AKRON CLINIC
PROGRESSIVE • QUALITY HEALTH CARE

INTERNAL MEDICINE
R A Beggs M D (Pulmonary Disease)
G W Mabee M D (Gastroenterology)
I J Meli M D
S M Oyakawn M D
W T Reed M D
I R Reisberg M D (Gastroenterology)
R K Seidel M D
R P White Jr, M D (Pulmonary Disease)
N D Wing M D

CARDIOLOGY
E D Schpiechman M D

ADMINISTRATION
C T Hardy, III, Administrator
M B Rosenthal

DERMATOLOGY
B E Elewski, M D

OBSTETRICS AND GYNECOLOGY
R J Shalowitz, M D
J F Zebari, M D

ORTHOPAEDIC SURGERY
T R Thompson, M D

OTOLARYNGOLOGY
R A Wyers, M D
S J Steinberger, M D (Facial Plastic Surgery)

UROLOGY
L. D. Arbuckle, M D
J. D. Chulik, M D

GENERAL SURGERY
M A Gallagher, M D
M T Jaroch, M D

RADIOLOGY
S C Mariano, M D

August 2, 1988

Doc. 402

Mr. Richard Strong
Roetzel & Andress
75 East Market Street
Akron, Ohio 44308

Dear Mr. Strong:

I have evaluated all of the records submitted to me in the case of Terrance Bennett versus St. Thomas Hospital et al. These records include:

1. Deposition of Hector Malave, M. D.
2. Deposition of John R. Desmarais, M. D.
3. Deposition of George P. Mortier, M. D.
4. Answers to various interrogatories
5. Medical records from St. Thomas Hospital for both July and August 1986.
6. Medical opinion written by Dr. Hadley S. Morgenstern-Clarren dated May 5, 1987.
7. Medical opinion mitten by S. Edward Davis, M. D. dated January 22, 1988.
8. Medical opinion written by Samuel L. Portman, M. D. dated June 10, 1987.
9. Autopsy report on Debra L. Bennett by William A. Cox, M. D. dated August 26, 1986.

This patient had had two previous pregnancy losses and had had a previous cervical cerclage done in 1984. She then had a repeat cerclage procedure done on July 12, 1986 as properly indicated without any immediate problems. Unfortunately, she underwent spontaneous rupture of membranes on August 24, 1986 and as was proper was admitted to the hospital and had a consult with a perinatologist. At that point there was no evidence of infection and it was perfectly reasonable to observe the patient closely. I have had several such patients in my own practice and followed them in exactly the same way without any significant complications.

However, at 3 PM on August 25, fetal demise was noted and the appropriate decision was made to remove the suture and affect delivery of the uterine contents, This was done by 5:45 PM that same day. I consider this to be done in a perfectly timely manner and do not agree with the fact that there was an unnecessary delay in removing this stitch, nor do I feel that it would have made any difference if the suture had been removed 1 to 2 hours earlier than it was. Pitocin induction of labor was then given which was certainly appropriate, Unfortunately, the patient quickly began showing signs of infection, Appropriate consults were obtained with Dr. Lavin and Dr. Myers and the patient was delivered vaginally within a very short time by 8 PM. This was certainly the appropriate mode of vaginal delivery since there was evidence of infection at the time,

Unfortunately, the patient, in spite of appropriate treatment, progressed to a very rapid and fulminant sepsis and shock resulting in death at approximately 1 AM on August 26, 1988.

Although there was always a chance af infection in this type of situation, the infection does not usually progress so rapidly that nothing *can* be done about it as it did in this case. In other words, I feel that this patient had a very unusual fulminant sepsis to which she herself had for some reason little or no resistance resulting in a disease process that occurred so rapidly that no treatment was successful in reversing its course. I strongly believe that this would have occurred no matter what course of action was taken in the Care of this patient. I do not believe that removing the suture a few hours or even one day sooner would have made any difference whatsoever. In addition, it should be noted that the autopsy report showed severe coronary artery disease with 70 to 80% occlusion of the left anterior descending coronary artery, a finding which would have to be considered quite unusual in a patient this young. It certainly is possible that her underlying coronary artery disease played a roll in her body's apparent total inability to fight this infection.

In conclusion, I feel that the care given to this patient was completely acceptable and consistent with good medical practice. The fulminating infection occurred sq rapidly that no alteration in timing, either of removal of the stitch or emptying of the uterine contents, would have made any difference in the eventual outcome of this unfortunate patient. I would be willing to testify to these opinions,

Sincerely yours,

Robert J. Shalowitz, M. D.
Department of OB, GYN

RJS/jh