, did he ever have anything to do with
6 credentialing while he was at Booth?

7 A. As a chief of pediatrics, I suspect that he
8 would be.

9 Q. When was he chief of pediatrics?

10 A. I don't recall.

11 Q. Was he chief of pediatrics in '89 and '90?

12 A. I just told you I don't recall,

13 Q. Did you have anything to do with credentialing
14 Dr. Sundaresh?

15 A. I would suspect so, but I don't recall
16 specifically, no.

17 Q. Did you check into his qualifications or
18 competency to treat children with Down syndrome when
19 you --

20 a. Board certified pediatrician, I suspect that he
21 will be qualified.

22 Q. Well, did you do anything to check into his
23 competency?

24 A. I don't recall.

25 Q. Are there any records kept of the credentialing

1 process?

2 A. I suspect so*

3 Q. Do you know who would have those?

4 A. NO.

5 Q. What was your relationship with Dr. Shekar?

6 A. He was an internal medicine doctor on our staff.

7 Q. Did you have any relationship with him outside
8 of that?

9 A. I would call him in on consultation on patients
10 who had medical problems relative to admission to the
11 hospital.

12 Q. Did he refer his internal medicine patients to
13 you who became pregnant?

14 A. No.

15 Q. Did you have anything to do with -- have you
16 ever treated Kim Stevens?

17 A. Not that I recall.

18 Q. Did you as a chief of staff impose any
19 prohibition on other members of the staff for having
20 EKG's done at Booth on pediatric patients?

21 A. Repeat that.

22 Q. Did you as chief of staff impose any prohibition
23 on the other members of the staff for having EKG's
24 done on pediatric patients?

25 A. I really don't understand the question.

1 Q. Did you tell the other members of the medical
2 staff not to have pediatric -- or EKG's done on
3 pediatric patients at Booth?

4 a. No.

5 Q. Did you tell the other members of the staff not
6 to have Dr. Shekar read pediatric EKG's since you had
7 not done anything to determine his competency in that
8 area?

9 A. No.

10 Q. Why not?

11 A. Never came up as an issue. I can't recall any
12 kind of even remote discussion on that issue.

13 Q. Well, weren't you as chief of staff responsible
14 for raising these issues?

15 A. That issue, no.

16 Q. What about standard of care issues?

17 A. Standard of care issues would have referred to a
18 thousand and one different minutia an internal
19 medicine man might cover, and it never came up as an
20 issue.

21 Q. Were you responsible as chief of staff for
22 raising standard of care issues at the hospital?

23 a. Yes.

24 Q. Was there ever a policy at the hospital for
25 EKG's to be done on a newborn with Down syndrome?

1 A. Not that I can recall.

2 Q. Are you aware of the need for that?

3 A. Need for what?

4 Q. For an EKG to be done on a child born with
5 Down syndrome in the newborn period?

6 A. Pediatrician would be better qualified to answer
7 that. I couldn't answer that.

8 Q. So you are not aware of that need, or you are'?

9 A. I would refer to a pediatrician.

10 Q Well, Doctor, you're either aware of the need
11 for that or you --

12 A. No, I would be aware of the possibility and
13 you'd have to ask a pediatrician if it came up as an
14 issue.

15 Q. Did you ever ask a pediatrician about it?

16 A. Never came up as an issue.

17 Q. Well, it is your responsibility to raise
18 standard of care issues?

19 A. Yes.

20 Q. You never raised that as an issue?

21 A. No.

22 Q. Who would you have discussed it with?

23 A. Pediatrician.

24 Q. Who?

25 A. The head of pediatrics.

1 Q. Who?

2 A. That would have been Dr. Sundaresh.

3 Q. How many Down syndrome children has
4 Dr. Sundaresh ever taken care of?

5 A. I have no idea.

6 Q. You don't know if he ever treated any?

7 A. Yes.

8 Q. But you don't know how many?

9 A. NO.

10 Q. Has it been more than one?

11 A. I would suspect so.

12 Q. Do you know one way or the other?

13 A. No.

14 Q. You **just** know of one?

15 A. Yes.

16 Q. This one?

17 A. No, I had a patient myself with Down syndrome.

18 Q. When was this?

19 A. I don't recall. Several years back.

20 Q. Dr. Sundaresh treated that patient?

21 A. Yes.

22 Q. For how long?

23 A. I have no idea.

24 Q. Did the patient have a heart defect?

25 A. I have no idea.

1 Q. Do you know what happened to the patient?

2 A. No.

3 MR. MELLINO: I don't have any
4 other questions. Thank you, Doctor.

5 THE WITNESS:: Good.

6 MR. PARKER: No questions.

7 MR. HUPP: No question6.

8 MR. MURPHY: If it's ordered!

9 send me a copy.

10

11

- - - - -

12

13 (Deposition concluded; dot signature waived.)

14

15

- - - - -

16

17

18

19

20

21

22

23

24

25

ERRATA-SHEET

PAGE

LINE

I have read the foregoing transcript
and the same is true and accurate.

STANLEY POST, M.D.

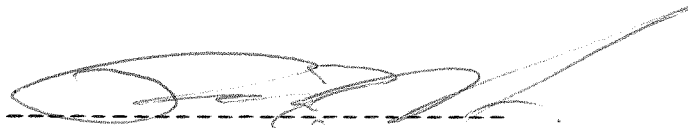
1 The State of Ohio, :

2 County of Cuyahoga. :

CERTIFICATE:

3 I, Frank P. Versagi, Registered Professional
4 Reporter, a Certified Legal Video Specialist, a Notary
5 Public within and for the State of Ohio, do hereby
6 certify that the within named witness,

7 STANLEY POST, M.D. was by me first duly sworn to
8 testify the truth in the cause aforesaid; that the
9 testimony then given was reduced by me to stenotypy in
10 the presence of said witness, subsequently transcribed
11 onto a computer under my direction, and that the
12 foregoing is a true and correct transcript of the
13 testimony so given as aforesaid. I do further certify
14 that this deposition was taken at the time and place
15 as specified in the foregoing caption, and that I am
16 not a relative, counsel, or attorney of either party,
17 or otherwise interested in the outcome of this action.
18 IN WITNESS WHEREOF, I have hereunto set my hand and
19 affixed my seal of office at Cleveland, Ohio, this
20 21st day of September, 1992.

21
22 

23 Frank P. Versagi, Registered Professional Reporter,
24 a Certified Legal Video Specialist, Notary
25 Public/State of Ohio. Commission expiration: 2-25-93.