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IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

TANYA PEARCY, etc., et al.)
Plaintiffs,
vs) Case No. 318874
OHIO PERMANENTE MEDICAL)
GROUP, et al.)
Defendants.)

- - - - -
TELEPHONE DEPOSITION OF GHASSAN S. SAFADI, M.D.
MONDAY, NOVEMBER 29, 1999
- - - - -

The deposition of GHASSAN S. SAFADI, M.D.,
the Witness herein, called by counsel on behalf
of the Plaintiff for examination under the
statute, taken before me, Vivian L. Gordon, a
Registered Diplomate Reporter and Notary Public
in and for the State of Ohio, pursuant to
agreement of counsel, at the offices of Reminger
& Reminger, The 113 St. Clair Building,
Cleveland, Ohio, commencing at 3:25 o'clock p.m.
on the day and date above set forth.

1 APPEARANCES:

2

3 On behalf of the Plaintiff
4 Becker & Mishkind
5 BY: HOWARD D. MISHKIND, ESQ.
6 Skylight Office Tower Suite 660
7 Cleveland, Ohio 44113

8

9 On behalf of the Defendant Cleveland Clinic
10 Foundation
11 Reminger & Reminger
12 BY: JAY M. KELLEY, ESQ.
13 The 113 St. Clair Building
14 Cleveland, Ohio 44114

15 On behalf of the Defendant Ohio Permanente
16 Medical Group
17 Reminger & Reminger
18 BY: MARC GROEDEL, Esq.
19 The 113 St. Clair Building
20 Cleveland, Ohio 44114

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1 MR. MISHKIND: Before we begin the
2 deposition, but on the record, let it reflect
3 that any formalities with regard to the discovery
4 deposition of Dr. Safadi are being waived.

5 We have the court reporter here in
6 Ohio. Dr. Safadi is in Lebanon, and we are all
7 here at Reminger & Reminger's office taking the
8 deposition by speaker phone.

9 THE WITNESS: Excuse me. I am
10 actually in Jordan, not in Lebanon.

11 MR. MISHKIND: Sorry, doctor.

12 THE WITNESS: Okay.

13 MR. MISHKIND: I knew you weren't in
14 Cleveland, Ohio.

15 Do we have an agreement with regard to
16 any defects?

17 MR. KELLEY: Yes.

18 MR. GROEDEL: Yes.

19 MR. MISHKIND: Doctor, my name is
20 Howard Mishkind and I am going to have the court
21 reporter administer an oath to you and then we
22 will begin the deposition.

23 THE WITNESS: Okay.

24 - - - - -

25

1 GHASSAN S. SAFADI, M.D., a witness
2 herein, called for examination, as provided by
3 the Ohio Rules of Civil Procedure, being by me
4 first duly sworn, as hereinafter certified, was
5 deposed and said as follows:

6 EXAMINATION OF GHASSAN S. SAFADI, M.D.

7 BY-MR. MISHKIND:

8 Q. Doctor, would you please state your
9 name.

10 A. Ghassan Safadi.

11 Q. And for the record, where are you
12 located currently?

13 A. I am in Amman, Jordan.

14 Q. Doctor, I am going to be asking you a
15 series of questions concerning your involvement
16 in the care of Nikayyla Percy.

17 If I ask you anything that you don't
18 understand, would you tell me that you don't
19 understand it, and I will rephrase the question.

20 A. I will.

21 Q. Also, I will respect you in terms of
22 permitting you to finish your answer. Do the
23 same for me. Especially with the telephone
24 speaker phone as it is, I don't want to cut you
25 off and I would ask that you not cut me off.

1 A. Okay.

2 Q. Thank you very much.

3 A. You are welcome.

4 Q. Would you tell me, first, where are
5 you currently employed?

6 A. I am employed at the University of
7 Jordan as an assistant professor of pediatrics
8 and allergy immunology.

9 Q. And what country are you a citizen of?

10 A. Jordan.

11 Q. How long were you in the United
12 States?

13 A. From 1989 until 1997.

14 Q. When you left in 1997, did you go back
15 to Jordan?

16 A. Yes.

17 Q. Now, obviously I am going to be asking
18 you questions concerning the emergency room
19 treatment on May 29 and the early morning hours
20 of May 30, 1995 for Nikayyla Percy. You
21 understand that, don't you?

22 A. Yes, I do.

23 Q. Doctor, have you had your deposition
24 taken before?

25 A. No.

1 Q. From 1989 to 1997, could you just very
2 briefly trace for me what you were doing in the
3 U.S.?

4 A. Yes. I came in 1989 and I did my
5 three year pediatric residency at The Cleveland
6 Clinic. After that I did one year of, I was the
7 chief resident in pediatrics again at The
8 Cleveland Clinic. After that, I did three years
9 of fellowship in allergy immunology at The
10 Cleveland Clinic also, for one extra year. I was
11 at that point trying to work out if I was going
12 to stay in the States or come back to Jordan with
13 regard to the visa issue.

14 Q. In 1995, what was your status with
15 regard to your training?

16 A. At that time I had already finished my
17 pediatric residency. I was board certified in
18 pediatrics as of 1992, and at that point, I was
19 in my second year of fellowship in allergy
20 immunology at The Cleveland Clinic.

21 Q. When in 1997 did you return to Jordan?

22 A. On June 1st.

23 Q. Prior to June 1st, where were you
24 working?

25 A. I was working at that point, basically

1 moonlighting at The Cleveland Clinic and at
2 Kaiser Emergency Ambulatory Care while I was
3 finalizing my paperwork for the visa.

4 Q. Just for curiosity purposes, nothing
5 more, when you say you were trying to finalize
6 your papers, what exactly do you mean?

7 A. The Cleveland Clinic at that point had
8 what they called a waiver application to allow me
9 to stay in the United States and be on their
10 staff. That did not work out.

11 Q. Why is that, doctor?

12 A. The waiver has to be issued by the
13 Health and Human Services and they did not
14 approve it.

15 Q. Do you know why it wasn't approved?

16 MR. KELLEY: Note an objection.

17 A. The basis for that waiver would have
18 to be what you would describe as an absolute
19 necessity for that person to complete the
20 research that's being done; that no one else can
21 replace him, that he is indispensable, and we
22 failed to provide a case for that.

23 Q. You say you were moonlighting at The
24 Cleveland Clinic and at Kaiser in 1997?

25 A. 1997, I had employment authorization

from the Immigration Services, so I was able to work at those places. Prior to that I could only work at The Cleveland Clinic.

Q. So on May 29, 1995, which is the date in question concerning baby Nikayyla Pearcy, you were employed by The Cleveland Clinic Foundation?

A. That's correct.

Q. Had you been employed at any time before May 29, 1995 by Kaiser or Ohio Permanente Medical Group?

A. Yes, I was.

Q. At what time and in what capacity?

A. I do not recall the exact dates, but sometime in '92 -- '91, '92 as a pediatric covering for them in their ambulatory care setting.

Q. Do you remember which facility you worked at?

A. I worked at the Bedford facility at that point.

Q. Doctor, before we talk about that evening and your involvement in the care, it's my understanding that you've been provided with a copy of the records from Nikayyla Pearcy's emergency room visit and the treatment that she

1 received the night of May 29 and the early
2 morning of May 30, 1995; is that correct?

3 A. That's correct.

4 Q. What else, if anything, have you
5 reviewed in preparation for the deposition?

6 A. I reviewed the medical records that
7 were sent me. That was it.

8 Q. And did I identify the only records
9 that you've reviewed?

10 A. That's correct.

11 MR. KELLEY: I think he may have the
12 autopsy.

13 MR. MISHKIND: That was my next
14 question.

15 Q. Have you seen the autopsy for this
16 baby?

17 A. That is also included in the records
18 that were sent to me, yes.

19 Q. And is this the first time that you
20 have seen the autopsy?

21 A. Yes.

22 Q. Besides the autopsy, and the records
23 from the emergency room, any other records that
24 you have seen on Nikayyla Pearcy?

25 A. No.

1 Q. For example, have you seen any of the
2 records from the day that she was born, from the
3 hospital that she had been transferred to
4 following her birth?

5 A. I'm sorry, this is the package that I
6 have and it does have the birth records, it does
7 have the labor and delivery, the emergency visit
8 and the autopsy report.

9 Q. Okay. Are there any other records
10 that you have on Nikayyla other than what you
11 have just identified?

12 A. No.

13 Q. Any medical literature that you have
14 reviewed or been provided concerning this case?

15 A. No.

16 Q. When you left then in 1997 -- strike
17 that.

18 When was the last time that *you* worked
19 as an employee at The Cleveland Clinic after
20 May 29 or May 30, 1995?

21 A. It was again just before I returned to
22 Jordan in June '97.

23 Q. But you were also doing some
24 moonlighting for Kaiser?

25 A. Yes. That's correct.

Q. So you were an employee of The Cleveland Clinic, and when you weren't working for The Cleveland Clinic, you were working for Kaiser?

A. That's correct.

Q. Did you have any type of a contract with Kaiser?

A. Yes.

Q. Do you know, was that an independent
10 contractor agreement?

A. I don't remember that, but that was
11 only between the period, I think, of January
12 through May of that year.
13

Q. January through May of '97, okay.
14

Prior to January of 1997, had you done
15 any moonlighting at any time in '95 or '96 or '97
16 for Kaiser?
17

A. No.
18

Q. Now, you have had a chance to study
19 the records; correct?
20

A. Yes.
21

Q. Do you remember Nikayyla Percy?
22

A. Yes.
23

Q. Tell me what it is that you remember
24 about this case.
25

A. I remember I was working at The Cleveland Clinic side of the emergency that night when a call came from one of the nurses there. Her name was Anne Marie.

Q. Anne Marie?

A. Yes.

Q. I'm sorry, go ahead, doctor, I may have cut you off. Go ahead.

A. She called me and she said, we have a
10 sick baby here. We would like you to come in.

11 My response was that I am working for
12 The Cleveland Clinic, I do not work for Kaiser;
13 you need to call the pediatric people from The
14 Cleveland Clinic side. She said, we understand,
15 I just need you to take a look and maybe help
16 with this baby.

17 So I went over and I remember seeing
18 that baby looking what I would describe as a very
19 sick child and with obvious respiratory
20 distress. She had obvious retractions and an
21 abnormal pattern of breathing, which usually
22 indicates impending respiratory distress.

23 So at that point, the physician was
24 bagging the child and was in the preparation for
25 incubation for that baby. My role was to attempt

to start an IV line on that baby and we attempted multiple times, unsuccessfully, and then we went for the intraosseous, and I remember attempting that at least twice, probably three times.

We did get some sort of a line in the femoral area. I'm not sure how good the line was there, but that's what my role was in that care.

Q. Okay. Now, doctor, the things that you have just said to me, are these items that you remember independent of the record?

A. Yes.

Q. How is it, if you can tell me, that you remember the details as clearly as you have just stated from an event that occurred four and a half years ago?

A. Well, I do not like to see patients die, and very few patients that I know of died. This was one of them. And I guess for some reason, those patients you tend to remember.

Q. Have you recorded on any personal notes anywhere any recollection of the events, other than what is in the hospital record?

A. No.

Q. In other words, did you have any notes that you marked down at the time of this event

1 that you kept that you have referred to at any
2 time since then?

3 A. Absolutely not.

4 Q. Were you required to give any type of
5 statements to anyone from The Cleveland Clinic or
6 from Ohio Permanente relative to any of the
7 events that occurred on May 29, 1995 or the early
8 morning of May 30, 1995?

9 MR. KELLEY: Objection. Doctor, hold
10 on one second before you respond.

11 THE WITNESS: Okay.

12 MR. KELLEY: You are not to give any
13 sort of peer review or quality assurance type
14 information, or any statements that you would
15 have given to me as the lawyer representing you
16 in The Cleveland Clinic.

17 If there is a statement outside of a
18 peer review or a quality assurance or myself, you
19 can feel free to answer that.

20 Q. Doctor, even before you answer that,
21 let's go back to my question, which all I asked
22 you was whether you gave any statements. I am
23 not asking you to give me the substance of that.
24 We will go to that next question and deal with
25 that issue.

1 I just want to know since May 29 or
2 May 30, have you given any statements to anyone
3 affiliated with The Cleveland Clinic or
4 affiliated with Ohio Permanente or Kaiser?

5 MR. KELLEY: The same objection. You
6 can answer.

7 THE WITNESS: I can answer?

8 MR. KELLEY: Yes.

9 A. The only time this case was brought to
10 my attention was --

11 MR. KELLEY: Doctor, all you can say
12 is yes or no to the question. I don't want you
13 to give any substance, in case you did have this
14 type of a discussion.

15 Other than me, did you talk to
16 anybody?

17 THE WITNESS: No.

18 Q. Now, you started to say the only time
19 that you had any conversation --

20 A. Was with Jay Kelley.

23 Q. That's fine. You were not required to
22 appear at any type of a formal or informal
23 meeting at The Cleveland Clinic or at Kaiser
24 relative to the events that occurred in this
21 death?

1 MR. KELLEY: Objection. You can
2 answer.

3 Q. Go ahead, doctor.

4 A. I do not remember being asked to do
5 that, no.

6 Q. Okay. Now, you mentioned the name
7 Anne Marie that called you.

8 How do you know that somebody by the
9 name of Anne Marie called you?

10 A. Anne Marie is a nurse that worked at
11 The Cleveland Clinic side many times while I was
12 working there. So she knew me more personally,
13 and that's when she called me based on those
14 reasons.

15 Q. So Anne Marie was working in the
16 emergency room on The Cleveland Clinic side?

17 A. Not that night.

18 Q. Where was she working?

19 A. At the Kaiser emergency.

20 Q. Do you know what Anne Marie's last
21 name is?

22 A. I do not remember.

23 Q. But your testimony, doctor, is that
24 Anne Marie called you from the Kaiser side and
25 asked if you could provide some assistance, as

you stated before?

A. That's correct.

Q. Can you tell me what time you arrived in the emergency room on the Kaiser side?

A. I do not recall the time except from looking at the notes that I have in front of me and from the nurses notes.

Q. Did you actually -- I'm sorry, did you actually record anything in the chart, doctor?

10 A. No, I did not.

11 Q. Okay.

12 A. And the reason is, I wasn't, you know
13 -- I was there to help only.

14 Q. Before arriving in the emergency room
15 on the Kaiser side, did you talk to the emergency
16 room doctor?

A. No.

18 Q. And your testimony is that the
19 emergency room doctor was in the process of
20 intubating the baby when you arrived?

21 A. Yes, as far as I remember.

22 Q. Had he already finished the process of
23 intubation or was he in the process of inserting
24 the endotracheal tube?

25 A. I do not remember seeing the insertion

1 of the endotracheal tube.

2 Q. Do you have any recollection of any
3 discussion that was occurring relative to the
4 size of the endotracheal tube that was being used
5 by the doctor?

6 A. Absolutely not. There was no
7 discussion.

8 Q. Do you know what size endotracheal
9 tube was used?

10 A. The only time I knew was when I read
11 the notes just a few weeks ago. Before that I
12 had no knowledge of the size of the tube.

13 Q. Do you know whether or not the
14 pediatric crash cart that's maintained in the
15 emergency room at Kaiser has endotracheal tubes
16 with a diameter greater than 2 millimeters?

17 A. I would not know. I did not see the
18 crash cart.

19 Q. Is a 2 millimeter endotracheal tube
20 commonly used to intubate a three-week-old
21 neonate?

22 MR. KELLEY: Objection. You can
23 answer.

24 MR. GROEDEL: I'll object.

25 A. No.

1 Q. What is the usual size that is used to
2 intubate a neonate in an emergency setting that
3 is in severe respiratory distress?

4 MR. KELLEY: Continuing objection.

5 A. 3.5 millimeter.

6 Q. Did you assist at all, from your
7 recollection or from what you can gather from the
8 record, in the process of intubating the baby?

9 A. I did not assist.

10 Q. So is it fair to say that the
11 responsibility for selecting the size or diameter
12 endotracheal tube and the responsibility for
13 actually intubating the patient was that of the
14 emergency room physician?

15 A. Yes.

16 Q. Now, doctor, can you tell me from your
17 independent recollection whether there were any
18 other physicians present in the emergency room on
19 the Kaiser side when you arrived?

20 A. I don't remember. I do not remember
21 anybody else.

22 Q. You were working in The Cleveland
23 Clinic emergency department that evening?

24 A. Yes.

25 Q. Why is that?

1 A. I was their pediatric emergency
2 coverage for moonlighting.

3 Q. What does moonlighting mean? Maybe I
4 am not totally clear on that term from a medical
5 standpoint.

6 A. Well, it is -- from the fellowship
7 training or the residency training, I am a full
8 licensed pediatrician that is working for
9 pediatric patients on The Cleveland Clinic
10 side --

11 Q. Your employer, however --

12 A. -- for independent pay for them.

13 Q. I am sorry -- for independent what?

14 A. Pay. You get paid independently for
15 the hours you work when you work there.

16 Q. Who did you consider your employer?

17 A. The Cleveland Clinic.

18 Q. Okay. Were you physically assigned to
19 work in the emergency department that evening on
20 The Cleveland Clinic side?

21 A. Yes.

22 Q. I take it from your previous answer to
22 me relative to the diameter of the endotracheal
24 tube that you do not know why a 2 millimeter
2E endotracheal tube was used to intubate this baby?

1 A. Yes.

2 Q. Did anyone ever explain to you at that
3 time or in the context of the treatment of the
4 baby why a 2 millimeter endotracheal tube had
5 been used?

6 A. No. I did not know a 2 millimeter
7 tube was used at that time.

8 Q. There has been testimony that shortly
9 after the endotracheal tube was inserted that an
10 X-ray was taken to verify the position of the
11 endotracheal tube. Is that fairly customary to
12 do that?

13 A. Yes.

14 Q. And what's the purpose of that?

15 A. To localize the position of the tube.

16 Q. I'm sorry, doctor, to do what?

17 A. To localize the position of the tip of
18 the tube.

19 Q. Do you have any recollection of being
20 present when the X-ray was taken to determine the
21 position of the tube?

22 A. No.

23 Q. Doctor, according to the record that I
24 have in front of me and hopefully you have in
25 front of you, the baby's temperature was 96.8

1 rectally. Does that seem to appear in the record
2 that you have to be the fact?

3 A. Yes.

4 Q. Would you agree that a temperature of
5 96.8 rectally is consistent with a child that is
6 hypothermic?

7 A. It is a low temperature, but I
8 wouldn't -- no, not necessarily hypothermic.

9 Q. I'm sorry, it's a low temperature but
10 what?

11 A. Not necessarily hypothermic in that
12 sense. So I would look for below 96 probably to
13 be more of a hypothermic.

14 Q. I'm sorry, doctor, go right ahead.

15 A. It is a low temperature.

16 Q. Would you expect that there would be a
17 repeat temperature taken at some time to verify
18 the temperature?

19 A. I would expect, yes.

20 Q. And that's to verify whether or not
21 the child is hypothermic; correct?

22 A. Correct.

23 Q. Do neonates tolerate hypothermia
24 well?

25 MR. KELLEY: Objection. You can

answer.

A. No.

Q. Would you agree that if hypothermia is left untreated, it can lead to significant morbidity and even death?

A. Yes.

Q. When a neonate is hypothermic, how do they compensate for that?

A. They start producing, to produce
10 energy internally, which is by nonaerobic
11 mechanisms.

12 Q. So they increase their metabolic rate;
13 is that correct?

14 A. That's correct.

15 Q. And their respiratory rate?

16 A. That goes with it.

17 Q. Okay. Do you know what the standard
18 of care was back in 1995 in terms of treating a
19 neonate that has hypothermia in terms of
20 correcting that condition?

21 MR. KELLEY: I am only objecting,
22 Howard, because he did not agree with you that
23 this was hypothermia, so I don't know if you want
24 to qualify and say 96.8.

25 MR. MISHKIND: No.

1 MR. KELLEY: Go ahead, doctor, you can
2 answer.

3 A. Yes, one of the most important causes
4 for hypothermia is to look for, to try to treat
5 -- those would be an infection in the neonate.
6 So hypothermia is a manifestation of sepsis in
7 newborns. And not just necessarily fever, they
8 also present with hypothermia.

9 Q. Is a dextrose stick one of the tests
10 that are used to determine unexplained
11 hypothermia?

12 A. Yes.

13 Q. Doctor, I understand that when you
14 arrived -- strike that.

15 Can you tell from looking at the
16 record, or I should say more clearly, is the time
17 reflected in the record as to when it was that
18 you arrived?

19 A. I saw my name mentioned around 2252 or
20 2250.

21 Q. Okay. And you don't have any reason
22 to believe, do you, that you were there any
23 earlier than that, do you?

24 A. No.

25 Q. So if the record is correct and the

child was triaged at 2215, and you arrived at 2250, that's 5-0, you have no explanation for what was going on with this child between those two time periods, do you?

A. Just looking back at the records, these are the sources of information that I see, which -- yes.

Q. The emergency room doctor, had you ever worked on a case with him?

10 A. No.

11 Q. Had you ever met him before?

12 A. No.

13 Q. Any encounters with him since May 29,
14 1995?

15 A. No.

16 Q. Can you picture him in your mind?

A. Not well, no.

18 Q. The record suggests, doctor, that you
19 attempted to obtain a pulse ox reading; is that
20 correct?

21 A. I'm not sure if I was the one
22 attempting that.

23 Q. The record suggests that, doesn't it?

24 MR. KELLEY: I'm just going to
25 object. I think that's a separate line, Howard,

but he can --

A. Yeah, I don't remember actually taking the pulse oximeter reading myself at that time.

Q. You are not suggesting that you didn't, you just don't have any recollection one way or another?

A. I don't remember.

Q. Okay. Do you see the entry that I am referring to?

10 A. Yes.

11 Q. Now, it may be that it says, quote,
12 Dr. Safadi is here. And then the next line,
13 unable to obtain pulse ox reading may be
14 independent of your note.

15 I'm assuming that you attempted to
16 obtain the pulse ox reading. I may be correct, I
17 may be incorrect.

18 A. No, I don't think -- I don't remember
19 doing it. And looking at the notes here, it is a
20 separate line with separate timing on it.

21 Q. Do you have any explanation whether
22 you did or did not obtain or attempt to obtain a
23 pulse ox reading as to why that was not
24 obtainable?

25 MR. KELLEY: Objection. You can

1 answer.

2 A. What I remember about this baby is it
3 had very cold extremities, and when you have poor
4 circulation or poor perfusion in the extremities
5 is when you are unable to obtain a pulse oximeter
6 reading.

7 Q. Doctor, I want to take one step back
8 for a moment. The issue of your coming over to
9 the emergency room, you have told me about your
10 conversation with Anne Marie.

11 Before you physically left The
12 Cleveland Clinic side and went over to the Kaiser
13 side, did you obtain permission from anyone on
14 The Cleveland Clinic side to do what you did?

15 A. No.

16 Q. Had you ever had occasion to go over
17 and assist someone on the Kaiser emergency room
18 side like you were doing that evening?

19 A. No.

20 Q. When you left the emergency room on
21 The Cleveland Clinic side, who remained available
22 to do what you had previously been doing on The
23 Cleveland Clinic side?

24 A. I remember a physician assistant that
25 might have been there.

1 Q. And what was that physician
2 assistant's name?

3 A. Gosh, I do not remember.

4 Q. Fair enough.

5 Doctor, as we talk about it, obviously
6 you remember some things independent of the
7 record. Feel free to tell me what you remember
8 independently.

9 If you simply don't remember
10 something, because it's either not reflected in
11 the record, or your memory is void of any
12 recollection, just tell me, okay?

13 A. Sure.

14 Q. The fact that the child's pulse ox
15 reading could not be obtained, whether you did or
16 didn't get it yourself, was that an indication
17 that the child was likely hypoxic?

18 A. No. For one reason. I remember that
19 the child's extremities, despite being cool, they
20 were still pink, indicating good oxygenation.

21 Q. So the child clearly was not in
22 respiratory failure at that time?

23 A. The child was intubated, I believe, at
24 that time, but by definition, you would call it
25 respiratory distress.

Q. When according to your memory, or the record, or both, did you attempt to obtain IV access?

A. I recollect trying to obtain IV access the minute I arrived there, and that is typically what I have been involved in.

Q. There is a note, doctor, at 2320 that a blood sample was drawn by peds. Do you see that?

10 A. Yes.

11 Q. Would you have been the ped that was
12 drawing the blood?

13 A. I would believe so. Many times we can
14 draw blood but we cannot get the line to go and
15 that's probably what happened.

16 Q. Was this venous or arterial?

17 A. I don't remember.

18 Q. Why would blood have been drawn at
19 that time?

20 A. I believe to be sent for routine labs
21 for electrolytes, for CBC, for blood culture,
22 depending what amount they received.

23 Q. You were able to get a blood draw at
24 that time; correct?

25 A. Again, as far as I remember. I know

reading from the notes, probably me, but I don't know for sure.

Q. Why wasn't an IV started at the same time that the blood was drawn?

A. Probably the blood was drawn by dripping from the side of the IV attempt, but no IV could be established in that baby.

MR. KELLEY: I am just objecting because the record right below it says IV started.

10

MR. MISHKIND: It says IV access started.

11

12

MR. KELLEY: IV access still not working, below that.

13

14

THE WITNESS: That's probably what happened. You know, the blood was taken down, the IV was connected but it never really worked.

15

16

Q. All right. Again, just as we talked about different lines, I am talking about where it says blood sample drawn by peds, then it says, intraosseous IV access started.

18

19

20

21

A. Oh, yes.

22

Q. Do you see that?

23

A. Yes.

24

Q. And I am saying that when the blood

25

1 sample was drawn, why wasn't there an IV access
2 established at that time?

3 (Mr. Groedel left the room.)

4 A. Well, technically, when you start to
5 try to attempt to establish IV access, frequently
6 you would be able to get the blood for, you know,
7 blood count, CBC, electrolytes from that same
8 line, but many times you would not be able to get
9 the IV fluids to flow into that line. It's a
10 technical problem more than anything else.

11 Q. Do you specifically recall the
12 physical process of doing the blood draw; whether
13 it was an attempt to establish IV access, or
14 independent of attempting to establish the IV
15 access, do you remember that process?

16 A. No, I do not.

17 Q. Do you have any knowledge as to how
18 many attempts, if any, had been made to obtain IV
19 access prior to your doing the blood sample draw,
20 according to the record?

21 A. I do not remember.

22 Q. Would you agree that certainly IV
23 access would be attempted first before you
24 proceed to an intraosseous line?

25 A. Yes.

1 Q. And then if an intraosseous line
2 fails, what is the next standard measure to
3 employ in trying to establish a line?

4 A. Trying to do a cutdown surgically.

5 Q. Was there, from what you recall or
6 from what is documented in the record, any
7 consideration about doing a cutdown procedure?

8 A. As I remember, yes. I remember a
9 pediatric surgeon, senior resident was there.

10 Q. Do you remember who that was, sir?

11 A. I remember his first name is Joe, and
12 I can't recall his last name, but I know he got
13 married at a point to one of our pediatric
14 residents and her name is Lisette LeBrun.

15 Q. Could you help us with the spelling of
16 either of the names or both?

17 A. Lisette L-I-S-E-T-T-E and the last
18 name LeBrun, L as in Larry, E space, B as in boy
19 R-U-N. And I could be off on the spelling.

20 Q. Okay. The surgeon, was this a
21 Cleveland Clinic employee?

22 A. Yes.

23 Q. His name is not reflected anywhere in
24 the records, so I am certainly hearing about this
25 for the very first time.

1 Can you tell me what, if anything, you
2 remember the pediatric surgeon saying about the
3 possibility of doing a cutdown?

4 A. No, I cannot remember that. I can
5 remember his face.

6 Q. Okay. He was there, but did he
7 specifically -- was he consulted by you, for
8 example, on whether or not a cutdown should be
9 performed?

10 A. I do not remember.

11 Q. Did he indicate that a cutdown should
12 not be performed?

13 A. I don't remember him saying anything
14 like that.

15 Q. Do you remember what, if anything, he
16 did other than being present physically?

17 A. I do not remember.

18 Q. A cutdown is a surgical procedure;
19 correct?

20 A. Correct.

21 Q. Is that something that you were
22 qualified to do?

23 A. No.

24 Q. Doctor, there is a lab report that
25 hopefully you have in your records provided by

1 Mr. Kelley concerning the blood that was
2 collected at 2336.

3 A. Yes.

4 Q. And the results are noted, they are
5 crossed out and there is an indication to
6 disregard the results. Do you see that lab
7 report?

8 A. Yes.

9 Q. Now, as best as I can tell -- and
10 certainly correct me if you disagree with me --
11 it would appear that this report relates to the
12 blood sample that was drawn at or around the time
13 that's designated by blood sample drawn by peds?

14 MR. KELLEY: Objection. You can
15 answer if you know.

16 A. I do not know.

17 Q. Do you see any indication of any other
18 blood draws that were attempted at any time after
19 the note that we have just talked about up until
20 approximately 12:25 a.m.?

21 A. I'm sorry, can I answer on the first
22 part here?

23 Q. Answer whatever part you want to.

24 A. Okay. Looking at the lab results, the
25 blood gas was disregarded because sample

1 identified, the time there is 2336, the timing
2 where it says bad sample drawn at 2320, that's
3 about 16 minutes, and for blood gases it's
4 usually, you know, they should show the exact
5 time of the sample drawn on the form sent. It is
6 almost instantaneous. So 15 minutes doesn't
7 coincide with that.

8 Q. Okay. Let me ask you a couple
9 questions on that then. Is there any record that
10 you see at all of the results from the blood
11 sample that was drawn at 2320?

12 A. Not in the records that I have.

13 Q. And we then have something reported at
14 2336, which according to the record there is no
15 indication that any further blood samples were
16 drawn at or around that time; correct?

17 A. Not in the notes, correct.

18 Q. And whether that was venous or
19 arterial, the blood results would tell you and
20 others a lot of important information about the
21 child's metabolic status; correct?

22 A. Yes, except I did not follow any of
23 the results on this patient. You know, I didn't
24 see any of those results at the time I was there
25 or afterwards.

1 Q. Whose responsibility would it be to
2 make sure that the blood that is drawn is
3 promptly reported so that appropriate steps can
4 be taken to act upon those results?

5 A. I am not sure I understand the
6 question.

7 Q. Whose responsibility was it in the
8 emergency room to act upon the results of the
9 blood sample that was drawn? In other words,
10 whose responsibility was it to get the results to
11 the lab and then whose responsibility was it to
12 make sure that those results were communicated
13 back to the folks in the emergency room so that
14 measures could be taken to treat the baby's
15 condition?

16 MR. KELLEY: Just note an objection.
17 You can answer.

18 A. I don't recall in that case who was
19 responsible for any of those you mentioned.
20 However, on a standard care, the blood when it's
21 drawn, the format is it's taken by the emergency
22 senior nurses or by the physician and they are
23 sent to the lab and the lab usually will send
24 them back. And if there is an obviously abnormal
25 result, they usually will call in the results to

the peds that ordered the lab test.

Q. When does the lab report reflect that these results that were disregarded or told to be disregarded, when were the 2336 collection results, when were they available? When were the results available, according to the record?

A. According to the record I have?

Q. Yes, sir.

A. I would not be able to tell in which
10 one it is reflected because there is not one with
11 the same timing on it.

Q. So from what you are seeing, you have
12 no explanation for what happened with the 2320
13 blood sample; correct?
14

A. Correct.
15

Q. You have no explanation for what --
16

A. Not from the record, I do not have any
18 explanation. However, many times samples are
19 rejected for being severely hemolyzed, obtained
20 through a difficult line.

Q. Obtained through a what, doctor?
21

A. Difficult. When we started an IV
22 access, if it was from -- again this is all
23 extrapolation of what could have happened -- if
24 they had a difficult IV access, you got a few
25

drops of blood, and many times the blood is hemolyzed and not possible.

Q. But going back to my question, as it relates to the hospital record, the 2320 blood sample that was drawn, there is nothing after that time to reflect whether the result was adequate or inadequate for testing purposes; correct?

A. Yes, that's correct.

10 Q. And as to where this sample that is
11 supposedly drawn at 2336, you have no explanation
12 for how that relates to the time line, if you
13 will, in the emergency room record, because there
14 is no indication that a blood draw or blood
15 sample was done at 2336 on this baby; correct?

16 A. That's correct.

Q. Are blood gases important in treating
18 a baby that is in respiratory distress or
19 respiratory arrest?

20 A. Yes.

21 Q. Does there appear to be any effort on
22 the part of anyone to obtain blood gases at any
23 time on this baby prior to 12:39 a.m.?

24 MR. KELLEY: Just note an objection.
25 You can answer.

1 A. According to the record, I don't see
2 any.

3 Q. Do you have any explanation for why
4 that is?

5 A. I do not know. Again, you mentioned
6 before whether the blood samples drawn initially
7 was arterial or not. I would not know that
8 either.

9 Q. There is a reference to a Dr. Velez
10 V-E-L-E-Z as part of the peds staff. Do you know
11 Dr. Velez?

12 A. I recollect Dr. Velez. I am not sure
13 she was one of the staff at that time, but one of
14 the pediatric residents, unless I am mistaken on
15 that.

16 Q. Do you have any recollection of having
17 any encounters with Dr. Velez in the emergency
18 room that late evening or early morning?

19 A. **No.**

20 (Mr. Groedel entered the room.)

21 Q. When you arrived in the emergency
22 room, you indicated that you attempted two or
23 three intraosseous insertions?

24 A. Yes.

25 Q. Were you asked by the emergency room

1 doctor to provide some assistance with regard to
2 establishing an intraosseous line?

3 A. I do not recall specifically, but I
4 know he was there when I was trying to establish
5 that.

6 Q. Would it likely have been that he
7 asked you to do that?

8 A. I do not recall him requesting me to
9 do an intraosseous, but to help with the IV
10 access.

11 Q. And do you have --

12 A. And we couldn't get -- I'm sorry.

13 Q. That's okay, you go right ahead.

14 A. When we could not get IV access by the
15 usual methods, we went for, as it should be, for
16 the intraosseous.

17 Q. Doctor, can you tell me, however, how
18 many IV accesses before trying the intraosseous
19 route were attempted?

20 A. I do not remember the exact number,
21 but I would say nothing less than three or four
22 times.

23 Q. Did *you* personally --

24 A. Including --

25 Q. Go ahead, doctor.

1 A. Including femoral attempts.

2 Q. Now, did you specifically, you
3 personally attempt to establish a femoral line?

4 A. Yes.

5 Q. Is that recorded anywhere in the
6 chart?

7 A. Yes.

8 Q. What time is that recorded at?

9 A. I don't think there was a time. It
10 wasn't in the nurses notes.

11 MR. KELLEY: Howard, I think it's in
12 the late entry. It says right groin line and
13 multiple intraosseous attempts.

14 THE WITNESS: Yes.

15 Q. Doctor, what time do you recall or is
16 it recorded in the record as to what time the
17 femoral line access was attempted?

18 A. No.

19 Q. Looking at the record that corresponds
20 with the time 2325, it looks like there was an IO
21 needle that -- it looks like it says,
22 discontinued, and then attempted IO needle left
23 leg. Do you see that?

24 A. Yes.

25 Q. Were you involved in discontinuing one

IO and then attempting to put the IO needle in the left leg?

A. I don't remember exactly, but I think one of the IO needles -- the fluid was pushed in and it was coming through the other hole in that leg.

Q. And why is that?

A. That happens with intraosseous attempts. You get the fluid coming in one end, coming through the other hole from the previous.

10 Q. When were you successful in
11 establishing IV access?
12

13 A. I do not recall the timing of that
14 femoral line, and I am not sure if I was the one
15 or the other surgery resident was the one. I
16 cannot remember that.

Q. Does the record reflect when IV access
18 was successfully obtained?

19 A. At 2353, according to the record,
20 femoral access by M.D., left femoral access by
21 M.D. -- and then normal saline, I think, patient
22 IVT and that's not clear in terms of the numbers
23 as to the rates.

24 Q. There doesn't appear to be any attempt
25 at that time, at least according to the record,

to do any type of arterial or venous lab on the blood at that point, does there?

A. Not according to the record, although we have results from those times.

Q. Well, actually we have results -- we don't have results at 2353. The first result you have is at 12:39 a.m.; correct?

A. Yes. In terms of the blood gases. The one before says 12:39 a.m.

10 Q. Do you have any explanation for why
blood gases were not obtained between 12:53 a.m.
12 and -- I'm sorry, 11:53 p.m. and 12:39 a.m.?

13 A. No. I do not remember the child,
14 however she looked pink throughout the procedure.

15 Q. Certainly IV access is critical to
16 properly treat this baby; correct?

A. Absolutely.

18 Q. Is there any indication that you see
19 in the record or that you recall that any attempt
20 was made after IV access was obtained to check
21 the baby's glucose levels?

22 A. One of the results at 0028 on the 30th
23 which shows glucose of 10 milligrams.

24 Q. That's a very serious glucose reading;
25 is it not?

1 A. That's correct. And it indicates on
2 the record that it was called in. So somebody
3 took that. The initials J.B.

4 Q. Is that a condition that needed to be
5 treated?

6 A. Yes. Depending, again, at what stage
7 the baby -- whether that was during the
8 resuscitation or not.

9 Q. The baby was alive at that time;
10 correct?

11 A. Let me check.

12 (Pause.)

13 A. That was a resuscitation effort for
14 the first time after the baby received
15 epinephrine five times or more or actually listed
16 six times here. And CPR was started. That was
17 after this. That was after the first arrest.

18 Q. But the baby was still alive; correct?

19 A. Yes.

20 Q. Were you at all involved in managing
21 the respiratory status of this child?

22 A. No.

23 Q. Do you recall Dr. Siker, the
24 anesthesiologist?

25 A. I recall seeing him coming in there,

1 and establishing, I think, a subclavian. I
2 remember him there.

3 Q. Do you recall Dr. Siker reintubating
4 the baby, removing the 2 millimeter endotracheal
5 tube and putting in a 3.5 millimeter endotracheal
6 tube?

7 A. I do not remember seeing him doing
8 that.

9 Q. Do you remember him changing the means
10 of oxygenation from an anesthesia bag to an Ambu
11 bag?

12 A. No.

13 Q. Or vice versa, I think from an Ambu to
14 an anesthesia bag?

15 A. No, I don't remember that.

16 Q. Now, doctor, after you established the
17 line --

18 A. Yes.

19 Q. -- what, if any, additional part did
20 you play in the treatment or management of this
21 baby's condition?

22 A. I do not remember doing anything else
23 on this baby.

24 Q. At 11:50 p.m., 2350 p.m., were you in
25 charge of the care of this baby or was

Dr. Gajdowski, the emergency room doctor, in charge of the care of this baby?

A. I was never in charge of the care of this baby at any time.

Q. At 11:50, where was Dr. Gajdowski, the emergency room doctor?

A. I would not know. I don't know if he was there or not. I do not remember.

Q. If Dr. Gajdowski testified --

10 MR. KELLEY: 11:50 or 10:50?

11 MR. MISHKIND: 11:50.

12 MR. KELLEY: The time that the left
13 femoral vein was accessed?

14 MR. MISHKIND: It could be.

15 THE WITNESS: I do not remember.

16 Q. I want you to assume, doctor, that Dr.
Gajdowski has already testified that at 11:50, or
18 2350 military time, that you were in charge of
19 the care of this baby.

20 If that has been his testimony, is
21 that an accurate or inaccurate statement?

22 A. That is inaccurate. As I mentioned, I
23 have never at any time been in charge of the care
24 of this baby. I was to help out.

25 Q. And who were you taking direction from

in terms of the limited part that you say you played in this case?

In other words, who was directing you to do what you did and who was directing you not to do any more than what you did?

A. There was no direction. I was there to help with the IV access. I remember telling the nurses and whoever was there that they need to get the pediatric people for this baby.

10 Q. And how long was it before the pediatric people arrived?

12 A. I would not know the time, except from
13 what is in the records.

14 Q. Do you have any recollection as to how
15 soon the pediatric people arrived after your
16 making that statement?

17 A. No.

18 Q. Do you have any explanation for why
19 the pediatric people were not summoned to the
20 emergency room prior to your arrival?

21 MR. KELLEY: Objection.

22 MR. GROEDEL: Objection.

23 Q. You can answer, doctor.

24 A. Again, I am recollecting the first
25 reply when Anne Marie asked me to come over,

1 saying that I am not covering the Kaiser
2 emergency, I do not work there; you need to call
3 the pediatric people from the floor for that; and
4 even before I went over there, before seeing the
5 patient or doing anything else.

6 Q. But the sense that you got from this
7 conversation with Anne Marie was that she was
8 looking to you for assistance; correct?

9 A. That's correct.

10 Q. Did Anne Marie indicate to you that
11 she would contact the pediatric people?

12 A. Yes. She said she contacted them but
13 I don't know what happened with that contact, or
14 you know, I can't recollect the time, how long it
15 took them to come down.

16 Q. In any event, you arrived in the
17 emergency room before anyone from pediatrics
18 arrived; correct?

19 A. Pes.

20 Q. And as to how long after your arrival
21 that anyone, a pediatric surgeon or pediatric
22 resident or pediatric anesthesiologist arrived,
23 you just don't have any specific recollection?

24 A. That's correct. There is some
25 indication that anesthesia was at bedside at

1 11:34.

2 Q. Do you recall having any interaction
3 with anyone from anesthesia before Dr. Siker
4 arrived?

5 A. No.

6 Q. Do you know who is being referenced
7 when it says that anesthesia was at bedside at
8 11:34?

9 A. I would have to extrapolate from
10 that. I would assume it's Dr. Siker.

11 Q. If that assumption is incorrect, does
12 the record reflect anyone else that you are aware
13 of from anesthesia, pediatric anesthesia that was
14 at bedside at 11:34?

15 A. No.

16 Q. Doctor, can you tell me or do you
17 remember what time you left the emergency room?

18 A. I do not.

19 Q. Were you involved in any of the
20 measures that were employed, including the
21 administration of the epi or the administration
22 of ampicillin or gentamicin, any of the
23 medications?

24 A. I do not recall.

25 Q. So you recall being summoned by Anne

Marie, you recall arriving, but you don't recall receiving --

A. I remember at one point I left to get another intraosseous from The Cleveland Clinic side and came back with that to try a smaller size, but I do not recall, you know, when I left or what happened in between, you know, at what time.

10 I know that there were many people
11 there at that time, but how long I stayed,
12 whether I -- I don't remember that.

13 Q. But you remember coming back with
14 another intraosseous catheter?

15 A. Yes.

16 Q. Was that intraosseous catheter then
17 used by you?

18 A. Yes. It was one of the two or three
19 that I used.

20 Q. So that would have been early as
21 opposed to late. In other words, would that have
22 been before midnight?

23 A. From looking at the records, yes.

24 Q. Were you present -- do you recall
25 being present when any of the drugs were being
administered, including the epi, the atropine,

1 ampicillin, et cetera?

2 A. I recall being present, not inside
3 actually the room that she was in. I remember
4 Dr. Siker, the ICU team in there. They are the
5 ones I remember standing more or less at the
6 counter, at the nurses counter while they were
7 doing that.

8 Q. You didn't participate then in the
9 decision as to the dosage of medication?

10 A. I do not remember that.

11 Q. Okay. Did you have any conversation
12 with the family?

13 A. Again, I am remembering at some point
14 while being there -- Dr. Gajdowski was the one
15 talking -- I was there standing next to him. I
16 don't remember talking myself to the family.

17 Q. Was this after the baby had died?

18 A. I am not sure at what time that was;
19 whether it was when they were telling them she
20 was very sick, or I am not sure.

21 Q. Do you have any recollection of
22 anything that was said by the family or anyone
23 that happened to be visiting with the family at
24 any time while you were present?

25 A. No.

1 Q. Do you have a recollection, doctor, of
2 what you did after participating in this case?
3 In other words, did you go back over and finish
4 your shift on The Cleveland Clinic side?

5 A. I believe so. Again, I had to finish
6 what I had there also.

7 Q. In looking at the record, can you tell
8 me when you would have last been participating,
9 actually hands-on in any aspect of the treatment
10 of this baby?

11 A. Looking at the records, when
12 anesthesia was at the bedside, you know,
13 definitely I was more of an observer at that
14 point.

15 Q. And what time would that be?

16 A. 2334. Third attempt intraosseous, no
17 result, anesthesia at bedside.

18 Q. And do you have any explanation for
19 why a cutdown was not attempted at that time at
20 2334?

21 A. No.

22 Q. Would it have been prudent to have
23 attempted a cutdown at that time?

24 MR. KELLEY: Objection. You can
25 answer.

1 A. It would be when we are trying an
2 intraosseous and it's not working, the second
3 attempt would be to keep trying and attempt the
4 cutdown at the same time.

5 Q. But the record does not reflect any
6 attempt at a cutdown, does it?

7 A. No. It indicates repeat attempt at
8 that point, and the left femoral access at 2353.

9 Q. But between 2334, after the third
10 attempt of the interosseus, and 2353, some 17 or
11 18 minutes later, there is no indication that a
12 cutdown was attempted; correct?

13 A. Correct.

14 Q. And can we agree that it would have
15 been reasonable and prudent during that period of
16 time to have attempted a cutdown?

17 MR. KELLEY: Objection. You can
18 answer.

19 A. Correct.

20 Q. Doctor, did you order any of the
21 medications that were given?

22 A. Not to my recollection.

23 Q. Bear with me for just one second. I
24 may be done.

25 (Pause.)

1 Q. Actually I'm not. I lied.

2 We talked about the glucose and you
3 told me it was called to J.B. -- That's J period,
4 B period -- according to the lab report. Do you
5 remember that?

6 A. Yes.

7 Q. Do you know who J.B. is?

8 A. No.

9 Q. Okay.

10 A. I did not know about that glucose.

11 Q. What would you have done had you been
12 aware of that glucose?

13 MR. KELLEY: At that time?

14 A. At that time?

15 MR. KELLEY: At the time it was
16 reported back?

17 MR. MISHKIND: Yes.

18 A. Give glucose.

19 Q. Any indication in the record that
20 glucose was given?

21 A. Not that I can see written down in the
22 notes.

23 Q. Would it have been reasonable and
24 prudent to have given glucose at that time?

25 MR. KELLEY: Objection.

1 A. Yes. You know, it's not written.
2 Anyone who would hear a glucose of ten would give
3 glucose.

4 Q. Okay. Doctor, is there anything else
5 that you remember about this case in terms of
6 your involvement, your interaction or discussions
7 with anyone that was caring for this baby that we
8 have not already talked about?

9 A. No.

10 Q. You were licensed to practice medicine
11 at the time that you were involved in the
12 treatment of this baby; correct?

13 A. Correct.

14 Q. And you are licensed to practice
15 medicine in Jordan?

16 A. Correct.

17 Q. Do you still maintain a license of any
18 status here in the United States?

19 A. Yes.

20 Q. And what is that status? I mean, what
21 is the status of your license?

22 A. An active Ohio license.

23 Q. So you are licensed to practice
24 medicine in the State of Ohio?

25 A. That's correct.

Q. And are you spending all of your professional time in the active clinical practice of medicine?

A. Yes.

MR. MISHKIND: Doctor, I have no further questions for you. I thank you very much for your time.

EXAMINATION OF GHASSAN S. SAFADI, M.D.

BY-MR. GROEDEL:

10 Q. Doctor, my name is Marc Groedel and I
11 represent Kaiser. I just have a few questions
12 for you.

13 Can you hear me okay?

14 A. Yes.

15 Q. Did I hear you correct when you said
16 that when you were first contacted about this
17 case by Anne Marie, she also told you that she
18 had contacted the pediatric team?

19 A. Yes.

20 Q. And I think you had indicated that you
21 felt that the pediatric people needed to get
22 involved. That is something that you told her?

23 A. Yes.

24 Q. Why is it that you made that comment?

25 A. Again, my role during that night was I

1 am working for The Cleveland Clinic side and with
2 no coverage for the Kaiser side in terms of
3 seeing patients there. So for me to go over
4 there was more a helping kind of way, with no
5 real backing for it. So definitely she needed to
6 get the proper people down there from The
7 Cleveland Clinic and I made that clear to them.

8 Q. In other words, these were the people
9 from The Cleveland Clinic pediatric intensive
10 care squad that would take care of sick patients
11 in the Kaiser emergency room?

12 A. That's correct.

13 Q. Which physicians were at the patient's
14 bedside when she was being treated with
15 medications beginning, say, at about 12:09 a.m.?

16 A. The whole anesthesia ICU team was
17 there, I believe.

18 Q. That would have included Dr. Siker?

19 A. I believe so, yes.

20 Q. Do you know who else would have been
21 at the patient's bedside while the patient was
22 receiving these medications?

23 A. Well, when Dr. Siker was there, the
24 team was there, Dr. Velez and Dr. Fitch would
25 have been there.

Q. Do you believe that he would have been there throughout the entire course of the patient's resuscitation?

MR. MISHKIND: Objection.

A. I would think so, yes.

MR. KELLEY: Just when are you starting the resuscitation?

MR. GROEDEL: Say at 12:09 a.m.

MR. KELLEY: I'm going to object also. You can answer.

A. Yes.

Q. I wasn't sure I understood what you said earlier about the status of the patient's intubation when you arrived on the scene.

Is it your belief that when you got to this patient, she had already been intubated?

A. I do not recollect exactly whether she was being bagged, was in the process of being intubated or already intubated.

Q. So you are just not sure one way or the other?

A. No.

MR. GROEDEL: That's all I have. Thank you.

MR. MISHKIND: Nothing further,

1 doctor. Again, this is Howard Mishkind. Thank
2 you for your time, sir.

3 THE WITNESS: You are welcome. Thank
4 you.

5 MR. KELLEY: Doctor, this is Jay
6 Kelley again. I am going to instruct the court
7 reporter that you are going to read the
8 transcript. I will send a copy of that
9 transcript to you.

10 When you receive it, you can review it
11 to make sure that the information has been taken
12 down accurately and then send back any
13 corrections to me and I will see that they are
14 circulated, okay?

15 THE WITNESS: Okay.

16 MR. KELLEY: Any problems with waiving
17 the seven days?

18 MR. MISHKIND: Not at all.

19 - - - -

20 (Deposition concluded at 4:47 p.m.;
21 signature not waived.)
22
23
24
25

1 AFFIDAVIT

2 I have read the foregoing transcript from
3 page 1 through 59 and note the following
4 corrections:

5 PAGE LINE REQUESTED CHANGE

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Ghassan S. Safadi, M.D.

18

19 Subscribed and sworn to before me this _____

20 day of _____, 1999.

21

22

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Notary Public

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25 My commission expires _____

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CERTIFICATE

State of Ohio,)

) SS:

County of Cuyahoga.)

I, Vivian L. Gordon, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named GHASSAN S. SAFADI, M.D. Was by me first duly sworn to testify to the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony as above set forth was by me reduced to stenotypy, afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony.

I do further certify that this deposition was taken at the time and place specified and was completed without adjournment; that I am not a relative or attorney for 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 3rd day of December, 1999.



Vivian L. Gordon, Notary Public
Within and for the State of Ohio

My commission expires June 8, 2004.

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