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M. Glickstein

SUPERIOR COURT
JUDICIAL DISTRICT OF NEW LONDON
AT NEW LONDON

COPY

MARY ANN ABBE, ADMX., ET AL, :
 : NO. CV-96-0538081-S
 Plaintiffs, :
 :
 vs. :
 :
 WILLIAM BACKUS HOSPITAL, ET AL, :
 :
 Defendants. :

Deposition of DR. MARC GLICKSTEIN, taken before
Sheri C. Stewart, RPR, a Notary Public qualified
by law to administer oaths, at the offices of
Cooney, Scully & Dowling, Hartford Square North,
Ten Columbus Boulevard, Hartford, Connecticut, on
January 12, 2001, at 10:00 a.m.

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A P P E A R A N C E S:

For the Plaintiffs:

LYNCH, TRAUB, KEEFE & ERRANTE, P.C.
51 Trumbull Street
New Haven, Connecticut 06510
BY: STEVEN J. ERRANTE, ESQUIRE

For the Defendant Backus Hospital:

SMITH, KETAINECK & MUSCO
9 Washington Avenue, Suite 3A
Hamden, Connecticut 06518-0035
BY: PAMELA MILLER, ESQUIRE

For the Defendant Dr. Weinghast:

COONEY, SCULLY & DOWLING
Hartford Square North
Ten Columbus Boulevard
Hartford, Connecticut 06106
BY: JOHN W. SITARZ, ESQUIRE

For the Defendant Dr. Coppotelli:

FAULKNER & BOYCE, P.C.
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BY: SHELLEY BRAVES, ESQUIRE

For the Defendant ^:

DANAHER, TEDFORD, LAGNESE & NEAL
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Hartford, Connecticut 06106-8000
BY: ROBERT E. KILEY, ESQUIRE

S T I P U L A T I O N S

1
2 IT IS HEREBY STIPULATED AND AGREED by and
3 between counsel representing the parties that each
4 party reserves the right to make specific objections
5 at the trial of the case to each and every question
6 asked and of answers given thereto by the deponent,
7 reserving the right to move to strike out where
8 applicable, except as to such objections as are
9 directed to the form of the question.

10 IT IS HEREBY STIPULATED AND AGREED by and
11 between counsel representing the respective parties
12 that proof of the official authority of the Notary
13 Public before whom this deposition is taken is
14 waived.

15 IT IS FURTHER STIPULATED AND AGREED by and
16 between counsel representing the respective parties
17 that the reading and signing of the deposition
18 transcript by the deponent is waived _____, is not
19 waived __X__.

20 IT IS FURTHER STIPULATED AND AGREED by and
21 between counsel representing parties that all defects,
22 if any, as to the notice of the taking of the
23 deposition are waived.

24 Filing of the Notice of Deposition with the
25 original transcript is waived.

1 DR. MARC GLICKSTEIN,
2 a witness herein, having been first duly
3 sworn by the Notary Public, deposed and
4 testified as follows:

5

6 DIRECT EXAMINATION

7 BY MR. ERRANTE:

8 Q. Good morning, Doctor. As we were just
9 introduced, my name is Steven Errante and I
10 represent the plaintiffs in this case.

11 Have you ever had your deposition taken
12 before?

13 A. Yes, I have.

14 Q. On how many occasions?

15 A. Eight or nine.

16 Q. And in what capacity were you deposed?
17 Were you an expert, were you defendant, were you
18 plaintiff, whatever?

19 A. I was an expert.

20 Q. And how many times were you an expert for
21 defense and how many times for the plaintiff?

22 A. In each of those cases, I was an expert
23 for the defense.

24 MR. MILLER: Can you keep your voice
25 up?

1 THE WITNESS: Yes, I'm sorry.

2 BY MR. ERRANTE:

3 Q. And have you ever testified as an expert
4 for Mr. Sitarz or his firm before?

5 A. No.

6 Q. Have you always testified as an expert in
7 radiology?

8 A. Yes.

9 Q. And are you familiar with any of the
10 defendants in this case?

11 A. No, I'm not.

12 Q. Never met any of them?

13 A. No.

14 Q. Are you familiar with any of the doctors
15 in this case, whether they be defendants or experts
16 or otherwise?

17 A. No.

18 Q. Have you ever been the defendant in a
19 case?

20 A. Not in a medical malpractice case, no.

21 Q. Okay. Other than domestic, anything
22 other than that?

23 A. No.

24 Q. Have you ever testified in court at a
25 trial as opposed to a deposition?

1 A. Twice.

2 Q. For the defense?

3 A. Yes.

4 Q. As an expert?

5 A. Yes.

6 Q. When was last time that you testified in
7 court?

8 A. Approximately one year ago.

9 Q. And do you remember who the defense
10 lawyer was?

11 A. James Moher (phonetic). These are not
12 medical malpractice cases.

13 Q. The two that you testified?

14 A. Yes, they're not medical malpractice.

15 Q. What kind of cases were they?

16 A. They were liability cases.

17 Q. Car accidents or that kind of thing?

18 A. Yes. I've never testified in a medical
19 malpractice case before.

20 Q. Okay. Now, how many cases do you review
21 per year? I'm talking about medical.

22 A. Medical malpractice, I couldn't give you
23 an exact number. I probably reviewed about 15 or
24 so in my career.

25 Q. And were you deposed in a little more

1 than half of them?

2 A. Sorry, this is the first time I've ever
3 been deposed in a medical malpractice case.

4 Q. I'm sorry, deposed eight or nine times
5 but those are other types of liability cases?

6 A. Yes.

7 Q. I thought I asked you if you testified as
8 an expert, said as an expert for the defense?

9 A. Yes.

10 Q. But these are liability cases you were
11 talking about?

12 A. Yes.

13 Q. Okay. And the cases that you reviewed,
14 have you reviewed any cases for Attorney Sitarz or
15 his firm other than this one?

16 A. This is the first case that I reviewed
17 for his firm, yes.

18 Q. Do you know how they found out about you?

19 A. No, I don't.

20 Q. So as far as malpractice cases, you think
21 you reviewed about 15 of those over the years?

22 A. Approximately.

23 Q. Approximately?

24 A. Yes.

25 Q. And have you reviewed them for the

1 plaintiffs or the defendants?

2 A. I have reviewed some for the plaintiff
3 and some for the defense.

4 Q. How many for each?

5 A. I have reviewed three cases for the
6 plaintiff.

7 Q. Twelve for the defense?

8 A. Approximately, yes.

9 Q. In the three cases that you reviewed for
10 plaintiff's attorneys, did you find deviation from
11 the standard of care in any of those three cases?

12 A. In one of them I did.

13 Q. Who was the plaintiff's lawyer in that
14 case?

15 A. I don't recall the name.

16 Q. And in the approximately 12 cases you've
17 reviewed for defendants, did you find there was a
18 deviation from the standard of care in any of those
19 12 cases?

20 A. Yes, I did.

21 Q. How many, approximately?

22 A. Maybe four, four or five, perhaps. I
23 couldn't give you an exact number.

24 Q. Are any of those cases still pending as
25 far as you know, that is, the 15 or so cases you

1 reviewed?

2 A. I don't know, I don't know the status on
3 some of them. I couldn't tell you.

4 Q. You have your CV with you, Doctor?

5 A. Yes.

6 MR. ERRANTE: We'll mark this as
7 Plaintiffs' 1, please.

8 (Whereupon, the exhibit was marked.)

9 BY MR. ERRANTE:

10 Q. Is your CV up to date, Doctor?

11 A. Yes.

12 Q. Would you explain for me what your duties
13 are at the Department of Radiology at Hartford
14 Hospital? And the way you've written your resume,
15 Jefferson X-ray Group, is that the same thing or is
16 Jefferson a separate corporation?

17 A. A separate corporation, but we provide
18 radiology services at Hartford Hospital.

19 Q. And you are the exclusive provider for
20 radiology services at Hartford Hospital, correct?

21 A. There's one other independent radiologist
22 in the hospital, but we provide the vast majority
23 of radiology services at this time.

24 Q. Okay. If you could just tell us what
25 your duties are relative to the Department of

1 Radiology and with Jefferson X-ray Group.

2 A. I'm a staff radiologist at Hartford
3 Hospital, I am the section chief of magnetic
4 resonance imaging there. I perform a variety of
5 duties involving various aspects of diagnostic
6 radiology in various parts of the department, both
7 taking both of care inpatients and outpatients.

8 Q. Can you describe some of those various
9 functions that you have?

10 A. I read CT scans, MRIs, perform a variety
11 of diagnostic studies. Take care of inpatients,
12 outpatients, patients in the emergency room, the
13 office setting. It's primarily outpatient
14 radiology work. Do a variety of general radiology,
15 duties including barium studies, fluoroscopy,
16 ultrasounds, CT, MRI.

17 Q. When you say "take care of patients,"
18 what do you mean by that, Doctor?

19 A. Evaluate the studies, radiology studies
20 that are performed on patients who are referred to
21 us.

22 Q. And with the Jefferson X-ray Group,
23 what's your function there?

24 A. More or less the same, essentially
25 evaluating and reading and interpreting x-ray

1 studies, imaging studies in that setting.
2 Outpatient work primarily.

3 Q. You were asked to bring all the materials
4 that you reviewed and looked at for your opinions
5 in this case. Have you done that?

6 A. Yes.

7 Q. All right. Is that the pile that's in
8 front of you?

9 A. Yes.

10 Q. Okay. If you could, could you separate
11 out the medical records from whatever other
12 materials might be in there.

13 When did you first become involved in
14 this case, when did you first hear of it?

15 A. 6/22/98.

16 Q. And when did you reach your opinions in
17 this case? Did your first opinions in this case,
18 they changed at some point along the line?

19 A. I couldn't give you an exact, an exact
20 date. I think I reached my final opinions sometime
21 this fall after having reviewed the materials that
22 were provided to me.

23 Q. What materials are you referring to?

24 A. Deposition transcripts.

25 Q. So am I correct in understanding that you

1 did not arrive at any opinions until you read some
2 depositions in this case? You did some
3 preliminary --

4 A. No, I think I said my final opinions.

5 Q. When did you first arrive at some
6 preliminary opinions in this case, approximately?

7 A. It would have been after receiving the
8 medical records and the x-rays.

9 Q. And what were your preliminary opinions
10 after you looked at those x-rays and medical
11 records?

12 A. My preliminary opinions were that
13 Dr. Weinghast accurately followed the standard of
14 care in her handling of this matter.

15 Q. Sorry, when did you say you arrived at
16 these preliminary opinions, approximately?

17 A. Sometime after having received all the,
18 all the medical records and the x-rays.

19 Q. When did you receive the x-rays?

20 A. They would have been during the, during
21 the summer of '98.

22 Q. And did your opinion, your preliminary
23 opinion ever change?

24 A. No.

25 Q. Did it get added to the change in any

1 way -- not change your conclusion, but is this
2 something different in your final opinion compared
3 to your preliminary opinion?

4 A. Yes, and some of the opinion remained the
5 same. I certainly learned more as, as I went
6 along, but the essence of the opinion was the same.

7 Q. Was there anything other than the essence
8 of the opinion that changed? I understand you
9 learned more as you read more obviously, but --

10 MR. SITARZ: I'm not quite sure of
11 the question.

12 MR. ERRANTE: He said the intent of
13 his opinion hadn't changed, he learned
14 more.

15 BY MR. ERRANTE:

16 Q. I understand you learned more but is
17 there any portion of your preliminary opinion that
18 changed as a result of reading depositions in this
19 case?

20 MR. SITARZ: "Changed" meaning
21 became different?

22 A. No.

23 Q. Let's start with the red binder first,
24 please. Your first contact in this case was by
25 phone?

1 A. Yes.

2 Q. Okay. Who called you, if you recall?

3 A. Mr. Sitarz.

4 Q. And that was followed up by a June 25,
5 1998 letter that included the medical records in
6 this case?

7 A. Yes.

8 Q. What is the red binder supposed to be?
9 Obviously you took the trouble to put these papers
10 in this red binder.

11 A. Just meant to keep pieces of paper from
12 falling all over the desk.

13 Q. As opposed to other pieces of paper that
14 are not in binders that could fall on your desk,
15 fair enough.

16 The notes that are contained in the red
17 binder, are they all of the written notes that you
18 made in this case?

19 A. Yes.

20 Q. Okay. Off the record.

21 (Whereupon, there were discussions
22 off the record.)

23 MR. ERRANTE: Why don't we mark the
24 red binder as Exhibit 2 and I'll list
25 what's in the red binder.

1 (Whereupon, the exhibit was marked.)

2 BY MR. ERRANTE:

3 Q. In the red binder is a June 25th, 1998
4 letter from Attorney Sitarz listing various
5 materials that were sent to a Dr. Glickstein. When
6 you received the materials in June 25th, 1998, what
7 did you understand your function to be?

8 A. My function, I believed, was to evaluate
9 the medical record and come up with an opinion as
10 to whether Dr. Weinghast functioned within an
11 appropriate level of the standard of care.

12 Q. At the time you started reviewing this
13 case in late June of 1998, were you familiar with
14 the computer system that was in place at Backus
15 Hospital?

16 A. No, I don't know exactly what that was,
17 no.

18 Q. And in the course of reviewing this case,
19 did you make some effort to find out how their
20 computer system worked? And we're talking about
21 the computer system that allowed them to retrieve
22 prior CAT scans.

23 MR. SITARZ: Object to the form.

24 You mean other than reviewing materials
25 in this case, independent investigations?

1 MR. ERRANTE: Yes.

2 A. I did not do any independent
3 investigations, no.

4 Q. Did you ever go to the facility at Backus
5 Hospital to see how their system worked?

6 A. No.

7 Q. Did you ever talk to the defendant in
8 this case?

9 A. No.

10 Q. Did you ever talk to the defendant's
11 husband?

12 A. No.

13 MR. ERRANTE: Off the record.

14 (Whereupon, there were discussions
15 off the record.)

16 BY MR. ERRANTE:

17 Q. The next document in the red folder,
18 Exhibit Number 2, has a heading as if it's being
19 addressed to Attorney Sitarz but I gather this was
20 just for your purposes, not really a letter, right?

21 A. This was the initial telephone
22 conversation I had with Attorney Sitarz. That was
23 just his information.

24 Q. Okay. And this was an attempt for you to
25 write down whatever information Attorney Sitarz was

1 giving you about the case?

2 A. Correct.

3 Q. Does this encompass both of these pages?

4 A. No, sorry. That would have only been
5 this page. Everything else is separate.

6 Q. Okay. So we're talking about a page that
7 has writing on both sides of it and it's dated
8 6/22/98?

9 A. Correct.

10 Q. Your writing is better than most doctors
11 but I'm still going to have you read what you wrote
12 relative to that conversation with Attorney Sitarz,
13 please.

14 A. Would you like me to read the whole note?

15 Q. Yes. Where there are abbreviations,
16 please feel free to tell us what the abbreviations
17 mean.

18 A. Says: Dr. Gail Weinghast. 12-year-old
19 seen in emergency room. CT showed hydrocephalus,
20 previous films not available. Signed out to
21 Newington Children's. Compared with old report,
22 not films. Reading given to ER. Patient had had
23 seizure. Dilantin level low, very low. Parents
24 did not want child admitted. They were told that
25 shunt was not functioning in past. Child

1 subsequently admitted to Hartford Hospital.

2 Issues: Standard of care. Hospital in 1994
3 had images available on disks but they was not
4 being used by radiology department. Radiology
5 department used this information system for a
6 report retrieval only. Question if remiss in not
7 using this system for previous CT -- I'm sorry,
8 for -- I'm sorry. Question remiss in not using
9 this system for previous study. CT was read at
10 home via teleradiology.

11 Standard of care for obtaining old films.
12 Dr. Weinghast searched hospital archives, morning
13 after ER visit, films not present, signed out to
14 Newington Children's Hospital.

15 Q. How long have you worked at Hartford
16 Hospital, Doctor?

17 A. Fourteen years.

18 Q. Have they ever had a teleradiology system
19 in place at Hartford Hospital?

20 A. What type of teleradiology system?

21 Q. Any type?

22 A. Yes.

23 Q. What type have they had?

24 A. We have a video monitors in different
25 portions of the department that allow reviewing of

1 films in remote locations.

2 Q. By "remote locations," you mean remote
3 locations within the hospital?

4 A. Yes.

5 Q. Not outside the hospital?

6 A. The hospital itself does not have a
7 teleradiology system that -- Hartford Hospital does
8 not have a teleradiology system currently that
9 transmits films to outside hospital locations.

10 Q. Have they ever had such a system?

11 A. No.

12 Q. Have you ever worked on such a system?

13 A. Yes.

14 Q. Where?

15 A. We have, we also provide the radiology
16 services at Johnson Memorial Hospital in Enfield,
17 and that practice does have a teleradiology where
18 physicians on call will review films at home so
19 that it is present.

20 Q. So do you have that capability at your
21 home?

22 A. I do not have it at my home. We have a
23 monitor in the hospital, in our call room for that.

24 Q. Have you ever been involved in the system
25 where you could read x-rays or CAT scans or MRIs

1 from your home?

2 A. No, not myself personally. Not, not in
3 the clinical setting. I mean, I've looked at
4 images on the Internet, for example, but --

5 Q. But I'm talking about a system where
6 Hartford Hospital or any other hospital can send
7 images of patients that were at the hospital for
8 you to read?

9 A. I do not have such a system at my home,
10 no.

11 Q. Now, the next page in this Exhibit
12 Number 2 is headed Comments. When did you write
13 this page regarding comments?

14 A. It's not, I don't believe it's dated. I
15 think I, I wrote it at some point during my review
16 of material and I don't know exactly when it was.

17 Q. Okay. So these aren't comments relative
18 to conversations you had with Mr. Sitarz?

19 A. No, these are just questions or
20 observations, thoughts that I had during review of
21 material.

22 Q. Is it fair for me to say that since the
23 next page talks about notes from 10/12/2000 that
24 this page of comments was done sometime prior to
25 that?

1 A. I couldn't tell you. I don't think those
2 pages in there are necessarily in chronological
3 order.

4 Q. Why don't you go ahead and read into the
5 record what you've written on the page entitled
6 Comments?

7 A. Comments: Standards for teleradiology
8 first developed in 1994. Comparison with prior
9 report. Even if prior report had demonstrated
10 hydrocephalus, the degree of hydrocephalus may have
11 been different. What is JCAHO, requirement for
12 radiology callback system and when was this
13 established?

14 Q. Did you ever find out what that was?

15 A. I do know, I do have the requirement. I
16 don't know when it was originally established.

17 Q. What's the requirement as best you
18 recall?

19 A. I can show it to you. And I will also
20 just say that the JCAH standards are relatively
21 vague and quite broad in their scope.

22 Q. Do you personally follow them in your
23 practice?

24 A. Our hospital is JCH accredited so we do
25 adhere to those. The only mention that I can find

1 of that --

2 Q. You are pointing to something we haven't
3 marked yet but let's mark it as Number 3, and this
4 is a fax, one-page fax cover sheet to Attorney
5 Sitarz from Dr. Glickstein, dated 10/27/2000 and
6 the time is 7:30 p.m. The subject is in your
7 handwriting "As discussed JCAH standards, 1993."
8 And you wrote, "I think the following sections are
9 probably the most relevant within the radiology and
10 ER portions," and then you listed various sections.
11 You pointed to which section, Doctor?

12 A. Section ES 7.1.2.1.

13 Q. And you think that that's the only
14 section that's relevant to this case?

15 A. With regard to mention of a callback
16 system, that's all I saw within those, within that,
17 within the JCAH standards. Let's leave it at that.

18 Q. Okay. We're just talking about the
19 callback system now, that's the only section?

20 A. Yes.

21 MR. ERRANTE: Okay. Why don't you
22 go ahead and mark this.

23 (Whereupon, the exhibit was marked.)

24 BY MR. ERRANTE:

25 Q. What kind of callback system was in place

1 at Hartford Hospital in June of 1994?

2 A. I couldn't really tell you the answer to
3 that. That is a function, I believe, that is
4 carried out by the emergency room so I don't know
5 exactly what the -- how the emergency room would
6 have handled it.

7 Q. Do you know how it's handled presently?

8 A. That's still an emergency room function.
9 Really an emergency room function.

10 Q. I'm not sure if you had finished reading
11 the exhibit.

12 A. Oh, okay. Okay. Next line was, was not
13 having a callback system, proximate cause for the
14 end result. This is a plaintiff radiology expert.
15 Do we have any hard copy of Dr. Weinghast's initial
16 wet reading the night of 10/22/94?

17 Q. That's it.

18 A. That's it.

19 Q. Okay. Do you know Dr. Mendel (phonetic)
20 or do you know of him?

21 A. No, I don't.

22 Q. The next page, dated 10/12/2000, memo
23 that says "Recorded Review" and then the name,
24 telephone call, Attorney Sitarz, the same thing and
25 12/2000. If you would read each of those pages

1 into the record, please?

2 A. Notes, 10/12/2000, records review, ER
3 sheet. 10/22/94, check on CT scan versus old head
4 CT scan in a.m. X-rays, head CT negative except
5 for dilated ventricles. Need to compare with old
6 films. Page 3, to compare head CT scan with old
7 head CTs, page 4, VP shouldn't not working for two
8 years.

9 Q. Where are you getting that information
10 from?

11 A. That was off of the medical record, the
12 emergency room worksheet.

13 Q. All of that information?

14 A. Yes.

15 Q. What was the purpose of those notes,
16 then, if you were just taking off portions of the
17 emergency room sheet? Were these things that you
18 were going to look up or --

19 A. No, I think I was just outlining the fact
20 that there had been communication between
21 Dr. Weinghast and the emergency room regarding the
22 results of the CT scan and the need to follow up
23 the next day.

24 Q. How do you know there was communication
25 between the ER room and Dr. Weinghast?

1 A. Well, Dr. Weinghast in her deposition
2 stated that she had telephoned the emergency room
3 with the results the night of 10/22.

4 Q. Did you read Dr. Machata's deposition?

5 A. No, I do not.

6 Q. So then you don't know the fact that
7 Machata said he talked with Dr. Ruddicoff and not
8 Dr. Weinghast, do you?

9 A. I know that's mentioned in -- I believe
10 Dr. Mendel's deposition mentioned that or maybe it
11 was Dr. Kwiatowski, but that was suggested.

12 Q. Is there any reason why you chose to
13 believe Dr. Weinghast's testimony, that she
14 communicated with the emergency room as opposed to
15 Dr. Ruddicoff?

16 A. Well, she apparently was on call that
17 weekend.

18 Q. How do you know that?

19 A. Well, she was the one that dictated the
20 report the next day. She said she was on call that
21 weekend. That's typical practice.

22 Q. Well, you know that Dr. Weinghast and
23 Dr. Ruddicoff are married?

24 A. Yes, I do.

25 Q. And you've gleaned from some other

1 depositions that Dr. Machata said he talked with
2 Dr. Ruddicoff that evening, correct?

3 A. Correct.

4 Q. So you are choosing not to believe
5 Dr. Machata's testimony?

6 A. I'm believing Dr. Weinghast's testimony.

7 Q. And not believing Dr. Machata's
8 testimony, correct, Doctor?

9 A. I can't really say that I have an opinion
10 about Dr. Machata. I've not read his testimony.

11 Q. Well, assume for the moment that his
12 testimony is that he talked with Dr. Ruddicoff as
13 you've gleaned from some other depositions you've
14 read. If you're choosing to believe that
15 Dr. Weinghast communicated with the emergency room
16 on that evening, then is it true you're choosing to
17 disbelieve Dr. Machata?

18 MR. SITARZ: I'll object to the
19 form. He's already answered the
20 question.

21 MR. ERRANTE: I don't think he has.

22 BY MR. ERRANTE:

23 Q. Can you answer it anyway, Doctor?

24 A. My answer is that I would believe
25 Dr. Weinghast's testimony.

1 Q. And why do you find it believable?

2 A. Because she was the radiologist on call.
3 There seems to be consistency between the, between
4 her report and what is present in the medical
5 record and that would be consistent with somebody
6 who's on call that weekend, and somebody who's on
7 call would typically be the one that that would be
8 responsible for reading the CTs that night.

9 Q. You know that Dr. Weinghast and
10 Dr. Ruddicoff live in the same house?

11 A. I don't know where they live. I know
12 they're married.

13 Q. I'm going to ask you to assume that they
14 live in the same house. Isn't it possible that
15 whichever one of them was on call that Saturday
16 evening, since they were both living at the same
17 house, had computer systems capable of reading CAT
18 scans, that either one of them could have read the
19 CAT scan?

20 MR. SITARZ: Object to the form.

21 A. It would --

22 THE WITNESS: Should I answer that
23 question?

24 MR. SITARZ: I've objected to the
25 form. If you can answer it, he's asking

1 you to assume certain things about which
2 there is either no evidence or
3 controversial evidence.

4 A. I guess I would have to say that that
5 would force me to speculate and I don't want to do
6 that.

7 Q. Can you read the next page, which I think
8 is the telephone call to Jack Sitarz?

9 MR. SITARZ: Have you finished
10 reading that page?

11 THE WITNESS: No.

12 BY MR. ERRANTE:

13 Q. I'm sorry, I thought you finished. You
14 are still reading the page?

15 A. Yes, 10/12/2000. Admission, 19/24/94,
16 neurology note, page 20, mid page, old films now
17 unavailable. System problems with hospital,
18 question mark.

19 Q. What do you mean by "systems problems
20 with the hospital, question mark"?

21 A. Well, again, these are just questions for
22 myself but it would raise a question as to whether
23 there was a problem, a problem with the hospital
24 record system. Not to say that that's a problem
25 that all hospitals don't face on a daily basis, but

1 this was even two days after the patient was
2 initially seen, films were still not available in
3 the hospital.

4 Q. Shouldn't prior films be available?

5 MR. MILLER: Objection to form.

6 BY MR. ERRANTE:

7 Q. You can answer the question.

8 MR. SITARZ: I'll object to the
9 form.

10 A. In a perfect world, one would like to
11 have the films available. In reality, oftentimes
12 films are not available.

13 Q. Do you have an opinion as to how long it
14 should take to be able to get a prior CAT scan of a
15 patient?

16 MR. SITARZ: Should take whom?

17 MR. ERRANTE: A radiologist who's
18 looking for a prior CAT scan.

19 MR. SITARZ: I'll object to the
20 form.

21 MR. MILLER: Objection.

22 A. No, I don't have an opinion on that.

23 Q. What's the procedure at Hartford Hospital
24 if you wanted to call up a prior CAT scan of a
25 patient who is now in front of you?

1 MR. SITARZ: "Call up"? You mean
2 receive?

3 BY MR. ERRANTE:

4 Q. Receive and review?

5 A. We would notify the file room and wait
6 for the films.

7 Q. And how long would you expect it to take?

8 A. It really depended on where the films
9 are. If they were signed out to another hospital,
10 we might never be able to get to it back.

11 Q. Is it the practice of Hartford Hospital
12 to sign out original films?

13 A. Yes, it is.

14 Q. And does the hospital keep a copy of the
15 original films?

16 A. No.

17 Q. When they're signed out, is the procedure
18 for signing out films so that you can determine
19 where the film is?

20 A. Correct.

21 Q. And who is responsible for reobtaining
22 that film at Hartford Hospital?

23 A. I don't know the exact mechanism. That's
24 a function that would be followed up by the file
25 room. I don't know the exact mechanism as to how

1 that occurs.

2 Q. Okay. I'm sorry, had you finished with
3 that page?

4 A. Yes.

5 Q. Could I just see that for a second. The
6 next page is your telephone call to Attorney Sitarz
7 and first thing you wrote is, "Did standard of care
8 require direct communication the following a.m.?"

9 Did the standard of care require direct
10 communication the following morning?

11 MR. SITARZ: Can you just clarify
12 your question on that?

13 MR. ERRANTE: Let me ask the doctor.
14 BY MR. ERRANTE:

15 Q. What did you mean by that, Doctor?

16 A. The question was whether the, whether the
17 direct communication, which would refer to
18 telephone call, was required the following morning
19 after the wet reading was given the night before.

20 Q. Telephone call between whom?

21 A. Between the radiologist and the emergency
22 room.

23 Q. That's in addition to the telephone call
24 that took place the evening before?

25 A. That's correct, that's the question.

1 Q. Well, first, does the standard of care
2 require that phone call the next morning, in your
3 opinion?

4 MR. SITARZ: In the context of this
5 case.

6 BY MR. ERRANTE:

7 Q. Context of this case.

8 A. I don't believe it did.

9 Q. So if the telephone conversation took
10 place that evening on October 22nd, that was
11 sufficient?

12 A. Yes.

13 Q. That met what standard of care exactly,
14 Doctor?

15 A. Met the standard of care for direct
16 communication of a significant finding.

17 Q. What is your understanding as to what was
18 the direct communication of the significant finding
19 that was transmitted from Dr. Weinghast to the
20 emergency room?

21 A. My understanding is that there was, there
22 were dilated ventricles present in the CT scan with
23 a shunt also present.

24 Q. So is it your opinion that those two
25 factors, that there were dilated ventricles and

1 there was a shunt, those were, those two factors,
2 by communicating those two factors to the emergency
3 room, Dr. Weinghast had met the standard of care?

4 A. Yes.

5 Q. Did she have to do anything else to meet
6 the standard of care other than to interpret the
7 CAT scan she had in front of her at home on the
8 screen, other than what you just told me, dilated
9 ventricles and there's a shunt in place?

10 MR. SITARZ: You mean on 10/22?

11 MR. ERRANTE: On 10/22.

12 A. On the night of 10/22, I don't believe
13 so, no.

14 Q. Did she have to do anything after the
15 night of 10/22 to comply with the standard of care,
16 in your opinion?

17 A. Well, she had to dictate a report, which
18 she did. She made an attempt to find old films and
19 did compare the CD scan with an old report, but the
20 films were not there.

21 Q. Did she have to communicate on 10/22
22 whether the ventricles were dilated symmetrically
23 or asymmetrically?

24 A. I don't think that's particularly
25 relevant. The fact that the ventricles were

1 dilated, I think is significant enough. She did
2 communicate that they were dilated asymmetrically,
3 I believe.

4 Q. And why do you believe that she
5 communicated that they were asymmetrically?

6 A. Because that's what's in the report.

7 Q. But you never read Dr. Machata's
8 deposition so you don't know what he said was
9 communicated to him that evening?

10 A. I haven't read Dr. Machata's report.

11 MR. SITARZ: You mean his
12 deposition?

13 A. I'm sorry, deposition. I know that
14 Dr. Machata at least knew that they were dilated
15 ventricles present based on the notation on the
16 emergency room sheet.

17 MR. KILEY: Could you read the
18 question back, or the answer back?

19 (Whereupon, the court reporter read
20 back the answer.)

21 BY MR. ERRANTE:

22 Q. If you know, would the fact that a child
23 who's born with hydrocephalus, would it be unusual
24 for him to have dilated ventricles?

25 MR. SITARZ: Can you clarify that

1 question, please?

2 BY MR. ERRANTE:

3 Q. You said the significant finding was that
4 Kenny Burlingame (phonetic) had dilated ventricles,
5 correct?

6 A. Correct.

7 Q. Have you take any x-rays of children who
8 have had hydrocephalus?

9 A. Yes.

10 Q. Have you found that it to be the case
11 that many children who have hydrocephalus also have
12 dilated ventricles?

13 A. Well, hydrocephalus and dilated
14 ventricles are essentially the same thing.

15 Q. How does an emergency room physician know
16 just from the report that there are dilated
17 ventricles that are that significant in a
18 particular patient? In other words, how can they
19 know when the ventricles are more dilated than they
20 were at some time in the past?

21 MR. SITARZ: I'll object to the form
22 of that particular answer.

23 A. He wouldn't know that they were more
24 dilated at that point than they were in the past.

25 Q. So why would it be significant, in your

1 opinion, to report to the emergency room physician
2 if the ventricles were dilated?

3 A. Because it's a finding of importance on
4 the films, the same way that the shunt was present
5 is a finding that was reported.

6 Q. Wouldn't you agree it would be more
7 important for the emergency room physician to know
8 whether the ventricles were more or less dilated
9 than in the past?

10 MR. SITARZ: At what point in time?
11 Or are you just asking general, a general
12 question?

13 MR. ERRANTE: General.

14 MR. SITARZ: I'll object to the form
15 of it but you can answer.

16 A. Well, comparison is, with a baseline is
17 always of importance, yes.

18 Q. And you would agree that Dr. Weinghast in
19 this case could not make a comparison between Kenny
20 Burlingame's CAT scan of 10/22 and the prior CAT
21 scan that he had had on May 16, 1993, correct?

22 A. Yes.

23 Q. The best he was able to do the next
24 morning was try to make a comparison between the
25 CAT scan of 10/22 and the report that was issued

1 from the CAT scan of 5/16/93, correct?

2 A. Correct.

3 Q. And in her report, how did she describe
4 that comparison?

5 A. Under her comment she stated, "I do not
6 have the previous films for comparison. Compared
7 with previous written report, there appears to be
8 more dilatation of the ventricles."

9 Q. When you read that, did you understand
10 that to mean that there was some dilatation of the
11 ventricles on May 16, 1993?

12 A. Not necessarily.

13 Q. Where she writes, "There's more
14 dilatation," doesn't that mean that there must have
15 been some dilatation of May 17?

16 MR. SITARZ: I'll object to the form
17 but you can answer.

18 A. I think that's sufficiently vague as to
19 not be able -- as for me to not be able to say that
20 with certainty. I mean, there may have been some
21 dilatation, there may not have been dilatation.

22 Q. Let's go back to your red binder, please.
23 As you promised, not everything is in order.

24 The next page, 9/15/2000, telephone
25 conversation with Attorney Sitarz. Why don't you

1 read that into the record, please?

2 A. Telephone call with Attorney Sitarz,
3 9/15/2000. ER M.D., plaintiff expert claims on
4 night of CT, 10/22, needed to review prior CT
5 report. Two, when Weinghast made comparison
6 following a.m. and learned there was change needed
7 to directly communicate results, history of six
8 days of headache with vomiting in a.m., consistent
9 with increased intracranial pressure, Machata
10 should have had neurosurgery consult, question
11 mark.

12 Q. What you are writing there, was that
13 information that was being given to you by Attorney
14 Sitarz?

15 A. I think the first part of it was. It was
16 based on the discussion that I had with Attorney
17 Sitarz. Yes.

18 Q. Do you recall being -- well, could I see
19 that for a second --

20 A. Yes.

21 Q. -- before I ask you a question? When you
22 referred to "ER M.D. plaintiff's expert," what were
23 you referring to?

24 A. ER M.D., the plaintiff expert witness for
25 the emergency room physician being retained by the

1 plaintiff.

2 Q. Then you wrote, "Night of CAT scan,
3 10/22, needed to review prior CAT scan report."
4 Who needed to review the prior CAT scan report, who
5 are you referring to then?

6 MR. SITARZ: I'll object to the form
7 but you can answer.

8 A. I think this is the -- that would refer
9 to the statement purportedly made by the plaintiff
10 expert which would be Dr. Kwiatowski, that
11 Dr. Weinghast needed to review prior CT report.

12 Q. Do you have an opinion as to whether or
13 not --

14 A. Actually, I'm not sure whether that would
15 actually refer to -- it doesn't really specify
16 whether it would be Dr. Weinghast or anybody else
17 in the hospital that night so I'm not sure who that
18 section is referring to.

19 Q. Do you have an opinion as to whether or
20 not Dr. Weinghast should have known that she should
21 have called up the May 16, '93 CAT scan, the
22 computer system that was in use at the time at
23 Backus Hospital?

24 MR. SITARZ: Object to the form but
25 you can answer.

1 A. I don't really have an opinion on that.
2 Apparently she did not know that that was possible.

3 Q. And you don't have an opinion as to
4 whether or not she should have done that?

5 A. If it wasn't common knowledge within her,
6 I can't be speculating. I don't know what the
7 practice and the knowledge of radiology group was
8 at Backus Hospital, so I don't know whether that
9 was common knowledge there or not.

10 Q. Well, are you saying to me that it had to
11 be common knowledge among the radiology group at
12 Backus Hospital for her to, your opinion, to have
13 known about it?

14 MR. SITARZ: Object to the form. I
15 done think that's what he was saying.

16 A. I think my statement is that if it wasn't
17 a practice that the physicians or Dr. Weinghast
18 knew of and used and were expected to use, that she
19 would not be remiss in not using it.

20 Q. Do you know why they would have that kind
21 of capability and not use it?

22 MR. MILLER: Objection.

23 MR. SITARZ: I'll object to the
24 form.

25 A. Again, I have not seen the system, I

1 don't know what type of a system it is so I can't
2 really answer that.

3 Q. Do you have any opinion as to whether or
4 not Backus Hospital should have had technicians
5 either on call or available at the hospital within
6 30 minutes to access prior CAT scans?

7 MR. MILLER: Objection to the form.

8 MR. SITARZ: Objection to the form.

9 A. I don't know what the responsibilities of
10 the technicians were at Backus Hospital. There was
11 obviously technologist who was there to perform the
12 CT scan but exactly what their duties are, I don't
13 know.

14 Q. At Hartford Hospital, assuming that you
15 have a patient, you've done a CAT scan, you'd like
16 to do a comparison with a prior CAT scan and the
17 CAT scan, the prior CAT scan is at the hospital, at
18 Hartford Hospital, would you be able to have
19 someone refer to that prior CAT scan for you 24
20 hours a day, seven days a week?

21 A. If the scan was physically in the film
22 library correctly filed where it was supposed to
23 be?

24 Q. Yes.

25 A. Yes.

1 Q. You've wrote, talking about the telephone
2 conversation, 9/15/2000, very bottom, "Machata
3 should have had neurosurgic consult, question
4 mark." Why did you write that?

5 A. It was just a question as to whether that
6 would have been an appropriate course of action.

7 Q. Do you have any opinions regarding
8 Dr. Machata, whether he deviated from the standard
9 of care or not?

10 A. I'm not here to offer opinions as to the
11 standard of care for the emergency room physician.

12 Q. Is it fair for me to say you are only
13 here to offer opinions regarding Dr. Weinghast?

14 A. Correct.

15 Q. And are your opinions --

16 MR. SITARZ: On the standard of
17 care.

18 BY MR. ERRANTE:

19 Q. My next question. The opinions that you
20 are offering regarding Dr. Weinghast have only to
21 do with whether or not she complied with the
22 standard of care; is that correct?

23 A. Correct.

24 Q. You are not offering any opinion as to
25 causation, correct?

1 A. Correct.

2 MR. SITARZ: Other than as was
3 disclosed in our disclosure of
4 Dr. Glickstein with the obvious statement
5 that because there was no deviation from
6 the standard of care, no deviation from
7 the standard of care but Dr. Weinghast
8 caused the injury at harm.

9 MR. ERRANTE: You want me to put you
10 under oath, ask you some questions?

11 BY MR. ERRANTE:

12 Q. Now we get to a section that's titled
13 Notes and in the margin, first date is 5/16/93 and
14 then the next date is 7/7/94. Are these notes that
15 you made from medical records?

16 A. Yes.

17 Q. All five pages? They may not all be
18 medical records.

19 A. I don't know what you're looking at.

20 Q. I'll give it to you in a second. I'm
21 referring to these five pages, Doctor, and the
22 fourth page is actually some writing on the back.

23 MR. SITARZ: The question is whether
24 or not those four pages and hand notes
25 essentially are compilations of

1 information obtained from the medical
2 record?

3 MR. ERRANTE: Five pages but, other
4 than that, correct.

5 A. The first four pages were observations or
6 comments derived from the medical record. The
7 fifth page is just another sheet of notes.

8 Q. The fourth page, the caption at the top
9 is a big question mark apostrophe S. Were these
10 questions you had or were there some other
11 questions?

12 A. No, these were questions I had.

13 Q. Why don't you go down the list, Doctor.
14 There's six questions all together.

15 A. Seven.

16 Q. Seven.

17 A. One, was failure to directly compare '94
18 CT with '93 dereliction of duty.

19 Q. And your answer to that question?

20 A. No.

21 Q. Why not?

22 A. Because the CT wasn't available.

23 Q. And to meet the standard of care for
24 radiologists in 1994, what did a radiologist have
25 to do to make a comparison?

1 A. I think Dr. Weinghast did what any
2 reasonable radiologist would have done when she
3 retrieved the file from the file room and found
4 that there was no film in there. She couldn't very
5 well have gone much further than that.

6 Q. Did she have to do anything after she
7 made that discovery that there was no film? Did
8 she have to call the ER back or call the patient
9 back or anything like that to meet the standard of
10 care?

11 A. I think she included that in her report
12 and I think that met the standard of care.

13 Q. Included that there was no actual film in
14 the jacket?

15 A. Correct.

16 Q. All right. Number 2?

17 A. Did this result in the proximate cause
18 for the arrest.

19 Q. Do you have an opinion regarding that?

20 A. Well, again, as we said, I'm not here to
21 testify as to causality but I think that it's a
22 question and that I had written and I think that --

23 Q. If you are not here to offer an opinion
24 about it, I'm not going to ask you to give me one.

25 MR. SITARZ: Let him finish his

1 answer. I think there's some lack of
2 communication.

3 A. The corollary is that Dr. Weinghast
4 adhered to an acceptable level of the standard of
5 care.

6 Q. Number 3?

7 A. Was failure to compare CT on hospital
8 radiology information system below the standard of
9 care.

10 Q. And your answer to that question?

11 A. No.

12 Q. Why not?

13 A. Because it doesn't seem, from what I
14 know, to have been the standard of care within the
15 department.

16 Q. There are separate standards of care
17 within the department as compared to the standard
18 of care nationally?

19 A. Well, there is no well defined national
20 standard of care. There are guidelines and there
21 are local standards of care, there are variety of
22 different standards that exist.

23 Q. And why is it that you're of the opinion
24 that she complied with the group standard of care
25 as regards to calling up these disks of prior CAT

1 scans?

2 MR. SITARZ: I object to the form in
3 that I'm not sure that's what he said
4 but, go ahead.

5 A. I'm sorry, could you please repeat that,
6 please?

7 Q. Sure.

8 MR. ERRANTE: Why don't we go back
9 to the doctor's last full answer.

10 (Whereupon, the court reporter read
11 back the question and answer.)

12 BY MR. ERRANTE:

13 Q. What do you understand the standard of
14 care to be within the department?

15 MR. SITARZ: On that issue?

16 MR. ERRANTE: On that issue.

17 MR. MILLER: Objection to form.

18 A. Well, I don't know exactly what the
19 standard of care is. I don't -- I've never seen a
20 document that outlines that. It seems that the
21 standard was, since Dr. Weinghast did not know that
22 it was possible at that time to retrieve those
23 images, that that would not have been part -- that
24 would not have been the way that radiology was
25 practiced at that hospital.

1 Q. Logically, how do you come to that
2 conclusion just because Dr. Weinghast didn't know
3 that that was available?

4 A. Well, because she was a practicing
5 radiologist -- I don't know how long exactly she
6 had been in practice at that time but I think for
7 several years -- had never used it, apparently,
8 since she didn't know that it existed, so it
9 wouldn't have been common practice.

10 Q. How many other radiologists were in that
11 group in 1994?

12 A. I don't know the exact number. I think
13 she gave the number of six in her deposition,
14 something like that.

15 Q. How many of those radiologists had used
16 that system retrievable of prior CAT scans in 1994?

17 A. I don't know the answer to that.

18 Q. As far as you know, everyone could have
19 used that system, correct, Doctor?

20 A. That's possible.

21 Q. So how can you logically say just because
22 Dr. Weinghast didn't know how to use the system or
23 didn't know its availability that it wasn't the
24 standard for the radiologists in that group?

25 MR. SITARZ: He's already answered

1 the question. I'll object to the form.

2 A. I guess the answer is it's possible that
3 the other radiologists were using that but as a
4 practicing radiologist, if she had never used it, I
5 would find it unusual that she wouldn't be, that
6 she wouldn't be aware of the existence if it
7 really exists and that it was part of her, part of
8 the common practice in that group.

9 Q. Well, you are not disputing that it
10 really existed in 1994, are you?

11 A. No, not at all.

12 Q. Number 4. Did Dr. Weinghast make a
13 reasonable attempt to follow up? Your opinion, did
14 she?

15 A. Yes.

16 Q. When you say "follow up," follow up
17 exactly what?

18 A. To make an attempt to review the films
19 and make a comparison.

20 Q. Okay. Next one, Number 5?

21 A. Were results of concerns adequately
22 conveyed to ER.

23 Q. Okay. What were the results of concerns
24 that should have been, in your opinion, adequately
25 conveyed to the ER?

1 A. Were the results -- was the result of the
2 test conveyed to the ER. I think the answer to
3 that is yes. The concerns are referring to the
4 importance of making a comparison with the previous
5 report or films was also adequately conveyed to the
6 ER as evidenced by multiple notations in the ER
7 record, that there was to be follow-up the
8 following day. So I think the results were and
9 concerns were conveyed to the ER.

10 Q. Number 6?

11 A. What were other mitigating factors.

12 Q. Mitigating what?

13 A. Contributing factors to the ultimate
14 outcome.

15 Q. Okay. What did you list under other
16 mitigating factors?

17 A. Low dilantin level, congenital
18 abnormality, parental responsibility.

19 Q. Is that -- are those three things that
20 you just listed part of your opinion as a
21 radiologist?

22 A. No.

23 Q. Do you claim any expertise in dilantin
24 levels?

25 A. No.

1 Q. And parental responsibility?

2 A. I'm not going to get into that.

3 Q. What was the other one?

4 A. Congenital abnormalities.

5 Q. Of the brain, I assume you are talking
6 about?

7 A. Yes.

8 Q. You are not an expert in that?

9 A. As a radiologist, I see many patients
10 with congenital brain abnormality.

11 Q. Do you have any opinion about Kenny
12 Burlingame's abnormalities?

13 A. Other than the radiologic manifestations
14 of them, no.

15 Q. Now on the back of page you have a
16 number 7.

17 A. Issue of report, night, 10/22, report
18 subsequently found in master jacket. Did ER staff
19 ever request old films from radiology file room?

20 Q. Okay. Why did you write that, what does
21 that mean?

22 A. Well, there is some concern here about
23 whether there was a comparison of the study of the
24 night of 10/22 with previous films or report. The
25 report was obviously present in the hospital the

1 night of 10/22, Dr. Weinghast found it the next
2 day. So the question would be whether the
3 emergency room staff would have had access to that
4 on that night as well.

5 Q. As far as you know, did they or did they
6 not?

7 A. I don't know exactly what the mechanisms
8 were in the hospital for retrieval of film jackets
9 in the middle of the night. It does seem clear
10 that the report was present within the hospital at
11 that time.

12 Q. Would you agree that the standards in the
13 radiology department in 1994 would be that there
14 should be a way to retrieve prior CAT scan reports
15 of the patient?

16 MR. MILLER: Objection to form.

17 MR. SITARZ: Had you finished that
18 question?

19 MR. ERRANTE: Yes.

20 MR. SITARZ: Object to the form.

21 A. There is an expectation that films or
22 jackets be able to be retrieved within a reasonable
23 amount of time.

24 Q. What would that reasonable amount of time
25 be?

1 MR. SITARZ: Object to the form.

2 You can answer.

3 MR. MILLER: Objection to form.

4 A. I don't know the actual standard for what
5 the amount of time would be.

6 Q. Is there some maximum amount of time that
7 you would -- well, withdraw it.

8 Is there some amount of time where you
9 would say if it took that long to get a report,
10 that it was clearly outside the standard of care?

11 MR. SITARZ: Let me make sure I have
12 the context. You are talking about
13 starting in the middle of the night where
14 a clinician such as an ER doctor wants to
15 look at a prior CAT scan report?

16 MR. ERRANTE: Correct.

17 MR. SITARZ: Okay.

18 MR. MILLER: Objection to form.

19 A. Well, there's clearly a wide range of
20 time there. Obviously in an ideal situation, one
21 would like to have the information immediately,
22 that's not always possible. Certainly 24 hours is
23 too long, particularly in an emergency room-type
24 setting. Somewhere between immediately and 24
25 hours, but I honestly don't know a specific number

1 that exists that would codify that.

2 Q. The next page is a page of notes that
3 starts with, "What was nature and compatibility of
4 RIS?" Can you read that page, Doctor?

5 A. What was nature and capability of
6 radiology information system was a commonly used
7 for image retrieval. Where was previous CT from
8 '93, question, signed out.

9 Q. Do you know if the previous CAT scan from
10 '93 was ever obtained?

11 A. I know it was not obtained two days later
12 when Kenneth subsequently came back to the
13 emergency room.

14 Q. Do you know if it was ever obtained after
15 that two-day period?

16 A. Well, I see the copies of it so
17 eventually it was.

18 Q. Okay. Count 3, page 7 of the complaint:
19 A, failed personally or to direct another
20 radiologist to obtain previous films signed out; B,
21 failed to communicate importance of comparing the
22 two CT scans.

23 Do you have an opinion as to whether or
24 not the importance of comparing the two CAT scans
25 was conveyed to the emergency room by

1 Dr. Weinghast?

2 A. Yes.

3 Q. What's your opinion?

4 A. That it was conveyed.

5 Q. And how is it conveyed to the emergency
6 room, what is it that makes you think that the
7 importance of comparing the two CAT scans was
8 conveyed to the emergency room?

9 A. I refer to the medical record from
10 10/22/94 under the portion labeled X-rays. It
11 says, "Need to compare with old films," under
12 the -- right at the bottom, first instructions,
13 says, "Check on CT scan versus old head CT scan" --

14 Q. Who's writing that?

15 A. -- "in a.m." That's Dr. Machata, I
16 believe. Let's see.

17 Under the section in the nursing notes, it's
18 hard to read but I think it says, "Mother states
19 will follow up with private M.D.," there's a word I
20 can't read very well. I think it says, "Get
21 radiology films Sunday," but I'm not sure exactly
22 what's written.

23 On the third page, in Dr. Machata's note
24 after, I don't know exactly what time this was, it
25 was in the middle of the page, it says "To

1 compare," to compare something, I can't read the
2 next word, "head CT scan with old head CTs." In
3 the typed note that follows.

4 MR. SITARZ: By Dr. Machata?

5 A. By Dr. Machata, it says at the second
6 page, the last -- in the middle of the page, it
7 says, excuse me, it says, "The CT scan report, in
8 fact, showed dilated ventricles bilaterally and
9 that the old films were unable to be compared
10 tonight because they were in the warehouse. Mother
11 did seem to understand this but I explained that
12 she would need to check on the CT scan."

13 And then in the disposition it says, "Check on
14 CT scan, call in the morning for the comparison to
15 the old CT scan."

16 So I think there was documentation that the
17 importance of comparing the CT scan was conveyed.

18 Q. Okay. Continue.

19 A. "Was diagnosis estimated by Dr. Weinghast
20 hydrocephalus? Yes. Did not specifically state
21 that hydrocephalus could be due to shunt
22 malfunction, but this may or may not have been new
23 condition. Patient said to have had shunt
24 malfunction in past. Satisfaction of search,
25 diagnosis made in comparison with previous report."

1 That's all.

2 Q. The next page in Exhibit Number 2 is the
3 fax cover sheet. It's dated 7/8/98, 8:00 p.m.,
4 seven pages including the cover and on the subject,
5 "Dear Jack, In case you don't have this, these are
6 the American College of Radiology standards, 1991
7 edition, 1994 (edition in effect 1994) and 1995
8 editions. Note, exams ought to be 'when possible.'
9 Also note that wording in the small print on the
10 first page is also relevant. Feel free to call me
11 if necessary." Your beeper number.

12 Which small print are you referring to?

13 A. In the box.

14 Q. In the box. After those seven pages,
15 there is something with the caption up top American
16 College of Radiology, and it was a fax that was
17 sent to you on July 6, '98, eleven pages.
18 Apparently someone wrote on this cover page, "Could
19 not find anything related to previous studies."

20 What's included here is not eleven pages,
21 it has five pages.

22 A. I think part of those are in the -- part
23 of that is the original, some of the standards that
24 I faxed there. This is part of the original.

25 Q. Okay. You're referring to the ACR

1 standards?

2 A. Yes, those were all part of the same
3 communication.

4 Q. What was it that you requested from the
5 American College of Radiology that prompted them to
6 send you this material and write, "I could not find
7 anything related to previous studies"?

8 A. I think I just requested the standards
9 for communication and if there was anything that
10 specifically had that referred to comparison for
11 previous studies in the standards.

12 Q. And do you know Margaret Wyatt, the
13 person who sent this fax?

14 A. Administrator down there. I don't know
15 her personally.

16 MR. SITARZ: Try and keep your voice
17 up.

18 THE WITNESS: I'm sorry.

19 BY MR. ERRANTE:

20 Q. Was the first time you read
21 Dr. Weinghast's deposition sometime after
22 October 13, 2000, which is the date of the letter
23 that Attorney Sitarz sent to you saying that he was
24 enclosing a copy of the transcript?

25 A. Correct.

1 Q. And likewise with Dr. Mendel, a letter of
2 October 17, 2000, indicates that Mr. Sitarz sent
3 you Dr. Mendel's deposition and you read it
4 sometime shortly after that?

5 A. Yes.

6 Q. Did anything you read in Dr. Mendel's
7 deposition change any of your opinions in this
8 case?

9 A. No.

10 Q. In the back we have what looks to be a
11 time, time sheets?

12 A. Yes.

13 Q. What do you charge per hour, Doctor?

14 A. For review of medical records, \$400 an
15 hour.

16 Q. Your deposition?

17 A. \$500 an hour.

18 Q. Let me see the rest of the medical
19 records pile which you've got there. One of the
20 things you have is plaintiffs' second revised
21 complaint dated June 12, 1997. Folder, depo of
22 Dr. Mendel and a copy of his deposition and you
23 put, placed some stickies on it?

24 A. Yes.

25 Q. Why don't you read to me what you wrote

1 on each of those stickies, what page they refer to?

2 A. Page 24 to 26 disclosure of expert
3 opinions.

4 Page 32, line 10, Dr. Machata's differential
5 diagnosis included shunt malfunction.

6 Radiologist -- this is another stickie that's not
7 labeled as to page, radiologist would not have had
8 access to prior information.

9 Q. What page?

10 A. Actually, that's on page 66, 67.

11 Page 76, VP shunt not working.

12 Q. The highlighting is your highlighting?

13 A. Yes.

14 Q. For the record, highlighting appears on
15 line 10 through 13 of page 32; page 66, lines 18
16 through the bottom of the page; and then lines 1
17 and 2 on page 67.

18 Let me ask you to do the same thing. We
19 have a folder for Dr. Kwiatowski and you have some
20 pink and yellow stickers on this one. Could you
21 read what you wrote on those stickies and just
22 identify what page they're attached to?

23 A. I believe this is page 44, opinions of
24 quality of care in radiology.

25 Page 87, line 67, comparing reports.

1 Page 98, 13 to 24, if whole record not
2 available, have to make clinical decision.

3 Page 147, line 15, obligation to get
4 neuroconsult.

5 MR. SITARZ: What page was that,
6 please?

7 THE WITNESS: 147, line 15.

8 A. Page 70, 71, signs and symptoms of
9 increased intracranial pressure, Backus Hospital.

10 Q. Next folder is a depo of Dr. Weinghast.
11 Have a page with the title Depo Weinghast and then
12 you made a note regarding two pages, page 50 and
13 page 60. Could you just read what you wrote there?

14 A. Page 50, quote, disk system, end quote,
15 of image storage, Dr. Weinghast did not know it
16 existed in 1994.

17 Page 60, event a.m., 10/24.

18 Q. You didn't put any stickies on
19 Dr. Weinghast's depo? I can't see any highlighting
20 either. Any reason?

21 A. Ran out.

22 Q. Another folder -- before I get to that,
23 also a copy of your notice of deposition in the
24 file and other articles under this folder. Do you
25 have any problem with me putting this article with

1 the other articles?

2 A. No.

3 Q. This folder has no identifying marks on
4 it but the first page appears to be a list of
5 cases?

6 A. Yes.

7 Q. Okay. Are these cases that you testified
8 in previously?

9 A. No, those are cases that are referenced
10 in that first article.

11 Q. "First article" being this article?

12 A. Yes.

13 Q. That first article is titled "The
14 Radiologist's Duty to Communicate." And the
15 balance of the folder seems to be articles,
16 correct?

17 A. Yes.

18 Q. Were these articles that you went out and
19 got specifically for this case, or were these
20 articles you had in your office to begin with?

21 A. I had them already.

22 Q. Next article is "Malpractice Issues and
23 Radiology. Communication of the Significant but
24 Not Urgent Finding," by Leonard Berlin.

25 Next article is from Political Legal

1 Issues by Tess and Tilde, T-I-L-D-E, Kline,
2 "Radiologist Communication and Resolution Five."

3 Next article's from something called
4 Perspective, "Telephone or Not to Telephone, How
5 High is This Standard," by Leonard Berlin. Can you
6 identify that?

7 A. Letter from, I'm sorry, a letter, letters
8 to the editor from American Journal of Radiology in
9 reference to that article.

10 Q. And you are pointing to "Radiologist
11 Communications and Resolution Five." Is that the
12 article I just mentioned?

13 A. Yes.

14 Q. Next article, "Malpractice Issues and
15 Radiology, Communication of the Urgent Findings,"
16 by Leonard Berlin. Do you happen to know Leonard
17 Berlin?

18 A. I have met him.

19 Q. Where did you meet him?

20 A. At a conference.

21 Q. Next one is "Original Report,
22 Communicating with the Referring Physician, the
23 Standard of Care." This is by Melvin, M-E-L-V-I-N,
24 Schriver, S-C-H-R-I-V-E-R.

25 And then the last one which was, I think,

1 originally in the red binder we put in the folder,
2 ACR Standard for Teleradiology, upper right-hand
3 corner 1994, revises 1996, why don't we just mark
4 this whole folder as Exhibit Number 4.

5 (Whereupon, the exhibit was marked.)

6 BY MR. ERRANTE:

7 Q. Doctor, could I just take a look at those
8 medical records that you segregated? I think you
9 mentioned you actually looked at some of the CAT
10 scans from this case?

11 A. Yes.

12 Q. Is that what you have over there in the
13 chair?

14 A. Yes.

15 Q. What films did you actually review for
16 this case?

17 A. I concentrated on the films from 1993,
18 May '93 and October 22nd, '94.

19 Q. And why did you do that?

20 A. Those were the ones that were most
21 relevant to this case.

22 Q. Did the review of those CAT scans from
23 May of '93 and October of '94 affect your opinion
24 in any way?

25 A. Yes, it affected my opinion.

1 Q. And how so?

2 A. It allowed me to form an opinion as to
3 whether Dr. Weinghast reported the results in a
4 satisfactory fashion.

5 Q. And I think you already told us you
6 concluded that she did?

7 A. Yes.

8 Q. And when we're talking about
9 Dr. Weinghast reporting in a satisfactory fashion,
10 we're talking about October 22nd, '94 CAT scan?

11 A. Yes. Correct, I reviewed the films from
12 October 24 as well.

13 Q. But there's no claim she read the films
14 from October 24?

15 A. No, there's not.

16 Q. She didn't read the films from May of '93
17 either?

18 A. No, she didn't.

19 Q. How would you have reported or how would
20 you have read the CAT scan in October 22nd, '94?

21 MR. SITARZ: Object to the form.

22 Are you asking Dr. Glickstein to put
23 himself back into the position that
24 Dr. Weinghast was involved in or are you
25 asking how now or --

1 BY MR. ERRANTE:

2 Q. I'm asking if you were the radiologist on
3 October 22nd, '94, and you were looking at the
4 scan, how would you read it?

5 MR. SITARZ: Object to the form.

6 A. Well, let me just qualify that first and
7 say that it's very difficult in a retrospective
8 fashion to go back and look and put yourself in the
9 perspective of someone who's reading things on
10 line, and since my opinions and my ability to look
11 at that case are strongly colored by what the
12 ultimate outcome of this was, I don't know that I
13 could really give an honest answer as to what my
14 reading would have been at that time.

15 Q. Okay. Fair enough. In what way has the
16 outcome of this case colored your opinions?

17 A. Well, we know that, unfortunately,
18 Kenneth died. The concern is whether it was due to
19 a shunt malfunction or not, and so one of the
20 questions would be whether there was evidence of
21 shunt malfunction on the original CT scan.

22 Q. Did you find that any shunt
23 malfunction -- when you say the original CT scan --

24 A. I mean 10/22.

25 Q. 10/22. When you viewed the film of

1 10/22, did you see any shunt malfunction?

2 MR. SITARZ: Objection to the form.

3 A. One does not view directly shunt
4 malfunction on CT.

5 Q. Was there anything in your review of the
6 October 22nd CAT scan that would have led you to
7 conclude that there was a question as to whether or
8 not the shunt was malfunctioning at that time?

9 MR. SITARZ: Errante you're talking
10 about in hindsight?

11 MR. ERRANTE: Yes.

12 A. Well, in hindsight, having the benefit of
13 being able to seek contemporaneously the films from
14 1993, one could make that suggestion.

15 Q. And why is that, how do you do that?

16 A. Well, because there, it would be part of
17 the differential for dilated ventricles in somebody
18 with a shunt in place.

19 Q. What about the '93 CAT scan?

20 A. No, I'm sorry, that would be the '94
21 CT scan.

22 Q. Sorry, I thought you said '93.

23 MR. SITARZ: I think he said '94.

24 MR. ERRANTE: Let's go back over
25 this. Would you read the doctor's answer

1 again, please?

2 (Whereupon, the court reporter read
3 back the answer.)

4 MR. ERRANTE: I thought you said
5 1993.

6 MR. SITARZ: Th subsequent question.

7 MR. ERRANTE: I'm going to reask the
8 question.

9 BY MR. ERRANTE:

10 Q. Did the 1993 CAT scan make the suggestion
11 that the shunt was malfunctioning in 1994?

12 A. I couldn't say that it definitely was
13 malfunctioning. It's hard to state conclusively
14 what the, what the shunt, how the shunt was
15 functioning or whether there had even been a change
16 in the shunt function, but clearly there was an
17 increase in size in the ventricles between 1993 and
18 1994.

19 Q. And if you were reviewing the CAT scan in
20 1994 and you were able to see the CAT scan in 1993
21 and you saw an increase in the size of the
22 ventricles, that would be a significant factor you
23 would report to the emergency room physician?

24 A. I would report that there were
25 certainly -- I would report there were dilated

1 ventricles in 1994, yes.

2 Q. And you would report that that was a
3 change from the CAT scan of 1993?

4 A. If I had that to compare, yes.

5 Q. Would you say anything else in your
6 report to the emergency room physician other than
7 making that comparison that the ventricles in 1994
8 were larger than the ventricles appeared in the CAT
9 scan in 1993?

10 MR. SITARZ: Object to the form.

11 A. Well, part of the differential would be a
12 shunt malfunction, but I would also make the
13 statement that that is with the benefit of having
14 the ability to directly compare the two sets of
15 scans. We're dealing with a situation where
16 there's a significant substrate of congenital brain
17 abnormality to begin with. So without seeing the
18 previous films, it's very hard to know what the
19 level is that you're starting from.

20 Q. And is there any way you can measure or
21 characterize the change in the size of ventricles
22 between 1993 and 1994?

23 A. I mean, you could directly measure the
24 size from one to the other. That would be one way
25 of doing it.

1 Q. Well, what other ways do radiologists
2 make that comparison?

3 A. Frequently it's, if you're just talking
4 about the size of the ventricles, it's larger or
5 the same.

6 Q. And, again, assuming that you had
7 available to you the actual films from 1993 and you
8 were looking at the 1994 films, would you say you
9 would have made a differential diagnosis or one of
10 your differential diagnoses would have been a
11 clogged shunt?

12 A. Something you would put right in your
13 report and would have communicated directly with
14 the emergency room physician, correct.

15 MR. SITARZ: Object to the form.

16 A. Again, in that setting, I would say it's
17 likely that I would have included shunt malfunction
18 as part of the differential had I been able to look
19 at the previous films.

20 MR. ERRANTE: I have no further
21 questions. Thank you, Doctor.

22 (Whereupon, there was a break from
23 at 12:08 p.m. to 12:21 p.m.)

24

25

CROSS-EXAMINATION

1 BY MR. MILLER:

2 Q. Doctor, I'm Pamela Miller. I represent
3 the William Backus Hospital.

4 Did Hartford Hospital have a disk storage
5 system in 1994 of CAT scans?

6 A. What exactly do you mean by "disk storage
7 system"?

8 Q. Does the hospital have a system on their
9 CAT scans where they could actually save images on
10 CD ROMs or disks?

11 A. Yes.

12 Q. In 1994?

13 A. Yes.

14 Q. As I understand it, you're not going to
15 be offering any opinions as to whether Backus
16 Hospital complied or departed from the standard of
17 care; is that correct?

18 A. Correct.

19 Q. And you don't expect to offer those
20 opinions in the future?

21 A. No.

22 MR. ERRANTE: I'm sorry, what was
23 that question?

24 MR. MILLER: I'll ask --

25 BY MR. MILLER:

1 Q. Are you going to be offering opinions at
2 trial as to whether William Backus Hospital
3 departed from the standard of care?

4 A. No.

5 Q. You're not going to offer those opinions?

6 A. No.

7 MR. MILLER: I don't have any other
8 questions, reserving my right to ask
9 questions if other counsel bring
10 something out.

11 MR. KILEY: I don't have any
12 questions at this time.

13 MS. BRAVES: I have no questions.
14 Thank you.

15 MR. SITARZ: Couple of follow up
16 points, Doctor.

17 CROSS-EXAMINATION

18 BY MR. SITARZ:

19 Q. There was some earlier questioning by
20 Mr. Errante concerning your opinion about whether
21 Dr. Weinghast had deviated from the standard of
22 care by failing to access CT information from the
23 information system at Backus Hospital or something
24 to that effect. You recall that general testimony?

25 A. Yes.

1 Q. And you indicated that it was your
2 opinion that she did not deviate from the standard
3 of care.

4 In further questioning about what the
5 bases were, you referred to the fact that
6 Dr. Weinghast did testify that she was unaware of
7 her ability to access through that means any prior
8 CAT scans that may have been restored. Do you
9 recall that?

10 A. Yes.

11 Q. And in addition to what Dr. Weinghast
12 testified concerning her state of knowledge about
13 that particular subject, do you have any other
14 basis for your opinion that it was not a deviation
15 from the standard of care in 1994 not to access
16 that information or that type of information in
17 context from such an information system?

18 A. Yes.

19 Q. What other basis do you have?

20 A. Certainly, although we did have a disk
21 storage system at Hartford Hospital, it wasn't
22 routine to access those studies every time there
23 was an examination that wasn't present for
24 comparison when that was requested from the file
25 room, and I don't believe that it was common

1 practice to do that in all instances. Certainly
2 the depositions of Dr. Kwiatowski and Dr. Mendel
3 also in their depositions, they indicated that they
4 didn't routinely do that at their hospitals either.
5 So there is some precedent for that.

6 Q. Therefore, in your opinion, was it part
7 of the standard of care in 1994 for a radiologist
8 in the circumstances in which Dr. Weinghast found
9 herself on or about October 22nd to 23rd to attempt
10 to access such information through a compute
11 process system such as that?

12 A. I don't believe there are any standards
13 that I'm aware of that have ever been written that
14 specifically address that.

15 Q. And in your opinion, based on the
16 standard of care or lack of standard of care, was
17 Dr. Weinghast, as a practicing radiologist in 1994,
18 required to seek out information through such a
19 computer disk storage system under the
20 circumstances that she found herself in on
21 October 22nd, 23rd, 1994?

22 A. No.

23 Q. There were different, several different
24 questions posed by Mr. Errante at different parts
25 of his questioning of you earlier in the deposition

1 about your opinions concerning whether the
2 information communicated by Dr. Weinghast, either
3 orally and/or in writing, were adequate and that
4 were requirements of the standard of care and you
5 indicated that in your opinion they did.

6 Let me just ask it directly. In your
7 opinion as a practicing board-certified
8 radiologist, did the information that Dr. Weinghast
9 communicated from a reading of the CAT scan of
10 October 22nd, 1994, provide adequate, sufficient
11 information concerning the significant findings of
12 that CAT scan that then became available to the
13 clinicians handling the matter?

14 A. Yes.

15 MR. SITARZ: Those are all the
16 questions I have.

17
18 REDIRECT EXAMINATION

19 BY MR. ERRANTE:

20 Q. Dr. Weinghast was reading the CAT scan in
21 October of '94 in her home, correct?

22 A. Correct.

23 Q. And from her home in the middle of the
24 night -- well, withdrawn.

25 When you're on call, you're at the

1 hospital, correct?

2 A. Yes.

3 Q. You're physically present in the
4 hospital?

5 A. Not always, but we --

6 Q. I'm sorry, go ahead.

7 A. Excuse me.

8 Q. You're close enough to get to the
9 hospital if need be when you're on call?

10 A. Yes, we have a radiologist in the
11 hospital 24 hours a day.

12 Q. Okay. Backus Hospital in 1994 did not
13 have a radiologist in the hospital 24 hours a day,
14 correct?

15 A. Correct.

16 Q. And if you were at home reading a CAT
17 scan like Dr. Weinghast was in 1994, the only way
18 that you could make a comparison with an earlier
19 CAT scan would be either to have a system that
20 could retrieve that CAT scan on the CD ROM or disk,
21 or the doctor would have to physically go to the
22 hospital to look at the hard copy of the CAT scan,
23 correct?

24 MR. SITARZ: Object to the form.

25 MR. MILLER: Objection to the form.

1 A. The only -- I'm sorry, could you just
2 repeat the question?

3 Q. Sure. Dr. Weinghast is at home, she's
4 looking at a CAT scan in October of '94 and you
5 would agree that it would certainly be within the
6 standards to make a comparison with an earlier CAT
7 scan, correct?

8 A. In the middle of the night the way that
9 the system was configured and the way the call
10 would have been handled, I don't think so. Not in
11 the middle of the night.

12 Q. Okay. If Dr. Weinghast is on call but
13 was at the hospital like when you're on call, it
14 would have been appropriate for her to make a
15 comparison with the '93 CAT scan, wouldn't it?

16 MR. SITARZ: Object to the form.

17 A. If it was accessible, yes.

18 Q. Okay, if it was accessible. Since she
19 was at home, it was not accessible to her like when
20 she was at the hospital where she could actually go
21 down and pull the hard copy of the CAT scan,
22 correct?

23 A. Yes.

24 Q. So at home, her only choices to make a
25 '93 CAT scan accessible would either be to go to

1 the hospital at some point and look for it or have
2 a technician get it for her which is at the
3 hospital, right, or, you are nodding yes?

4 A. Yes.

5 Q. Or if you had a system, a computer system
6 that allowed you to call it up on a disk, that
7 would be an alternative way to look at a CAT scan,
8 correct?

9 MR. MILLER: Objection to form.

10 MR. SITARZ: Objection to the whole
11 question. That was broken up into
12 phrases but I object to the whole
13 question.

14 BY MR. ERRANTE:

15 Q. I'm not asking you whether it was the
16 standard of care, I'm asking you physically is that
17 the only way to do it?

18 A. The answer is no.

19 MR. SITARZ: Objection.

20 BY MR. ERRANTE:

21 Q. Otherwise?

22 A. The answer is that I can't agree with
23 everything that you just said.

24 Q. Okay. What don't you agree with?

25 A. Without knowing the specifics of what

1 type of data transmission system existed, what the,
2 how the archive material was to be downloaded and
3 transferred into some form that could be
4 transferred, via the telephone lines, I can't say
5 that that would have been accessible to somebody,
6 that an old CT scan even if it was retrieved would
7 have been accessible to somebody at home.

8 Q. So you don't know whether this particular
9 system allowed for the call-up of the '93 CAT scan
10 and the transmission to Dr. Weinghast home; is that
11 what you are telling me?

12 A. Correct.

13 Q. If the system allowed for that, that
14 would have been another way for her to have
15 compared the '93 CAT scan to the '94 CAT scan?

16 MR. MILLER: Objection to the form.

17 MR. SITARZ: Objection to the form.

18 MR. MILLER: And it's not the
19 testimony.

20 BY MR. ERRANTE:

21 Q. You can answer the question.

22 A. Would have been a way. If that was
23 capable of being done, it would have been a way to
24 do that.

25 Q. If it wasn't capable of being done, the

1 only other means to her to making a CT comparison
2 would be to go to the hospital and make a physical
3 comparison between the CAT scans?

4 MR. SITARZ: Talking about that
5 night or at some time, a reasonable time
6 frame thereafter?

7 BY MR. ERRANTE:

8 Q. At any time, she would have had to go to
9 the hospital to make the comparison, correct?

10 A. Yes.

11 Q. As far as you know, would there be any
12 other way for her to make a comparison other than
13 if the teleradiographic system allowed for it or
14 for her to go to the hospital, those would be only
15 two ways?

16 MR. SITARZ: Object to the form but
17 you can answer.

18 A. I don't know of any other way that she
19 could have gotten those.

20 Q. And do you know when at Backus Hospital
21 the radiology department started taking -- started
22 being on call at their homes?

23 MR. MILLER: Objection to the form.

24 A. I don't know the exact date, no.

25 Q. Do you know an approximate date?

1 A. I believe Dr. Weinghast mentioned in a
2 her deposition. I think she said it was a couple
3 of years before this. I don't know exactly,
4 though, I would have to refer to the transcript.

5 Q. Are there situations as a radiologist
6 where you have to make a comparison with a prior
7 x-ray, CAT scan, or MRI in order to issue a report
8 about an MRI, CAT scan, or x-ray that you are
9 presently looking at?

10 MR. SITARZ: Object to the form.

11 A. There are many occasions when we, we have
12 to make a report, we're not always able to compare
13 it with previous films. There are times that you
14 would certainly like to and you can't and you issue
15 a report anyway.

16 Q. When you say you can't, you can't because
17 it's not in the file it's supposed to be, it's
18 checked out somewhere else, or whatever?

19 A. Yes.

20 Q. But if it's available in the hospital and
21 it's important to make the comparison, do you go
22 ahead and make the comparison, correct?

23 MR. SITARZ: The film.

24 BY MR. ERRANTE:

25 Q. The film?

1 A. Yes.

2 Q. If the film was available, sorry. What
3 would you do if you were at home reading a CAT scan
4 and you thought it was necessary to make a
5 comparison -- and I'll ask you to assume that the
6 hard copy is available at the hospital. What would
7 you do in such a situation?

8 MR. SITARZ: Object to the form.

9 A. What I would do is call the hospital and
10 have one of our residents check the film or talk to
11 the radiologist who was on call in the hospital.
12 And ask them to look at the film.

13 Q. And make the comparison?

14 A. Yes.

15 MR. ERRANTE: No further questions.

16 Thank you, Doctor.

17 MR. MILLER: No further questions.

18 MS. BRAVES: No questions.

19 MR. SITARZ: All set.

20 (Whereupon, the deposition concluded
21 at 12:35 p.m.)

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I N D E X

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STATE OF CONNECTICUT :
: SS
COUNTY OF HARTFORD :

I, Sheri C. Stewart, RPR, a Notary Public,
do hereby certify:

That, DR. MARC GLICKSTEIN, was by me duly
sworn in the within-entitled cause;

That said deposition was reported by me, a
Registered Professional Reporter, was thereafter
transcribed under my direction and is a true and
accurate transcription of all testimony given by
said witness.

I further certify that I am not a relative,
counsel or attorney of any party, or interested,
financially or otherwise, in this action.

IN WITNESS WHEREOF, I have hereunto set my
hand and seal at Wethersfield, Connecticut this
18th day of January, 2001.

Sheri C Stewart
Sheri C. Stewart, RPR
Notary Public

My Commission expires:
March 31, 2003