1 REDACTED & DE-IDENTIFIED DEPOSITION OF A MEDICINE RESIDENT IN TRAINING
FAILURE TO DIAGNOSE & TREAT SEPSIS FOLLOWING HERNIA REPAIR RESULTING IN DEATH

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SUPREME COURT OF THE STATE OF NEW YORK
    COUNTY OF NEW YORK
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      - - - - - - - - - - - - - - - - - - x
           , as Administrator of the
      Estate of , Deceased, and
        , individually,
 6
 7
                Plaintiff,
              -against-
 8
9
             , M.D.,
10
      M.D., , M.D., , M.D., , M.D., , M.D., and
11
12
      and
      HOSPITAL,
13
                Defendants.
14
15
16
                 120 Broadway
17
                 New York, New York
18
                May 5, 2011
                 10:45 a.m.
19
       EXAMINATION BEFORE TRIAL of ,
20
21
     M.D., a Defendant in the above-entitled
22
     action, held at the above time and place,
23
     taken before Jennifer Brennan, a Notary
24
    Public of the State of New York, pursuant
25 to Order.
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2	APPEARANCES:	
3	LAW OFFICES OF GERALD M. OGINSKI, LLC	
4	Attorneys for Plaintiff 25 Great Neck Road Great Neck, New York 11021	
5		
6	BY: GERALD M. OGINSKI, ESQ.	
7	, LLP	
8	Attorneys for all Defendants except Dr. and	
10	BY: , ESQ.	
11		
12	, LLP Attorneys for Defendant	
13	Hospital	
15	BY: , ESQ.	
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)	STIPHLATIONS

- IT IS HEREBY STIPULATED, by and among 3
- the attorneys for the respective parties 4
- 5 hereto, that:
- All rights provided by the C.P.L.R., 6
- and Part 221 of the Uniform Rules for the
- 8 Conduct of Depositions, including the
- 9 right to object to any question, except
- as to form, or to move to strike any 10
- testimony at this examination is 11
- reserved; and in addition, the failure to 12
- 13 object to any question or to move to
- 14 strike any testimony at this examination
- shall not be a bar or waiver to make such 15
- motion at, and is reserved to, the trial 16
- 17 of this action.
- This deposition may be sworn to by the 18
- 19 witness being examined before a Notary
- 20 Public other than the Notary Public
- before whom this examination was begun, 21
- 22 but the failure to do so or to return the
- 23 original of this deposition to counsel,
- shall not be deemed a waiver of the 24
- 25 rights provided by Rule 3116, C.P.L.R.,

1 , M.D. and shall be controlled thereby. 2 The filing of the original of this 3 deposition is waived. 4 5 IT IS FURTHER STIPULATED, a copy of 6 this examination shall be furnished to the attorney for the witness being 8 examined without charge. 9 10 11 , the Witness herein, 12 having first been duly sworn by the 13 14 Notary Public, was examined and testified as follows: 15 16 EXAMINATION BY MR. OGINSKI: 17 18 Q Please state your name for the record? 19 20 Α 21 Q Please state your address for 22 the record? 23 Α 24

Q Good morning, Doctor. What's

- 2 Toprol?
- 3 A To my understanding, Toprol is
- 4 a beta blocker.
- 5 Q And what is a beta blocker?
- 6 A Beta blockers are a class of
- 7 drugs used to treat hypertension and to
- 8 control heart rate.
- 9 Q And what is Toprol XL?
- 10 A To my understanding, Toprol XL
- is a long acting form of Toprol.
- 12 Q Have you ever prescribed
- 13 Toprol?
- 14 A I can't recall any specific
- instances, but I'm sure I have done so in
- 16 the past.
- 17 Q And what is SVT?
- 18 A To my understanding, SVT is a
- 19 supraventricular tachycardia.
- 20 Q If somebody is tachypneic, what
- 21 does that mean?
- 22 A Tachypneic means breathing at a
- 23 rapid rate.
- Q What is, other than telling me
- 25 what SVT is, supraventricular

- 2 tachycardia, what exactly is that
- 3 condition? Can you define that?
- 4 A Supraventricular tachycardia?
- 5 O Yes.
- 6 A Well, to my limited
- 7 understanding, it's a form of tachycardia
- 8 that originates in any part of the heart
- 9 above the ventricles.
- 10 Q And tachycardia is what?
- 11 A I would define it as a heart
- 12 rate greater than 100 beats per minute.
- 13 $\,$ Q Are you familiar with the term
- 14 known as premature complexes as seen on
- 15 an EKG or interpreting an EKG?
- 16 A Yes.
- 17 Q What is that?
- 18 A A premature complex, to my
- 19 understanding, appears earlier than
- 20 expected on an EKG.
- 21 Q In , had you reviewed and
- 22 evaluated patients' EKGs?
- 23 A At that time, yes.
- Q What are palpitations?
- 25 A Palpitations, to my

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1 , M.D.
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- 2 understanding, is a sensation of heart
- 3 racing fast or quickly.
- 4 Q And what is sinus tachycardia?
- 5 A Sinus tachycardia is a rhythm
- 6 with a heart rate greater than 100 beats
- 7 per minute.
- 8 Q Is that considered a normal
- 9 finding, abnormal finding or something
- 10 else?
- 11 A It's hard to pinpoint that
- 12 because it's a very nonspecific finding.
- Q What are troponins?
- 14 A To my understanding, troponins
- 15 are enzymes that are markers of cardiac
- 16 damage or heart damage.
- 17 Q And if you suspect a patient
- 18 may have a myocardial infarction, is that
- one of the tests that you evaluate to
- 20 determine whether or not there has been a
- 21 myocardial infarction?
- 22 A Yes.
- 23 Q And do you do that by obtaining
- 24 blood tests?
- 25 A Yes.

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1 , M.D.
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- 2 Q What are cytokines?
- 3 A I can't really be specific.
- 4 It's a term I remember learning in
- 5 medical school.
- 6 Q Where do you currently work,
- 7 Doctor?
- 8 A I work currently at
- 9 University.
- 10 Q In what capacity?
- 11 A I'm a fellow there.
- 12 Q In what field?
- 13 A I am in the Department of
- 14 Medicine there.
- Q What year?
- 16 A I am in my second year.
- 17 Q How many more years do you have
- 18 to go to complete your fellowship?
- 19 A Approximately one year and
- 20 about three months or so.
- 21 Q And I'm sorry, what was the
- fellowship in?
- 23 A It's specifically in vascular
- 24 medicine and it's primarily a clinical
- 25 research training fellowship.

3 A No.

4 Q Are you board certified in any

5 field of medicine currently?

6 A In internal medicine.

7 Q When were you board certified?

8 A .

9 Q And when taking the board

10 examinations -- withdrawn.

In order to obtain your board

12 certification, did you need to take your

13 board certification exam more than once?

14 A No.

15 Q Are you licensed to practice

16 medicine in New York?

17 A No, I am not.

18 Q Where are you currently

19 licensed?

20 A .

21 Q By the way, Doctor, all of my

22 questions are going to relate to

23 and of , unless I indicate

24 otherwise.

25 At that time, were you working

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1
                  , M.D.
2
    at ?
            MR. : When you say
3
       "working at" --
4
5
           MR. OGINSKI: I'll rephrase it.
 6
       Q Where were you working in
         and of ?
           MR. : Physically?
8
           MR. OGINSKI: Yes.
9
      A I don't recall specifically. I
10
11
    know I was -- I did do a rotation at
              around that time.
12
    Q Where did you do your
13
14
    residency?
    A At .
15
16
       Q In what area of medicine?
       A Internal medicine.
17
       Q At the end of , what year
18
    of your residency were you in?
19
            MR. : At the end of
20
            , you mean of ?
21
22
            MR. OGINSKI: Yes.
23
      A I was in my second year of
    residency.
24
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Q And your internal medicine

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1
                     , M.D.
 2
     residency was three years?
 3
             Yes.
        Α
        Q
             You started in ?
 4
           Yes.
 5
 6
          And you completed that in ?
        Q
        Α
          No,
            And for how long had you been
8
        Q
     rotating through at the
9
     time,
10
11
     A
              I don't recall specifically,
     but I probably would guess four weeks.
12
13
              MR. : Wait, that may
14
        create confusion. Are you giving him
        the total amount of time of your
15
16
        rotation or how long you had been
        rotating up to that time?
17
              THE WITNESS: The total amount
18
        of time.
19
        Q At ?
20
21
        A Yes.
22
        Q Describe for me your
23
     responsibilities during this time at
```

A I don't recall specifically,

24

- 1 , M.D.
- 2 but what I can tell you was that I was
- 3 the resident on the in-patient services
- 4 there.
- 5 Q And what does a resident in the
- 6 in-patient services do?
- 7 A In general, we oversee interns.
- 8 We take part in making sure that the
- 9 day-to-day tasks are completed, as
- 10 regards to patient care. And we also
- 11 work with the attendings on service and
- 12 occasionally we work with fellows.
- 13 Q Are there any residents who
- 14 supervise the work that you do as a
- 15 second-year resident?
- 16 A I don't remember specifically.
- 17 Q Are there third-year residents
- 18 who are present in the in-patient
- 19 service, who supervise the work you do?
- 20 A I don't think so.
- 21 Q Describe for me -- withdrawn.
- 22 Are there specific attendings that were
- assigned to that particular service?
- 24 A Which service?
- 25 Q I'm only talking about the

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1 , M.D.
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- 2 in-patient service during this four-week
- 3 rotation.
- 4 MR. : I think he said
- 5 in-patient services --
- 6 A I was on two services.
- 7 Q Describe for me both services,
- 8 please?
- 9 A I was on a lymphoma leukemia
- 10 service and I was also on a GI oncology
- 11 service.
- 12 Q And the occasion that you met
- 13 Mrs. , is that the one where you
- were on the GI oncology service?
- 15 A I don't recall.
- 16 Q What service were you on on
- 17 1, ?
- 18 A I don't recall.
- 19 MR. : By the record,
- would it help?
- 21 THE WITNESS: I'm not sure. I
- don't think it would help from the
- 23 record.
- 24 MS. : Off the record.
- 25 [At this time, a discussion was

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1
                   , M.D.
2
      held off the record.]
3
           MR. : You're asking him
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- what? 4
- 5 Q Am I correct, Doctor, that in
- 6 , you saw and examined Mrs.
- A I don't recall the specifics, 8
- 9 but based on this note that I reviewed, I
- did. 10
- Q Are you able to tell from the 11
- note, what service you were on at that 12
- time? 13
- 14 A No.
- 15 Q Just refer please, to what date
- the note you are referring to is? 16
- 17 A This is 1, .
- And at that time, I believe you 18 Q.
- said you were a second-year internal 19
- medicine resident? 20
- 21 A Yes.
- 22 Q And you were doing a rotation
- at ; correct? 23
- Yes. 24 Α
- 25 Q Now, what was the procedure in

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1 , M.D.
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- 2 case you needed to talk with an attending
- 3 physician about your examination and
- 4 about your findings, explain the
- 5 procedure to me?
- 6 A You mean in which regards or
- 7 what situation?
- 8 Q You examine a patient and now
- 9 you wish to --
- 10 MR. : They're different
- 11 situations, that's the problem.
- MR. OGINSKI: Okay, no problem.
- 13 MS. : Off the record.
- 14 [At this time, a discussion was
- 15 held off the record.]
- 16 MR. : I think in terms
- of this patient, maybe it's easier to
- 18 figure out why he would have been
- 19 called to see this patient and maybe
- we can go from there.
- 21 Q Am I correct that you were
- 22 called as a consult to see this patient?
- 23 A Based on what I see in the
- 24 note, I was, yes.
- 25 Q Do you have any independent

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1 , M.D.
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- 2 memory of this patient, as you sit here
- 3 now, separate and apart from anything you
- 4 may have read in preparation for today?
- 5 A I vaguely recall meeting the
- 6 patient and her husband.
- 7 Q Do you have any memory of the
- 8 conversations that you had with either
- 9 the patient or the husband?
- 10 A No.
- 11 Q Do you have any notes, outside
- of the record in front of you, other than
- 13 that, about this particular patient?
- 14 A No.
- 15 Q Do you have any notes about any
- 16 conversation you had with any other
- doctors, other than the ones that are
- 18 described in your note?
- 19 A No, I don't.
- 20 Q After 1, , did you
- 21 ever see or examine this patient again?
- 22 A I don't recall.
- 23 Q Is there anything in the
- 24 hospital record that you reviewed, that
- 25 indicates you did?

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1 , M.D.
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- 2 A Not in what I've reviewed, no.
- 3 Q What is a myocardial
- 4 infarction?
- 5 A My understanding at the time of
- 6 when this occurred or this note was
- 7 written, is that a myocardial infarction
- 8 would have been damage or insult or
- 9 damage to the heart muscle.
- 10 Q What are the symptoms of
- 11 myocardial infarction?
- 12 A Symptoms can vary quite a bit.
- Q What are the most common ones
- 14 that you expect to see?
- 15 MR. : Object to form.
- 16 Q What symptoms would you expect
- 17 a patient to have when suffering
- 18 myocardial infarction?
- 19 A I can't really say I expect any
- 20 symptoms in particular. Although, at my
- 21 level --
- 22 Q Hang on, Doctor, I'll rephrase
- 23 it.
- 24 When you learned about
- 25 myocardial infarctions, either in medical

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1 , M.D.
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- 2 school or in your residency training,
- 3 what did they teach you about the
- 4 symptoms of a myocardial infarction?
- 5 MR. : Objection.
- 6 Q I'll rephrase it. What are the
- 7 symptoms of myocardial infarction?
- 8 A There are many symptoms.
- 9 Patient can have no symptoms at all. You
- 10 can have chest pain, shortness of breath,
- 11 palpitations, nausea, dizziness, stomach
- 12 pain even. And that's not inclusive of,
- 13 I mean, it's a large list, I would say.
- 14 Q Most common ones are the ones
- 15 you identified?
- 16 A I would say so, at my level of
- 17 training at the time.
- 18 Q The chest pain, do you
- 19 typically see radiating chest pain?
- 20 MR. : Typically,
- 21 objection to form.
- 22 Q Is radiating chest pain a
- 23 symptom of a myocardial infarction?
- 24 A It may be.
- 25 Q As of of , had you

- 2 ever diagnosed anyone as having a
- 3 myocardial infarction?
- 4 A I don't specifically recall any
- 5 instances, but I do believe I would have
- 6 seen and diagnosed patients with
- 7 myocardial infarction up until then.
- 8 Q And as a second-year resident,
- 9 did you have experience reviewing or
- 10 interpreting EKGs or ECGs?
- 11 A Yes.
- 12 Q If you had a question about the
- interpretation of a particular
- 14 electrocardiogram, who, if anyone, would
- be available to you to discuss that with,
- 16 back at ?
- 17 A I don't recall back then, no.
- 18 Q Were there attendings that were
- 19 available to you, should you need to
- 20 discuss these EKGs?
- 21 A I don't recall in this
- 22 scenario, but in general, there will be
- 23 someone available.
- Q When you were called to
- 25 evaluate Mrs. , did you perform an

- 2 EKG or ECG on her?
- 3 A I don't recall doing so.
- 4 Q In your note, Doctor, I'm going
- 5 to ask you to take a look at that, is
- 6 there an indication that you did, either
- 7 you or somebody else, performed an EKG on
- 8 1, ?
- 9 MR. : Objection to form.
- 10 It may just reflect an interpretation
- of an EKG, as opposed to performing
- it. Are you making the distinction?
- MR. OGINSKI: I'll do that.
- 14 Q Looking at the bottom of your
- note, it says "ECG," and there are two
- 16 different dates on there; correct?
- 17 A Yes.
- 18 Q On the date of , was
- 19 that an ECG that you had performed?
- 20 A I don't recall doing so, so I'm
- 21 not sure.
- 22 Q Was this your interpretation of
- the patient's ECG?
- 24 A So what I've written here would
- 25 have been my interpretation, yes.

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1 , M.D.
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- 2 Q At the time that you
- 3 interpreted this -- I'm sorry, do you
- 4 call it an EKG or ECG?
- 5 A It's interchangeable in my
- 6 mind.
- 7 Q At the time you interpreted
- 8 this patient's ECG, had any other
- 9 physician interpreted that same ECG?
- 10 A I don't know.
- 11 Q Is there anything in your note
- 12 to reflect that there was another doctor
- 13 before you, who had reviewed it and
- 14 interpreted that ECG?
- 15 A It's unclear to me.
- 16 Q Do you know Dr. ?
- 17 A Based on this note, there is a
- 18 Dr. who is a fellow.
- 19 Q A GYN fellow?
- 20 A Yes.
- 21 Q Do you have a memory of a
- 22 conversation with him about this patient?
- 23 A No, I don't recall any
- 24 conversation.
- 25 Q Is there anything in your note

- 2 reflecting a conversation with Dr. ?
- 3 A It says here --
- 4 Q Don't read it yet. I'll ask
- 5 you to read it later.
- 6 Is there anything in your note
- 7 that indicates you had a conversation
- 8 with Dr. ?
- 9 MR. : That's a yes or
- 10 no.
- 11 A Yes.
- 12 Q Had you ever spoken to Dr.
- 13 before that date, for any reason?
- 14 A I have no recollection of doing
- 15 so.
- 16 Q Did you ever speak to Dr.
- 17 after ?
- 18 A I don't recall doing so.
- 19 Q What is a differential
- 20 diagnosis?
- 21 A To my understanding back in
- , differential diagnosis is
- 23 essentially a list of diagnoses that are
- 24 likely to be contributing to a patient's
- 25 acute medical issue.

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1 , M.D.
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- 2 Q What is the purpose of
- 3 formulating some sort of differential
- 4 diagnosis when evaluating a patient?
- 5 A My understanding at that time,
- 6 the purpose would be to essentially
- 7 again, think of the most likely causes or
- 8 underlying diagnosis for what the acute
- 9 medical issue would be.
- 10 Q After evaluating Mrs.
- 11 on , was it your
- 12 impression that she was suffering from a
- 13 myocardial infarction?
- 14 A I don't recall the specifics,
- 15 but based on the note, that was a
- 16 concern.
- 17 Q Can you be more specific?
- 18 A Can I quote in here what I say
- 19 or wrote?
- 20 MR. : Yes, sure.
- 21 A So I have written down here
- 22 that she had an EKG with diffuse ST-T
- 23 segment changes and T-wave inversions in
- 24 the anterolateral leads --
- 25 Q I'm sorry, Doctor, I'll have

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1 , M.D.
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- 2 you read the entire note in a minute, but
- 3 my question is, had you come to the
- 4 conclusion or did you reach a diagnosis
- 5 after examining her, that she had a
- 6 myocardial infarction?
- 7 MR. : Objection to the
- 8 word conclusion or diagnosis versus
- 9 impression, suspicion. I don't know
- 10 which -- you're trying to make it
- 11 sound definitive versus potential.
- 12 Do you follow my concern?
- MR. OGINSKI: Yes.
- 14 Q Did you determine following
- 15 your examination, that this patient was
- 16 suffering from an acute myocardial
- 17 infarction?
- 18 A Do you mean definitively?
- 19 MR. : I think that's
- what he's asking.
- 21 A No, I have written down based
- on the note, that there was a concern for
- 23 that, an ACS.
- Q Tell me what you mean by that?
- 25 A A concern for an acute coronary

- 2 syndrome.
- 3 Q Which means what?
- 4 A Essentially anything that could
- 5 be causing ischemia of the heart muscle.
- 6 Q In other words, that was on
- 7 your list of possibilities that the
- 8 patient could be suffering from; correct?
- 9 A It appears so, based on the
- 10 note, yes.
- 11 Q According to your note, is that
- 12 what you felt to be the most likely thing
- going on with her at that time?
- 14 A Based on the note, yes.
- 15 Q Did you formulate an opinion at
- 16 that time, as to the cause of the
- 17 patient's chest pain?
- 18 A I don't recall specifically,
- 19 but based on the note, it seems like the
- 20 concern was that she may be having
- 21 ischemia of the heart muscle, which
- 22 probably would be causing her chest pain.
- Q What is ischemia?
- 24 A Ischemia is a lack of oxygen to
- 25 the heart muscle.

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1 , M.D.
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- 2 Q In her case, what would be
- 3 causing that?
- 4 A It's difficult to say.
- 5 Q Did you form an opinion on
- 6 , as to the etiology for
- 7 why she might be experiencing the
- 8 ischemia leading to chest pain?
- 9 A So in , based on my
- 10 training at that time and given that she
- 11 had recent surgery, there would have been
- 12 a concern that she would be having an ACS
- 13 in the setting of the postoperative
- 14 period.
- 15 Q Explain that to me, please.
- 16 A To my understanding at that
- 17 time, postoperative myocardial infarction
- is a seen complication.
- 19 Q Is a what?
- 20 A Is a seen complication. It can
- 21 be seen. I can't say with what
- 22 frequency, but it can be seen.
- 23 Q And are you aware under what
- 24 circumstances it can be seen?
- 25 MR. : Objection to form.

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1 , M.D.
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- 2 That seems very broad.
- 3 Q Under what circumstances would
- 4 you expect to see this type of
- 5 complication?
- 6 MR. : Objection to form.
- 7 Again, that's really broad.
- 8 MS. : Objection.
- 9 MR. : He said it could
- 10 be seen in a postoperative setting.
- 11 Q Can you be anymore specific,
- 12 other than what you told me, as to when
- 13 you would see it?
- 14 A All I can say is, it can be
- seen in patients after operations.
- 16 Q Do you know the etiology as to
- 17 why?
- 18 A I can't really say.
- 19 Q As of 1, , had you
- 20 personally seen patients who had had
- 21 postoperative MIs?
- 22 A I don't recall any specific
- 23 instances. Although, I would say that
- 24 it's safe to say that I would have.
- 25 Q Did the patient's ECG

- 2 interpretation, suggest to you that she
- 3 was having a myocardial infarction?
- 4 A Yes, based on the note.
- 5 Q Was there anything specific
- 6 about the postoperative phase, that might
- 7 lead to this patient to be suffering a
- 8 myocardial infarction or cardiac event?
- 9 MR. : Objection to form.
- 10 MS. : Objection.
- 11 Q What clinical symptoms did this
- 12 patient have, to suggest that she was
- 13 having a cardiac event?
- 14 A Based on the note, she had
- 15 palpitations and chest pain.
- 16 Q At the time that you saw and
- 17 examined her, did you learn that she was
- 18 postoperative from abdominal hernia
- 19 surgery?
- 20 A Based on the notes, I wrote
- 21 down that on , she had elective
- 22 ventral hernia repair.
- 23 Q Had you spoken with her
- 24 surgeon, either at the time you examined
- 25 her or shortly after?

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1
                   , M.D.
             MR. : The actual surgeon
2
3
        who performed the procedure?
            MR. OGINSKI: Yes.
4
5
            I can't really say because I
6
     don't know if Dr.
                      was in the surgery
     or not. I don't know. Who do you mean
     specifically?
8
        Q Did you ever speak with Dr.
9
           about this patient on 1,
10
11
     A I don't recall doing so. I
12
     don't see any mention of that in the
13
14
    note.
        Q Do you know Dr. , ?
15
16
        Α
            No.
            Do you know Dr. , ?
17
        Q
18
        Α
            No.
            Do you know Dr.
19
       Q
        ?
20
21
     A I recall speaking with her,
22
     yes.
23
            And she's an attending
```

24

25

cardiologist?

A I believe so, yes.

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1 , M.D.
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- 2 Q At some point, either before or
- 3 during your examination of Mrs.
- 4 did you learn that during her hernia
- 5 repair surgery, that there was an
- 6 incidental enterotomy made?
- 7 A I don't see any mention of that
- 8 in my note and I'm not really sure what
- 9 enterotomy is.
- 10 Q Did you learn from any doctor,
- 11 that during Mrs. 's surgery for
- 12 the hernia repair, that a hole had been
- made in her intestine intraoperatively
- 14 and that in order to repair it, she
- 15 needed an anastomosis?
- 16 A I don't see any mention of that
- in the note here.
- 18 Q At the time that you came to
- 19 see Mrs. -- withdrawn.
- 20 When you were called on a
- 21 consult, was it customary for you to read
- the patient's chart, to see what had gone
- 23 on before?
- 24 A You mean in general?
- 25 Q In general.

- 1 , M.D.
- 2 A Yes, I would review whatever
- 3 information would be available to me at
- 4 the time.
- 5 Q And why is that helpful for
- 6 you?
- 7 A It's helpful to understand why
- 8 the patient is there and understand the
- 9 context in which I would be seeing the
- 10 patient.
- 11 Q At the time that you saw Mrs.
- 12 on , had you
- 13 reviewed the patient's operative report?
- 14 A I don't recall.
- 15 Q Is there anything in your note
- 16 to indicate you reviewed any type of
- 17 operative report?
- 18 A I don't see any mention of any
- 19 review of an operative note.
- 20 Q Is there anything in your note
- 21 to indicate that you were aware the
- 22 patient had a portion of her intestine
- 23 removed during that surgery?
- 24 A I'm sorry, can you repeat that?
- 25 Q Sure. Is there anything that

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1
                        , M.D.
 2
      you recorded in your note, that reflects
 3
      your awareness of the patient -- part of
      the patient's intestines being removed
 4
 5
      during the course of her surgery on
                  th?
 6
                I don't see anything regarding
 7
 8
      that in the note.
 9
                If you had learned of that
      information, is that something that you
10
      would have expected to make a note of in
11
      the patient's chart?
12
                      : Objection to form.
13
                MR.
14
          It depends on when he learns it,
          under what circumstances.
15
                MR. OGINSKI: I'll rephrase it.
16
17
                If, during the course of your
      consultation, you learned the patient had
18
      a hole made in her intestine and had part
19
      of her intestine removed, would you have
20
      expected to make a note of that finding
21
22
      in your note?
23
                MR.
                           : Objection to form.
```

: Objection to

25 form. MS.

```
1
                        , M.D.
 2
                MR.
                          : Again, the word
 3
          expected to make, it depends on when
          he learns it and what point in time.
 4
 5
          Maybe he learns it after he writes
          the note.
 6
                I'm just objecting, that is the
 8
          extent of it. If you can answer the
 9
          question otherwise, but other than
          that, that's my objection.
10
          A I can't really say. I don't
11
      know -- I can't recall what I read.
12
13
      Again, like I mentioned, based on this
14
      note, I don't see any mention of that,
      so --
15
16
                At any time while you were
17
      examining and evaluating Mrs.
      did you ever consider the possibility
18
      that her chest pain could be related to
19
      anything other than ischemia?
20
21
                           : Objection to form.
                MR.
22
                Were there any other possible
23
      causes for this patient's chest pain,
      other than ischemia?
24
```

MR. : Again, objection

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1 , M.D.
```

- 2 to form, any possible causes. He
- 3 came up with a differential
- 4 diagnosis. Did he conclude that --
- 5 Q Did you consider any other
- 6 reasons for the patient's chest pain,
- 7 other than ischemia?
- 8 A Based on my notes, I was
- 9 concerned for ischemia and ACS. It seems
- 10 like ACS and ischemia, secondary to
- 11 rebound tachycardia.
- 12 Q Did you consider any other
- 13 possibilities for this patient's chest
- 14 pain, other than what you just described?
- 15 MR. : After he did his
- 16 evaluation?
- 17 MR. OGINSKI: Yes.
- 18 MR. : I'll object to the
- 19 word consider. The word consider
- versus conclude is different.
- MR. OGINSKI: I understand.
- 22 MR. : Okay.
- 23 A Honestly, I can't really say
- 24 what my thought process was back then
- 25 because I don't have full recollection of

- 2 the entire scenario.
- 3 Q Is there anything recorded in
- 4 your note, to indicate you were
- 5 considering any other alternatives for
- 6 the onset of the patient's cardiac
- 7 problems, other than what you have noted
- 8 in the note?
- 9 A I don't see any indication.
- 10 Q Did you ever consider the
- 11 possibility that her abdominal or --
- 12 withdrawn.
- 13 Did you consider the
- 14 possibility during your examination and
- 15 evaluation of her, that a surgical or
- 16 abdominal process may have caused or
- 17 triggered this cardiac event?
- 18 MR. : Again, my
- 19 objection is to, he may have
- 20 considered and may not have believed
- 21 it true.
- MR. OGINSKI: Whatever it is.
- 23 A I don't recall my thought
- 24 process, what I considered back then.
- 25 Q And is there anything in your

```
1 , M.D.
```

- 2 note to indicate any other possibilities
- 3 that you were considering, other than
- 4 what you've recorded?
- 5 A I don't see anything else
- 6 written in the note.
- 7 Q What led you to the belief that
- 8 this patient was having an acute coronary
- 9 syndrome?
- 10 A So based on the note, there
- 11 were EKG changes that would be concerning
- 12 for an acute coronary syndrome.
- 13 Q And these were new changes;
- 14 correct?
- 15 A Based on the note, there were
- 16 changes that were not seen on an EKG done
- 17 prior.
- 18 Q Now, that prior one, was prior
- 19 to her hospital admission, prior to
- 20 surgery; correct?
- 21 A I don't know.
- 22 Q I want you to assume, Doctor,
- 23 that her surgery was, as you mentioned,
- . I also want you to
- 25 assume that she, as part of her

```
1 , M.D.
```

- 2 preadmission testing, had an EKG done on
- 3 .
- 4 Based upon that information, is
- 5 it your interpretation that these
- 6 findings on st, represented new
- 7 findings, when compared to the EKG?
- 8 A Yes.
- 9 Q Do those EKG -- withdrawn.
- 10 Tell me what those EKG finding actually
- 11 represent to you?
- 12 A Which EKG findings?
- 13 Q The
- 14 A In regards to any particular
- 15 findings or --
- 16 MR. : I think he's
- 17 asking for globally.
- MR. OGINSKI: Yes.
- 19 A So to me, it means that she had
- 20 an accelerated heart rate. And she has
- 21 changes, so T-wave changes, that would be
- 22 concerning for ACS, in my understanding
- 23 at that time.
- Q Now, you use the term ACS, how
- 25 is that different from defining it as a

- 1 , M.D.
- 2 myocardial infarction? How is the
- 3 terminology different?
- 4 A I don't know if I can really go
- 5 beyond the specifics of that. I would
- 6 say that an ACS causes infarction.
- 7 Infarction, in my understanding, is dead
- 8 tissue of the heart.
- 9 Q Am I correct that you spoke
- 10 with attending cardiologist
- 11 about this patient?
- 12 A I don't recall the specifics,
- 13 but according to the note, I discussed
- 14 the case with her.
- 15 Q You had this discussion with
- her by telephone; correct?
- 17 A Yes.
- 18 Q Did Dr. come in to see
- and examine the patient in your presence?
- 20 A I don't recall.
- 21 Q Is there anything in your note
- 22 to indicate that she came to examine the
- 23 patient while you were there?
- 24 A I see nothing in the note to
- 25 indicate that.

```
1 , M.D.
```

- 2 Q Were you able to transmit or
- 3 send to Dr. , the EKG or ECG that
- 4 you had interpreted, the one you were
- 5 looking at on 1,
- 6 A I don't know.
- 7 Q Was there a means for you to
- 8 transmit the patient's EKG to an
- 9 attending who you were now consulting
- 10 with?
- 11 A I don't know.
- 12 Q Did Dr. indicate to you
- 13 that she was able to visualize or view
- 14 the patient's EKG through some technology
- and that she was able to review it while
- 16 you were on the phone?
- 17 A I don't recall any such
- 18 indication being made.
- 19 Q Did you discuss with her the
- 20 patient's EKG from
- 21 during your discussion?
- 22 A I don't recall the specifics of
- 23 the discussion, but in general, I would
- have, yes.
- 25 Q And why would it be important

- 2 for you to do that?
- 3 A It would be important to
- 4 present that there are new findings, that
- 5 were not seen prior.
- 6 Q Did have a
- 7 telemetry floor?
- 8 A I don't know.
- 9 Q The floor that the patient was
- on, did they have telemetry?
- 11 A I don't remember.
- 12 Q Did have an
- 13 ICU?
- 14 A I don't remember.
- 15 Q Why did you consult with Dr.
- 16 ?
- 17 MR. : Explain that.
- 18 A Based on the note, she was the
- 19 on call attending cardiologist.
- 20 Q And why would it then be
- 21 necessary to discuss this patient with
- 22 her?
- 23 A So I don't remember the
- 24 specifics of how things worked there, but
- 25 my assumption would be that she would be

```
1 , M.D.
```

- 2 supervising me, as the resident for this
- 3 particular consultation.
- 4 Q When you called her, describe
- 5 for me what information you provided to
- 6 her?
- 7 A I don't recall the specifics.
- 8 MR. : What type of
- 9 information, given a --
- 10 A In general, what I would
- 11 provide to any supervising physician is
- 12 the background, the context of
- information as to why the patient is
- 14 there, from what I understand, my
- 15 physical exam findings, any study
- 16 findings and give my initial impression.
- 17 And then discuss with the attending
- 18 thereafter, what plan should be
- 19 formulated and carried through.
- 20 $\,$ Q $\,$ Do you also make
- 21 recommendations as to what you believe
- should be done and compare it with the
- 23 attending?
- 24 MR. : Objection to form.
- 25 Q As part of your practice, would

```
1 , M.D.
```

- 2 you make recommendations to the
- 3 attending?
- 4 MR. : What his suggested
- 5 plan would be?
- 6 MR. OGINSKI: Correct.
- 7 MR. : Okay.
- 8 A Back then, I would make an
- 9 initial impression and again, discuss
- 10 what I thought should be done, in terms
- of management and formulate an overall
- 12 final plan with the attending then.
- 13 Q Do you know Dr.
- 14 (phonetic)?
- 15 A No.
- 16 Q Did you ever speak with Dr.
- 17 ?
- 18 A I don't recall.
- 19 Q Were you involved in the
- 20 process with transferring this patient to
- , across the street?
- 22 A I don't recall specifically
- 23 being involved in the transfer.
- 24 Q Once the patient was --
- 25 withdrawn.

```
1
                      , M.D.
 2
              Are you aware from reading the
     note, that the patient did actually get
 3
     transferred to
 4
 5
              MR. : From reading his
 6
         note?
              MR. OGINSKI: I'm sorry.
              Did you learn from reading any
 8
 9
     notes in the chart, that the patient was
     transferred to ?
10
11
              MR. : But I don't
         think -- just make an assumption that
12
        that occurred.
13
14
         Q Did you ever speak to any
     doctor who treated her at ?
15
        A I don't recall doing so.
16
             Did you ever learn that this
17
     patient died shortly after her transfer
18
19
                    : Ever learned?
20
              MR.
21
              MS. : Objection.
22
         Q Other than any conversation
23
     with your attorney?
24
              MR. : Up to the time of
```

25

the lawsuit?

```
1
                       , M.D.
2
               MR. OGINSKI: Correct.
               No, I did not learn that.
3
               If bowel contents leak into an
4
         Q
```

- 5 abdominal cavity, can that cause
- 6 irritation?
- : Objection to form.
- 8 MS. : Objection.
- 9 MR. : Irritation of --
- MR. OGINSKI: I'll rephrase. 10
- Postoperatively, if bowel 11 Q
- contents, for whatever reason, leak into 12
- the abdominal cavity, where it should not 13
- 14 be, what type of problems might you see
- in such a patient? 15
- 16 MR. : Again,
- hypothetically can occur? 17
- MR. OGINSKI: Yes. 18
- I'm not a surgeon at all, so I 19
- have very limited experience with bowel 20
- 21 surgery.
- 22 But my assumption at that time,
- 23 that level of training, would be that
- patient would have signs of peritoneal 24
- 25 irritation.

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1 , M.D.
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- 2 Q And how does peritoneal
- 3 irritation manifest itself?
- 4 A My understanding of that level
- 5 of training, would be it can include high
- 6 fever, a tense and rigid, very tender
- 7 abdomen. Those would be the most
- 8 significant findings I would think of at
- 9 that time.
- 10 Q Can leakage of bowel contents
- 11 into the abdomen, trigger a cardiac
- 12 event?
- 13 MR. : Objection to the
- 14 term, cardiac event. I don't know
- what that means.
- MS. : Objection.
- MR. OGINSKI: I'll rephrase it.
- 18 Q Can leakage of bowel contents
- 19 into the abdomen, trigger an acute
- 20 coronary syndrome?
- 21 A At that level of training, I
- 22 can't really say.
- 23 Q Are you able to say currently,
- 24 with your current knowledge of medicine?
- 25 MR. : Objection.

```
1
                     , M.D.
 2
              MS. : Objection.
              Do you have any opinion as you
 3
     sit here now, as to whether bowel
 4
 5
     contents that leak into an abdominal
 6
     cavity, can cause acute coronary
     syndrome?
8
         A
            No, I don't believe so.
 9
         Q.
             Tell me why.
               MS. : The question
10
        was, do you have an opinion.
11
              MR. : He said "no, I
12
        don't believe so."
13
14
         Q Just to be clear, Doctor, you
     do not have an opinion or you're
15
     answering the actual question? I'll
16
17
     rephrase it. I'll clean it up.
              First, do you have an opinion
18
     as to whether abdominal contents that
19
     leak into an abdomen, can cause acute
20
21
     coronary syndrome?
22
               MR. : You're asking
23
        based on what he knew and understood
```

at the time?

MR. OGINSKI: Yes.

24

- 1 , M.D.
- 2 A I would not have had an opinion
- 3 on that.
- 4 Q Now, you indicated in your note
- 5 that the patient's beta blocker had been
- 6 held postoperatively, do you see that?
- 7 A Yes.
- 8 Q What did that mean to you?
- 9 MR. : Objection to form.
- 10 It's just a fact. I'm not sure what
- 11 you are asking.
- MR. OGINSKI: Withdrawn.
- 13 Q Did you learn that the patient
- 14 had been on a beta blocker prior to
- 15 surgery?
- 16 A I don't recall specifically,
- 17 but my note says that she has been on
- 18 Toprol XL, 50 daily.
- 19 Q Did you learn why she was on
- 20 Toprol XL?
- 21 A I don't remember specifically.
- 22 But based on the note, it seems there was
- 23 a questionable history of SVT.
- 24 Q Is that consistent with
- 25 palpitations?

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1 , M.D.
```

- 2 MR. : Is what?
- 3 MR. OGINSKI: The SVT.
- 4 MR. : Is SVT
- 5 palpitations?
- 6 MS. : Is that a
- 7 question?
- 8 MR. OGINSKI: I'll rephrase it.
- 9 Q Did you learn for how long she
- 10 had been taking that beta blocker?
- 11 A I don't recall.
- 12 Q I understand you don't recall,
- 13 Doctor, I'm asking, does your note
- 14 indicate --
- 15 MR. : That's a different
- 16 question.
- MR. OGINSKI: You're absolutely
- 18 right, I'm sorry.
- 19 Q Does your note indicate for how
- long she had been on beta blocker?
- 21 A There is no mention of duration
- on here.
- 23 Q Does your note indicate why she
- 24 was removed from the beta blocker during
- 25 the course of her surgery?

- 2 A There is no indication why that
- 3 was done.
- 4 Q Do you have any knowledge as to
- 5 why she was removed from the beta blocker
- 6 during surgery?
- 7 A No, I don't.
- 8 Q Does your note indicate for how
- 9 long the patient had not received her
- 10 beta blocker, after having her surgery?
- 11 A I'm sorry, can you repeat?
- 12 Q Sure. Do you indicate in your
- 13 note, how long the patient had not had
- 14 her beta blocker following surgery?
- 15 A I see no indication here.
- 16 Q If a patient does not receive
- 17 their beta blocker or restart it in a
- 18 timely fashion, what can occur?
- 19 MR. : Objection to the
- form, beta blocker can be started in
- 21 a timely fashion.
- 22 MS. : Objection.
- 23 Q Are you aware from anything in
- 24 the hospital chart to indicate that it
- was the intention of the doctors treating

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1 , M.D.
```

- 2 her, to restart her on the Toprol
- 3 postoperatively?
- 4 MR. : Objection to form.
- 5 MS. : Objection.
- 6 MR. : When?
- 7 MR. OGINSKI: At any time
- 8 postoperatively.
- 9 MR. : We know she did
- 10 get it postoperatively, so there is
- an order there at some point. So I'm
- 12 not sure what you are asking.
- MR. OGINSKI: I'll rephrase it.
- 14 Q Did you learn during your
- 15 examination, that it was the intention of
- 16 the doctors caring for her, to restart
- 17 her on her beta blocker at some point
- 18 postoperatively?
- 19 MS. : At the time of
- 20 his consult?
- MR. OGINSKI: Yes.
- 22 MR. : Again, I have to
- 23 object to the form.
- MR. OGINSKI: Give me some idea
- 25 where your objection is so I can

- 2 rephrase it.
- 3 MR. : The word is
- 4 intention, I intend to restart it or
- 5 I did restart it or there is an order
- 6 to restart it, rather than getting
- 7 into someone's brain.
- 8 Q When you learned that the
- 9 patient was not on her beta blocker, did
- 10 you ask why?
- 11 A I don't recall having
- 12 discussions or asking anyone anything, so
- 13 I can't really say. I don't recall.
- 14 Q Does your note reflect why the
- 15 patient had not been on the beta blocker
- 16 as of the time you saw her?
- 17 A All I can say is the note says
- 18 it was held post-op and the reason is
- 19 unclear.
- 21 opinion on 1, , that the
- 22 reason for this patient's acute coronary
- 23 syndrome and her symptoms, was because
- 24 her beta blocker had not been given to
- 25 her?

```
1
                       , M.D.
 2
               MR.
                       : The lack of the
 3
         beta blocker caused an ACS?
               MR. OGINSKI: Yes, that is the
 4
 5
         question.
 6
               I'm sorry, so the question --
                      : He's trying to ask
         you, did the lack of the beta
 8
 9
         blocker, did you believe cause the
         actual ACS?
10
11
             Aside from the note, I can't
      really say what I thought back then.
12
               Can the lack of beta blocker on
13
         Q
14
      a patient who had been receiving beta
     blocker in the past, cause or contribute
15
      to a patient developing ACS?
16
17
                      : Objection.
               MR.
18
               MS.
                         : Objection.
19
         Pre-op, post?
20
               MR.
                      : It's vague in
21
         time.
```

Based upon your note, Doctor,

are you able to determine whether holding

the beta blocker, the Toprol XL, caused

or contributed to her ACS?

22

23

24

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1 , M.D.
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- 2 A Am I able to determine that?
- 3 Q Yes.
- 4 MS. : Today or back
- 5 then?
- 6 A That's difficult for me to say.
- 7 Q Tell me why.
- 8 A I guess holding -- you know,
- 9 it's difficult to really know why someone
- 10 is really having an ACS. They can be due
- 11 to many reasons.
- 12 Q If a patient who is on beta
- 13 blocker, is removed from the beta
- 14 blocker, such as Toprol, can that trigger
- 15 SVT?
- 16 MS. : Objection. It's
- too broad.
- 18 MR. : Again, this is a
- 19 hypothetical that may not be related
- 20 to her time and circumstances.
- 21 Q I'm asking your general medical
- 22 knowledge.
- 23 MR. : Do you know?
- 24 A In my general medical
- 25 knowledge, what's the rest of the

- 2 question?
- 3 Q Can a patient who is on beta
- 4 blocker, who is then removed for a period
- 5 of time, then develop SVT, as a result of
- 6 withholding that beta blocker?
- 7 MR. : Objection, vague,
- 8 period of time.
- 9 MS. : Objection.
- 10 MR. OGINSKI: General question.
- 11 A I can't really say. I'm not a
- 12 cardiologist.
- 13 Q Did you order that this patient
- 14 receive her beta blocker?
- 15 A Did I order?
- 16 Q Yes.
- 17 A I don't recall ordering a beta
- 18 blocker for her.
- 19 Q Would you have ordered the beta
- 20 blocker?
- 21 MR. : Objection. I
- don't know what that means.
- MS. : Objection.
- Q When you learned that the
- 25 patient's beta blocker had been withheld

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1 , M.D.
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- postoperatively -- withdrawn.
- 3 MR. : She got beta
- 4 blocker before this is done.
- 5 Q Do you have an opinion, Doctor,
- 6 with a reasonable degree of medical
- 7 probability, as to whether a patient
- 8 whose beta blocker is held
- 9 postoperatively, combined with a leakage
- 10 of bowel contents into the abdominal
- 11 cavity, can cause or trigger a cardiac
- 12 event?
- 13 MR. : Objection.
- MS. : Objection.
- 15 MR. : Based on his
- 16 understanding at that time?
- MR. OGINSKI: Yes.
- 18 A Based on my understanding at
- 19 that time, I can't make any such
- 20 conclusion.
- 21 Q Tell me why you can't?
- 22 A At the time, I'm a trainee.
- 23 I'm still learning and I can't really go
- 24 beyond that. I mean, it's not something
- 25 that I learned specifically, so --

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1 , M.D.
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- 2 Q Did you ever -- withdrawn.
- 3 During your discussion with Dr.
- 4 did you ever communicate to her the fact
- 5 that the patient had, during her hernia
- 6 repair surgery, that a hole was made in
- 7 the bowel and that there was an
- 8 anastomosis?
- 9 A I don't recall the specifics.
- 10 Q Is there anything in your note
- 11 to indicate that you relayed that
- 12 specific information to her?
- 13 MR. : I think it's kind
- 14 of asked and answered through other
- information, questions you asked
- 16 before.
- 17 MR. OGINSKI: I would like him
- to answer that one.
- 19 A So did I -- is there anything
- in the note to say that I told her that?
- 21 O Correct.
- 22 A I see nothing in the note
- 23 saying that I told her that specifically.
- 24 Q Now, you had requested that the
- 25 patient have troponins done; is that

- 2 right?
- 3 A I had made a recommendation
- 4 based on the note, to check a stat
- 5 troponin.
- 6 Q And as part of your duties as a
- 7 consult, do you actually order those
- 8 tests?
- 9 MR. : Objection. You
- 10 can see who ordered the test in the
- 11 chart.
- 12 Q The recommendation was made to
- 13 who?
- 14 MR. : It says, "check
- 15 stat troponin."
- MR. OGINSKI: Right.
- 17 MR. : It doesn't say
- 18 order the troponin.
- 19 Q Did you check the troponins?
- 20 A Meaning, did I -- what do you
- 21 mean by did I check?
- Q Did you see what the results
- 23 were?
- 24 A Oh, did I see what the results
- 25 were, I don't recall.

- 3 note?
- 4 A I have in my note that it was
- 5 pending.
- 6 Q Did you ever learn that the
- 7 troponin levels were normal or within
- 8 normal limits?
- 9 A At that time, I don't remember
- 10 what I learned about the lab results.
- 11 Q At any time, within days after
- 12 1, , did you learn the
- 13 results of the troponin?
- 14 A I don't recall doing so.
- 15 Q Did you ever learn that this
- 16 patient had exploratory surgery when she
- 17 was at , other than conversations
- 18 with your attorney?
- 19 A At that time, I don't recall
- 20 the specifics of her history.
- 21 MR. : No, this is not
- 22 her history before she came to you.
- 23 After you saw her.
- 24 A Oh, after, no. At that time, I
- 25 don't recall learning such a thing.

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1 , M.D.
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- 2 Q Did you ever review this
- 3 patient's autopsy results?
- 4 A I don't recall doing so.
- 5 Q Did you ever have a
- 6 conversation with any physician, that the
- 7 an anastomotic suture line had
- 8 deteriorated and fallen apart?
- 9 A I don't recall doing so.
- 10 Q When you conducted your
- 11 examination of Mrs. on
- 12 1st, did you examine her belly?
- 13 A I don't recall specifics of the
- 14 exam, but based on the note, there was an
- 15 abdominal exam.
- 16 Q You mention that there is a
- 17 surgical dressing there and you wrote "NT
- 18 to light palpation," that's nontender?
- 19 A Yes, nontender.
- 20 Q What is written underneath
- 21 that?
- 22 A "JP drain with serosanguinous
- 23 fluid."
- Q Did you ever come to the
- 25 conclusion or form an impression that

- 2 Mrs. was septic at the time that
- 3 you examined her?
- 4 A I see no indication of that in
- 5 the notes.
- 6 Q What is sepsis?
- 7 A To my understanding at that
- 8 time, sepsis would mean infection of the
- 9 blood stream.
- 10 Q How do you diagnose sepsis?
- 11 A At that time, I would say the
- 12 diagnosis would be based on positive
- 13 blood cultures, fever, high white
- 14 count -- sorry, high white blood cell
- 15 count.
- 16 Q Other than the diagnostic tests
- 17 you just mentioned, are there any
- 18 clinical tests or findings you might see
- in a patient with sepsis?
- 20 MR. : Can you be more
- 21 specific? That's very vague.
- 22 MS. : Objection.
- 23 Q Other than the tests you just
- 24 told me about, what clinical findings
- 25 would you typically see in a patient with

1 , M.D. 2 sepsis? 3 MR. : Objection. Now 4 you're asking the whole gamut of 5 anything that a patient can have. 6 MS. : Objection, it's 7 beyond --8 MR. : It's very, very 9 far. 10 O Whose decision was it to 11 transfer this patient? 12 MR. : To where? 13 MS. : He didn't know 14 about it. I'm sorry. 15 MR. OGINSKI: Just make an 16 objection then. 17 MS. : Objection. : Why don't you ask 18 MR. if it was his decision. 19 MR. OGINSKI: I want to know 20 whose decision --21 MR. : He can tell you 22 23 whose it wasn't.

MS. : His.

MR. : Why don't you

24

- 2 start with that.
- 3 Q In your conversation with Dr.
- 4 , was there a decision made during
- 5 that conversation to transfer this
- 6 patient to ?
- 7 MR. : In that
- 8 conversation?
- 9 MR. OGINSKI: Yes.
- 10 A I don't remember.
- 11 Q Is there anything in your note
- 12 to indicate that there was a discussion
- 13 about transferring the patient?
- 14 A All I can say specifically is
- 15 that rapid response and ICU teams were
- 16 consulted and will see patient. So I
- 17 don't -- I can't really make much
- 18 conclusion based off of this, whether she
- 19 was going to be transferred or not.
- 20 Q What was the purpose of
- 21 consulting with rapid response and the
- 22 ICU team?
- 23 A I don't know. I'm assuming
- 24 this was all based off of my discussion
- 25 with Dr. and her final

- 2 conclusions.
- 3 Q And who consulted with them,
- 4 was it you or somebody else?
- 5 A I don't recall.
- 6 Q Did you request those consults?
- 7 A I don't recall.
- 8 MR. : Objection to form.
- 9 Did you request, you mean after Dr.
- 10 ?
- 11 Q Based upon your note, it says
- "Rapid response and ICU teams consulted,"
- does that mean you consulted with them or
- 14 something else?
- 15 A It doesn't say, based on the
- 16 note, who did.
- ${\tt Q}$ Do you have a memory as to who
- 18 that was?
- 19 A No, I don't recall.
- 20 Q What I would like you to do
- 21 please, is I would like to you read your
- 22 note. And if there is an abbreviation,
- 23 tell me what it is, starting with the
- 24 date?
- 25 A " , medicine

```
1 , M.D.
```

- 2 consult/cardiology. Reason for consult,
- 3 chest pain. ID, identification, -year
- 4 old female with acute onset of
- 5 palpitations and chest pain in setting of
- 6 sinus tachycardia."
- 7 Q Let me stop you, Doctor. Can
- 8 sinus tachycardia cause chest pain?
- 9 A I think it's fair to assume
- 10 that it can.
- 11 Q Go ahead, please.
- 12 A "History of present illness,
- 13 year old female, history of ovarian
- 14 cancer, status post resection with total
- 15 abdominal hysterectomy
- 16 salpingo-oophorectomy."
- 17 Q Let me stop you for a second.
- 18 Did you learn when that had occurred,
- 19 when the patient had had -- when she was
- 20 status post resection?
- 21 MR. : As opposed to
- 22 learn --
- MR. OGINSKI: I'll rephrase it.
- 24 Q At the time of your obtaining
- 25 this history, did you learn when she had

```
1
                       , M.D.
 2
     had that condition?
 3
        A While obtaining the history, I
     don't recall.
 4
 5
         Q In other words, was it a year
     earlier, five years, ten years or some
 6
     other point in time?
             I don't recall.
8
         Α
9
         Q
             Go ahead, please.
               "Questionable history of SVT,
10
     supraventricular tachycardia, post-op."
11
         Q That's referring to the
12
                , surgery, ?
13
14
         A I don't know actually.
               MR. : No, this is a
15
         history and he's talking about
16
17
                      , meaning the day
         before, questionable SVT, post-op.
18
               When you say "post-op," do you
19
```

mean following the surgery she had

know. Based off the note, I don't

the day before or following her prior

THE WITNESS: Yeah, I don't

20

21

22

23

24

25

history?

remember.

- 1 , M.D.
- 2 Q Continue, please.
- 3 A "For which she has been on
- 4 Toprol XL, 50 daily, well controlled. On
- 5 30th had elective ventral hernia
- 6 repair, without complications."
- 7 Q Let me stop you for a second,
- 8 Doctor.
- 9 Who did you obtain that
- 10 information from?
- 11 MR. : Which information?
- 12 O About the elective ventral
- 13 hernia repair without complications?
- 14 A I don't remember specifically.
- 15 But in general, the history would have
- 16 been obtained from whoever requested the
- 17 consultation and from the charts,
- 18 whatever is available there.
- 19 Q Go ahead, please.
- 20 A "Toprol XL held post-op, reason
- 21 unclear. Called for consult at 7 p.m.
- 22 Reportedly at approximately 4 p.m.
- 23 developed sensation of palpitations with
- 24 heart rate in 110s. Unclear from
- 25 patient's verbal history as to whether

- 2 she has chest pain or shortness of
- 3 breath."
- 4 Q Now, Doctor, a heart rate in
- 5 the 110s, what does that represent to
- 6 you, if anything?
- 7 A That's a tachycardia.
- 8 Q Go ahead, please.
- 9 A "Current in-patient
- 10 medications, Fentanyl PCA."
- 11 Q That is the pain pump?
- 12 A Yes.
- Q Go ahead.
- 14 A "Reglan."
- 15 Q If you can, tell me what that
- is and what it's for?
- 17 A Reglan is used to treat nausea.
- "Simethicone," I can't really recall what
- 19 it's used for. I think for just
- 20 heartburn. "Tinzaparin, 4,500 units
- 21 subcutaneous daily." I don't recall
- 22 specifically why she was on that, but I
- 23 believe that's a blood thinner.
- 24 MR. : I don't think he
- 25 asked you question.

```
1 , M.D.
```

- 2 MR. OGINSKI: I just asked him
- 3 if he could identify what the
- 4 medication is for.
- 5 MR. : Okay.
- 6 A "Percocet, p.r.n." is a pain
- 7 medication. "Ambien," it's a sleep
- 8 medication. "Colace," is a stool
- 9 softener for constipation. "Toradol,
- 10 p.r.n.," also a pain medication. And
- "Benadryl, p.r.n.," can be used for lots
- 12 of different things, for allergies, for
- 13 sleep or for even for nausea.
- "On physical exam, general
- 15 exam, she was pale, anxious, mildly
- 16 confused, tachypneic. Vital signs,
- 17 37.2 degrees Celsius; heart rate in the
- 18 95 to 110s; blood pressure, 88 over 57;
- 19 and oxygen saturation, 95 percent on room
- 20 air."
- 21 Q Is that a normal finding, the
- 22 oxygen saturation?
- 23 A Based on this, it could be
- 24 considered borderline low, but it's often
- 25 times not very reliable, in my experience

```
1 , M.D.
```

- 2 in the hospitals.
- 3 Q Are there other diagnostic
- 4 tests that you can use, that give a
- 5 better reliable indicator of the
- 6 patient's oxygen saturation?
- 7 MR. : For what
- 8 circumstance?
- 9 MR. OGINSKI: Just to evaluate
- 10 their vital signs.
- 11 MS. : Objection.
- 12 A There are.
- 13 Q Like what?
- 14 A You can do an arterial blood
- 15 gas, but that's not routinely done.
- 16 Q Go ahead, please.
- 17 A "The neck exam, there was no
- 18 jugular venous distension.
- 19 Cardiovascular, there was an S-1, S-2,
- 20 frequent premature beats, no murmurs,
- 21 rubs or gallops."
- 22 Q And that's based upon your
- examination with a stethoscope; right?
- 24 A This would have been, yes.
- Q Go ahead.

```
1 , M.D.
```

- 2 A "On respiratory exam, very poor
- 3 inspiratory efforts. Therefore, it was a
- 4 suboptimal exam. No rales, rhonchi or
- 5 wheezing."
- 6 Q I'm sorry, Doctor, when you
- 7 learned that information or observed
- 8 that, did you form any opinion in your
- 9 mind, as to why she was having that poor
- 10 inspiratory effort?
- 11 MR. : What was your
- impression as to that?
- 13 A I don't remember what my
- 14 impression was for that at that time.
- Q Go ahead.
- 16 A "Abdominal exam, hypogastric,
- 17 surgical dressing intact. Nontender to
- 18 light palpation. JP drain with
- 19 serosanguinous fluid. Extremities exam,
- 20 warm and dry, one plus pedal edema, no
- 21 cyanosis. Labs, troponin is pending; CBC
- or complete blood count is pending; CMP
- 23 or comprehensive metabolic panel is
- 24 pending."
- 25 Q Did the patient exhibit or tell

- 2 you that she was nauseous?
- 3 A I see no mention of that in the
- 4 notes.
- 5 Q Did you learn that she --
- 6 withdrawn.
- 7 Had she been vomiting?
- 8 A I see no mention of that in the
- 9 note.
- 10 Q Is that the type of information
- 11 that you would typically ask her?
- 12 A I don't remember if I asked
- 13 her, but typically I would.
- 14 Q And if the information was
- 15 negative -- withdrawn.
- 16 If it was positive, would you
- 17 have written it down, in light of her
- 18 symptoms and why you were being called?
- 19 MS. : Objection.
- 20 MR. : If she had
- 21 positive nausea and vomiting, would
- 22 you have documented that, if she gave
- you that history?
- 24 A If she gave me that history, I
- 25 would have written it down.

```
1 , M.D.
```

- 2 Q Go ahead, please.
- 3 A "Studies, a portable chest
- 4 X-ray is pending. She had a TTE or
- 5 transthoracic echocardiogram from
- 6 and the findings were EF,
- 7 ejection fraction of 73 percent, normal
- 8 wall motion, normal chambers, trace
- 9 mitral regurgitation. EKG or
- 10 electrocardiogram" --
- 11 Q Let me stop you. That ejection
- 12 fraction information, where did you
- 13 obtain that information?
- 14 A I don't recall specifically.
- 15 Q Did the patient relay that
- 16 information to you?
- 17 A I don't recall specifically.
- 18 Q Go ahead, please, with the ECG
- 19 findings.
- 20 A " , heart rate
- 21 56, sinus rhythm, normal axis, T-wave
- 22 inversion in lead three and lead V1,
- 23 intervals within normal limits."
- 24 Q Can you characterize those
- 25 findings? In other words, is this a

```
1 , M.D.
```

- 2 normal ECG, is it abnormal or something
- 3 else?
- 4 A At my level of training back
- 5 then, I would interpret this as probably
- 6 a normal --
- 7 Q Continue, please.
- 8 A " , at 19:41,
- 9 118 beats per minute, sinus rhythm with
- 10 premature complexes, normal axis, down
- 11 sloping ST segment in lead one, flat
- 12 T-wave in AVL. T-wave inversions in V2
- 13 through V5, with a flat T-wave in V6, and
- 14 I wrote down that these are new."
- 15 Q Are you able to tell from this
- 16 ECG interpretation, what part of the
- 17 heart this is occurring in?
- 18 A So at that level of training, I
- 19 can't say specifically. But the
- 20 understanding would be that there is --
- 21 these changes correspond with the
- 22 anterior and lateral portions of the
- 23 heart.
- 24 Q Continue, please, on the next
- 25 page.

```
1 , M.D.
```

- 2 A "Continued, and then
- 4 consult. Assessment and plan, year
- 5 old woman with history of SVT or
- 6 supraventricular tachycardia, on chronic
- 7 rate control with beta blocker, with
- 8 acute onset of palpitations and
- 9 generalized malaise, in setting of sinus
- 10 tachycardia in post-op period. History
- 11 significant for beta blocker, Toprol XL,
- 12 being held in immediate post-op period.
- 13 Exam significant for relative
- 14 hypotension, systolic blood pressures in
- 15 80s."
- 16 Q I'm sorry, is that a normal
- finding or abnormal finding?
- MR. : What?
- 19 Q The relative hypotension?
- 20 A It depends on the situation.
- 21 Q What was your opinion as of
- 22 that time, as to whether this was a
- 23 normal or abnormal finding?
- 24 A Based on the note, the concern
- would be, it would be related to an ACS.

1 , M.D.

- 2 Q Is that normal or abnormal?
- 3 A ACS?
- 4 Q No, the fact that she had
- 5 systolic blood pressures in the 80s?
- 6 A So that would be concerning,
- 7 yes, based on the notes.
- 8 Q Go ahead, please.
- 9 A "ECG or electrocardiogram with
- 10 diffuse ST-T segment changes" --
- 11 Q I'm sorry, Doctor, I don't know
- 12 if you mentioned the sinus tac.
- 13 A "With sinus tachycardia."
- 14 Q Start from the beginning of the
- 15 sentence.
- 16 A "Exam significant for relative
- 17 hypotension. Systolic blood pressures in
- 18 80s with sinus tachycardia.
- 19 Electrocardiogram with diffuse ST-T
- 20 segment changes and T-wave inversions in
- 21 anterolateral leads. Recommendations and
- 22 plan, concern for ACS in immediate
- 23 post-op period versus rebound tachycardia
- 24 in setting of held beta blockers and
- 25 secondary ischemia rate related."

```
1 , M.D.
```

- 2 Q Can you explain that, please?
- 3 MR. : Explain what?
- 4 Q The rebound tachycardia in
- 5 setting of held beta blockers, secondary
- 6 ischemia rate related?
- 7 A You mean, explain --
- 8 MR. : In what way?
- 9 Q Tell me what that means.
- 10 MR. : I have to object
- 11 to form.
- 12 Q What is rebound tachycardia?
- 13 A It's a phenomenon I remember
- 14 learning in that time, where if a beta
- 15 blocker is held, you have a rebound
- 16 accelerated heart rate.
- 17 Q And how did you know --
- 18 withdrawn.
- 19 What made you believe that she
- 20 had secondary ischemia?
- 21 A Based on the note, it says,
- "secondary ischemia rate related," so
- 23 related to her rates possibly.
- 24 Q Explain that to me.
- 25 MR. : Objection to form.

```
1 , M.D.
```

- 2 Q Tell me what you were thinking
- 3 as to how you came to that thought
- 4 process?
- 5 MR. : I still don't get
- 6 what you are asking him, tell you
- 7 what he's thinking.
- 8 Q Secondary ischemia is what?
- 9 MR. : He's been around
- 10 and around this issue.
- 11 Q What is secondary ischemia?
- 12 A To my understanding at that
- 13 time, secondary ischemia is ischemia
- 14 related to an underlying cause. So it's
- 15 a phrase basically, the way it's used
- 16 here.
- 17 MS. : Off the record.
- 18 [At this time, a discussion was
- 19 held off the record.]
- 20 MR. OGINSKI: What was the last
- 21 question and answer?
- 22 [At this time, the requested
- portion of the record was read.]
- Q Did you determine what was the
- 25 underlying cause in this patient's case,

1 , M.D.

- 2 as to why she was experiencing the
- 3 ischemia?
- 4 MR. : I think he asked
- 5 and answered that. He said ACS in a
- 6 postoperative setting, or something
- 7 like that.
- 8 Q Is that right?
- 9 A Yes.
- 10 Q Go ahead, Doctor, continue.
- 11 A "Check stat portable chest
- 12 X-ray. Check stat troponin. Transfer to
- 13 telemetry. Maintain systolic blood
- 14 pressure greater than 100 with I.V. fluid
- 15 boluses. Attempt rate control with I.V.
- or intravenous Lopressor, starting at 2.5
- 17 milligram I.V. push. Discussed with
- 18 consult requesting GYN fellow,
- 19 regarding contraindications to
- 20 antiplatelets and anticoagulation.
- 21 Agreed to give 325 milligrams by mouth,
- 22 aspirin times one and initiate Heparin
- 23 drip as per ACS protocol."
- Q And what is that?
- 25 A What is --

```
1 , M.D.
```

- 2 Q The ACS protocol?
- 3 A My understanding at that time,
- 4 is ACS protocol is a number of steps a
- 5 clinician would undertake to diagnose and
- 6 treat an ACS.
- 7 Q And what was the purpose of
- 8 administering Heparin?
- 9 A Heparin is one of the agents
- 10 given in ACS.
- 11 Q Why?
- 12 A That's just what I learned.
- 13 It's a blood thinner.
- 14 Q Why is it necessary to give a
- 15 blood thinner in that context?
- 16 A At that level of training, I
- 17 can't really say why. It's part of what
- 18 we were taught to do. And if it's
- 19 written here, it was after discussion
- 20 with Dr. , so --
- 21 Q You mentioned contraindications
- 22 to, what is that, antiplatelets?
- 23 A Yes.
- Q What is that?
- 25 A Antiplatelets would be the

1 , M.D.

- 2 aspirin here.
- 3 Q Go ahead, continue, please.
- 4 A "Would discontinue Tinzaparin
- 5 and Ketorolac, NSAID or nonsteroidal
- 6 antiinflammatory drug. Rapid response
- 7 and ICU teams consulted" --
- 8 Q Let me stop you, Doctor. Right
- 9 above that, the note that's crossed out,
- 10 read that please, if you would?
- 11 A "Rapid response team consulted,
- 12 will continue care overnight."
- 13 Q And you have a line through
- that and you wrote "error"?
- 15 A Yes.
- 16 Q Go ahead.
- 17 A "Rapid response and ICU teams
- 18 consulted, will see patient. Above
- 19 assessment and plan discussed with on
- 20 call attending cardiologist, Dr.
- 21 , as well as patient's primary
- 22 team. I will continue to follow in
- 23 immediate acute period."
- Q Is that your signature?
- 25 A Yes, that's my signature.

```
1 , M.D.
```

- 2 Q And at that time, you were a
- 3 PGY-2; correct?
- 4 A Yes.
- 5 Q Who was the patient's primary
- 6 team that you refer to?
- 7 A I don't recall. Based on the
- 8 note here, it was some gynecologic
- 9 service probably.
- 11 similar to the note that you just read in
- 12 this chart?
- 13 A I don't recall writing any
- 14 other notes, so I don't know.
- 15 Q I would like you to turn please
- 16 to the rapid response team note dated
- 17 , timed at 7:50 p.m.
- 18 A Okay.
- 19 Q I understand this is not your
- 20 note, Doctor, but I would like you to
- 21 read it --
- 22 MR. : He's not going to
- do that.
- MR. OGINSKI: Why?
- 25 MR. : That's not

```
1
                       , M.D.
 2
         appropriate.
 3
              MR. OGINSKI: I have questions
         for him.
 4
 5
                     : Objection. You
 6
         have a question, ask him a question,
         but he's not going to read the note.
 8
         Q What time was your note
 9
     written?
         A I don't remember what time.
10
11
             Was it before or after the
         Q
     rapid response team note?
12
13
               MR. : The rapid response
14
         team note starts at a time and
        continues for several times.
15
             MR. OGINSKI: I know.
16
17
             Are you able to tell whether it
     was before or after?
18
         A I don't recall what order
19
     anything occurred, in terms of charting.
20
21
               MR. : The only thing he
```

can say is it says, "Rapid response

and ICU team consulted, will see

patient." So that's from Dr.

25 note.

22

23

```
1
                      , M.D.
 2
             Did you speak to anyone in the
 3
     rapid response team?
         A I don't recall.
 4
 5
              MR.
                    : Asked and
 6
         answered.
         Q Let's turn please to the order
8
     sheet dated
 9
        A Okay.
         Q Doctor, looking at the
10
     computerized order sheet, under primary
11
     diagnosis, it's listed, "Ovary, malignant
12
     neoplasm," do you see that?
13
14
        A Yes.
         Q Where did you obtain the
15
     information about malignant neoplasm?
16
              MR. : According to Dr.
17
               's order?
18
              MR. OGINSKI: Yes.
19
20
              MR. : That's Dr.
21
              MR. OGINSKI: I'm sorry.
22
            Going down to the bottom of
23
     that page, the order is 1,
     timed at 7:10 p.m.
24
```

MR. : Got it.

```
1 , M.D.
```

- 2 A Okay.
- 3 Q Under primary diagnosis, you
- 4 list, "Adrenal cancer"; correct?
- 5 A Yes, I see that.
- 6 Q Are you aware, Doctor, that
- 7 this patient at no time had adrenal
- 8 cancer?
- 9 A Based on my note, I don't see
- 10 any history written there, adrenal
- 11 cancer.
- 12 MR. : So you clicked the
- wrong cancer?
- MR. OGINSKI: That's not right.
- 15 Q Let's look at the enzyme
- 16 results, Doctor.
- 17 The enzyme results are shown as
- 18 dated ; correct?
- 19 MR. : Wait, there are
- 20 two.
- 21 Q The troponin --
- 22 A Yes.
- 23 Q Those show that they're both
- 24 normal or within normal limits?
- 25 A Yes.

```
1 , M.D.
```

- 2 Q And in light of your
- 3 observation and examination of the
- 4 patient, if her enzyme levels are normal,
- 5 as indicated in this result, what other
- 6 condition would account for this
- 7 patient's symptoms?
- 8 MR. : Objection.
- 9 MR. OGINSKI: Withdrawn.
- 10 O Does this rule out the fact
- 11 that she did not have a myocardial
- 12 infarction?
- 13 A No, it does not.
- 14 Q Tell me why.
- 15 A I would say the definitive test
- 16 would be a cardiac cath.
- 17 Q Did Dr. ever recommend
- 18 a cardiac catheterization for this
- 19 patient?
- 20 A I don't recall.
- 21 Q Is there anything in your note
- 22 that reflects that she recommended a
- 23 cardiac catheterization?
- 24 A That she recommended one?
- 25 Q Yes.

1 , M.D.

- 2 A I don't see that written in the
- 3 note. Let me just -- not specifically a
- 4 cardiac catheterization. I don't see
- 5 anything that suggests that.
- 6 Q Now, why are series of
- 7 troponins done over time; what is the
- 8 purpose of that?
- 9 A To my understanding at that
- 10 level, that they should be checked
- 11 serially because they can take time to
- 12 become elevated.
- 13 Q Is there any reason that you
- 14 can think of as you sit here now, as to
- 15 what would account for the patient's
- 16 symptoms that you observed on
- 17 st, assuming she did not have
- 18 evidence of a myocardial infarction?
- 19 MR. : Objection. That's
- not a proper question.
- 21 Q Based upon the fact that there
- 22 is --
- 23 MR. : He can only
- 24 testify based on the evidence he had
- 25 at the time.

```
1 , M.D.
```

- 2 MR. OGINSKI: I'll rephrase it.
- Q On , the
- 4 results of the troponins, did you ever
- 5 see these results?
- 6 A I don't recall. I saw them
- 7 just during preparation.
- 8 Q Other than -- I'm talking about
- 9 at the time this patient was being seen
- 10 and treated in of ?
- 11 A It's possible. I don't recall
- 12 though.
- 13 Q Assume that you saw the first
- 14 result showing troponin, did you reach
- 15 any different conclusion as to the cause
- 16 for this patient's chest pain and ongoing
- 17 symptoms?
- 18 A I can't really assume because I
- 19 don't recall.
- 20 MR. : Assume you did see
- 21 it and it was negative?
- MR. OGINSKI: Yes.
- 23 MR. : Would that change
- your impression that you had.
- 25 THE WITNESS: I'm sorry, I

```
1
                        , M.D.
 2
         didn't understand the question, so
 3
         can you repeat the question?
 4
               MR. : Assume you saw it
 5
         and it was negative, would that have
 6
          changed your impression that you had?
               THE WITNESS: No, it would not
 8
         have, no.
 9
               Tell me why.
               Because the definitive test
10
     would have been to do a cardiac cath. So
11
     if the troponin was negative and you have
12
13
     EKG changes that are concerning for ACS,
14
     then the patient would need a cardiac
15
      cath to really definitively rule in or
     rule out.
16
17
         Q Did
                          have the
     facilities to perform a cardiac
18
      catheterization?
19
               I have no idea.
20
21
               MR.
                    : You have no
22
         recollection?
23
               THE WITNESS: Yeah, no
         recollection.
24
```

Q Do you know Dr. ?

```
1
                     , M.D.
 2
        A No, I don't.
             Doctor, did you have a
 3
     discussion with Dr.
                              about
 4
 5
     restarting the patient on the beta
 6
     blocker?
         A I don't remember the specifics
     of what I discussed. But anything that I
8
9
     wrote here under recommendations and
     plan, would have been what the final
10
11
    recommendations were that she gave me.
        Q Has your license ever been
12
     suspended?
13
14
        A My medical license, no.
15
         Q Has your license ever been
16
     revoked?
17
        Α
              No.
              Where did you go to college?
18
         Q
19
        Α
        Q When did you graduate?
20
21
        Α
```

And where did you go to med

Medical

22

23

24

25

Q

school?

A

University.

```
1 , M.D.
```

- 2 Q ?
- 3 A Yes.
- 4 Q From when to when?
- 5 A From to .
- 6 Q And that's when you started
- 7 your residency in internal medicine?
- 8 A Yes.
- 9 Q Have you ever testified before?
- 10 A Testified?
- 11 Q Either in this setting or a
- 12 courtroom?
- 13 A No.
- 14 Q Have you ever been sued before
- as a defendant, as a doctor?
- 16 A No.
- 17 Q Do you have any publications to
- 18 your name?
- 19 A Yes.
- Q How many?
- 21 A manuscript and
- 22 abstract.
- 23 Q Published or unpublished?
- 24 A Published.
- Q What is the manuscript about?

```
1 , M.D.
```

- 2 A It's from college, it's basic
- 3 science research.
- 4 Q And the abstract, what's that
- 5 about?
- 6 A That's peripheral arterial
- 7 disease.
- 8 Q What is that published in?
- 9 A In , I believe, the
- 10 journal, .
- 11 Q Are you the primary author?
- 12 A Yes.
- 13 Q Have you presented at any
- 14 national medical societies?
- 15 A Yes.
- 16 Q How many?
- 17 A How many societies or how
- 18 many --
- 19 Q How many presentations?
- 20 A I would say around -- I know
- of, at least, I can remember.
- Q What were the topics?
- 23 A The two that I remember were
- 24 peripheral arterial disease.
- 25 Q Is that an area of your

```
1
                        , M.D.
 2
      research?
 3
                Currently, yes.
                Do you have an opinion as you
 4
          Q
 5
      sit here now, as to whether this
      patient's diagnosis of sepsis was timely
 6
      made?
                           : Objection.
 8
                MS.
                          : Objection.
 9
                MR.
                MS.
                         : He didn't
10
11
          diagnose sepsis.
                MR. OGINSKI: I want to know if
12
         he has an opinion.
13
14
                I have no opinion.
                Do you have an opinion with a
15
      reasonable degree of medical probability,
16
      as to whether this patient received
17
      appropriate cardiac care while at
18
19
                   on
20
                MR.
                           : Objection to form.
21
          You want to know if he thinks his
22
          care was good or cardiac -- I don't
```

know what you mean by cardiac care.

reasonable degree of medical probability,

Do you have an opinion with a

23

24

, at

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1
                        , M.D.
2
     as to whether the treatment Mrs.
3
     received on
```

- , was within good and accepted 4
- 5 medical standards?
- 6 MR. : I'll object to
- 7 that on multiple grounds. You are
- 8 asking him to comment on everybody's
- 9 care and that's inappropriate.
- Do you have an opinion, Doctor, 10
- whether the treatment you provided to 11
- , was in accordance with good 12 Mrs.
- and accepted standards of care on 13
- 14
- MR. : As a PGY-2. 15
- I do have an opinion, yes. 16 Α
- 17 And what is your opinion?
- My opinion is that I did what I 18 Α
- should have at that level of training. 19
- And I took information from all available 20
- sources, the patient, the chart, I'm 21
- 22 assuming, as well as the team, I'm
- 23 assuming, disseminated the information to
- my attending and relayed her final 24
- 25 recommendations.

```
94
1
                    , M.D.
             MR. : And followed
 2
 3
        through on the plan, her plan,
        whatever?
 4
              THE WITNESS: Yes.
 5
 6
        Q The Toprol that we talked about
     previously, is that typically given in
     pill form?
8
9
             MR. : Which one?
             MR. OGINSKI: The extended
10
        release.
11
              MR. : XL, do you know?
12
        A I believe so.
13
14
            MR. : How else would you
        do it? It would have to be a pill
15
        form. If it's I.V., it's in there.
16
17
        Q Were you involved in the
     decision to administer Metoprolol by
18
     I.V.?
19
20
              MR. : Objection to the
21
        form, involved in the decision.
          Did you order I.V. Metoprolol?
22
23
              MR. : Did you order it?
            I don't remember.
24
        Α
```

MR. : Let's see if you

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1 , M.D.
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- 2 have an order for it.
- 3 A It says here, "Ordered by John
- 4 ."
- 5 Q Looking at the bottom of that
- 6 order, it indicates that the patient was
- 7 given I.V. push Metoprolol; correct, at
- 8 6:27 p.m.?
- 9 MR. : That's the order
- 10 time?
- 11 MR. OGINSKI: Yes.
- 12 A You mean --
- 13 MR. : What is the
- 14 question?
- 15 Q The order to give the patient
- 16 Metoprolol -- by the way, Metoprolol is
- 17 the same as Toprol, it's a beta blocker;
- 18 correct?
- 19 A It's a beta blocker, yes.
- 20 Q Do you know why this patient
- 21 was given that medication, Metoprolol, by
- 22 I.V. push?
- 23 A That I don't know why
- 24 specifically. My assumption is that
- 25 these were the recommendations that were

```
2
     given to me, relayed through the
3
     attending.
4
     Q Was the administration of
5
    Metoprolol by I.V. done because the
6
     patient's beta blocker had been held
    postoperatively?
            MR. : Objection.
8
        Q Are you aware of that?
9
10
             MS. : Objection.
11
            MR. : Do you know, yes
       or no?
12
13
    A I don't know.
14
            MR. OGINSKI: Thank you,
15
       Doctor.
16
            MS. : No questions.
             MR. : Thank you.
17
18
             (Time noted: 12:25 p.m.)
19
20
                     , M.D.
21
22
     Subscribed and sworn to before me
                    , 20__.
23
     this day of
24
```

, M.D.

1

1	
2	CERTIFICATION
3	
4	
5	I, JENNIFER BRENNAN, a Shorthand
6	Reporter and a Notary Public, do hereby
7	certify that the foregoing witness, was
8	duly sworn on the date indicated, and
9	that the foregoing is a true and accurate
10	transcription of my stenographic notes.
11	I further certify that I am not
12	employed by nor related to any party to
13	this action.
14	
15	
16	
17	
18	JENNIFER BRENNAN
19	
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24	
25	

1	
2	ERRATA SHEET
3	VERITEXT/NEW YORK REPORTING, LLC
4	CASE NAME: VS. DATE OF DEPOSITION: MAY 5, 2011
5	WITNESS' NAME: , M.D.
6	PAGE/LINE(S)/ CHANGE REASON
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21	, M.D.
22	SUBSCRIBED AND SWORN TO
23	BEFORE ME THISDAY OF, 20
24	NOTARY PUBLIC
25	MY COMMISSION EXPIRES