SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF

- -x

Plaintiff,

-against-

Defendants.

- -x

12:10 p.m.

EXAMINATION BEFORE TRIAL of , M.D., a Defendant in the above-entitled action, held at the above time and place, taken before , a Notary Public of the State of New York, pursuant to Order.

APPEARANCES:

LAW OFFICES OF GERALD M. OGINSKI, LLC
Attorneys for Plaintiff
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BY: GERALD M. OGINSKI, ESQ.

Attorneys for all Defendants

BY:

Attorneys for Defendant

BY:

* * *

STIPULATIONS

IT IS HEREBY STIPULATED, by and among the attorneys for the respective parties hereto, that:

All rights provided by the C.P.L.R., and Part 221 of the Uniform Rules for the Conduct of Depositions, including the right to object to any question, except as to form, or to move to strike any testimony at this examination is reserved; and in addition, the failure to object to any question or to move to strike any testimony at this examination shall not be a bar or waiver to make such motion at, and is reserved to, the trial of this action.

This deposition may be sworn to by the witness being examined before a Notary Public other than the Notary Public before whom this examination was begun, but the failure to do so or to return the original of this deposition to counsel, shall not be deemed a waiver of the rights provided by Rule 3116, C.P.L.R.,

and shall be controlled thereby.

The filing of the original of this deposition is waived.

IT IS FURTHER STIPULATED, a copy of this examination shall be furnished to the attorney for the witness being examined without charge.

* * *

, the Witness herein, having first been duly sworn by the Notary Public, was examined and testified as follows:

EXAMINATION BY

MR. OGINSKI:

Q Please state your name for the record?

A .

Q Please state your address for the record?

A

Q Good afternoon, Doctor. If

this patient had suffered an intestinal leak following bowel resection, what symptoms would you expect her to have?

MR. : Object to the form. At what point in time and where?

MR. OGINSKI: Postoperatively.

MR. : Not in the OR?

MR. OGINSKI: No.

MR. : During what interval?

MR. OGINSKI: Within a day or two after her surgery.

MR. : Can you answer that in a general way?

MR. OGINSKI: This patient.

MR. : He's asking about this specific patient.

A I'm sorry, could you repeat the question?

MR. : This is kind of confusing because there was a diagnosis of post-op leak.

MR. OGINSKI: I'll rephrase it.

Q You did not participate in this patient's surgery of ; correct?

A Correct.

Q You treated her the following day, on post-op day one; correct?

A Correct.

Q On that day, you were the GYN oncology fellow?

A Correct.

Q And on post-op day one, if she had an intestinal leak following her surgery of , what symptoms would you have expected her to have?

MR. : At the time of your care and treatment on post-op day one.

MR. OGINSKI: Correct.

A Patient with a postoperative leak would present with symptoms of elevated temperatures, potentially abdominal pain, symptoms of nausea, vomiting. Those would be the symptoms I

would expect.

Q What clinical findings would you expect to see in this patient, if she had a leak following this bowel resection on post-op day number one?

MR. : Like on physical exam?

MR. OGINSKI: Correct.

A You would expect an abdomen to be possibly firm, with abdominal tenderness, signs of rebound, signs of guarding.

Q Why would you expect to see rebound or guarding?

MR. : You can answer that.

A Yes, it's not uncommon if you have spillage of enteric content into the peritoneal cavity, to develop a peritonitis when you have these abdominal signs.

Q What is peritonitis?

A Abdominal peritonitis?

Q Yes.

A It would be an inflammation of the lining of the abdomen, the peritoneum and this would coincide with findings of tenderness, rebound, guarding.

Q What is enteric contents?

A Usually these are contents within the intestines.

Q What is an incidental enterotomy?

MR. : I have to object to form. You mean as he understood in this case?

MR. OGINSKI: Yes.

MR. : Did you have an understanding of the term incidental enterotomy?

MR. OGINSKI: I'll rephrase.

Q Doctor, what is an enterotomy?

A Is when you enter the small bowel.

Q And are you aware of the term, incidental enterotomy?

A I am familiar.

Q What is that?

A This is when you enter the small bowel unintentionally.

Q Did you learn that Dr. , during the course of surgery on , created an incidental enterotomy?

A I was.

Q How did you learn that?

A During the sign out from the primary fellow.

Q Who was that?

A .

Q And at that time, I'm sorry, you said he was a fellow?

A Yes.

Q Are you aware of where Dr. practices currently?

A I am not.

Q Are you still currently working at ?

A I am.

Q In what capacity?

A I'm a fellow.

Q In what particular department

or area?

A In the department of surgery in on the GYN service.

Q How much longer do you have before you complete your fellowship?

A .

Q And do you intend on remaining at after you've completed your fellowship?

A No.

Q Where did you intend on going?

A .

Q How long has your fellowship been?

A It will be four years once it's complete.

Q What specialty is that in?

A Gynecologic oncology.

Q And am I correct that that fellowship is in addition to four years of residency?

A Correct.

Q Would that be in obstetrics and gynecology?

A Correct.
Q As you sit here now, are you board certified in any field?
A No.
Q Are you board eligible?
A Yes.
Q That would be in obstetrics and gynecology?
A Correct.
Q Am I also correct that before you can sit for your GYN oncology boards, you must complete your fellowship program?
A Correct.
Q Have you ever testified before?
MR. : Yes or no.
A In a court?
Q Anywhere, here in a setting like this, in a question and answer session, in a court case or court?
A I've given a deposition before.
Q How long ago was that?
A About four years ago.
Q Was that a case where you were

named as a party to a lawsuit?

A I don't recall.

Q Were you a participant in treatment rendered to a patient?

A I was a resident. It was a case during my training.

Q Do you have a memory as to where that case is actually pending or where it was pending, what county?

A .

Q Where did you do your residency?

A .

Q When did you finish that?

A

Q Did you have any participation in the decision or procedure that was performed on this patient on ?

MR. : That's a compound question, but it's permissible. Do you understand it?

THE WITNESS: No.

MR. : Okay, there are

two questions there.

Q Did you participate in the discussion with this patient, about what choice of surgery she was going to have ultimately on

A No.

Q Did you ever see this patient before

A No.

Q Did you ever have a conversation with this patient or her husband, Mr. before ?

A No.

MR. : The surgery was

MR. OGINSKI: Right.

MR. : Okay.

Q Did you learn from Dr. at the time of sign out, that this patient had undergone an elective hernia repair by Dr. ?

A Yes.

Q And what day did you receive

this sign out from Dr. ?

A This would have been Friday night.

Q And as far as you recall, was that the ?

MR. : If surgery was, I believe was on , which was a .

A So this would have been that night.

Q Do you have a memory of the conversation between Dr. and yourself, regarding this patient during sign out?

A I recall speaking to Dr. about sign out.

Q In addition to this patient, how many other patients were signed out to you?

A I don't recall.

Q Typically, did you have more than one patient that you were assigned to?

A Yes.

Q And for how long a time were you on this particular rotation?

MR. : When you say "rotation," can you be more specific?

MR. OGINSKI: Sure.

Q When you were taking over for Dr. , you were a fellow on the GYN oncology service; correct?

A I was a fellow in the GYN department.

Q And what was the service that you actually belonged to?

A I was an off service fellow.

Q What does that mean?

A That means I was not currently on any of the services.

Q What was your role and responsibility for taking over from Dr. that evening?

A I was on the call fellow for the weekend.

Q And in addition to caring for the GYN oncology patients, were you also caring for any other types of patients

over that weekend?

A We field consults for GYN oncology care as well.

Q Is that only at ?

A Correct.

Q Did you have a conversation with Dr. that evening, about this particular patient?

A No.

Q I would like you to tell me as best you can recall, what Dr. said to you and what you said to him, if anything, about this particular patient?

MR. : Only what you can recall without guessing, is what he's asking.

A As best I would recall, I would have gotten sign out from Dr. .

Q I'm sorry, I don't want to interrupt you. I don't want you to tell me what you would have gotten.

I would like you to tell me what he did tell you, if you remember?

MR. : He's

distinguishing what customarily would occur, which might be other things from that which actually you do remember.

Do you understand what I'm saying?

THE WITNESS: Yes.

MR. : Okay, can you do that? Is there anything that you remember, that's what he's saying?

A I recall getting sign out from Dr. that evening. I recall the procedure she had. I don't recall any specifics in addition to that.

Q What did he tell you about the procedure that she had?

A That she had an elective hernia repair, had an incidental enterotomy that was repaired and otherwise the procedure was uncomplicated.

Q Did Dr. tell you he participated in this patient's surgery?

A Yes.

Q Did he tell you that he had

spoken to the family about this incidental enterotomy?

A I don't recall.

Q Did he tell you he was present for any conversation with Dr. , at a discussion with the family or the patient about this incidental enterotomy?

A I don't recall.

Q When someone gives you sign out and you are now coming on as the on call fellow, do you typically take notes?

A I don't recall in this case, but it's my custom to take notes when I get a sign out.

Q What do you do with those notes?

In other words, are they handwritten, are they put into some sort of electronic device or computer or something else?

A They're usually handwritten notes.

Q What do you do with those notes throughout the course of your day or

evening or when you are finished with your call?

MR. : That's three questions.

Q What do you do with your notes after your call is done?

A I reference my notes as needed during my call.

Q And after, what do you do with those notes?

A I discard them in a confidential bin.

Q Is that a shredder?

A It's a bin.

Q Do you know what happens to that?

A I don't.

Q Do those notes ever get transcribed or put into the patient's chart?

A They do not.

Q Were there any other fellows on call with you, who was also responsible for caring for the same patients you were

caring for?

A No.

Q Were there any residents that rotated through that particular service?

MR. : That's a yes or no.

A Yes.

Q And did any of those residents participate in rendering care and treatment to the postoperative GYN oncology patients?

A Yes.

Q And if a particular patient had a problem or a complication, what is the sequence or chain that occurs, whereby you would be notified, as opposed to a resident?

MR. : Just object to the form. If there is an absolute sequence of events as opposed to variably in that.

MR. OGINSKI: Sure, I have no problem with that.

A Can you repeat the question?

Q Sure. How is it that you would get a call if there was a complication with a post-op patient, as opposed to a resident covering that same service?

A In general, residents can take a first call or at times, the fellow may be called directly.

Q Did you have any conversations with Dr. over the weekend that you were on call?

A Yes.

Q And specifically about this particular patient?

A Yes.

Q And when was the first time you had a conversation with him about this patient?

A I don't recall my first conversation. It would be my custom, after rounds in the morning, to notify the attending about their patients, give them an update on how they're doing.

I do recall speaking to Dr. Saturday afternoon, after rounding

on her.

Q Am I correct, you make rounds in the morning and also in the afternoon?

A Correct.

MR. : Afternoon or evening?

THE WITNESS: Late afternoon, early evening.

Q And when you make rounds, do you do it with any other residents or any other fellows?

A It depends.

Q In this particular case, do you have a memory as to who, if anyone else, participated in rounds with you on post-op patients?

MR. : When he says it depends, can you elaborate?

A Sure, it depends on availability of fellows. It depends which rounds we're talking about. If this is pre-rounds, formal rounds, afternoon rounds.

Q When you make rounds and you

examine the patient, do you typically make a note in the patient's chart, indicating that you have seen and examined the patient?

MR. : When you say "typically," I have to object to the form. Does that mean always or sometimes?

MR. OGINSKI: I'll rephrase it.

Q Would you agree, Doctor, that in most instances when you perform rounds, if you see and examine a patient, do you make a note in the patient's chart about your examination?

MR. : Objection to form.

A Would you repeat the question, I'm sorry?

MR. : I'm not sure what you mean by most instances.

Q After you see and examine a patient, do you make a note in the patient's chart?

MR. : Do you want to just ask him what he does for the

different rounds and make it easier and see if that derives more questions? I'm not telling you what you have to do, but before he gave an answer, he said pre-rounds, post-rounds, whatever, maybe that will help derive what you are trying to figure out.

Q If you see and examine a patient at any given time on rounds or otherwise and you examine them, is it your custom and practice to make a note in the patient's chart, indicating that you have seen and examined the patient and these are your findings?

A It depends.

Q On what?

A It depends on the content of the exam, the time of the exam, what the goal of that interaction with that patient was and that would determine what, if anything, I document in the chart.

Q Under what circumstances do you

make an entry in the chart?

A Again, it depends on the circumstances regarding my interaction with that patient.

Q If you are making rounds with a resident, are there instances where you will have the resident make an entry in the chart, based upon your examination of the patient?

A Can you rephrase the question?

Q Sure. If you are performing rounds on a patient and you have one or more residents with you, are there instances where you will not make an entry in the patient's chart, but instead direct one of the residents to make an entry in the chart?

A There may be times, yes.

Q Now, in preparation for today's question session, did you have a chance to review this patient's records?

A I reviewed my notes in her record.

Q And the notes that appear for

, do they reflect notes you made at the time of rounds or at other points during the day?

A I believe I have two notes. One would have been my morning rounds and the second note would have been after evaluating the patient in the late afternoon rounds.

Q Now, do you have a memory of your conversation with Dr. , after you made morning rounds?

A I do not.

Q Do you have a memory of your conversation with Dr. in the afternoon or early evening?

A I recall speaking with Dr. and updating him on my findings with the patient.

Q Can you be specific, please?

A Can I refer to my note?

Q I'll go through the notes with you.

Separate and apart from what's contained in the note, do you have a

memory as you sit here now, of what you said to him and he said to you?

MR. : Not all the details, just some of them, if they stand out.

A I remember contacting Dr. and describing that the patient had been complaining of some chest discomfort. And I remember describing our plan at the time for management.

Q Which was what?

A Which was to order an EKG, obtain the medicine consult.

Q Anything else?

A That's all I recall.

Q Did you suggest to Dr. any possibilities or possible diagnoses?

A I don't recall.

Q Did Dr. suggest to you what he was thinking, based upon the presentation that you described?

A I don't recall.

Q Did you in fact order an EKG?

A An EKG was ordered, yes.

Q Did you order a medicine consult?

A A medicine consult was ordered, yes.

Q Did you also have a conversation with Dr. about calling in a cardiologist for a consultation?

MR. : Or was that already done or did they talk about that?

Q Did you have any conversation about calling in a cardiology consult?

A I don't recall speaking to him about that.

Q Did you have any conversation with any resident who was also caring for this patient, other than Dr. , about the patient's complaint of chest discomfort?

A At the time of rounds, I'm sure I would have discussed our plan with the resident, yes.

Q I don't want you to guess. I'm

asking, do you have a specific memory as you sit here now, of having a specific conversation with any resident?

A At the time of rounds, I rounded with my resident and we came up with the plan.

Q Who was that?

A Dr. .

Q And what was Dr. position at that time?

A Dr. as a rotating resident on the GYN surgery service.

Q Do you know what year?

A I do not.

Q Does Dr. still work at ?

A Not that I'm aware.

Q Are you aware of where he works?

A No, they're rotating residents from all over New York.

Q Do you have a specific memory of the conversation you had with Dr. about this patient?

A I don't recall.
Q Do you have any notes in this patient's chart about any conversation you had with Dr. ?
A I don't believe there are any notes from a conversation I had with Dr. , no.
Q Do you have any notes in this chart about any conversation you had with Dr. , regarding the sign out he made to you that evening?
A Do I have a note in the chart that I spoke to Dr. , no.
Q Now, you told me a little earlier that leakage of intestinal contents into the abdomen can cause irritation of the peritoneum; correct?
A Yes.
Q And that's known as peritonitis?
A Yes.
Q Can leakage of intestinal contents into the abdomen cause hypotension?

A It's not typical presentation, but I suppose it could.

Q Can leakage of intestinal contents in the abdomen cause infection?

A Yes.

Q Can leakage of intestinal contents in the abdomen cause sepsis?

A Yes.

Q What is sepsis?

A Sepsis is a systemic response to a documented infection.

Q What are the clinical signs of sepsis?

A Some of the clinical signs of sepsis are fever, potential change in blood pressure, potential change in kidney function, potential change in respiratory function.

Q Was there any suggestion in your mind on , whether this patient had evidence of sepsis when you saw and examined her at any time on ?

A Can you rephrase the question?

Q Sure. On , when you saw this patient, was there ever any suggestion that she had signs of sepsis?

MR. : I have to object to the form.

MR. OGINSKI: That's okay, I'll rephrase it.

MR. : You mean what his impression was?

MR. OGINSKI: I'll rephrase if.

Q Did you ever form an opinion or an impression on , that this patient had signs of sepsis on ?

A On , my assessment was this patient was having episode of a cardio event.

Q Can leakage of intestinal contents into the abdomen cause EKG changes?

MR. : Object to the form, can. Is it possible?

A Not in my experience.

Q Can leakage of intestinal contents into the abdomen cause tachycardia?

MR. : Again, the same, is it possible in your understanding or experience?

A Not in my experience.

Q Can leakage of intestinal contents into the abdomen cause ST segment changes?

A Not in my experience.

Q Did you ask Dr. or any other attending physician whether -- withdrawn.

Can leakage of intestinal contents into the abdomen exacerbate this patient's preexisting cardiac condition?

MR. : I have to object to the form of that.

Q Did you learn on -- withdrawn. When you took over the care of this patient, did you learn that she had some type of preexisting cardiac condition?

A I was aware that she had a

preexisting SVT.

Q Is that commonly known as palpitations?

A That can be called palpitation, yes.

Q Can leakage of intestinal contents into the abdomen exacerbate that particular condition?

A Not in my experience.

Q Do you know who called for a cardiac consultation on 1st?

MR. : Can you be more specific? I don't mean to be picky, but who actually made the physical call or who said go call, who made the determination?

MR. OGINSKI: Fair enough.

Q Did you request a cardiac consultation on ?

A I don't recall.

Q Did Dr. request a cardiac consultation?

A I don't recall.

Q Did any resident request a

cardiac consultation on 1st?

A As best as I can remember, the medicine consult recommended the cardiology consultation.

Q Was that Dr.

A I don't recall.

Q Do you know who the medicine resident was who saw this patient?

A I don't recall.

Q Did you learn that various labs were ordered, including enzymes and troponin to rule out cardiac involvement for this patient's complaints?

A Yes.

Q Did you do those orders?

A I don't recall putting in the initial orders, but I was part of the plan for those orders.

Q Why were those orders requested?

MR. : Which orders?

MR. OGINSKI: The ones for cardiac enzymes and troponins.

A To the best of my clinical

judgment, when we saw her at that time, our concern was for a cardiac event and so we began the process to rule out the myocardial infarction.

Q What made you believe that the problem she was experiencing was related to a cardiac event, as opposed to something else?

MR. : You are asking his recollection now; right?

MR. OGINSKI: Correct.

A Based on the symptoms she was describing and her vital signs.

Q And that was the chest discomfort?

A Correct.

Q And what vital signs are you referring to?

A At that point her heart rate had increased.

Q Anything else?

A That's all I recall.

Q Did you see evidence of tachycardia on her EKG?

A Yes.

Q And did you see evidence of ST segment changes?

A Yes.

Q And what did that signify to you, if anything?

A This would again be suggestive of a cardiac event.

Q Did you learn from the patient what symptoms she would have when she had an episode of her palpitations?

A Can you rephrase the question?

Q Yes. You told me you were aware that she had a particular condition, which is commonly known as palpitations.

Did you ask the patient what symptoms she typically had when she experienced palpitations?

A Yes.

Q What did you learn?

A She would experience again, the sensation of palpitations and rapid heart rate.

Q Was any chest discomfort associated with her prior palpitations?

A Not that I recall.

Q Now, did you learn what the results were of the cardiac enzymes and labs that were drawn once you made the observation of these EKG changes?

A Yes.

Q And did you learn that there was no evidence of a myocardial infarction?

A The first troponin was negative.

Q What does that mean to you, if anything?

A You need three troponins to rule out a myocardial infarction. So that's the first step in a series of three exams.

Q Other than that first set of labs, did you learn at any time afterwards, what the other results were?

A I recall that at the end of her series of troponins, they were negative

for evidence of a myocardial infarction.

Q Once you learned that information, to what, if anything, did you attribute her chest discomfort?

A Cardiac arrhythmia.

Q And did you see evidence of a cardiac arrhythmia on her EKGs, when she initially started to complain of chest discomfort?

A She had tachycardia.

Q And is that a cardiac arrhythmia?

A It's a change in her heart rate, yes.

Q What is it about that tachycardia that would cause a patient chest discomfort?

A Increase in your heart rate is causing your heart muscle to work harder, requiring more oxygen and so potentially can cause chest discomfort.

Q Was there anything else that you attributed the patient's change in EKGs to, other than a cardiac arrhythmia?

A No.

Q At any time, did you suspect that this patient had a leakage of intestinal contents on ?

MR. : Let me object to the form.

When you say "suspect," do you mean, did he consider it and rule it out or did he rule out it? I'm not sure what you mean by suspect.

Q At any time on , did you consider the possibility that this patient's cardiac symptoms were in anyway related to leakage of intestinal content?

A Based on her complaints, her vital signs and her clinical exam, her present issues were most consistent with a cardiac event.

Q Did you have a conversation with Dr. about the patient's lab results, which revealed that this was negative for myocardial infarction?

A At the time we would have had

already the initial result, which again, one negative troponin does not rule out MI.

Q When was it that you learned that all three of the troponin tests were negative?

A These tests are done six to eight hours apart, so it would have been sometime the next day.

Q And after all those test results came back, did you have a conversation with Dr. about the patient?

A I don't recall.

Q Did you have a conversation with the patient's husband, with Mr. , about the significance of the enterotomy made during the course of surgery?

MR. : I object to the form of that. I'm not sure what you mean. What about the significance?

Q What, if anything, did it mean -- withdrawn.

Did you talk to the patient about this incidental enterotomy on ?

A I don't recall speaking to this patient specifically about the enterotomy.

Q Did you have a conversation with the patient's husband, Mr. , about the incidental enterotomy?

A I don't recall having a specific conversation about the enterotomy.

Q At the time that the patient had the chest discomfort and the EKG changes, was she stable?

A What is stable?

MR. : You can define it anyway you want to define it. How would you quantify your opinion of her stability, if you can?

A The initial presentation, which she began to describe her chest discomfort and began to have changes in her vital signs, she was stable. But she

began to decompensate.

Q How?

A Her blood pressure began to decrease and her heart rate continued to increase.

Q What is the significance of that to you?

A At that time, based on our judgment, we were concerned for cardiac event resulting in an arrhythmia and hypotension.

Q Were you aware that she was supposed to get a medication known as Metoprolol?

MR. : Object to the form, supposed to. I'm not sure what you are talking about.

Q Were you involved in any order to administer Metoprolol to this patient?

A Yes.

Q First of all, what is Metoprolol?

A Metoprolol is a beta blocker that is used for both heart rate control

and blood pressure control.

Q And why did you order this medication?

A The patient had been on chronic Metoprolol.

Q And what form did you order it in?

A Pardon?

Q How did you order it?

A I asked to restart her medications, which is an oral Metoprolol, extended release form.

Q Had you learned from the patient or her husband, that this form did not work for the patient in the past?

A This is the same medication she was taking as an out-patient and she took the day before surgery.

Q This was the extended release oral medication?

A Yes.

Q And when she began to experience this chest discomfort and the EKG changes, was a different form of

Metoprolol requested?

A I don't recall what all of the medicine recommendations were at that time.

MR. : When you say different form requested, I'm not sure who you are saying requested by, by Dr. , did he request a different form?

Q Did you request this patient receive Metoprolol in a different form, other than oral medication?

A At what point?

Q When you recognized she had the chest discomfort and the EKG changes?

A At that point, we called for a medicine consult for their recommendations.

Q Did you have a conversation with the medicine resident, or I'm sorry, with the medicine consult, about their evaluation of the patient?

A I don't recall, but I'm sure I would have.

Q Do you have anything in your notes to reflect that you had a conversation with the medicine consult?

A Can I see my note?

Q I'm going to go through the notes with you.

I'm asking, do you have a memory as you sit here now of a note --

A Repeat the question.

Q Sure. In your review of the chart, do you have a memory of seeing any notes about any conversation you had with the medicine consult?

MR. : He doesn't remember. Do you remember what your note says, is what you are asking him?

MR. OGINSKI: Yes.

A I believe in my note I document discussing with the medicine resident.

Q Did have their own intensive care unit?

A Are you asking if we have our own intensive care unit?

Q Yes.
A Yes, we do.
Q Was there any discussion about transferring this patient to the intensive care unit on ?
A There was.
Q And who was the discussion with?
A The discussion was with the intensive care unit fellow, the cardiology attending and with Dr. .
Q And who was the ICU fellow?
A I don't recall.
Q Did you have that conversation with the ICU fellow?
A Yes.
Q And when you say the conversation with -- withdrawn.
The cardiology attending, was that Dr. ?
A Yes.
Q And did you have a conversation with all these people at the same time or were they at different points?

A There wasn't a conference call, but, yes, everyone involved in the decision making, yes.

Q And what was the understanding as to why this patient was not going to be transferred to the intensive care unit at ?

A 's intensive care unit is geared towards a surgical intensive care unit. This patient's acute issues were cardiac arrhythmias and difficulty with stabilizing her cardiac status.

And Dr. felt she could receive proper cardiac care at the cardiac unit, where if she would need invasive cardiac procedures, that can be done there. We don't have those services at .

Q And what, if anything, did Dr. contribute to that discussion?

A What I recall, Dr. was in agreement that the patient needed intensive cardiac monitoring and that would be better served at .

Q Now, Dr. was called in as a consult?

A Correct.

Q And on the floor where this patient was currently situated at , was she on an EKG monitor?

A Our floor is not a telemetry floor.

Q And the EKGs that your counsel provided to me, these are taken one time events?

A This would have been a portable machine, correct.

Q Are there floors or divisions within , that do have telemetry available?

A Yes.

Q What floors would those be?

A Specifically

Q What departments or divisions are those?

A These are again general floors, patients with acute cardiac issues can be monitored there with telemetry.

Q Was it also your impression that the patient's cardiac arrhythmia was responsible for those EKG changes that you told me about earlier?

A At that time, our clinical assessment was she was having a cardiac event, either myocardial infarction or an arrhythmia, that was the result in the EKG changes.

Q When you learned after getting back the troponin labs, that there was no myocardial infarction, to what, if anything, did you attribute her EKG changes to?

MR. : I object to the form. So the next day?

MR. OGINSKI: Yes.

MR. : Did he do that?

MR. OGINSKI: Yes.

Q When you learned there was no myocardial infarction, did you come to any impression or conclusion as to what was responsible for those cardiac changes, those EKG changes?

A I don't recall.
Q Did you make a note in the patient's chart about what you felt or thought the patient's EKG changes were due to, in light of the troponins being negative?
A No, at that time she was at and I don't have privileges there.
Q Did you ever see or treat this patient at , across the street?
MR. : See or treat?
Q Did you see the patient at after ?
A Yes.
Q And tell me how that came about?
A I saw the patient Sunday morning, after completing my rounds, across the street.
Q Were there patients that you were responsible for at ?
A No.
Q When you say ---I want to be

clear, Doctor.

A Sure.

Q You have no privileges at ; correct?

A Correct.

Q And when you say you saw her Sunday morning, was this a social visit or was this as a treating physician?

A I was following up on how the patient was doing.

Q And when you say that you don't have privileges, am I correct that you cannot render medical care to a patient at ?

A Correct.

Q And when you went over to see the patient Sunday morning, did you go with anyone?

A Sunday morning?

Q Yes.

A No.

Q And did you see the patient on Sunday morning?

A I did.

Q Tell me about what you observed and any discussions you had?

A Overall the patient looked much improved from the previous night. She was alert and oriented. She was speaking. As best as I can remember, her cardiac symptoms had abated and overall she was much improved.

Q Had you spoken to any physician who was treating her at that Sunday morning?

A I don't recall.

Q Now, these observations, did you make a note of those observations in any chart for this patient?

A No.

Q Is that something you remember as you sit here now?

A Are you asking if I remember not writing a note?

Q No.

MR. : You mean when he told you how she appeared, is that something he remembers?

MR. OGINSKI: Yes.

A Yes.

Q Was the patient's husband present at the time you went to visit her?

A Yes.

Q Was any other family member present at that time?

A Not that I recall.

Q Did you do any type of physical examination of the patient on Sunday morning at ?

A I examined her abdomen.

Q How did you do that?

A Can you rephrase the question?

Q Sure. When you say you examined the abdomen, tell me what you mean?

MR. : You want to know how he actually does the exam?

Q No. Did you look at it from afar or did you actually take off the dressing or bandage?

MR. : Why don't you ask

him --

Q What did you do when you say you did an examination?

A I laid my hands on her abdomen, felt to see how her abdomen felt. I examined her wound.

Q Was there any dressing on her abdomen?

A There was a dressing over the surgery site.

Q Did you remove the dressing?

A Yes.

Q What did you observe?

A Overall, the wound looked good. There was some slothing, but she had no tenderness, no rebound, no guarding and, again, overall she looked much improved.

Q And the improvement reflected what, in comparison to what?

A In comparison to the previous night, where she was complaining of chest pain, having low blood pressure, having a high heart rate.

Q Now, did you relay your

findings after your examination to Dr.
?

A I don't recall speaking with Dr. , but it would be my custom to relay findings of our attending patients to them.

Q Did you relay your finding of your examination to any other physician at ?

MR. : At ?

MR. OGINSKI: Yes.

A I don't recall.

Q Was any other physician present in the room with you at the time of your examination?

A I don't recall.

Q Did you have any conversation with any physician at , about your examination and your findings on that Sunday morning?

A I don't recall.

MR. : Other than perhaps Dr. ?

MR. OGINSKI: Yes.

A No.

Q I'm sorry, I may have asked this.

Did you make a note of any of those physical examination findings in the patient's chart, the chart?

MR. : You did ask, but answer it again.

A No.

Q Is there a reason why you did not make a note of your examination in the patient's chart?

A This patient had been admitted to . I don't have privileges. So there was nowhere for me to write a note in .

Q I meant in ?

A I don't believe her chart was still available at .

Q At that time in of , did you have computerized notes or were they still handwritten?

A Which notes?

Q At .

A Which notes?
Q Any notes.
A Some notes are computerized; some are handwritten.
Q Just tell me briefly which is which?
A So clinic visits, initial consultations and progress notes the attendings do, are dictated and transcribed into the computer. Our daily notes are written on paper.
Q Did you see this patient again after that Sunday morning visit at ?
A I did.
Q When did you next see her?
A Sometime in the evening.
Q And the first time you saw her on Sunday was in the morning; correct?
A Correct.
Q And evening, did you go with anyone?
A I did.
Q Who?

A Dr. .

Q And tell me who was present with the patient at the time that you and Dr. went?

A I don't recall who was in the room with her.

Q And tell me about the conversation that you were present for?

A Conversation with who?

Q With the patient?

MR. : Was there any conversation with the patient?

A I don't recall a conversation with the patient.

Q What was the purpose of going with Dr. to see the patient that Sunday evening?

A To again follow-up on how the patient was doing.

Q And as far as you know, did Dr. have privileges to see and treat patients at ?

A I do not know.

Q Did you perform a physical

examination that Sunday evening?

A No.

Q Did Dr. perform a physical examination on the patient that Sunday evening?

A Yes.

Q Tell me what you observed Dr. do?

A Dr. performed an abdominal exam.

Q Tell me specifically what he did.

A He put his hands on the patient and examined her.

Q And what were his findings?

A I don't recall.

Q Did he tell you what his findings were?

A I don't recall.

Q Did he make any comments to you during the course of his examination?

A I don't recall.

Q By the way, that visit that you told me about earlier in the morning,

where you examined the patient, how long did your visit last?

A Total visit was probably less than ten minutes.

Q And in the evening when you went with Dr. , how long was that visit?

A I don't recall how long. We were there for well over an hour.

Q What were you doing during that time?

A When we initially arrived, Dr. examined the patient at that time. Her condition had changed from the morning.

Q How?

A She had developed some respiratory distress and so we were concerned for her worsening condition.

Q What was the thinking at that time, as to why she had this respiratory distress?

A We were concerned at that time for a possible intraabdominal process.

Q Tell me what you mean by that?
A Either an intraabdominal abscess or infection, in her case, a possible anastomotic leak.
Q What led you to believe that possibility might be a cause of respiratory distress?
A The patient appeared septic at that time.
Q And what is it about her condition that gave you the impression that she was septic at that time?
A Again, she was having some issues with respiratory distress. I believe she was febrile.
Q Anything else?
A That's all I can recall.
Q While you were there with Dr. , was any other physician from present?
A Well, she was in the cardiac care unit so --
Q Did any conversation between you and Dr. take place in the

presence of any physician from ?

A I don't recall specifics, but we discussed her case with the team manager in the cardiac care. Later on we discussed her case with the general surgery consults at .

Q Tell me what you recall about the conversation with the team manager in the cardiac care unit?

A I don't recall specifics, but in general, we were concerned that her condition had deteriorated.

Q Now, I'm sorry, you mentioned that there was a possibility of an intraabdominal process or intraabdominal leak and there was one other thing you mentioned?

MR. : He said abscess, infection, leak, I believe.

Q And tell me what you remember of the conversation discussing the possibility of surgery?

A I don't recall a specific conversation with the primary team, as

far as surgery. At that time, we were concerned of an intraabdominal process, so we wanted a surgical consult to evaluate the patient.

Q Do you know Dr.

A I do not.

Q Were you present when a surgical consult came in to evaluate the patient?

A I was present when the resident arrived.

Q Did you have any conversation with the surgical resident?

A I did.

Q Tell me about that?

A I don't recall specifics, but I presented the case to him, gave him her pertinent history and explained we were calling for a possible intraabdominal process.

Q Did you observe the resident examine the patient?

A I did not observe him, but I know he went to go examine the patient.

Q Did you have a conversation with that surgical resident after the examination?

A I don't recall.

Q Did Dr. have a conversation with the surgical resident?

A I don't recall.

Q Before leaving the hospital that Sunday evening, what was your understanding as to the plan of treatment that this patient would have at that time?

MR. : I'm just unclear on one thing. Were you present throughout the exam with the resident?

THE WITNESS: No.

Q Other than calling for a surgical consult and the discussions you told me about, but don't exactly remember, what was the plan at the time that you left?

MS. : Objection, if you know.

MR. : I think he left before the resident.

A The plan at the time that I left was for surgical consultation, which was being performed, and for a possible CT scan.

Q Did you have any discussions with the patient's husband before you left that evening?

A We actually met the patient's husband when we arrived outside in the waiting room.

Q And did you and Dr. have a conversation with the patient's husband?

A We spoke with him briefly.

Q And do you remember what was said?

A I don't recall specifics, but in general, he said that her condition had deteriorated.

Q Did Dr. offer any opinions or thoughts as to why her condition had deteriorated at that time?

A I don't recall.
Q Now, is there any note that you have regarding the events that transpired at on the Sunday evening that you just told me about?
A No.
Q In your review of the patient's chart, did you see any notes by Dr. of this particular visit on Sunday evening at ?
A No.
Q Now, on post-op day one, on , was the patient receiving PCA?
A I believe she was.
Q What is PCA?
A It's a patient controlled analgesia.
Q Is that where the patient can press a button to deliver analgesics?
A Correct, for pain control.
Q In addition to PCA, do patients typically also get some type of oral or I.V. analgesics as well?

A The PCA is an I.V. administration and patients are usually not advanced to PO pain medicine until they can tolerate PO diets.

Q What type of medicine is usually contained within the PCA?

A We can use Fentanyl, Dilaudid, Morphine.

Q Am I correct those medications are more powerful than the oral analgesics?

A No.

Q Now, going back to post-op day number one on 1st, you examined this patient; correct, at some point during your rounds in the morning?

A Yes.

Q And --

MR. : Can he look at the chart now?

MR. OGINSKI: Not yet. We're getting there. I'm going to go through it all.

MR. : Let me just say,

if there comes a point where the doctor feels he needs to look at the chart, he should be entitled to look at the chart.

MR. OGINSKI: No problem.

Q When you saw the patient in the afternoon or the late evening of Saturday, 1st, did you also examine the patient's abdomen at that time?

A Yes.

Q Now, had the patient made any complaints to you about abdominal pain, either in the morning or in the afternoon?

A No.

Q Did you observe any guarding during your examination?

A Which examination?

Q Of the patient's abdomen, either in the morning or the afternoon?

A No.

Q Did you observe any complaints of tenderness when you palpated the

patient's abdomen?

A No tenderness, that wouldn't be expected for a postsurgical patient, so no.

Q When the patient is receiving PCA, would you expect them to have complaints of abdominal pain post-op day one?

A They may.

Q And tell me what you mean by, they may?

A Some patients who are on PCA after surgery, can experience abdominal discomfort, yes.

Q And there are patients who would not experience it because the PCA might mask that pain; right?

A The PCA might mask the pain. They may have a high threshold. They may not have had a very invasive surgery.

Q Do you know Dr. ,

?

A No.

Q Did you ever speak with Dr.

about this patient?
A No.
Q After the Sunday evening of , did you ever see this patient again?
A No.
Q Did you ever learn that this patient was taken back to the operating room at some point after 2nd?
A I learned she was taken back to the operating room, yes.
Q From whom did you learn that?
A Dr. .
Q When did you learn that?
A I don't recall. Sometime Monday.
Q And did Dr. tell you why she went back to the operating room?
A I don't recall.
Q Did you learn from him that the patient had an exploratory laparotomy?
A I recall that the patient was taken back to the operating room and she was found to have a leak at the staple

line.

Q What did that mean to you?

MR. : Object to the form. She had a leak at the staple line, I'm not sure what more you want him to say.

Q What did you understand that to be?

MR. : I still don't understand what you are asking.

Q Did Dr. tell you there was a leak at the staple line, that that was the findings intraoperatively?

A Yes.

Q Did you have a discussion with him about that finding?

A No.

Q Did he tell you how that came about?

A I don't recall.

Q Did you ask any questions about how this patient developed a leak at the staple line?

A I did not.

Q Did you have any conversation with any other physician about this particular operative finding?

A Not that I recall.

Q When you learned that the patient had a leak at the staple line, did you form any opinion in your mind, as to whether that leak was responsible for the patient's cardiac event that you had observed on ?

MR. : What was your view?

A Can you rephrase the question?

Q Sure. When Dr. told you that the patient went back to the operating room and they found a leak at the staple line, did you then, in your own mind, have an opinion that the patient's problems that she exhibited on 1st, were in anyway related to this leak?

MR. : Cardiac problems?

MR. OGINSKI: Correct.

A No.

Q Did Dr. have any discussion with you about whether this particular leak caused or contributed to her cardiac condition?

A I don't recall.

Q Did you have a conversation with Dr. about how the leakage occurred?

A No.

Q Or what caused this particular leakage?

A I don't recall.

Q Did you have a conversation with any physician about why the staple line broke down and caused the leakage?

A I do not recall.

Q Were you present for any conference at , where this patient's condition was discussed, following, at some point after 1, ?

A I do not recall.

Q Were you ever asked to present any information about this particular

patient to any group of physicians at after 1, ?

A No.

Q Were you ever present for any mortality and morbidity conference, where this patient's treatment was discussed?

A I do not recall.

Q Other than learning from Dr. the intraoperative findings from , did you speak to any physician at about the patient's operative findings?

A No.

Q When did you learn that this patient died?

A I don't recall.

Q How did you learn that the patient died?

A I don't recall.

Q Let's take a look please at the notes you have for this patient.

MR. : Do we need to take a two-minute break before we do that?

MR. OGINSKI: Go right ahead.

[At this time, a short recess was taken.]

MR. : Okay, so find your first note.

A Okay.

Q Doctor, can you read your note please in its entirety and if there is an abbreviation, tell me what it represents?

MR. : Don't go too fast and start with the date.

A " 1, , 7:20 a.m., gynecology fellow. year old status post an exploratory laparotomy, elective hernia repair, lysis of adhesion, enterotomy with a reanastomosis. Postoperative day one, without complaints, no nausea or vomiting, pain well controlled. Vital signs, maximum temperature, 37.2 Celsius; blood pressure, 98 over 58; heart rate, 78 to 88."

Q Let me stop you, Doctor. Those vital signs, would you consider them to be normal?

A The blood pressure is a little bit on the lower side, but overall they're acceptable.

Q Go ahead, please.

A "Input 2,000 milliliters over 16 hours, output 600 milliliters over 16 hours from the Foley."

Q That represents kidney function?

A Urine output, yes.

Q Is that within normal range for a postoperative patient?

A Yes.

Q Go ahead, please.

A "Left Jackson-Pratt, 40 ml's; right Jackson-Pratt, five ml's. Cardiac, regular rate and rhythm, S-1 and S-2. Lungs, clear to auscultation bilaterally. Abdomen, soft, no bowel sounds non-tender. The wound is clean, dry and intact. The extremities, no clubbing, edema or cyanosis. Continue routine postoperative care, ."

Q Let's turn please to your next

note.

A Okay.

Q Same thing, Doctor.

A Sure. " 1, ,
8:30 p.m., gynecology fellow. year
old with a history of ovarian cancer,
status post exploratory laparotomy,
hernia repair, reanastomosis. On p.m.
rounds, was complaining of chest pain.
Upon further investigation, the patient
complained of inability to take a deep
breath secondary to pain, cardiac
palpitations, but denies nausea or
vomiting. Review of the vital signs at
that time revealed blood pressure, 119
over 71, with a heart rate of 116."

Q Let me stop you. When you say
"review of vitals at that time," are you
able to tell me from your note, which
time you refer to?

A This would have been at the
time of rounds.

Q Which was approximately when?

A This note looks to be a summary

note after I had already consulted cardiology, the rapid response team and the medical team. So this would have been sometime after the actual rounds.

Q Go ahead.

A "Stat EKG was ordered. EKG was compared to preoperative and evidence of tachycardia and ST segment changes. At that time, medicine consult was ordered. Stat labs, including troponin, were sent. Please refer to medicine consult for presentations. Medicine consult, Dr. , contacted the rapid response team and cardiology attending, Dr. , for suspected acute cardiac event. Patient was given aspirin, I.V. fluid bolus and oxygen. Presently the patient states she feels better, in quotations. We are waiting cardiac workup, ICU fellow evaluation for possible transfer versus transfer to the cardiac care unit at , per Dr. . The findings and plans have been discussed with the patient and her

husband, who understand and agree. Case discussed with Dr. , ."

Q Did you personally review the patient's EKGs?

A I would have reviewed the EKGs with the medicine resident, yes.

Q And the vital signs that you refer to in this note, timed at 8:30 p.m., did that reflect evidence of hypotension?

A Hypotension?

Q Yes.

A No.

Q Can you turn please to the order sheets for 1st?

A Okay.

Q Now, the first order at the top, this says page 15 of 23, do you see that?

A Yes.

Q Under surgical procedure, it says "open resection/tumor debulking," do you see that?

A Yes.

Q Am I correct this was not a tumor debulking the day before?

MR. : Objection.

A I wasn't present at the time of surgery.

Q Was it your understanding that this patient had a tumor debulking?

A It's not my understanding she had a tumor debulking.

Q Can you explain how the words tumor debulking, appears by you?

A This is an automated order from the computer that gets filled out. I don't put in that information.

Q What information do you put in?

A I would just put in the actual order.

Q And on this page, what actual orders did you put in?

A That first order appears to be an order for the postoperative pulmonary program. This is essentially for respiratory therapy to work with the patient. Do you want me to go all the

way down?

Q No. I would like you to turn, please, the 1st order by Dr. , page 18 of 23?

A Okay.

Q At the top reflects an order for extended release, is that Metoprolol?

A Yes.

Q And towards the bottom of the page, there is an order by you for Metoprolol injection I.V. push, do you see that?

A Yes.

Q Why did you order Metoprolol I.V. push?

A To the best of my recollection, this would have been based on the recommendations of the medicine resident.

Q What is the reason to administer an I.V. push Metoprolol, as opposed to oral Metoprolol?

A This order is dated at 6:26, so at that time, this would have been for acute control of heart rate.

Q I'm sorry, I didn't understand.
A For acute control of heart rate.
Q This is after her condition became evident with the chest discomfort?
A Yes, correct.
Q Would you turn to the next page please, page 19 of 23 in the order sheets?
A Yes.
Q At the top there appears to be another order for ECG?
A Okay.
Q Electrocardiogram?
A Correct.
Q Primary diagnosis, do you see that?
A Yes.
Q Was it your understanding that this patient had a malignant neoplasm?
A This patient's primary diagnosis is ovarian neoplasm, yes.
Q What is malignant neoplasm?
A Ovarian cancer.

Q Were you aware the patient was treated for ovarian cancer years earlier by Dr.

A Correct.

Q Were you also aware that there was no evidence of any active ovarian cancer at the time that she had her surgery on

A Once a patient gets the diagnosis ovarian cancer, it's carried through for the rest of her time at . So her primary diagnosis will be and continues to be ovarian cancer.

Q If you go down to the bottom, there is a note by Dr.

A Okay.

Q Timed at 7:10 and under primary diagnosis it says "adrenal cancer," do you see that?

A Okay.

Q Do you have any knowledge or understanding as to why the words adrenal cancer appear in here?

A Are you asking me why Dr.

put in an order with adrenal cancer?

Q My mistake. Did this patient have adrenal cancer?

A Not to my knowledge.

Q Do you have any knowledge or understanding as to why the words adrenal cancer appear in this order sheet?

A I do not.

Q Do you have any other notes for this patient?

A I do not.

Q Have you spoken with any physician about this particular patient and this lawsuit?

A I have not.

Q Have you spoken with Dr. about this case?

A I have not.

Q Did you review any deposition testimony that has been given in this case?

A I have not.

Q Did you review any medical literature in preparation for coming

today?

A I have not.

Q What are ST segment changes on an EKG?

A ST segment changes on an EKG can be attributed to a change of electric conduction of the heart.

Q What are T-wave inversions?

A This also can be a change in the conduction of the heart. Some are physiologic and some are not.

Q You told me that you had a conversation with the cardiologist, Dr. , when discussing whether the patient should be transferred to . Was that one discussion or more than one?

A We spoke with Dr. a few times on that evening.

Q After the patient had been transferred to , did you ever have more conversations with her about this patient?

A I did not.

Q After you learned that the patient died, did you have any conversation with Dr. about this patient?

A I did not.

Q After the patient died, did you have a conversation with Dr. ?

A No.

Q Or with Dr. ?

A No.

Q Or Dr. ?

A No.

Q When you treated this patient on 1st, post-op day number one, was there evidence of any abnormality in her white blood count?

A As I recall, her white blood cell count was a little bit low on postoperative day one.

Q What was the significance of that to you?

A Patients, after surgery, often times have an increase in their white blood cell count. The white blood cells

are raised by the trauma caused by surgery in a patient who had chemotherapy before. Once the white blood cell counts are consumed, it wouldn't be unreasonable for her to lack the reserve to replenish the counts.

Q Would that be true if her chemotherapy had occurred years prior?

A Potentially.

Q Was there any other possible reason to explain this slightly low white blood count on post-op day number one?

MR. : I'll object to the form. He's not here to explain any possible reason.

Q Did you consider any other possibility to explain the reason why her white blood count was slightly low on post-op day number one?

A Based on her overall clinical picture, it was my clinical judgment that the slight drop in her white blood cell count was acceptable for someone with her clinical history.

Q If a patient has an infection, would the white blood count decrease or increase?

A Usually with an infection, it will increase.

Q And the difference I want you to assume, that the patient's white blood count preoperatively was 8,000 and postoperatively was 2,000 --

MR. : Excuse me, was 11,000. It was elevated postoperatively.

MR. OGINSKI: Then I apologize, I'm sorry.

MR. : That's okay.

Q In the reading, following counsel's recitation -- withdrawn.

Let's go to her labs, please?

A Do you have a page number?

Q It says page one.

A Okay.

Q Looking at the patient's hematology results, I want you to assume that preoperatively, her white blood

count was 8,000?

A Okay.

Q And we see in this report, that on at 13:36, her white blood count is reported as 11.3?

A Okay.

Q Is that within normal range?

A Is this within normal range for a postoperative patient?

Q Yes.

A Again, postoperatively, patients' white blood counts can be elevated, yes.

Q Now, the following day, on 1st, there are two values for white blood count timed at 11:48 and that's reported as 2.6?

A Uh-huh.

Q And that's the one you are referring to as being low?

A Yes.

Q And again, later that day, at 20:09, the white blood count is reported as 3.6?

A Correct.
Q And again, this is also low?
A Correct.
Q To what, if anything, did you attribute these white blood counts and the difference between what it was postoperatively and the day after?
MR. : Just note my objection. I think he answered that.
Now seeing the labs, does that change your answer?
A No, it confirms my answer.
Q Now, the hemoglobin as well, is there any significance to the hemoglobin reading done on and also and whether they correlate with the white blood count?
MR. : That's two questions, but why don't you answer of what significance were the hemoglobin counts to you.
MR. OGINSKI: Fair enough.
A What is the question, I'm sorry?

MR. : Were these significant in any way, shape or form, the hemoglobin values.

A Her hemoglobin is stable. It's within normal range.

Q If this patient had some type of infection on post-op day number one, what would you expect to see in the lab results?

MR. : Again, this is speculative. You mean, what in general, would you see? I think he answered that. Go ahead.

A Patients with infection can sometimes present with an elevated white blood cell count.

Q And other times?

A Most times patients present with an elevation of the white blood count. It's an indication of infection.

Q Now, you told me that when you visited the patient in the evening of 2nd, Sunday evening, that you felt that the patient was septic?

MR. : Right, and he gave you the reasons.

MR. OGINSKI: Right.

Q Did you review the patient's laboratory results at when you saw her that Sunday evening?

A I don't recall.

Q Other than your observing respiratory distress and that she was febrile, did you learn from anybody that her laboratory results were abnormal and suggested evidence of infection?

A I don't recall.

Q At the time that you saw her Sunday evening, was she receiving any type of oxygen?

A I don't recall.

Q Was she able to speak?

A I don't recall, but I believe either upon our arrival or shortly thereafter, the patient was intubated, but I don't recall.

Q When you saw her in the morning on Sunday, had she been intubated?

A Sunday morning?
Q Yes.
A No.
Q Where did you go to medical school, Doctor?
A .
Q When did you graduate?
A
Q Did you go directly into your residency?
A Yes.
Q Which you said you finished in correct?
A Correct.
Q And from there, did you go directly to ?
A Correct.
Q When you return back to the , that would be in the division of GYN oncology?
A Correct.
Q Are you licensed to practice medicine in the State of New York?
A Yes.

Q Are you licensed in any other state?

A I don't know if my license in is still active or not.

Q Has your license in New York ever been suspended?

A No.

Q Has your license ever been revoked?

A No.

Q Do you have any publications?

A Yes.

Q How many?

A Seven, eight, I don't recall.

Q Do you perform GYN surgery?

A Yes.

Q As well as GYN oncology surgery?

A Yes.

Q Did you ever have any discussion with any of the residents at , about the sequence of events that occurred to this patient after --

A No.

MR. : Let him finish.

A I apologize.

Q After the patient had died, did you ever have any discussion with any of the GYN residents at about the treatment she received?

A No.

Q Did you ever learn what the patient's cause of death was?

A No.

Q Did Dr. tell you that the patient died of overwhelming sepsis?

A I never learned the patient's cause of death, so no.

Q Did you ever participate in an elective hernia repair with Dr. ?

A Not that I recall.

Q Have you ever performed surgery with Dr. ?

A Yes.

Q Do you still see and treat patients of Dr. 's at ?

A Yes.

Q Did you ever speak to any

medical examiner about this patient?

A No.

MR. OGINSKI: Thank you, Doctor.

MS. : I have no questions.

(Time noted: 1:50 p.m.)

_____

, M.D.

Subscribed and sworn to before me this day of , __.

.

C E R T I F I C A T I O N

I, , a Shorthand Reporter and a Notary Public, do hereby certify that the foregoing witness, was duly sworn on the date indicated, and that the foregoing is a true and accurate transcription of my stenographic notes.

I further certify that I am not employed by nor related to any party to this action.

_____

ERRATA SHEET
VERITEXT/NEW YORK REPORTING, LLC

CASE NAME: VS.
DATE OF DEPOSITION:
WITNESS' NAME: , M.D.

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_____
, M.D.

SUBSCRIBED AND SWORN TO
BEFORE ME THIS_____DAY
OF_____, 20__.
_____
NOTARY PUBLIC