State of Ohio, )
) §
County of Cuyahoga. )

Doc. 449

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IN THE COURT OF COMMON PLEAS

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KATHLEEN BUSH, Individually and as Administratrix of the Estate of ROBERT A. BUSH, Deceased,

Plaintiff,

vs.

FRANCIS A. GREICIUS, M.D. & ASSOCIATES, INC., et al,

Defendants

Case No. 81-030558

Judge James J. McGettrick

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Deposition of DONALD F. WEEGAR, M.D., one of the defendants herein, taken by Plaintiff as upon cross-examination pursuant to agreement among counsel pursuant to the Ohio Rules of Civil Procedure before Susan W Talton, a Registered Professional Reporter and Notary Public within and for the State of Ohio on Tuesday, May 4th, 1982 at the offices of William J. Coyne & Associates, 1234 Standard Building, Cleveland, Ohio.

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APPEARANCES:

William J. Coyne,

William J. Coyne & Associates
1234 Standard Building
Cleveland, Ohio 44113

On behalf of the Plaintiff;

Paul C. Wagner, Jr.,

McNamara, Gemperline & Wagner
608 Mall Building
118 St. Clair Avenue ME
Cleveland, Ohio 44114

On behalf of all Defendants
excluding St. John Hospital;

Gregory Sirko,

Reminger & Reminger
300 Leader Building
Cleveland, Ohio 44114

On behalf of Defendant
St. John Hospital.

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P R O C E E D I N G S

MR, COYNE: Let the record reflect that this is Cuyahoga County Common Pleas Court Case Number 30558 on the docket of Judge James M. McGettrick entitled Kathleen Bush, individually and as Administratrix of the estate of Robert A, Bush, Deceased Plaintiff versus Francis A. Greicius, M.D. and Associates, Inc., et al.

That we are here today for purposes of obtaining the sworn deposition of one of the Co-Defendants, Donald F. Weegar, M.D., under cross-examination pursuant to the Ohio Rules of Civil Procedure for discovery purposes; that Dr. Weegar is represented by his attorney, Mr. Paul Wagner and that St. John Hospital is represented by Attorney Greg Sirko who is attending on behalf of Fred Fifner of the same office and that all other Defendants herein are also represented by Mr. Paul Wagner and this deposition is being taken pursuant to my request

of Mr. Wagner and we settled on today's date by agreement and that Dr. Weegar has been duly sworn,

Dr. Weegar, I am going to ask you some questions and if I ask you anything that you do not understand or if I ask you any question that might in any way confuse you, if you would bring it to my attention I will try and clarify the question for you, Would you do that, Doctor?

THE WETNESS: Yes, thank you.

MR. COYNE: I will also ask that you answer each question audibly so the court reporter can take down everything that you have to say. Will you do that, Doctor?

THE WITNESS: Yes.

MR. COYNE: You understand that everything you say here today is under oath?

THE WITNESS: Yes, sir.

defendant herein, called by Plaintiff as upon cross-examination having been first duly sworn as hereinafter certified was examined and testified as follows:

CROSS-EXAMINATION OF DONALD F. WEEGAR, M.D.

by Mr. Coyne:

Q. Would you please state your full name?

A. My full name is Donald Frederic Weegar. W-e-e-g-a-r.

Q. What is your present residence address?

A. My present residence address is 12550 Lake Avenue, Lakewood, Ohio 44107.

Q. Do you maintain an office in your profession?

A. No, sir.

Q. Would you state what your profession is?

A. My profession is practicing physician.

Q. And would you tell me, please, commencing with your college education, your background and training?

A. My college education dates from 1942 to 1943 at Syracuse University following which I joined the United States Navy, was returned to college, attended while under the auspices of the Navy of Villanova College, Franklin and Marshall

University from which school I graduated under their program in 1947 with a Bachelor of Science in Chemistry.

I attended the University of Buffalo School of Medicine from the years 1945 to 3.950 and received an M. D. degree, From 1950 to 1951 I had a rotating internship at the Deaconess Hospital on Reilly Street in Buffalo, New York following which in July of 1951 to July of 1953 spent two years in the Armed Forces of the United States as a First Lieutenant in the Army Reserve. From 1953 until 1962 I did the general practice of medicine in Allegany, spelled A-l-l-e-g-a-n-y, New York until 1962 at which time I took employment with General Motors Corporation and have been so employed as a physician for the General Motors Corporation since that time; in addition to my employment with the General Motors Corporation I had an expressed interest in Emergency Medicine which, because of the expressed interest and the time available, proceeded to involve myself in the new practice of Emergency Medicine which has been from 1963 until the current date.

Q. You are presently on the staff of what hospitals?

A. I'm on the staff of St. John's Hospital at 7811 Detroit, Cleveland, and Euclid Genera1 Hospital in East Cleveland and I'm not sure of the address.

Q. YOu have been on the St. John Hospital staff from when to the present time?

A. 1962.

Q. The Euclid General Hospital from when?

A. Same period of time, sir,

Q. You said East Cleveland. Is that Euclid General in Euclid, Ohio?

A. Yes, sir. Euclid, Ohio.

Q. And you are not on the staff of any other hospitals, presently?

A. Not presently.

Q. From '62 to the present, '62 being when you started practicing in Ohio, have you been on the staff of any other hospitals?

A. Yes, sir,

Q. What other hospitals?

A. I have been on the staff of Fairview General Hospital and Huron Road Hospital,

Q. When did you leave the staff of Fairview

Hospital?

A. Approximately 1975.

Q. When did you leave the Huron Road Hospital staff?

A. I'm sorry, I can't give you an exact date on that,

Q. Approximately?

MR. WAGNER: You don't have to guess, Doctor, if you don't know.

Q. Give me your best recollection if you can. Doesn't have to be exact?

A. 1973.

Q. Have you ever had your privileges removed by any administrative procedure at any hospital?

A. No, sir.

Q. Are you Board. certified in any particular are?

A. No, sir,

Q. In your professional capacity with the General Motors Corporation from 1962 to present what do you do for them?

A. Primarily direct the medical department of a local plant facility in all phases of occupational and unoccupational preventive health encompassing the scope, entire scope of occupational medicine.

Q. Are you at one particular plant, doctor?

A. Yes, I am at the Fisher Body Plant on East 140th and Coit Road.

Q. In your position there at the Fisher Body Plant how many hours a week does that require of your time?

A. It varies but it encompasses 40 hours a week.

Q. I take it you are paid on the basis of 40 hours a week?

A. Yes, sir.

Q. Are you salaried there?

A. Yes, sir.

Q. In addition to that from approximately 1962 up to the present time as you have indicated, you have this interest in Emergency Room Medicine, also, correct?

A. Yes, sir.

Q. Approximately how much time per week do you spend in your capacity as an Emergency Room physician?

A. Approximately 40 hours a week.

Q. Do you work in the Emergency Room of one particular hospital now?

A. Yes.

Q. Which one is that?

A. St. John Hospital.

Q. In reference to Euclid General Hospital, where you are also on the staff, do you work in that Emergency Room, at all?

A. No, sir.

Q. As a staff physician on Euclid General Hospital's staff do you admit patients into Euclid General Hospital ta any extent during a year's period of time?

A. No, sir, none. They have an industrial physician's, a component to the staff which does not allow me to admit patients but does allow me to see patients and consult with physicians on the staff regarding regarding occupational injuries which would requre admission to the hospital.

Q. I would assume that that arises out of your employment at the Fisher Body Plant; is that correct?

A. Yes, sir,

Q. Now, in relation to your employment at the Fisher Body Plant do you do such things as examine workers who are making Workman's Compensation claims for work-related jabs?

A. Yes.

Q. Is that part of your job?

A. Yes.

Q. And if you need additional expertise or treatment you would refer them to the Euclid General Hospital or Euclid Clinic?

A. Or to a list of competent specialists or physicians that we have, yes, sir.

Q. In your capacity as an Emergency Room physician might I assume, and I would ask you that in July of 1980 was your employment the same as it is today, generally speaking?

A. Yes.

Q. Was the time allotment about the same as it is today?

A. Yes, sir.

Q. And referring back to July of 1980 were you a member of a group that worked and serviced the Emergency Room at St. John Hospital?

A. Yes, sir.

Q. What was the name of that group, sir?

A. It was Francis A. Greicius and Associates, Incorporated. My capacity was not as a member of the group but as an associated independent contractor.

Q. Maybe I can get some understanding of this,

slowly, sir. That Dr. Greicius has the contracts to provide physicians for the Emergency Room in July of 1980 at St. John Hospital; is that correct?

A. Yes, sir

Q. And when I understand now -- e saying that instead of having a direct employee of Dr. Greicius' Emergency Room group that you had some type of a contract where you worked with him as an independent contractor?

A. Yes, sir.

Q. You didn't have to work at any other hospital then, you just worked at St. John's Hospital under your contract, did you?

A. Yes.

Q. In other words, I know he services some other hospitals. He couldn't say to you, Dr. Weegar, I would like you to go to Lakewood or any other hospitals?

A. That's correct.

Q. Yours was specifically St. John's?

A. Yes, sir.

Q. I don't know if I asked, are you Board certified in any area of the specialty of medicine?

A. No, sir.

Q. Have you ever taken any Boards for the purpose of certification?

A. No, sir.

Q. Under your contract of employment or as an independent contractor, your contract with Dr. Greicius' group, did he set up the times that you were to be in the Emergency Room or was that up to you to decide?

A. It would be my choice.

Q. It was your choice?

A. Yes, sir.

Q. So you worked within your schedule at the Emergency Room presumably to coincide with your other position at General Motors' Fisher Body Plant?

A. Yes, sir.

Q. Was there ever a period of time where you furnished the Emergency Room physicians at St. John Hospital?

A. Yes, sir.

Q. From what time until what time was that?

A. 1969 to 1978.

Q. What was the name of that group, if you had a name?

A. Emergency Room Physicians' Group.

Q Was that group professionally incorporated?

A. No, sir.

Q. How many physicians did you have working for you at that time, or approximately?

A. Probably eight to twelve.

8. When you did that, then, it would be your duty to get a schedule out and see that the physicians are in the Emergency Room for servicing those duties there; is that right?

A. That's correct, yes, sir.

Q. In 1978 then did you turn that over to Dr. Greicius?

A. Yes, sir,

Q. There was nobody in between the two of you, then?

A. No, sir.

Q. Was it at that time that you worked out this independent contractor relationship with him?

A. Yes, sir, This was primarily my desire so that I could relate better my time and not accept all of the responsibilities that were contingent upon being a group member.

Q. Was Dr. Domingo Tugaoen an employee of your group when you had it?

A. No, sir.

Q Is there any particular periodical or professional manual that you receive in order to keep yourself up to date on the changes and procedures in Emergency Room medicine?

A I'm not sure I understand your reference to a manual?

Q I'll try and clarify it then. Do you receive, whatever it might be called, do you receive any type of periodical relative to Emergency Room medicine to keep yourself updated on changes in Emergency Room medicine?

A Yes, sir.

Q What manual is that, or what periodical is that?

A Periodicals are basically two; one is called Emergency Medicine which is a semi-monthly publication by an independent corporation, articles by current specialists in the field regarding all phases of emergency medicine. The other periodical is a monthly publication called The Annals of Emergency Medicine which is the basic journal of the American College of Emergency Physicians and, again, encompasses information pertinent to emergency care.

Q And you subscribe to both of those?

A. Yes, sir.
Q. Are those delive'red at your residence?
A. No, sir.
Q. At the--
A. At the plant.
Q. Those periodicals, I take it, would also bring you up to date on any changes that might be taking place in your particular field relative to emergency care of suspected heart attack patients; would it not?
A. Yes, sir.
Q. And you believe, of course, both of those periodicals to be authoritative in your particular field of Emergency Medicine; is that correct?
A. I believe so, yes,
Q. Have your, yourself, written or published any type of periodicals or papers relative to Emergency Room medicine?
A. No, sir.
Q. Have you published or had printed for dissemination amongst your peers any type of paper or documents?
A. No, sir.
Q. Have you had any specific training, obviously

since your internship, in regard to the reading and analyzing of EKGs?

A. Only in conjunction with short-term seminars available on a periodical basis directly related to emergency care plus that obtained from cardiologists on the staff on an informal basis over the years.

Q. Aside from the informal basis, though, since you were in your internship you said you did go to a, presumably one or more seminars dealing with the reading and analyzing of EKGs; is that right?

A. This was incorporated in the whole program, yes, sir.

Q. Do you recall how long after that was, to the best of your recollection?

A. Best of my recollection the last was in 1981.

Q. Where was that?

A. It was in Detroit, Michigan.

Q. And that was sponsored, by whom?

A. It was sponsored by the General Motors Corporation under the auspices of Wayne State University and the American Heart Association.

Q. Prior to that, say prior to July of 1980, wher was the last seminar dealing with that subject

that you attended?

A. Specifically, I don't recall.

Q. To the best of your recollection?

A. The dates, the membership, of course, in the American College of Emergency Physicians requires 50 hours of post-graduate training per year and of, I have maintained this without any difficulty up to the last several courses but, last cardiogram would have been in Johns Hopkins University in Baltimore, I think the prior year, 1979.

Q. By the way, Doctor, before I go any further, do you treat any patients privately?

A. No, sir.

Q. All of your patient work is through the Emergency Room at St. John's or through the General Motors' position at Fisher Body?

A. That's correct, yes, sir.

Q. Now, Doctor, referring your recollection back to July 28 of 1980 you had occasion in the course and scope of your Emergency Room duties to treat one Robert Bush; isn't that true?

A. Yes, sir.

Q. I'm sure you have read the Emergency Room records relative to that matter on several

occasions, haven't you?

A Yes, sir,

Q Bid you review them today before you came here?

A Yes, sir.

Q You may, if you so desire at any time that I ask any question concerning this matter, refer to the hospital records,

A Thank you.

Q On July 28, 1980, what shift were you working?

A I was working the 8:00 p.m. to 8:00 a.m. shift.

Q So you worked twelve-hour shifts, then?

A Yes, sir,

Q How many days a week would you work that type of a shift?

A Three.

Q Bo you remember what day of the week July 28, 1980 was on?

A Yes, sir, It was a Monday.

Q What would you do then at 8:00 a.m., say, wher you finished your shift? Did you go directly to General Motors and work your position over there?

A After I changed clothes and take a shower,

Q. Then go right over there?

A. Yes, sir.

Q. Did you have any specific days of the week that you were working in July, this July 28th day you say you remember was a Monday?

A. I don't recall the specific days, The days that I generally work are Monday, Wednesday and Thursday.

P Would it generally be the same shift?

A Yes, sir.

Q. If you want to refer to the records, what time did you first see Robert Bush, the deceased in this case?

A. According to the record I saw him at approximately 9:20 p.m. in the evening of September(sic) 28, '80.

Q. To your present recollection do you recall whether that particular evening was busy; usually busy or do you have any recollection at this time?

R I have no recollection.

e I'm sure that some evenings you are run off your feet and other evenings are rather slow; is that correct?

A. That's correct.

8 And to this particular evening you don't recall?

A. Right.

Q. Now, Doctor, were you the only physician on duty in the Emergency Room at that time?

A. Yes, sir.

Q. In your capacity as an Emergency Room physician on duty there is a list, as I would understand it, at the hospital where if you need a specialist you can refer to the list and someone is on call to come in and assist you; isn't that true?

A. Correct.

Q. And that would be true in any field; neurosurgeon, plastic surgeon, cardiologist, or whatever. Isn't that true?

A. Yes, sir.

Q. The judgement as to when to call in one of these specialists rests within the sound discretion of the Emergency Room physician; isn't that true?

A. That's correct.

Q. Relative to the patient, Robert Bush, you have indicated that you first say him at 9:20 p.m. on July 28, 1980. Do you, yourself, have any

independent recollection of this gentleman? Without referring to the records, do you have a specific individual recollection of this man?

A. In retrospect I have a visualization of his physical characteristics, yes, sir.

Q. You do have a visualization of his physical characteristics?

A. Generally speaking, yes, sir,

Q. Can you describe his appearance for me; height, weight, as best you recall it right now?

A. To the best of my recollection he had dark hair, He was a muscular, stocky build, a somewhat boyish, healthy face and appeared to be of a vigorous nature as opposed to ascetic in mature.

Q. Do you have any recollection as to what his height might have been?

A. Rough estimate would be five-six, five-eight.

Q. And do you have any rough recollection as to what his weight might have been at that time?

A. I would say 180 to 20Q pounds.

Q. And in reference to his hair, was he balding or did he have a reasonably healthy--

A. He had a reasonable set of dark hair.

Q. And it was dark, to your recollection?

A Yes, sir.

Q. Did he wear glasses, if you recall?

A. Not that I recall.

0 When you first saw him I'm sure you took a history from him; is that correct?

A. Yes, sir.

Q. What was the history that you took from him?

A. History, to the best of my recollection, was that he had developed some anterior chest pain the morning of the evening that he came to the hospital.

Q. By "anterior" you mean, what?

A. As opposed to posterior or pain in the back.

Q. Anterior is the front?

A. Front part of the chest.

Q. Posterior on the rear?

Yes, sir, I don't have any recollection as to whether this was brought on by exertion; specifically that the radiation was of the pain other than what was stated on the chart. The associated symptoms of nausea, vomiting, sweating, shortness of breath, as to the specifics of what he told me I don't recall,

Q. Your recollection, though, as to the history is that this anterior chest pain began in the A.M. sometime; is that correct?

A. Yes, sir.

Q. When it was in the A.M., the records do not reflect?

A. Correct.

Q. And you have no independent recollection; is that true?

A. Yes, sir.

Q. As to what brought on the chest pain, you have no recollection either as to whether it was exertion or anything else; is that correct?

A. That's correct.

Q. So that I understand at this juncture, realizing and presuming this by, you do not recall the history as to the onset of this in the A.M., whether it was, is that something that you would have asked him at that time and perhaps forgotten in the meantime or is that so [illegible] you would have thought would have been relatively unimportant?

A. That is something what I would have asked him and have forgotten in the meantime.

Q. Is it your normal procedure to put into the

records the history as to the origin, the timing of the origin and how it occurred; ordinarily do you put that in the record or not?

A. Generally the physician will, depending upon time circumstances, will put into a record what he feels are pertinent facts, eliminate a great many of the negative questions but will have developed over a period of time a protocol of questions that he asks an individual presenting with symptoms that would enable him to, in some part, analyse it,

Q. Do you know why you didn't put down the chronological origin of this patient or the onset of the pain in this record in this case? Do you know why you did not do those things; if you recall?

A. I don't recall, specifically.

Q. If you will, referring directly to the record, itself, follow along with me at this time, the typed-in portion which, obviously the typed-in portion is in there before you look at the patient; isn't that true?

A. Yes, sir.

Q. That would be a girl at the desk, probably a

clerk what would you say that in?

A. Yes, sir.

Q. The description of the illness indicates that the patient was admitted emergency C and R--what does C and R mean?

A. Conscious and rational, which is a standard form.

Q. (continuing) to the Emergency Room complaining of chest pain and shortness of breath. That's what the girl had typed in before you saw him, isn't that true?

A. That's right.

Q. Now, when you saw him I assume you confirmed that with the patient to make sure what the girl had typed in was accurate?

A. At the time he saw the secretary he was having or had had, a, immediately preceding to, a chest pain and shortness of breath which he did not have at the time I saw him.

Q. Am I to understand that when you saw this patient he did not have chest pain or shortness of breath?

A. That's correct.

Q. He didn't have either one of those?

A. No, sir.

Q. Do you know how much time expired between the time that he gave you this history to the clerk and the time that you saw him?

A. I would say that it could well have involved five to ten minutes,

Q. Bid you ask him how long ago that pain and shortness of breath had disappeared?

A. I don't recall specifically but I'm sure I did.

Q. But it's not reflected in the records, is it?

A. As to the time span? No, sir.

Q. Is this portion here your handwriting where it says, States pain radiates between shoulder blades. Is that your handwriting?

A. No, sir.

Q. Do you know who wrote that in, Doctor?

A. Yes, sir.

Q. Who wrote that in?

A. The nurse on duty at the time whose name is Peggy Drew.

Q. Did you find when you made your physical examination of this man pain radiating between his shoulders?

A. No, sir, I did not.

Q. Did the nurse make an examination of this man before you got to him?

A. She discussed his situation, I'm sure, in the process of preparing him to be seen by the physician.

Q. So if she found pain radiating between the shoulders when she was with him, when you examined him you didn't find any of that pain between the shoulders; is that correct?

MR. WAGNER: I'm going to object to your question, Mr. Coyne. It doesn't say that she found pain, It says, States pain, Doesn't state who stated. It doesn't say he stated, I think your question is misleading.

MR. COYNE: If the nurse, we will have to ask the nurse later.

Q. If she found, if she did, when you examined him, you didn't find the pain between the shoulders?

A. He did not indicate, in fact, he indicated that he had no pain at the time I saw him.

Q. Under his history and physical in that block there is everything in your writing?

A. Yes, sir.

Q. Would you read for the record so that we have it accurately, everything that you wrote under

history and physical?

A. My impression was that his color was good on--

Q. First of all, rather than give me your impression, all I want right now is to that it's in the record, what you see that you wrote down under the history and physical?

A. Color was good No respiratory distress. Heart tones were good. Regular sinus rhythm, lungs were clear and resonant, the abdomen was soft with no local tenderness and no pain now.

Q. Then underneath that is diagnosis and impression and that's your writing, also, is it, Doctor?

A. Yes, sir.

Q. What did you write under there?

A. Neuromuscular chest pain.

Q. And then underneath there is treatment and results. Is that your writing?

A. Yes, sir.

Q. What did you wri e in there?

A. I wrote that I h d examined, ordered an electrocardiogram, a chest X-ray, coronary care unit blood work and the treatment Donnatol tablets 2 Stat and Donnatol tablets

eight to go home, 2 Q.I.D. and with instructions to follow with his personal M.D.

Q. Then below that the nurse's notes, I take it you didn't write in that anywhere, did you?

A. No, sir.

Q. Can you read those nurse's notes?

A. Yes, sir.

Q. Would you read them in the record, please?

A. Nurse's notes read examination monitor, ERG, complete blood count CBC and differential SMA six, SGOT, SLDH, CK, PT, PTT, chest X-ray, Donnatol tablets 2 P. O. at 10:25 p.m. and Donnatol number eight home, advise to rest and, call contact PMD for follow-up care.

Q. Is there anywhere else on this page that you wrote anything?

A. I wrote that his condition on discharge from the hospital was stable and--

Q. Where are you reading from?

A. Lower left corner.

Q. Is that just a word, stable?

A. Yes, sir.

Q. Anywhere else that you wrote anything?

A. No, sir,

Q. And that's your signature there, I take it?

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

indicates to the trained eye of the Emergency Room physician, first of all that there might be a heart problem?

A This history is the most important part of the overall treatment, I feel, of an indivicual. You would either take from the record that he had given to the secretary or ask him relative to his complaints and in this case, of course, with chest pains and shortness of breath, to determine the underlying origin of this chest pain, one would in the history ask him initially, I think, depending upon his overall condition, where the chest pain was, when it had started, what had precipitated that pain, whether exertion, whether it came after eating, whether it was due to normal stress, had he had the pain before on any occasion, either remotely or recently, whether the description of the pain as to whether it was a burning or an oppressive or stabbing or sharp, whether the pain was related to food intake, whether it radiated either into his shoulders, into his neck, down his arms, up into his jaw, or into his abdomen, whether there was associated nausea, vomiting, sweating, weak feeling,

dizziness, shortness of breath, the duration of his pain in matters of minutes or hours, the presence or absence of other conditions which might have qualified his chest pain, whether there was an evidence of trauma, chronic lung disease, chronic abdominal disease, any diseases of the bones and joints, either of the ribs or the back or the arms or the neck or the shoulders.

Q. Those are the things that a good, competent Emergency Room physician should inquire of the patient to make an evaluation of his condition relative to any type of a heart problem, correct?

A. Relative to any type of pain in the chest which might be related to a heart problem, yes, sir,

Q. When those questions are asked and when those questions are answered by the patient shouldn't those responses, that is, the history of the patient given you, shouldn't that be communicated to the hospital record by the Emergency Room physician under the history?

A. I think the negative responses could be voluminous to the point where it would be

detracting from the immediate care of the individual who could conceivably have a critical condition and if time was alloted to recording all of this negative information or potentially negative information, you could--

Q. Well, Doctor, realizing that if you put the answer to all of these questions in the record you would have a rather voluminous record--

A. Right,

Q. --aren't there certain key responses that the physician looks for in evaluating chest pain and shortness of breath that should be noted in the record under the category History that invariably should be noted there?

A. (No response.)

Q. Would you agree that the duration of the pain would be one of those items that should be noted in the record? Would you agree with that?

A. Yes, sir.

Q. Would you agree that the time of origin of th pain should be noted in the record?

A. Yes, sir.

Q. Would you agree that the cause or origin of the pain should be noted in the record such a

you have gone over it, be it following eating, physical exertion and athletic activities or perhaps trauma. Shouldn't that be noted in the record?

A. If you have predetermined that this is a potential cardiac case, I think that the most common cause of chest pain in the Emergency Room is not cardiac, It is musculo-skeletal and if you start saying that every occasion of chest pain that these things should be marked, I think that this is a moot point depending upon the individual and certainly can give you more of an indication in looking at the chart--

Q. Doctor, to back up for a moment, we were dealing with the causes or origins of chest pain and shortness of breath when the physician is treating a patient for that.

A. That's correct,

Q. My last question was do you believe that the origin of the chest pain and shortness of breath, be it following eating, upon rising from sleep, following exertion such as an athletic activity or trauma, don't you think that should be noted in any case where you're treating chest pain and shortness of breath?

A. Yes, sir.

Q. You have indicated that by way of outward manifestations, evaluating chest pain to determine the cause of that chest pain, be it a heart attack, heart problem or whatever, that the first thing that you believe in these outward manifestations that you used to reach a working diagnosis, first thing would be a complete and accurate history. What is the second thing?

A. Physical examination.

Q. And what type of a physical exam do you do to reach a working diagnosis where the complaint is chest pain and shortness of breath?

A. I think initially you observe the patient, you look at him, take his general condition into consideration and evaluate him on an immediate basis, depending upon what his symptoms are that he had presented, depending upon this feeling you would then go ahead and examine him visually and then with palpation.

Q. Bid you palpate the chest of Robert Bush when you saw him on July 28th?

A. Yes, sir,

Q. What were the results of your palpating the

chest?

A Primarily I would palpate for, in the areas of local tenderness, in the rib cage. I would palpate for abnormal sensations which might be transmitted through the chest wall to the examining fingers which might give an indication of a problem. I would examine the abdomen to determine whether any extrinsic causes of the pain might be evident in the abdomen, in the extremities, in the back os in the rib cage, generally speaking,

Q You say you did examine his chest, You did palpate?

A Yes, sir,

Q Bid you find any evidence of chest pain on palpation?

A No, sir.

Q Is it noted in the records there that you palpated the chest and found no pain there?

A No, sir,

Q You have indicated that the history is the most important thing and then the physical examination. Is these anything that you did by way of physical examination to Robert Bush that you haven't told we about at this time?

A. Yes, sir, I listened to his heart and lungs and abdomen with a stethescope.

Q. When you listened to his heart, lungs and abdomen with a stethescope did you observe anything abnormal or unusual?

A. No, air,

Q. What else did you do, Doctor?

A. Based upon the history and the physical examination, ordered some additional laboratory studies which would possibly help me to determine the severity and the nature of his chest pain and shortness of breath,

Q. Those were the blood tests and EKG and the X-rays?

A. Yes, sir.

Q. As a result of the, were you the one who read the EKG?

A. Yes, sir.

Q. And you still Rave that report in front of you today, I believe, right?

A. Yes, sir.

Q. Was there anything unusual about the EKG that you reviewed?

A. No, sir,

Q. Nothing abnormal, at all?

A. That I could see.
Q. Did you read that, yourself, before you released him from the Emergency Room?
A. Yes, sir.
Q. No one else? You didn't consult with anyone else on the EKG before you released him, did you?
A No, sir,
Q. Up there it says, referred by Dr. Furnish. Is that because Dr. Fumich was his family physician?
A. That's correct,
Q. You reviewed the X-rays, also; did you?
A Yes, sir,
Q. And you found nothing unusual in the X-rays?
A. Not of an accute nature.
Q. There is an X-ray report in your Emergency Room record that you have in your hand there. Is that true, Doctor?
A Yes, sir.
Q. And it indicated, is that--do you know who signed that, what doctor?
A. Yes, sir,
Q. Is that Hardy?
A. Hady. H-a-d-y.

Q. Is he a radiologist on the staff there at St. John's?
A. Yes.
Q. Did you consult with him before the deceased was released from the Emergency Room or is that a report that he made later on as is sometimes done?
A. That was a report made later on that--I did not consult him at the time.
Q. Do you agree with the findings of Dr. Mady?
A. I don't recall,
Q. When you booked at the X-ray did you observe a left neural thickening?
A. I may have, but E don't recall specifically.
Q. A left neural thickening would have indicated what to you, if anything?
A. Left neural thickening would have indicated to me chronic, long-standing minimal or old lung disease. Nothing of an accute nature.
Q. And these are the radiological findings of the chest or lungs; is that correct?
A. Yes, sir.
Q. Up above that it shows blunting of the left costo-phrenic angle is present. Relative to, that's speaking in the area of the heart, wha

does that indicate to you, if anything?

A. That indicates the area between the, where the diaphragm and the rib cage come together on the left side of the chest which showed some increased density which he was not able to determine as to whether it was a thickening or a minimal amount of fluid.

Q. Is that in the heart or the arteries or veins?

A. No, sir.

Q. That goes to the heart?

A. That's on the outside of the chest,

Q. Rib cage?

A. Where the rib cage and the diaphragm between the chest and abdomen are attached,

Q. Was there anything that you found to be abnormal in the blood test that you ordered?

A. No, sir,

Q. There were vital signs taken in the Emergency Room, also presumably by the nurse; is that correct?

A. That's correct,

Q. You have reviewed the vital signs both then and presently?

A. Yes, sir.

Q. Bid you find anything abnormal or unusual

about any of the vital signs?

A. No, sir.

Q. Now, following your examination of this patient and your taking of the history you made a diagnosis of his condition; is that true?

A. Yes, sir.

Q. What was your diagnosis?

A. My diagnosis then I wrote on the chart was Neuromuscular chest pain.

Q. And did you have any opinion at that time as to the cause or origin of the neuromuscular chest pain, if you did?

A. No, sir.

Q. Did you prescribe anything for this patient?

A. Yes, sir, I prescribed tablets of Donnatol.

Q. As I read this, they gave him two Donnatol tabs in the Emergency Room?

A. At 10:25 p.m.

Q. That was just before he was released, correct?

A. Yes, sir.

Q. What is Donnatol?

A. Donnatol is--

Q. What does that treat someone for? What is it prescribed for?

A. That is a tablet which has been on the market for years which is a combination of belladonna, which is a muscular anti-spasmodic and a small amount of phenobarbital which primarily is a mild sedative factor. It's used for, generally, gastrointestinal complaints of various natures. Night also be used for its effect, sedation effect and it is an anti-spasmodic or anti-muscular-spasmodic--

Q. Primarily Donnatol is given for gastro-intestinal complaints or ailments; isn't that true?

A. That's correct, yes, sir,

Q. It is not a drug of first choice for neuro-muscular chest pain; is it?

A. Not a drug of first choice, no, sir.

Q. What would be a drug of first choice for neuro-muscular chest pain, if you know?

A. Aspirin or aspirin combination drug.

Q. Is there any reason that you did not treat this gentleman with a drug of first choice for neuro-muscular chest pain?

A. No.

Q. In addition to the two tabs that were given to him at 10:20, eight more were given to him to

Q. taken at home as needed; is that true?

A. It was marked two tablets four times a day, yes, sir.

Q. So he was to continue them under your prescription there two, four times a day after he went home?

A. Yes, sir.

Q. What were you attacking with these drugs, with the prescription that you gave, when you administered or had them administered to the deceased and had him taking them on an outpatient basis when he went home?

A. The tablets were dispensed primarily as a temporizing measure to supply some type of medication to perhaps give a sense of security to the individual, to utilize a medication which would not mask or which would not result in any adverse effect upon the condition which might exist which you have not yet diagnosed and to possibly offer a minimal amount of improvement in the overall symptom complex.

Q. In a layman's vernacular you say one of the reasons these pills are given is to give him a sense of security. Is that used to mean

that, to let him think that the pills were going to do him some good when in fact they may not do him any good, at all?

MR, WAGNER: I'll object to that. The Doctor hasn't testified they wouldn't do him any good, at all,

MR. COYNE: You may answer.

A. I think that many patients who visited the Emergency Room and, depending on the individual doctor who is working, develop philosophies about what kind of treatment that they should receive and I think that many times patients leave the Emergency Room with a handful of prescriptions and no medication and feel that they have not been treated adequately or totally from their expectations,

Q. Whereas if you give them some pills and take some pills with them then they feel they are treated adequately within their own expectation?

A. Within their own expectation.

Q. Sometimes you get people in the, I'm sure, in the Emergency Room that you believe are perhaps exaggerating in their complaints also; isn't that true?

A. Yes, sir,

Q. With this man, that wasn't the case, though, Robert Bush, was it?

A. No, sir.

P. Did you ever see Robert Bush again after he was released by you from the Emergency Room at 10:30 p.m. on July 28, 1980?

A. No, sir.

Q. It was your decision that released him from the Emergency Room; isn't that true?

A. Yes, sir.

Q. If I might ask, what was the name of the nurse that was there that wrote these things down? I can't make out the writing?

A. Peggy Drew. D-r-e-w.

Q. Is she still with the hospital, if you know?

A. She is currently the head nurse in the Emergency Room.

Q. And it's your testimony then when you saw this patient, Doctor, that he had no chest pain; is that correct?

A. Yes, sir.

Q. He had no pain between his shoulders; is that correct?

A. That's correct,

Q. He had no respiratory distress?

A. That's correct.

P He had no shortness of breath?

A Correct,

Q. And on your examination which included palpation of the chest you found no evidence of any pain; is that correct?

A That's correct.

Q. Did you even consider admitting this patient for observation or any further testing at that time?

A. No, sir.

Q. Did you even consider at that time calling in a cardiologist or any other specialist for purposes of evaluating the cause of the chest pains or shortness of breath that this patient complained of?

A. No, sir.

Q. Have you reviewed the subsequent records of this patient?

A. Yes, sir.

Q. And you are aware that he was back in the Emergency Room at 5:45 p.m. the next day, July 29, 1980?

A Yes, sir,

Q. I wake it you were not on duty where were you?

A. No, sir.

Q. And then you are aware of the fact that he was back in the Emergency Room at 9:05 p m. on July 29, 1980?

A. Yes, sir.

Q. You weren't where when, siwher, were yow?

A. No, sir.

Q. Did you ever consult with either of the two doctors who treated him on those occasions?

A. (No response.)

Q. Concerning this patient?

A. Talked with each patient on a short, informal basis, nothing.

Q. I mean, did you talk to each doctor?

MR. WAGNER: You said patient. Each doctor?

THE WITNESS: Sorry. Each doctor, yes, sir.

Q. Did you ever discuss this patient's care or treatment with Dr. Tagaen, the doctor who saw him at 5:45 p.m. on July 29, 1980?

A. Yes, sir.

Q. What was the sum and substance of that conversation concerning this patient?

A. We discussed, generally, the symptom complex, the findings from one day to the next, what had been done and what the ultimate result was.

Q. When did you discuss this with Dr. Tugaoen? Was it back at the time of this treatment on July 28th or has it been since the lawsuit was filed, or what?

A. That's correct, after the lawsuit was filed.

Q. And what were the opinions arrived at by yourself and Dr. Tugaoen, if any, during this conversation?

MR. WAGNER: Going to object to any opinions of Dr. Tugaoen.

A. I don't recall.

Q. You don't recall?

A. No, sir.

Q. Have you discussed this particular lawsuit or case with any other physician or surgeon other than Dr. Tugaoen or Dr. Doshpando?

A. No, sir.

Q. Having reviewed these medical records as you have them, do you believe that this patient's chances for survival would have been better had he been admitted to the hospital when you saw him on July 28th of 1980?

A. No, sir.

Q. So it's your professional medical opinion that even had you made arrangements to have him admitted that his chances of survival. would have been no better?

A. At that point in time, yes, sir,

Q. I don't understand quite what you mean by that point in time?

A. At the time I saw him his chances of survival, I think, would not have been any greater had he been admitted at that time.

Q. And on what do you base that opinion?

A. I base that upon my clinical impression of his physical condition and the results of the laboratory studies in combination with my opinion at the time that I saw him,

Q. So reviewing the records you are aware of the fact that he did have a heart attack the following afternoon?

A. Yes, sir.

Q. Do you believe that that heart attack would have been better treated if he was in the environment of St. John's Hospital. staff under the supervision of a cardiologist?

A. Yes, sir.

Q And had you admitted him the day before he would have been in the hospital under the treatment of a cardiologist, presumably; isn't that true?

A Yes, sir, If he had had a heart attack.

Q Well, if you would have admitted him you are saying then the chances are he would not have had a heart attack the next day?

A I'm saying that he did not have a heart attack at the time that I saw him, that he infarcted or had his heart attack the following day.

Q I understand. Maybe you and I are not quite on the same wave length, Correct me if I'm wrong, because I do make a lot of mistakes. What I'm saying, Rad you admitted him to the hospital on the 28th or made arrangements to have him admitted, realizing you wouldn't be the on-going care, he was under the care of a cardiologist on the 28th and 29th, would his chance of survival been better the following day had he been admitted to the environment of a hospital under the care and attention of a cardiologist?

MR. WAGNER: I will object to the question because it presupposes

that the patient needed to be admitted 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. COYNE: That's his opinion. You can show your objection. We may get somebody else to say he shouldn't, then we can ask him, but that's neither here nor there.

A. I think nobody at the time that I saw him could have predicted that he was going to infarct 24 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 adequately as they can be in the hospital or without being in the hospital,

Q. Of course, that is depending on the intensity

and duration of the angina sustained by the patient prior to your seeing him, correct?

A. Yes, sir.

Q. And those things are not noted in the record, are they?

A. No, sir.

Q. One of the, is one of the primary symptoms of myocardial infarct angina pectoris?

A. Yes, sir.

Q. And what is angina pectoris in layman's terms?

A. Layman's terms angina pectoris is chest pain in the anterior portion of the chest, reflects the lack of supply and demand of oxygen to the heart muscle and is directly precipitated by a lack of oxygen and increased demand of oxygen for the, by the heart.

Q. That being the primary symptom is the second or second symptom shortness of breath?

A. Yes, sir, it can be.

Q. The third one a paling of the skin?

A. Yes, sir.

Q. Is treatment in this case always, when those things are present, always confinement by the Emergency Room physician?

A. (No response.)

Q. Where those symptoms are present, I'm talking about is the recommended treatment always confinement?

A. I think before you can say always you have to say it, preface it by the opinion of the physician, but I think, yes.

Q. Have you by any chance reviewed the autoposy protocol in this case?

I saw the final diagnosis, yes, sir.

Q. Do you agree with the cause of death as stated in %he autoposy protocol?

A. Yes, sir,

P Did you by any chance, if you did, aid or participate in the training of Dr. Tugaoen?

A. No, sir,

Q. You don't have any supervisory or teaching responsibility in the Emergency Room there3

A. Not as such, no, sir,

MR. COYNE: I have no further questions.

MR. SPRKQ: I have no questions.

MR. CQYNE: Do you want to waive signature, Doctor?

THE WITNESS: Yes, sir,

State of Ohio, )
) ss
County of Cuyahoga. )

CERTIFICATE

I, Susan W. Talton, a Registered Professional Reporter and Notary Public within and for the State aforesaid, duly commissioned and qualified, do hereby certify that the above-named witness, DONALD F. WEEGAR, M.D., was by me first duly sworn to testify the truth, the whole truth and nothing but the truth, and that the deposition as above set forth was taken at the time and place specified, and that the deposition was reduced to stenotypy by me in the presence of the witness and counsel and afterwards transcribed into typewritten manuscript hereto attached.

I do further certify that I am not a relative nor an attorney of either party, nor otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand this 13 day of May, 1982.

Susan W. Talton

Susan W. Talton, R.P.R.
Notary Public

My commission expires February 25, 1985.