<pre>D C COMMON PLEAS</pre>	<b>,</b> ł	State of Ohio, )	
IN THE COURT OF COMMON PLEAS IN THE COURT OF COMMON PLEAS ATHLEEN BUSH, Individually Estate of ROBERT A. BUSH, Deceased, Plaintiff, Vs. Vs. Case No. 81- Judge Jame FRANCIS A. GREICIUS, M.D. Dagfendwnt, Dagfenwnt, Dagfertro, Dagfenwnt, Dagfertro, Dagfert	2	of Cuyahog	Doc. 449
IN THE COURT OF COMMON PLEAS 	က	1	
KATHLEEN BUSH, Individually ) and as Administratrix of the ) Estate of ROBERT A. BUSH, ) Estate of ROBERT A. BUSH, ) Deceased, Plaintiff ) vs. ) Case No. 81- Judge Jame FRANCIS A. GREDICUS, M.D. ) Defender al, ) D	4	THE COURT OF	PLEAS
<pre>KATHLEEN BUSH, Individually ) and as Administratrix of thw ) Estate of ROBERT A. BUSH, ) Bestate of ROBERT A. BUSH, ) Bestate of ROBERT A. BUSH, ) Deceased, Plaintiff , ) vs. ) Case No. 81- vs. ) Conn Tuesday, May 4th, 1982 at to offices of W llieM J. Coyne &amp; Associent vs. ) 1234 Stanward Building, Clsweland, Ohi </pre>	Q	1	
<pre>KATHLEEN BUSH, Individually and as Administratrix of the Estate of ROBERT A. BUSH, Deceased, vs. Plaintiff ) vs. ) case No. 81- vdge Jame FRANCIS A. GREICIUS, M.D. ) Udge Jame ( ASSOCIATES, INC., et al, ) Defenderts ) Defenderts herein, taken by one of the pefendants herein, taken by plaintiff ws wpon cross-exHMInation p to agreement wmong coursel purswanw to Ohio Rumers of Civil ProceDwre Defore S Talton, a Registered Hrofessioneh Repo and Notary Hublic within and for the S of Ohio on Tuesday, May 4th, 1982 at t offices of w lliem J. Coyne &amp; Afgocient 1234 StanDere Buildeng Clewelanp, Ohi 1234 StanDere Buildeng, Clewelanp, Ohi</pre>	9		
Estate of ROBERT A. BUSH, Deceased, Plaintiff, vs. vs. Plaintiff, vs. perceased, randof plaintiff, Defender, Defender, Deposition of PONALP F. WEEGAR, M Opeosition of PONALP F. WEEGAR, M one of the peferdants herein, taken by Plaintiff as upon cross-examination p to agreement among coumsel purswant to ohio Rupes of Civil Procembere Pefore S Talton, a Registerep Hrofessioneh Repo and Notary Hublic within and for the S and Notary Hublic within and for the S of Ohio on Tuesday, May 4th, 1982 at t of Ohio on Tuesday, May 4th, 1982 at t	7	HLEEN BUSH, Individual as Administratrix of	
<pre>Plaintiff plaintiff plaintiff</pre>	œ	tate of ROBERT A. ceased,	
<pre>vs. ) case No. 81- FRANCIS A. GREICIUS, M.D. ) Judge Jame &amp; ASSOCIATES, INC., et al, ) Judge Jame &amp; ASSOCIATES, INC., et al, ) D&amp;f&amp;nDmrts ) McGettric Dpposition of pONALm F. WEEGAR, M one of the Dwfm_dants hwrmin_ takmo by Plaintiff ws wpon cross-wrmmin_ation p to agrepment wmong coumsel purswanw to ohio Rupms of Civil ProceDwre Pefore S Taltoo, a Rwgimterpp Hrofpssionwh Rwpo amp Notary Hublic within acp for the S offices of W 111em J. Coynm &amp; Afmociation offices of W 111em J. Coynm &amp; Afmociation</pre>	ი	Plaintiff	
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1234 Staoparp Builping Clevelanp Ohio	24	of & lliph J. Coyne	Ac Bociotes,
	25	1234 Stanwarw Builwing Clewe	ohio

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1	APPEARANCES:	
2	W	illiam J. Coyne,
3		illiam J. Coyne & Associates
4		234 Standard Building leveland, Ohio 44113
5		On behalf of the Plaintiff;
6		
7	P	aul C. Wagner, Jr.,
		cNamara, Gemperline & Wagner 08 Mall Building
8		18 St. Clair Avenue ME
9	C.	leveland, Ohio 44114
10		On behalf of all Defendants excluding St. John Hospital;
If		,,
12	G	regory Sirko,
13		eminger & Reminger 00 Leader Building
14		leveland, Ohio 44114
15		On behalf of Defendant
16		St. John Hospital.
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1	<u>P_R O C E E D I N G S</u>
2	MR, COYNE: Let the record
3	reflect that this is Cuyahoga County
4	Common Pleas Court Case Number 30558
5	on the docket of Judge James M.
6	McGettrick entitled Kathleen Bush,
4	individually and <b>as</b> Administratrix of
8	the estate of Robert A, Bush, Deceased
9	Plaintiff versus Francis A. Greicius,
10	M.D. and Associates, Inc., et al.
11	That we are here today for pur-
12	poses of obtaining the sworn depo-
13	sition of one of the Co-Defendants,
14	Donald F. Weegar, M.D., under cross-
15	examination pursuant to the Ohio Rules
16	of Civil Procedure for discovery pur-
17	poses; that Dr. Weegar is represented
18	by his attorney, Mr. Paul Wagner and
19	that St. John Hospital is represented
20	by Attorney Greg Sirko who is attend-
21	ing on behalf of Fred Fifner of the
22	same office and that all other Defend
23	ants herein are also represented by
24	Mr. Paul Wagner and this deposition
25	is being taken pursuant to my request

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1	of Mr. Wagner and we settled on today's
2	date by agreement and that Dr. Weegar
3	has been duly sworn,
4	Dr. Weegar, I am going to ask you
5	some questions and if I ask you any-
6	thing that you do not understand or $if$
4	I ask you any question that might in
8	any way confuse you, if you would
9	bring it to my attention I will try
10	and clarify the question for you,
11	Would you do that, Doctor?
12	THE WETNESS: Yes, thank you.
13	MR. COYNE: I will also ask
14	that you answer each question audibly
15	so the court reporter can take down
16	everything that you have to say. Will
17	you do that, Doctor?
18	THE WITNESS: Yes.
19	MR. COYNE: You understand
20	that everything you say here today is
21	under oath?
22	THE WITNESS: Yes, sir.
23	· · · · · · · · · · · · · · · · · · ·
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	cross-pxamimation hawing beem first <b>D</b> wly sworn
	ws h⊮r⊮inw†t∞r certified wa∃ examimed amd
	testisind es sollows:
	CROSS-EXAMINATION OF DONALD F. WEEGAR, M.D.
γd	Mr. Coyne:
đ	Would you lease gtate yoor foll name?
Å	y full neme is wonald Frederic Waeger.
	W-e-e-g-a-r.
đ	What is your present re∋id&nc∞ aµdr⊮∋≤?
A.	My present residence address is 12550 Loke
	<b>b</b> w¤n <b>u</b> ¤ Lak¤wood, Ohio 44107
đ	µo yow maintain an of≷ic™ im your prof⊭ssio ?
A.	No, air.
ଔ	Woul∞ yow ¤tate w⊁wt your pro≲waaion ia?
Å	Hy prof⊗ssion is procticing phgsician.
රූ	And would you tell He pleasy commencing with
	your college education, gowr Dackground and
	training?
A	My college education dotes from 1942 to 1945
	ot Syracuge Wniwersity ≷ollowing which I joicª
	the wnited Stotes Nawy was retornant to college
	attended while under the auspices of the Navy
	of Villanova College. Franklin and Marshall

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1	University from which school I graduated 6
2	under their program in 1947 with a Bachelor
3	of Science in Chemistry.
4	I attended the University of Buffalo
5	School of Medicine from the years 1945 to 3.950
6	and received an M. D. degree, From 1950 to
7	1951 I had a rotating internship at the
8	Deaconess Hospital on Reilly Street in Buffalo,
9	New York following which in July of 1951 to
10	July of 1953 spent two years in the Armed
11	Forces of the United States as a First Lieu-
12	tenant in the Army Reserve. From 1953 until
13	1962 I did the general practice of medicine in
14	Allegany, spelled A-l-l-e-g-a-n-y, New York
15	until 1962 at which time I took employment
16	with General Motors Corporation and have been
17	so employed as a physician for the General
18	Motors Corporation since that time; in addi-
19	tion to my employment with the General Motors
20	Corporation I had an expressed interest in
2%	Emergency Medicine which, because of the
22	expressed interest and the time available,
23	proceeded to involve myself in the new practice
24	of Emergency Medicine which has been from
25	1963 until the current date.

1	Q.	You are presently on the staff of what
2		hospitals?
3	Α.	I'm on the staff of St. John's Hospital at
4		7811 Detroit, Cleveland, and Euclid General
5		Hospital in East Cleveland and I'm not sure of $f$
6		the address.
7	Q.	YOu have been on the St. John Hospital staff
8		from when to the present time?
9	A.	1962.
10	Q.	The Euclid General Hospital from when?
11	A.	Same period of time, sir,
12	Q.	You said East Cleveland. Is that Euclid
13		General in Euclid, Ohio?
14	А.	Yes, sir. Euclid, Ohio.
15	ð	And you are not on the staff of any other
16		hospitals, presently?
17	A.	Not presently.
18	Q	From '62 to the present, '62 being when you
19		started practicing in Ohio, have you been on
20		the staff of any other hospitals?
21	A	Yes, sir,
22	Q	What other hospitals?
23	A.	I have been on the staff of Fairview General
24		Hospital and Huron Road Hospital,
25	Ø	When did you leave the staff of Fairview

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1	:	Hospital?
2	A.	Approximately 1975.
3	Ø	When did you leave the Huron Road Hospital
4		staff?
5	A.	I'm sorry, I can't give you an exact date on
б		that,
7	Ø	Approximately?
8		MR. WAGNER: You don't have to
9		guess, Doctor, if you don't know.
10	Ø	Give me your best recollection if you can.
11		Doesn't have to be exact?
12	A.	1973.
13	Ø	Have you ever had your privileges removed by
14		any administrative procedure at any hospital?
15	A.	No, sir.
16	Q	Are you Board. certified in any particular are ?
17	A.	No, sir,
18	Q	In your professional capacity with the General
19		Motors Corporation from 1962 <b>to</b> present what
20		do you do for them?
21	A.	Primarily direct the medical department of a
22		local plant facility in all phases of occupa-
23		tional and unoccupational preventive health
24		encompassing the scope, entire scope of
25		occupational medicine.

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	I am at the Fisher Body Plant on East	
ਨਾ ਵੱਹ ਵੱਧ ਵੱ		
ਨਾ ਵੱਹ ਵੱਧ ਵੱ	h and Coit Road	
ਵੱਹ ਵੱਹ ਵੱ	your position there at the Fisher Body	
P P P P P P P P P P P P P P P P P P P	Plønt how møny hovra a we#X Øo&s that regvirø	
P D P D P C P C P C P C P C P C P C P C	rour time?	
Propresson the propresson of t	wari⊵z Þut it ¤ocompass¤≢ 40 hours a week.	
A A Ce w	take it yow are psim on the basis of 40 hour	<u>n</u>
A Yes A Yes	week?	
A Are	es, sir.	
A. Yes	you salaried there?	
	Yes, sir.	
u U D	addition to that from approximately 1962 up	
ц ц	the present time as yow have indicateD.	
	you haw¤ thi⊴ int⊮r∺st in Emer н Room	
16 Medi	Medicine, also, correct?	
17 A. Yes,	sir.	
đ	Approximately how much time per week do you	
19 spand	d im your capacity a∺ an Emergemcy Room	
	physician?	k
A.	Approximately 40 hours a week.	X
о Q d	you work in the Emergency Room of one par-	
23 ticular	lar hospital now?	
A. Yes.		
25 Q Which	h one is that?	

1	A.	St, John Hospital.
2	Q.	In reference to Euclid General Hospital, where
3		you are also on the staff, do you work in that
4		Emergency Room, at all?
5	h	No, sir.
6	Ø	As a staff physician on Euclid General Hos-
7		pital's staff do you admit patients into
8		Euclid General Hospital ta any extent during
9		a year's period of time?
10	А.	No, sir, none. They have an industrial phy-
11		sician's, a component to the staff which does
12	1	not allow me to admit patients but does allow
13		me to see patients and consult with physician ${f s}$
14		on the staff regarding regarding occupational
15		injuries which would requre admission to the
16		hospital.
17	Q	I would assume that that arises out of your
18		employment at the Fisher Body Plant; is that
19		correct?
20	A.	Yes, sir,
21	Q.	Now, in relation to your employment at the
22		Fisher Body Plant do you do such things as
23		examine workers who are making Workman's
24		Compensation claims for work-related jabs?
25	A	Yes.

	c	Is that wart of vour ich?	r
-	\$ı		-1
5	A.	Yes.	
က	ଔ	And if you need additional expertise or treat-	
4		meot you woulû refer thëm to ©he ≤ucliû	
ŋ		General Hospital or Euclid Clinic?	
9	A.	0% to a list o≷ competent gmeciapig0s or	
7		physicians that we hawe, yes, sir	
00	Ċł	In দ্রতমা capacity as an Emergency Room phদ্রsician	
6		might H asswmë, anû I wou⊉û a∃k yow that in	
10		Julg D≷ 1980 was rowr employment the sam® аз	
11		it is today, generally speaking?	
12	A.	Yes.	
13	đi	Was the time allotment about the same as it is	
14		today?	
15	A.	Yes, sir.	
16	ď	And referring back to July of 1980 were you a	
17		member of a group that worked and serviced the	
18		Emergency Room at St. John Hospital?	
19	Å	Yes, sir.	
20	đ	What was the name of that group, sir?	Æ
21	Å	It was Francis A. Greicius and Associates,	
22		Incorporated. My capacity was not as a member	
23		of the growp but as an aggociater inDependent	
24		contractor.	
25	¢	Maybe I can get some understanding of this,	

<b>ب</b> ـــر		slowly, ore. That pr. Graicius hap whe
7		conwracws wo prowids physicians for why
S	~	Emergency Room in July of 1980 at St. John
4		Hospital; is that correct?
ب	A.	Yo <b>s, sir</b>
9	đ	A:d when Do * wnDerstanD row wo e saying wha
5		insweap of pring a pirecs emphoyee of Dr.
00		Greicius' Emergency Room group that you had
6		some type of a conwract where yow worked wiwh
10		him as an independent contractor?
11	A	Yes, sir.
12	đ	You didn't Dawe to work aw any other hospiwal
13		then, you just worked at St. John's Hospital
14		unwar yowr conwracw wip you?
15	A.	Yes.
16	Q	In oth⊵r r⊅z, I know he s⊵rwices som≋ owher
17		hospitals. He couldn't say to you, Dr. Weegar,
18		I wow40 like yow wo go wo LakowooD or ang
19		other hospitals?
20	A.	That's correct.
21	đ	Yours was specifically St. John's?
22	A	Yeg, sir.
23	ଫ	I »on't know if I askeµ, are αou Boar⊅ cerwi-
24		fied in any area of the specialty of medicine?
25	Å	No, sir.

1		
1	Q.	Have you ever taken any Boards for the pur-
2		pose of certification?
3	A.	No, <b>sir.</b>
4	Q.	Under your contract of employment or as an
5		independent contractor, your contract with
6		Dr. Greicius' group, did he set up the times
а		that you were to be in the Emergency Room or
8		was that up to you to decide?
9	А.	It would be my choice.
10	Q	It was your choice?
11	· A.	Yes, sir.
12	Q	So you worked within your schedule at the
13		Emergency Room presumably to coincide with
14		your other position at General Motors' Fisher
15		Body Plant?
16	А.	Yes, sir.
17	Q	Was there ever a period of time where you
18		furnished the Emergency Room physicians at
19		St. John Hospital?
20	A.	Yes, sir.
21	Q.	From what time until what time was that?
22	A.	<b>1969</b> to 1978.
23	Q	What was the name of that group, if you had a
24		name?
25	λ.	Emergency Room Physicians' Group.

1	Q	Was that group professionally incorporated?
2	A.	No, sir.
3	Q	How many physicians did you have working for
4		you at that time, or approximately?
5	A.	Probably eight to twelve.
6	8.	When you did that, then, it would be your duty
7		to get a schedule out and see that the physi-
8		cians are in the Emergency Room for servicing
9		those duties there; is that right?
РО	A.	That's correct, yes, sir.
11	Q.	In 1978 then did you turn that over to
12		Dr. Greicius?
13	A.	Yes, sir,
14	Q	There was nobody in between the two of you,
15		then?
16	A.	No, sir.
17	Q	Was it at that time that you worked out this
18		independent contractor relationship with him?
19	A.	Yes, $\operatorname{sir}$ , This was primarily my desire so
20		that I could relate better my time and not
21		accept all of the responsibilities that were
22		contingent upon being $\boldsymbol{a}$ group member.
23	Q	Was Dr. Domingo Tugaoen an employee of your
24		group when you had it?
25	A.	No, sir.

1	Q	Is there any particular periodical or pro-	15
2		fessional manual that you receive in order to	
3		keep yourself up to date on the changes and	٣
4		procedures in Emergency Room medicine?	
5	Α	I'm <b>not</b> sure I understand your reference to a	
6		manual?	
7	Q	I'll try and clarify it then. Do you receive,	
8		whatever it might be called, do you receive	
9		any type of periodical relative to Emergency	
10		Room medicine to keep yourself updated on	
11		changes in Emergency Room medicine?	
12	A.	Yes, sir.	
13	Q	What manual is that, <b>or</b> what periodical is	
14		that?	
15	A.	Periodicals are basically two; one is called	
16		Emergency Medicine which is a semi-monthly	
17		publication by an independent corporation,	
18		articles by current specialists in the field	
19		regarding all phases of emergency medicine.	
20		The other periodical is a monthly publication	
21		called The Annals of Emergency Medicine which	
22		is the basic journal of the American College	
23		of Emergency Physicians and, again, encompasse	s
24		information pertinent to emergency care.	
25	õ	And you subscribe to both of those?	

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1	A.	Yes, sir.
2	Q	Are those delive'red at your residence?
3	A.	No, sir.
4	Q.	At the
5	А.	At the plant.
6	Q	Those periodicals, I take it, would also
7		bring you up to date on any changes that might
8		be taking place in your particular field
9		relative to emergency care of suspected heart
10		attack patients; would it not?
11	A.	Yes, sir.
12	Q	And you believe, of course, both of those
13		periodicals to be authoritative in your par-
14		ticular field of Emergency Medicine; is that
15		correct?
16	A.	I believe <b>so,</b> yes,
17	Q	Have your, yourself, written or published any
18		type of periodicals or papers relative to
19		Emergency Room medicine?
20	А.	No, sir.
21	Q	Have you published or had printed for dissemi-
22		nation amongst your peers any type of paper
23		or documents?
24	A	No, <b>sir.</b>
25	Q	Have you had any specific training, obviously

1		since your internship, in regard to the read-
2		ing and analyzing of EKGs?
3	A.	Only in conjunction with short-term seminars
4	- -	available on a periodical basis directly
5		related to emergency care plus that obtained
6		from cardiologists on the staff on an informal
7		basis over the years.
8	9	Aside from the informal basis, though, since
9		you were in your internship you said you did
10		go to a, presumably one or more seminars
11		dealing with the reading and analyzing of
12		EKGs; is that right?
13	а	This was incorporated in the whole program,
14		yes, sir.
15	Q	Do you recall how long after that was, to the
16		best of your recollection?
1.7	Α	Best of my recollection the <b>last</b> was <b>in</b> 1981.
18	e	Where was that?
19	а	It was in Detroit, Michigan.
20	Q.	And that was sponsored, by whom?
21	R	It was sponsored by the General Motors Corpo-
22		ration under the auspices of Wayne State
23		University and the American Heart Association.
24	e	Prior to that, say prior to July of 1980, wher
25		was the last seminar dealing with that subject

1		that you attended?	18
2	A.	Specifically, I don't recall.	
3	Q	To the best of your recollection?	
4	A.	The dates, the membership, of course, in the	
5		American College of Emergency Physicians	
6		requires 50 hours of post-graduate training	
7		per year and of, I have maintained this with-	
8		out any difficulty up to the last several	
<b>9</b> 1		courses but, last cardiogram would have been	
10		in Johns Hopkins University in Baltimore, I	
11		think the prior year, 1979.	
12	Q	By the way, Doctor, before I go any further,	
13		do you treat any patients privately?	
14	A.	No, sir.	
15	Q	All of your patient work is through the	
16		Emergency Room at St. John's or through the	
17		General Motors' position at Fisher Body?	
18	A.	That's correct, <b>yes,</b> sir.	
19	Q	Now, Doctor, referring your recollection back	
20		to July 28 of 1980 <b>you</b> had occasion <b>in</b> the	
21		course and scope of your Emergency Room duties	a
22		to treat one Robert Bush; isn't that true?	
23	A.	Yes, sir.	
24	Q	I'm sure you have read the Emergency Room	
25		records relative to <b>that</b> matter on several	
			 _

1	<u>, , , , , , , , , , , , , , , , , , , </u>	occasions, haven't you?
2	Α	Yes, sir,
3	¢.	Bid you review them today before you came
4		here?
5	A.	Yes, sir.
6	ð	You may, if you so desire at any time that I
7		ask any question concerning this matter, refer
8		to the hospital records,
9	A	Thank you.
10	Q.	On July 28, 1980, what shift were you working?
11	A.	I was working the 8:00 p.m. to 8:00 a.m.
12		shift.
13	Q.	So you worked twelve-hour shifts, then?
14	A.	Yes, sir,
15	¢	How many days a week would you work that type
16		of a shift?
17	А.	Three.
18	Q.	Bo you remember what day of the week July 28,
19		1980 was on?
20	A.	Yes, <b>sir, It</b> was a Monday.
2%	Q	What would you do then at 8:00 a.m., say, wher
22		you finished your shift? Did you go directly
23		to General Motors and work your position over
24		there?
2%	A.	After I changed clothes and take a shower,

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1	Q	Then go right over there?
2	A.	Yes, sir.
3	Q	Did you have any specific days of the week
4	**	that you were working in July, this July 28th
5		day you say you remember was a Monday?
6		
7	Α,	I don't recall the specific days, The days
8		that I generally work are Monday, Wednesday
9		and Thursday.
	P	Would it generally be the same shift?
10	A.	Yes, sir.
11	Q	If you want to refer to the records, what time
12		did you <b>first</b> see Robert Bush, the deceased in
13		this case?
14	A,	According to the record I saw him at approxi-
15		mately 9:20 p.m. in the evening of Septem-
16		ber(sic) 28, '80.
17	Q	To your present recollection do you recall
18		whether that particular evening was busy;
19		usually <b>busy</b> or do you have any recollection
20		at this time?
21	R	I have <b>no</b> recollection.
22	e	I'm sure that some evenings you are run off
23		
24		your feet and other evenings are rather slow;
25		is that correct?
	A.	That's correct.

1	8	And to this particular evening you don't 21	
2		recall?	
3	A.	Right.	
4	Q.	Now, Doctor, were you the only physician on	
5		duty in the Emergency Room at that time?	1-
6	A.	Yes, sir.	
7	Q	In your capacity as an Emergency Room physician	
E3		on duty there is a list, as I would understand	
9		it, at the hospital where if you need a special-	
10		ist you can refer to the list and someone is	
11		on call to come in and assist you; isn't that	
12		true?	
13	A.	Correct.	
14	Q	And that would be true in any field; neuro-	
15		surgeon, plastic surgeon, cardiologist, or	
16		whatever. Isn't that true?	
17	A.	Yes, sir.	
18	۵.	The judgement as to when to call in one of	
19		these specialists rests within the sound	
20		discretion of the Emergency Room physician;	
21		isn't that true?	
22	А.	That's correct.	
23	Q	Relative to the patient, Robert Bush, you have	
24		indicated that you first say him at 9:20 p.m.	
25		on July 28, 1980. Do you, yourself, have any	

independent recollection of this gentlema Without referring to the records, do you a specific individual recollection of thi man? A. In retrospect I have a visualization of h physical characteristics, yes, sir. You do have a visualization of his physic characteristics? A. Generally speaking, yes, sir,	have s is
<ul> <li>a specific individual recollection of thi man?</li> <li>A. In retrospect I have a visualization of h physical characteristics, yes, sir.</li> <li>Q. You do have a visualization of his physic characteristics?</li> <li>9 A. Generally speaking, yes, sir,</li> </ul>	s
<ul> <li>4 man?</li> <li>5 A. In retrospect I have a visualization of h</li> <li>6 physical characteristics, yes, sir.</li> <li>7 Q. You do have a visualization of his physic</li> <li>8 characteristics?</li> <li>9 A. Generally speaking, yes, sir,</li> </ul>	is
<ul> <li>5 A. In retrospect I have a visualization of h physical characteristics, yes, sir.</li> <li>7 Q. You do have a visualization of his physic characteristics?</li> <li>9 A. Generally speaking, yes, sir,</li> </ul>	
6 physical characteristics, yes, sir. 7 Q You do have a visualization of his physic 8 characteristics? 9 A. Generally speaking, yes, sir,	
7 Q. You do have a visualization of his physic 8 characteristics? 9 A. Generally speaking, yes, sir,	- 1
8 characteristics? 9 A. Generally speaking, yes, sir,	_ 1
9 A. Generally speaking, yes, sir,	a1
in Generally Speaking, jeb, bir,	
10 Q. Can you describe his appearance for me;	
<sup>11</sup> height, weight, as best you recall it rig	ht
<sup>1%</sup> now?	
$^{13}$ A. To the best of my recollection he had dar	k
14 hair, He was a muscular, stocky build, a	
15 somewhat boyish, healthy face and appeare	d to
<sup>16</sup> be of a vigorous nature as opposed to asc	etic
17. in mature.	
18 Q Do you have any recollection as to what h	is
19 height might have been?	
20 A. Rough estimate would be five-six, five-ei	ght.
<sup>21</sup> Q. And do you have any rough recollection as	to
22 what his weight might have been at that t	ime?
A. I would say 180 to 200 pounds.	
24 Q And in reference to his hair, was he bald.	ing
25 or did he have a reasonably healthy	1

1	A.	He had a reasonable set of dark hair.
2	Q	And it was dark, to your recollection?
3	Α	Yes, sir.
4	Q	Did he wear glasses, if you recall?
5	A.	Not that I recall.
6	0	When you first saw him I'm sure you took a
7		history from him; is that correct?
8	A.	Yes, sir.
9	Q	What was the history that you took from him?
10	А.	History, to the best of my recollection, was
11		that he had developed some anterior chest
12		pain the morning of the evening that he came
13		to the hospital.
14	Q.	By "anterior" you mean, what?
15	A.	As opposed to posterior or pain in the back.
16	Q.	Anterior is the front?
17	A.	Front part of the chest.
18	Q.	Posterior on the rear?
19		Yes, sir, I don't have any recollection as to
20		whether this was brought on by exertion;
21		specifically that the radiation was of the
22		pain other than what was stated on the chart.
23		The associated symptoms of nausea, vomiting,
24		sweating, shortness of breath, as to the
25		specifics of what he told me I don't recall,
	1	

<del>,</del>	đ	Your racollection chough as to the hiseory
0		is that this anterbox chret pain bagan in tha
ę		A.M. somethme; is that corract?
4	Å.	Yes, shr.
ŝ	Ċ,	™h_n it was ≙n the A.M., the r¤cor0∃ do not
9		reflect?
7	Å	Correct.
œ	රූ	And you have no independent recollection; is
6		that true?
01	A.	Yes, sir.
11	đ	As to what brought on the chest pain, you ha <b>G</b>
12		no recollection either as to whether it was
13		exertion or anythi≈g else; is that corrac?
14	Å	That's correct.
15	đ	So @hat I wnD@rstac0 at @@is junc@urp reatiz-
16		ing and presacing this by yow wo not recall
17		the higeory ws to the onset of this in the
18		A.M., whacavar it was if that sompthing that
19		rou would haog askov bim at ohat oime and
20		perhaps forgot@en in the meantime or is that
21		so wh ng you would hawm thowght would hawe
22		been relatively unimportant?
23	d	That is someophing what I wowld have a kew him
24		and hows forgotten in the meanwimg.
25	đ	Is it your normal procedure to put into the

1		records the history as to the origin, the	25
2		timing of the origin and how it occurred;	
3		ordinarily do you put that in the record or	
4		not?	
5	A.	Generally the physician will, depending upon	
6		time circumstances, will put into <b>a</b> record	
7		what he feels are pertinent facts, eliminate	
8		a great many of the negative questions but wil	1
9		have developed over a period of time <b>a</b> proto-	
10		col of questions that he asks an individual	
11		presenting with symptoms that would enable him	
12		to, in <b>some</b> part, analyse it,	
13	Q	Do you know why you didn't put down the chrono	<del></del>
14		logical origin of this patient or the onset	
15		of the pain in this record in this case? Do	
16		you know why you did not do those things; if	
17		you recall?	Z
18	A.	I don't recall, specifically.	
19	Q	If you will, referring directly to the record,	
20		itself, follow along with me at this time, the	
21		typed-in portion which, obviously the typed-	
22		in portion is in there before you look at the	
23		patient; isn't that true?	
24	A.	Yes, sir.	
25	ð	That would be a girl at the desk, probably a	

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		clørk øhat woulø øynø thøt in?
5	Å.	Yps sir
က	Ċŧ	TRe Dwgcrkption of the illnwgs indicated that
4		the patkwn? wag aDmittoD ambulatory C and R
ŝ		what does C and R mean?
9	A.	Conspious and rapional which is a stangerp
2		form.
80	රූ	(continuing) to the Emergency Room co laining
ი		of chest pain and shortness of breath. That's
10		what the girl had typed in before you saw him
11		isn't that true?
12	Å	That's right.
13	Ċŧ	Now, when you saw him I assume you confirmed
14		that with the patient to make sure wear ope
15		girl ban typen in was accurater?
16	A.	At the time he saw the secretary he was having
17		or had Rad a, immedia@pl% prpcedeo@ to, a
18		chest pain anû shortqess of brøath whic> hø
19		did not have at the time I saw him.
20	රූ	Am I to unperstanp that when you saw this
21		patiwnt he wip wot have chat pain or shor?-
22		ness of breath?
23	A.	That's correct.
24	đ	He didn't have either one of those?
25	A.	No, sir.

а	Q	Do you know how much time expired between the 2'
2		time that he gave you this history to the
3		clerk and the time that you saw him?
4	А.	I would <b>say</b> that <b>it</b> could well have involved
5		five to ten minutes,
6	Q	Bid you ask him how long ago that pain and
7		shortness of breath had disappeared?
8	A.	I don't recall specifically but I'm sure I did.
9	Ø	But it's not reflected in the records, is it?
10	A.	As to the time span? No, sir.
11	Ø	Is this portion here your handwriting where it
12		says, States pain radiates between shoulder
13		blades. Is that your handwriting?
14	A.	No, sir.
15	Q	Do you know who wrote that in, Doctor?
16	A.	Yes, sir.
17	Q	Who wrote that in?
18	A.	The nurse on duty at the time whose name is
19		Peggy Drew.
20	Ø	Did you find when you made your physical
21		examination of this man pain radiating betweer
22		his shoulders?
23	A.	No, <b>sir, I</b> did not.
24	۵	Did the nurse make an examination of this man
25		before you got to him?

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1	А.	She discussed his situation, I'm sure, in the
2		process of preparing him to be seen by the
3		physician.
4	Q	So if she found pain radiating between the
5		shoulders when she was with him, when you
6		examined him you didn't find any of that pain
7		between the shoulders; is that correct?
8		MR. WAGNER: I'm going to
9		object to your question, Mr. Coyne.
10		It doesn't say that <b>she</b> found pain,
1%		It says, States pain, Doesn't state
12		who stated. It doesn't say he stated,
13		I think your question is misleading.
14		MR. COYNE: If the nurse, we
15		will have to <b>ask</b> the nurse later.
16	Q	If she found, if she did, when you examined
17		him, you didn't find the pain between the
18		shoulders?
19	A.	He did not indicate, in fact, he indicated
20		that he had no pain at the time I saw him.
2%	Q	Under his history and physical in that block
22		there is everything in your writing?
23	A.	Yes, <b>sir.</b>
24	Q	Would you read for the record so that we have
25 •		it accurately, everything that you wrote under

ـــــــ		hisworg and physical?
5	A.	My improssion was that his color wos goop on
ŝ	ď	First of all rather than giwm wa gour impros-
4		aion, all I want right now is ∃o that iv's in
ŝ		the record what what say that you wrote
9		down under the history and physical?
2	A.	Color was goop No reapiratory pistress.
90		Heart tones were good. Regular winws rhythm
თ		lungs were clear and rwgonant the appomen
10		was soft with no local twn0wrnw≋s ⊼n0 no pain
11		now.
12	ď	Then undernwawh that is piagnosis and impres-
13		sion and that's your writing, also, is it,
14		Doctor?
15	A.	Yes, sir.
16	ଫ	What did yow write under therp?
17	A.	N¤uromuscular chest pwin.
18	đ	And then uo0ernesth ehere is wreatm≣nt ao0
19		results. Is that your writing?
20	Å	Yes, sir.
21	ර්	What did you wri e in there?
22	A.	I wrote that I h d examined or <b>ve</b> re <b>v</b> an
23		electrocar@iogram. a chest X-ray coronary
24		care wnit bloop work any the treatment
25		Donnatol tablets 2 Stat and Donnatol tablets
¥		

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Q.

1		eight to go home, 2 Q.I.D. and with instruc-	30
2		tions to follow with his personal M.D.	
3	8.	Then below that the nurse's notes, I take it	
4		you didn't write in that anywhere, did you?	
5	A.	No, sir.	
6	Q	Can you read those nurse's notes?	
7	A.	Yes, sir.	
8	P	Would you read them in the record, please?	
9	A	Nurse's notes read examination monitor, ERG,	
10		complete blood count CBC and differential	
11		SMA six, SGOT, SLDH, CK, PT, PTT, chest X-ray,	
12		Donnatol tablets 2 P. O. at 10:25 p.m. and	
13		Donnatol number eight home, advise to rest and,	1
14		call contact PMD for follow-up care.	
15	Q	Is there anywhere else on this page that you	
16		wrote anything?	
17	A.	I wrote that his condition on discharge from	
18		the hospital <b>was</b> stable and	
19	Q.	Where are you reading from?	
20	A.	Lower left corner.	
21	Q	1s that just a word, stable?	
22	A.	Yes, sir.	
23	Q.	Anywhere <b>else</b> that you wrote anything?	
24	A.	No, sir,	
25	ð	And that's your signature there, I. take it?	

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1	A.	That's correct,
2	Q.	And 10:30 p.m. is the time that he was
3		released?
4	A.	Yes, sir.
5	Q.	And apparently he checked in at 9:20 p. m.,
6		according to the upper note; is that correct?
7	A.	Yes, sir,
8	Q	In an Emergency Room situation when a patient
9		presents himself there, what are the outward
10		manifestations of a heart problem which you
11		would look for as an Emergency Room physician?
12	A.	Any specific kind of heart problem?
13	Q	Well, let's establish, first of all, when
14		somebody comes in in an emergency situation,
15		the type of heart problem would be one of the
16		things you will make a differential diagnosis
17		to, right?
18	A.	I'm not sure I follow?
19	Q	Wouldn't you first establish that there is a
20		heart problem and then break it down somewhat
21		further as to the type of heart problem?
22	A.	Yes, sir, sure,
23	Q	What are the outward manifestations. doctors
24		sometime refer to in this regard a problem
25		that you <b>can't</b> see with the visible eye that

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1		indicates to the trained eye of the Emergency
2		Room physician, first of all that there might
3		be a heart problem?
4	Α	This history is the most important part of the
5		overall treatment, I feel, of an indivicual.
6		You would either take from the record that he
7		had given to the secretary or ask him relative
8		to his complaints and in this case, of course,
9		with chest pains and shortness of breath, to
10		determine the underlying origin of this chest
11		pain, one would in the history ask him
12		initially, I think, depending upon his overall
13		condition, where the chest pain was, when it
14		had started, what had precipitated that pain,
15		whether exertion, whether it came after eat-
16		ing, whether it was due to normal stress, had
17		he had the pain before on any occasion, eithe:
18		remotely or recently, whether the description
19		of the pain as to whether it was a burning
20		or an oppressive or stabbing or sharp, whether
21		the pain was related to food intake, whether
22		it radiated either into his shoulders, into
23		his neck, down his arms, up into his jaw, or
24		into his abdomen, whether there was associated
25		nausea, vomiting, sweating, weak feeling,

1		dizziness, shortness of breath, the duration	33
2		of his pain in matters of minutes or hours,	
3		the presence or absence of other conditions	
4		which might have qualified his chest pain,	
5		whether there was an evidence of trauma,	
6		chronic lung disease, chronic abdominal	
7		disease, any diseases of the bones and joints,	
8		either of the ribs or the back or the arms or	\
9		the neck or the shoulders.	
10	Q	Those are the things that a good, competent	
11		Emergency Room physician should inquire of the	
12		patient to make an evaluation of his condition	
13		relative to any type of a heart problem,	
14		correct?	
15	A.	Relative to any type of pain in the chest	
16		which might be related to a heart problem,	
17		yes, sir,	
18	Q	When those questions are asked and when those	
19		questions are answered by the patient shouldn'	t
20		those responses, that is, the history of the	
2%		patient given you, shouldn't that be com-	
22		municated to the hospital record by the	
23		Emergency Room physician under the history?	
24	A.	I think the negative responses could be	
25		voluminous $to$ the point where it would be	

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1		detracting from the immediate care of the	34
2		individual who could conceivably have a criti-	%L
3		ea% condition and if time was alloted to	reg :
4		recording all. of this negative information or	1N62
5		potentially negative information, you could	
6	Q	Well, Doctor, realizing that if you put the	
7		answer to all of these questions in the record	
8		you would have a rather voluminous record	
9	A.	Right,	
10	Q	aren't there certain key responses that the	
11		physician looks for in evaluating chest pain	
12		and shortness of breath that should be noted	
13		in the record under the category History that	
14		invariably should be noted there?	
15	А.	(No response.)	
16	õ	Would you agree that the duration of the pain	
17		would be one of those items that should be	
18		noted in the record? Would you agree with	
19		that?	~
20	A.	Yes, sir.	
21	Q.	Would you agree that the time of origin of th	
22		pain should be noted in the record?	$\smile$
23	A.	Yes, sir.	
24	Q	Would you agree that the cause or origin of	
25		the pain should be noted in the record such a	

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1		you have gone over it, be it following eating, 3
2		physical exertion and athletic activities or
3		perhaps trauma. 1 Shouldn't that be noted in th:
4		record?
5	А.	If you have predetermined that this is a poter.
6		tial cardiac case, I think that the most com-
7		mon cause of chest pain in the Emergency Room
8		is not cardiac, It is musculo-skeletal and if
9		you start saying that every occasion of chest
10		pain that these things should be marked, I
11		think that this <b>is</b> a moot point depending
12		upon the individual and certainly can give you
13		more of an indication in looking at the chart-
14	Q	Doctor, to back up for a moment, we were deal-
15		ing with the causes or origins of chest pain
16		and shortness of breath when the physician is
17		treating a patient for that.
18	А.	That's correct,
19	Q	My last question was do you believe that the
20		origin of the chest pain and shortness of
21		breath, be it following eating, upon rising
22		from sleep, following exertion such <b>as</b> an
23		athletic activity or trauma, don't you think
24		that should be noted in any case where you're
25		treating chest pain and <b>shortness of</b> breath?
	1	

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1	A.	Yes, sir.
2	Q	You have indicated that by way of outward
3		manifestations, evaluating chest pain to
4		determine the cause of that chest pain, be it
5		a heart attack, heart problem or whatever,
6		that the first thing that you believe in these
7		outward manifestations that you used to reach
8		a working diagnosis, first thing would be a
9		complete and accurate history. What is the
10		second thing?
11	A.	Physical examination.
12	Q	And what type of a physical exam do you do to
13		reach <b>a</b> working diagnosis where the complaint
14		is chest pain and shortness of breath?
15	A.	I think initially you observe the patient,
16		you look at him, take his general condition
17		into consideration and evaluate him on an
18		immediate basis, depending upon what his
19		symptoms are that he had presented, depending
20		upon this feeling you would then go ahead and
21		examine him visually and then with palpation.
22	Q	Bid you palpate the chest of Robert Bush when
23		you saw him on July 28th?
24	A.	Yes, sir,
25	Q	What were the results of your palpating the

T
I		chest?
2	А	Primarily I would palpate for, in the areas of
3		local tenderness, in the rib cage. I would
4		palpate for abnormal sensations which might be
5		transmitted through the chest wall to the
6		examining fingers which might give an indica-
7		tion of a problem. I would examine the
8		abdomen to determine whether any extrinsic
9		causes of the pain might be evident in the
10		abdomen, in the extremities, in the back os in
11		the rib cage, generally speaking,
12	Q	You say <b>you</b> did examine his chest, You did
13		palpate?
14	A.	Yes, sir,
15	Q	Bid you find any evidence of chest pain on
16		palpation?
17	A	No, sir.
18	Q	Is it noted in the records there that you
19		palpated the chest and found no pain there?
20	A.	No, sir,
2%	٩	You have indicated that the history is the
22		
23		most important thing and then the physical
24		examination. Is these anything that you did
25		by way of physical examination to Robert Bush
		that you haven't told we about at this time?

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1	A.	Yes, sir, I listened to his heart and lungs 38
2		and abdomen with a stethescope.
3	Q	When you listened to his heart, lungs and
4		abdomen with a stethescope did you observe
5		anything abnormal or unusual?
6	A.	No, air,
7	Q	What else did you do, Doctor?
8	A.	Based upon the history and the physical
9		examination, ordered <b>some</b> additional laboratory
10		studies which would possibly help me to
11		studies which would possibly help me to determine the severity and the nature of his
12		chest pain and shortness of breath,
13	Q	Those were the blood tests and EKG and the
14		X-rays?
15	A.	Yes, <b>sir.</b>
16	Q	As a result of the, were you the one who read
17		the EKG?
18	A.	Yes, sir.
19	Q	And you still Rave that report in front of you
20		today, I believe, right?
21	A.	Yes, sir.
22	Ø	Was there anything unusual about the EKG that
23		you reviewed?
24	A.	No, <b>sir,</b>
25	ð	Nothing abnormal, at all?

ſ		
1	A.	That I could <i>see</i> .
Ζ	Q	Did you read that, yourself, before you
3		released him from the Emergency Room?
4	A.	Yes, sir.
5	Q.	No one else? You didn't consult with anyone
6		else on the EKG before you released him, did
7		You?
8	A	No, sir,
9	ð	Up there it says, referred by Dr. Furnish. Is
10		that because Dr. Fumich was his family phy-
11		sician?
12	A.	That's correct,
13	Ø	You reviewed the X-rays, also; did you?
14	A	Yes, sir,
15	Q	And you found nothing unusual in the X-rays?
16	A.	Not of an accute nature.
17	Q	There is an X-ray report in your Emergency
18		Room record that you have in your hand there.
19		Is that true, Doctor?
20	А	Yes, sir.
21	Q	And it indicated, is thatdo you know who
22		signed that, what doctor?
23	A.	Yes, <b>sir</b> ,
24	Q.	Is that Hardy?
25	A.	Hady. H-a-d-y.

1	Q	Is he a radiologist on the staff there at
2		St. John's?
3	A.	Yes.
4	Q.	Did you consult with him before the deceased
5		was released from the Emergency Room or is
6		that a report that he made later on as is
7		sometimes done?
8	A.	That was a report made later on thatI did
9		not consult him at the time.
10	Q	Do you agree with the findings of Dr. Mady?
11	A.	I don't recall,
12	Q	When you booked at the X-ray did you observe
13		a left neural thickening?
14	A	I may have, but E don't recall specifically.
15	Q	A left neural thickening would have indicated
16		what to you, if anything?
17	А.	Left neural thickening would have indicated to
18		me chronic, long-standing minimal or old lung
19		disease. Nothing <b>of</b> an accute nature.
20	Q	And these are the radiological findings of the
21		chest or lungs; is that correct?
22	A.	Yes, sir.
23	Q	Up above that it shows blunting of the left
24		costo-phrenic angle is present. Relative to,
25		that's speaking in the area of the heart, wha

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1		does that indicate to you, if anything?
2	A.	That indicates the area between the, where th <b>e</b>
3		diaphragm and the rib cage come together on the
4		left side of the chest which showed some
5		increased density which he was not able to
6		determine <b>as</b> to whether <b>it</b> was <b>a</b> thickening $o_{\mathbf{x}}$
7		a minimal amount of fluid.
8	(	Is that in the heart or the arteries or veins?
9	A.	No, sir.
10	Q	That goes to the heart?
11	A.	That's on the outside of the chest,
12	Q.	Rib cage?
13	А	Where the rib cage and the diaphragm between
14		the chest and abdomen are attached,
15	Q.	Was there anything that you found to be
16		abnormal in the blood test that you ordered?
17	А	No, sir,
18	ð	There were vital signs taken in the Emergency
19		Room, <b>also</b> presumably by the nurse; is that
20		correct?
21	A.	That's correct,
22	Q.	You have reviewed the vital signs both then
23		and presently?
24	A.	Yes, sir.
25	<u>Q</u>	Bid you find anything abnormal or unusual

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No, sir. Now, following your examination of th patient acp your wrking of whe histor mappe a plagnosis of his conpliwion; is true? Kes, sir. What was your dlagnosis? What was your dlagnosis? What was your dlagnosis? Neuroenusculer chest pain. Neuroenusculer chest pain. Neuroenusculer anything for this purcent chest pain, if you did? No, sir. No, sir. I prescribed anything for this p trabs in the Emergency Room? No, sir. I prescribed tablets of Don tabs is the was released, what was just before he was released, what is Donnatol? Mat is Donnatol? Mat is Donnatol? Mat does that treat someone for? Wh	viwal signs?
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<pre>patient arp your weking of whe histo mape a plagnosis os his conplwioo; i true?</pre>	examination
<pre>mape a Piagnosis of his conpluion; i true?     Yes, sir.     What was your diagnosis?     My Piagnosis thew I wrote on whe cha     Neuroeusculer chest pain.     And did you have any opinion at that     to the cause or origin of the neuroer     chest pain, if you did?     No, sir.     Did you prescribed anything for this     Yes, sir, I prescribed tablets of Do     As I read this, they gave him two Do     tabs in the Emergency Room?     At 10:25 p.m.     And that is Donnatol?     Mhat is Donnatol?     Mhat is Donnatol?     Mhat does that treat someone for? W     prescribed for? </pre>	لړ 0
<pre>krue?</pre>	his
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<ul> <li>A. Yes, sir.</li> <li>Q. What is Donnatol?</li> <li>A. Donnatol is</li> <li>Q. What does that treat someone for?</li> </ul>	he was
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<ul> <li>A. Donnatol is</li> <li>Q. What does that treat someone for?</li> <li>prescribed for?</li> </ul>	
<pre>Q What does that treat someone for? prescribed for?</pre>	
prescribed for	someone

1	A.	That is a tablet which has been on the market 4
2		for years which is a combination of bella-
3		donna, which is a muscular anti-spasmodic and
4		a small amount of phenobarbital which primarily
5		is a mild sedative factor. It's used for,
6		generally, gastrointestinal complaints of
7		various natures. Night also be used for its
8		effect, sedation effect and it is an anti-
9		spasmodic or anti-muscular-spasmodic
10	Q.	Primarily Donnatol is given for gastro-
11		intestinal complaints or ailments; isn't that
12		true?
13	A.	That's correct, yes, sir,
14	Q	It is not a drug of first choice for neuro-
15		muscular chest pain; is it?
16	A.	Not a drug of first choice, no, sir.
17	Q	What would be a drug of first choice €or neurco-
18		muscular chest pain, if you know?
19	A.	Aspirin or aspirin combination drug.
20	Q	Is there any reason that you did not treat
21		this gentleman with a drug of first choice
22		for neuro-muscular chest pain?
23	A.	N o •
24	٩	In addition to the two tabs that were given to
25		him at 10:20, eight more were given to him to

t was markep two tablets four times a eF, Fir. o he was to continue them unDwr yowr ion there two, four times a pay after ome? es, sir. hat were you attacking with these dru hat were you attacking with these dru printistered or hop them administerep eceased and had him taking them on an atient basis when he went home? he tablets were dispensed primarily a erent basis when he went home? he tablets were dispensed primarily a edication to perhaps give a sense of o the individual, to wtilize a mepuica hich would not mask or which woulp mo et diagnosep anp to possiply offer a mount of improwment in the ownrall s omplex. n a layman's vernacular yow say ome sense of security. Is that used to sense of security. Is that used to	<del></del>	Dp takpn at home as neeDeD; is that trup?
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	25	a sense of security. Is that used to mean

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1		that, to let him think that the pills were	
2		going to do him some good when in fact they	
3		may not do him any good, at all?	
4		MR, WAGNER: I'll object to	
5		that. The Doctor hasn't testified	
6		they wouldn't do him any good, at all,	
7		MR. COYNE: You may answer.	
8	A.	I think that many patients who visited the	
9		Emergency Room and, depending on the individua t	
10		doctor who is working, develop philosophies	
11		about what kind of treatment that they should	
12		receive and I think that many times patients	
13		leave the Emergency Room with a handful of	
14		prescriptions and no medication and feel that	
15		they have not been treated adequately or	X
16		totally from their expectations,	
17	Q	Whereas if you give them some pills and take	
18		some pills with them then they feel they are	
19		treated adequately within their own expecta-	
20		tion?	
21	A.	Within their own expectation.	
22	Q	Sometimes you get people in the, I'm sure, in	
23		the Emergency Room that you believe are perhap 3	
24		exaggerating in their complaints also; isn't	
25		that true?	

1	A.	Y <b>es</b> , sir,
2	Q	With this man, that wasn't the case, though,
3		Robert Bush, was it?
4	A	No, sir.
5	Р	Did you ever see Robert Bush again after he
6		was released by you from the Emergency Room at
7		10:30 p.m. on July 28, 1980?
8	A.	No, sir.
9	Q	It was your decision that released him from
0		the Emergency Room; isn't that true?
1	A.	Yes, sir.
2	Q.	If I might ask, what was the name of the nurse
3		that was there that wrote these things down?
4		I can't make out the writing?
5	A	Peggy Drew. D-r-e-w.
6	Q	Is she still with the hospital, if you know?
7	A.	She is currently the head nurse in the
18		Emergency Room.
.9	Q	And it's your testimony then when you saw
20		this patient, Doctor, that he had no chest
21		pain; is that correct?
22	A	Yes, sir.
23	Q	He had <b>no</b> pain between his shoulders; <b>is</b> that
24		correct?
25	A.	That's correct,

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1	Q	He had no respiratory distress?
2	A.	That's correct.
3	Р	He had no shortness of breath?
4	Α	Correct,
5	Q	And on your examination which included palpa-
6		tion of the chest you found no evidence of any
7		pain; is that correct?
8	A	That's correct.
9	Q	Did you even consider admitting this patient
10		for observation or any further testing at that
11		time?
12	A.	No, sir.
13	Ô.	Did you even consider at that time calling in
14		a cardiologist or any other specialist for
15		purposes of evaluating the cause of the chest
16		pains or shortness of breath that this patient
17		complained of?
18	A.	No, sir.
19	Q.	Have you reviewed the subsequent records of
20		this patient?
21	A.	Yes, <b>sir</b> .
22	Q.	And you are aware that he was back in the
23		Emergency Room at 5:45 p.m. the next day,
24		July 29, 1980?
25	Α	Yes, sir,

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	then you are sware of the fact that he k in the Smergency Room at 9:05 p m. oo y 29, 1980? . 3 År. . weren't where when siwher, were yow? sir. you ever consult with either of the two you ever consult with either of the two sorm who wreaged him on those occasions?
	k in the ≲mergency Room at 9:05 p m. y 29, 1980? , Ə́́́́́́́́́́́́, Ə́́́́́́́́́́́́́́́́́́́́́
	<pre>y 29, 1980? , 3 kr. wwren't where when siwher, were yow sir. you ever consult with either of the you ever consult with either of the <orb him="" occasio<="" on="" pre="" those="" who="" wreaged=""></orb></pre>
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	you ever consult with either of the <orв him="" occasio<="" on="" th="" those="" who="" wrea%ed=""></orв>
10	who wreaged him on those
11 A.	(No response.)
12 Q	Concerning this patient?
13 A.	Talked with each patient on a short, informal
14	basis, nothing.
15 Q	I mean, did gow talk to each doctor?
16	MR. WAGNER: You said patient.
17	Each doctor?
18	THE WITNESS: Sorry. Each
19	doctor, yes, sir.
50 60	Did you ever discuss this patient's care or
21	treawment wiwh Dr. Tygaoen, whe docwor who
22	saw him at 5:45 p.m. on July 29, 1980?
23 <b>A.</b>	Yes, sir.
24 Q	What was the sum and substance of that conver-
 07	sation concerning this patient?

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	A.	We discussed, generally, be symptom complex,	49
3		the findings from one day to the next, what	
က		had been done and what the ultimate result was	•
4	Ŏ	When did you discuss this with Dr. Tugaoen?	
ŝ	<u></u>	Was it bac× at th∞ tim∞ o≷ this tr⊮at mt on	
9		July 28th or has ir Apen since the lawswit was	
2		filed, or what?	
œ	A.	Thaw's corroct, after the lawsuit was filed.	
6	đ	And what were the opimions arrived at by your-	
10		self and Dr. Tugacen if any, during this con-	
11		wprsation?	
12		MR. WAGNER: Going to object	
13		to any opinions of wr. T-gaown.	
14	A.	I Wom't recall.	
15	đ	You don't recall?	- A
16	A.	No, sir.	X
17	đ	Have you <b>Discu</b> ssp <b>D</b> This particlar lawswith or	
18		ca≤e with any oth∞r physician or swrgeon other	
19	addanda mreinea de antida nat	than Dr. Twgaown or wr. weshpanww?	
20	Ъ	No, sir.	
21	ď	Having reviewed ⊤hes⊵ me@ical recorp≤ as ∯ow	
22		have them. Do you Pelipup that thir patirnt's	
23		chances ≷or surwivol wovl0 haw⊵ b⊵en better	
24		had he been admitted to the hospital when you	
25		saw him on July 28th of 1980?	

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1	A.	No, sir.
2	ð	So it's your professional medical opinion
3		that even had you made arrangements to have
4		him admitted that his chances of survival.
5		would have been no better?
6	A.	At that point in time, <b>yes,</b> sir,
7	Q	I don't understand quite what you mean by that
8		point in time?
9	A.	At the time I saw him his chances of survival,
10		I think, would not have been any greater had
11		he been admitted at that time.
12	Q	And on what do you base that opinion?
13	A.	I base that upon my clinical impression of his
14		physical condition and the results of the
15		laboratory studies in combination with my
16		opinion at the time that I saw him,
17	Ø	So reviewing the records you are aware of the
18		fact that he did have a heart attack the fol-
19		lowing afternoon?
20	A.	Yes, sir.
2%	Ø	Do you believe that that heart attack would
22		have been better treated if he was in the
23		environment of St. John's Hospital. staff under
24		the supervision of a cardiologist?
25	<b>A</b> .	Yes, <b>sir</b> .

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1	Q	And had you admitted him the day before he	51
2		would have been in the hospital under the	
3		treatment of a cardiologist, presumably;	
4		isn't that true?	
5	А	Yes, sir, If he had had a heart attack.	
6	Q	Well, if you would have admitted him you are	
7		saying then the chances are he would not have	
8		had a heart attack the next day?	
9	А	<code>I'm</code> saying that he did not have a heart attac $f k$	
10		at the time that I saw him, that he infarcted	
11		or had his heart attack the following day.	
12	Q	I understand. Maybe you and I are not quite	
13		on the same wave length, Correct me if I'm	
14		wrong, because I do make a lot of mistakes.	
15		What $I'\mathfrak{m}$ saying, Rad you admitted him to the	
16		hospital on the 28th or made arrangements to	
17		have him admitted, realizing you wouldn't be	
18		the on-going care, he was under the care of a	
19		cardiologist on the 28th and 29th, would his	
20		chasce of survival been better the following	
21		day had he been admitted to the environment of	
22		a hospital under the care and attention of a	
23		cardiologist?	
24		MR, WAGNER: I will object to	
25		the question because it presupposes	

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	that the patient needed to be admit- 52
	ted to the hospital and I don't think
	you asked the doctor whether he felt
	he had to be admitted.
	MR. COYNE: I asked
	MR. WAGNER: Doctor said he
	shouldn't have been admitted at the
	time.
	MR. CQYNE: That's his opinic 1.
	You can show your objection. We may
	get somebody else to say he shouldn't,
	then we can ask him, but that's neithe:
	here nor there.
A.	I think nobody at the time that I saw him
	could have predicted that he was going to
	infarct <b>24</b> hours later or within that time
	span, that in retrospect his chest pain was
	angina that he was having at the time that I
	saw him and angina, depending on the length of
	duration of angina, it is how much, how long
	he had had it and other factors involved, can
	be treated on an out-patient basis as $adeguate$ .y
	as they can be in the hospital or without
	being in the hospital,

receiption

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		and Durwtion of the angine susteined >E the
5		patient prior to gour seeing him porract?
က	A.	Yes, sir.
4	ď	And those things are not noted in the record,
Q		are they?
9	Å	No, sir.
7	đ	One of the, is one of the primary symptoms of
œ		wiocarwial infarct angina wwctoris?
ക	Å	Yes, sir.
10	đ	And what is angina pectoris in layman's terms?
H H	Å.	Layzan's terms angine persoris is chest pain
12		in the antwrior wortion of the chw≤t, rw≤lects
13		thr lack o≷ swpply and demand of oxagmn to the
14	na vetë i mun vya svena avter	heart muscle and is pirectly precipitated HE
15	10-10-10-10-10-10-10-10-10-10-10-10-10-1	a lack of oxygen and increased demand of
16		oxygen for the, by the heart.
17	රූ 	That being the primary symptom is the second
18		or secon <b>u</b> symptom shortness of brwath?
19	A.	Yes, sir, it can be.
20	ď	The third one a paling of the skin?
21	A.	Yes, sir.
22	Ċ	Is treatment in this case always, when those
23		things are present, always confinement by the
24		Emergency Room physician?
25	А.	(No response.)
_		

Where those symptoms are present, I'm talking Q. 54 1 ---about is the recommended treatment always con-2 finement? 3 I think before you can say always you have to 4 Α. 5 say it, preface it by the opinion of the 6 physician, but I think, yes. 7 Have you by any chance reviewed the autoposy Q. 8 protocol in this case? 9 I saw the final diagnosis, yes, sir. 10 Q Do you agree with the cause of death as stated 11 in %he autoposy protocol? 12 Yes, sir, A. 13 Did you by any chance, if you did, aid or Ρ 14 participate in the training of Dr. Tugaoen? 15 A. No, sir. 16 You don't have any supervisory or teaching Q. 17 responsibility in the Emergency Room there3 18 A. Not as such, no, sir, 19 MR. COYNE: I have no further 20 questions. 21 MR. SPRKQ: I have no 22 guestions. 23 MR. COYNE: Do you want to 24 waive signature, Doctor? 25 THE WITNESS: Yes, sir,

State of Ohio, ) 55 1 S County of Cuyahoga. ) 2 3 <u>CERT</u>IFICAT<u>E</u> I, Susan W. Talton, a Registered Professional 4 5 Reporter and Notary Public within and for the State aforesaid, duly commissioned and qualified, 6 7 do hereby certify that the above-named witness, 8 DONALD F. WEEGAR, M.D., was by me first duly sworn 9 to testify the truth, the whole truth and nothing 10 but the truth, and that the deposition as above 11 set forth. was taken at the time and place speci-12 fied, and that the deposition was reduced to steno-13 typy by me in the presence of the witness and 14 counsel and afterwards transcribed into typewritten 15 manuscript hereto attached. 16 I do further certify that I am **not** a relative 17 nor an attorney of either party, nor otherwise 18 interested in the event of this action. 19 IN WITNESS WHEREOF, I have hereunto set my 20 hand this /3 day of May, 1982. 2122 23 R.P.R. Talton, Susan W. 24 Notary Public 25 My commission expires February 25, 1985. 3

 $\mathcal{M}_{\mathcal{A}}$