IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
IN AND FOR SARASOTA COUNTY, FLORIDA
CASE NO. 2018-CA-005321

JACK KOWALSKI, individually
and on behalf of his children
MAYA KOWALSKI, a minor, and
KYLE KOWALSKI, a minor; and as
Personal Representative of the
Estate of BEATA KOWALSKI, Deceased,

Plaintiffs,

vs.

JOHNS HOPKINS ALL CHILDREN'S
HOSPITAL, INC., JOHNS HOPKINS
HEALTH SYSTEM CORPORATION, INC.;
SUNCOAST CENTER, INC.; CATHERINE
BEDY; and SALLY M. SMITH, M.D.,

Defendants.
_____/

VIDEOTAPED DEPOSITION OF JENNY DOLAN, M.D.

APPEARING REMOTELY FROM
PINELLAS COUNTY, FLORIDA

(Pages 1 - 296

June 2, 2020

1:07 p.m. - 7:51 p.m.

REPORTED BY:

Stephanie A. Walters
Stenographic Shorthand Reporter

APPEARING REMOTELY FROM HILLSBOROUGH COUNTY, FLORIDA

REMOTE APPEARANCES

PRESENT ON BEHALF OF PLAINTIFFS:

GREGORY A. ANDERSON, ESQUIRE
NICHOLAS P. WHITNEY, ESQUIRE
JENNIFER C. ANDERSON, ESQUIRE
AndersonGlenn LLP
10751 Deerwood Park Boulevard, Suite 105
Jacksonville, Florida 32256
(904)273-4734
janderson@asglaw.com
gaanderson@asglaw.com
nwhitney@asglaw.com

PRESENT ON BEHALF OF DEFENDANTS: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC., and JOHNS HOPKINS HEALTH SYSTEM CORPORATION, INC., and CATHERINE BEDY:

DAVID W. HUGHES, ESQUIRE
Hill, Ward & Henderson
101 East Kennedy Boulevard, Suite 3700
Tampa, Florida 33602-5195
(813)221-3900
howard.hunter@hwhlaw.com
david.hughes@hwhlaw.com

PRESENT ON BEHALF OF DEFENDANTS: SUNCOAST CENTER, INC., and SALLY M. SMITH, M.D.:

BRIAN P. HASKELL, ESQUIRE
Conroy Simberg
201 East Kennedy Boulevard, Suite 900
Tampa, Florida 33602
(813)273-6464
bhaskell@conroysimberg.com
tkosky@conroysimberg.com

ALSO PRESENT:

JULIE KAUZLARICH, RISK CLAIMS/INSURANCE MANAGER
Johns Hopkins All Children's Hospital

HECTOR CORDOVA, VIDEOGRAPHER
U.S. Legal Support, Inc.

INDEX OF PROCEEDING

	PAGE
APPEARANCES	2
INDEX OF EXHIBITS	4
DEPOSITION OF JENNY DOLAN, M.D.:	
Direct Examination by Mr. Anderson	7
Cross-Examination by Mr. Hughes	186
Redirect Examination by Mr. Anderson	231
CERTIFICATE OF OATH	293
CERTIFICATE OF REPORTER	294
READ AND SIGN LETTER	295
ERRATA SHEET	296

INDEX OF EXHIBITS

PLAINTIFFS' EXHIBIT	DESCRIPTION	PAGE
1	Dr. Dolan's Curriculum Vitae	5
2	Medical Records (PLT 4061-4065)	44
3	10/9/16 Progress Note (PLT 6312)	74
4	Final Report (PLT 4030-4032)	95
5	Medical Records (PLT 6219-6225)	99
6	Medical Records (PLT 6212-6219)	111
9	11/29/16 Progress Note (PLT 30818/30819)	126
10	Dolan E-Mail (JHACH 1111044)	146
11	"Ketamine and Pain Management" Literature	181

DEFENDANTS' EXHIBIT	DESCRIPTION	PAGE
1	Hanna Records 184-185, and 390	191
2	Photographs	226
3	Article: Optimizing the Treatment of CRPS with Ketamine	292

(NOTE: Plaintiffs' exhibits to be provided at a later date. No Plaintiffs' Exhibits 7 and 8 marked.)

P-R-O-C-E-E-D-I-N-G

The remote videotaped deposition of Jenny Dolan, M.D., was taken pursuant to notice by counsel for the plaintiffs on June 2, 2020, commencing at 1:07 p.m. Said deposition was reported remotely from Hillsborough County, Florida, by Stephanie A. Walters, Stenographic Shorthand Reporter, Notary Public, State of Florida at Large.

* * * * *

(Plaintiffs' Exhibit 1 is marked for identification off the record.)

THE VIDEOGRAPHER: Good afternoon. We are now on the record. This is the remote video-recorded deposition of Jenny Dolan, M.D., taken in the matter of Jack Kowalski, et al., vs. Johns Hopkins, et al.

My name is Hector Cordova, remote video technician on behalf of U.S. Legal Support. I'm not related to any party in this action nor am I financially interested in the outcome. The time is now 1:07 p.m., the Eastern Time zone.

At this time, will our reporter enter statement and swear in the witness?

THE COURT REPORTER: The attorneys participating in this deposition acknowledge that I am not physically present in the deposition room and

that I will be reporting this deposition remotely. They further acknowledge that, in lieu of administering in person, I will administer the oath remotely. The arrangement is pursuant to Florida Supreme Court Administrative Order No. AOSC-20-23. The parties and their counsel consent to this arrangement and waive any objections to this manner of reporting.

Please acknowledge your agreement on the record by stating your name and the party whom you represent, Plaintiffs' counsel first, please.

MR. ANDERSON: Greg Anderson on behalf of the Plaintiffs.

MR. HUGHES: David Hughes on behalf of the witness, Dr. Dolan, and Johns Hopkins All Children's Hospital and Johns Hopkins All Children's Hospital social worker Cathie Bedy.

MR. HASKELL: Brian Haskell on behalf of Dr. Sally Smith and Suncoast Center, agreed.

THE COURT REPORTER: Dr. Dolan, do you have your ID available?

Okay. Back just a little bit.

Okay. Thank you.

(Witness presents government-issued identification and identity verified.)

THE COURT REPORTER: Okay. Thank you.

MR. HUGHES: And, Greg, we have a CV coming to you here momentarily via e-mail. Be on the lookout.

MR. ANDERSON: A what? Oh, yeah. Okay.

THE COURT REPORTER: Okay. Dr. Dolan, can you raise your right hand, please?

THE WITNESS: (Complies.)

THE COURT REPORTER: Do you swear or affirm the testimony you're about to give will be the truth, the whole truth, and nothing but the truth so help you God?

THE WITNESS: I swear.

WHEREUPON,

JENNY DOLAN, M.D.,

the witness herein, having been first duly sworn, was examined and testified as follows:

THE COURT REPORTER: Thank you. You can put your hand down.

DIRECT EXAMINATION

BY MR. ANDERSON:

Q Please state your name for the record.

A Jenny Dolan.

Q Your business address?

A The address of the hospital, do you know it? I don't know.

Q Do you work at Johns Hopkins All Children's Hospital?

A Yes, I work at Johns Hopkins All Children's Hospital.

Q And what do you do there?

A I'm a pediatric anesthesiologist.

Q How long have you been at Johns Hopkins?

A I've been at the All Children's since 2007, and then we began Johns Hopkins, I believe, in 2009.

Q All right. So about 13 years, in one form or another?

A Yes.

Q What did you do in preparation for this deposition?

A I read some of the medical records; I read some of the depositions; and I met with my lawyer for a couple of hours today.

Q And who is your lawyer?

MR. HUGHES: I am. David Hughes.

BY MR. ANDERSON:

Q How long -- you say you met with him for two hours?

A That's right. Like, at 11:00 and -- uh-huh.

MR. HUGHES: Approximately until 1:00. We also had lunch.

BY MR. ANDERSON:

Q Two hours?

A Yes, approximately.

Q All right. And without telling me the specifics, what was the topic of the discussions?

A He basically told me what to expect of the deposition, what are the rules, and more or less about what is the case.

Q And during the course of any of those discussions, were any answers to potential questions suggested to you?

A No.

MR. HUGHES: Form.

BY MR. ANDERSON:

Q So there were no discussions of what kind of specific questions you might be asked here?

A No.

Q Okay. Where did you go to undergrad?

A I went to Javeriana University in Columbia. It's just with private school. I obtained my medical degree over there.

Q And what was the -- what's the name of the university again -- the medical school -- excuse me -- where you received your degree?

A Javeriana University.

Q And where is that located?
A In Colombia.
Q Okay. Are you a U.S. citizen?
A Yes.
Q How long have you been a U.S. citizen?
A Since 2006.
Q Okay. Let me ask you some basics about the expertise that you have in specific areas.

Do you hold yourself out as an expert in the diagnosis and treatment of complex regional pain syndrome?

A An expert or a specialty such as CRPS, it doesn't exist, but I have taken care of a significant amount of patients with CRPS throughout my career.
Q What training do you have other than your some clinical experience --
A I'm an anesthesiologist.
Q -- to --
A I'm an anesthesiologist. I trained in anesthesia at the University of Miami. We have several of our patients in pain management. And then I trained as a pediatric anesthesiologist as my fellowship. And again, we get engaged in education about pediatric pain.
Q Tell the jury all of the medical studies you have been an author or participated in that involve the

diagnosis or treatment of CRPS.

A No.

Q None?

A No.

Q Well, tell the jury all of the experience you need, from any other part of anesthesiology, in CRPS diagnosis and treatment, that would set it apart from anything else you do as a pediatric anesthesiologist.

MR. HUGHES: Form.

THE WITNESS: Repeat the question, please.

BY MR. ANDERSON:

Q Sure.

Tell the jury what things you've done, other than having some clinical experience with patients with CRPS, that make you believe that you have a specialization in the diagnosis and treatment of CRPS.

MR. HUGHES: Form.

THE WITNESS: I didn't say I have a specialization in CRPS; I said that I took -- I take care of patients with CRPS as a pediatric anesthesiologist.

BY MR. ANDERSON:

Q How many patients --

A The specialization of CR --

Q -- per year would you say?

A The specialization CRPS doesn't exist.

Q I understand it's not -- it does not formally exist in the form of board certification or designated specialization, but would you agree that there are physicians that have devoted a majority of their practice to treating chronic pain, such as CRPS?

A That, I don't know.

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Well, would it be fair to say that you have not devoted a substantial portion of your practice towards the treatment of chronic pain, including CRPS, as opposed to any other area of pediatric anesthesiology?

MR. HUGHES: Form.

THE WITNESS: I couldn't tell you an exact percentage of it, but I do know it's a significant amount.

BY MR. ANDERSON:

Q Name for me seven symptoms or signs for diagnosing CRPS.

A All right. If you are talking about the signs, you can see changes on the temperature of the extremity; you can see changes on the skin of the extremity; you could see edema, inflammation; you can see changes in the skin coloration, such as changes in the brightness

of the extremity; you can also see atrophy of the extremity and changes in the tone of the muscle.

CRPS -- when you see one patient with CRPS, it is something that is very pathognomonic; it's something that you don't forget about. Those are the signs; those are the things you are able to see or confirm.

Then, regarding the symptoms are, that the landmark of CRPS is exaggerated amount of pain compared with the injury that supposedly the person has. It's like -- it's a disease that is characterized with hyperalgesia.

Q There are lesions associated with CRPS, are there not?

MR. HUGHES: Form.

THE WITNESS: As I mentioned before, there are some signs that you are able to verify on a patient, and then there are the symptoms, what the patient tells you that they -- that they have.

BY MR. ANDERSON:

Q Another one would be -- and I think you just described it -- allodynia?

A Allodynia, yes.

That's a symptom. That is something that is described by the patient, which means that it -- they are not able to tolerate anything in that extremity.

They are not able to tolerate clothes. Just a light touch, it would be -- it would produce an exaggerated response.

Q There's some photosensitivity involved in some patients, is there not?

A Not that I'm aware of.

Q Where did you get your information about CRPS diagnosis?

A Throughout my career, I guess from the lectures; from my teachers, attending; and then through the information that, I'm able to obtain from the pediatric anesthesia textbooks; also, from -- when I'm interested in a particular situation or disease, I do go to the Welch library and I go through the -- to PubMed, or it's Scopus or UpToDate. Those are the -- that's the sequence of how I usually look for things.

Q In the case of Maya Kowalski, can you identify any, but really, can you identify three, articles or texts that you've reviewed to assist you in diagnosis and treatment of just her CRPS?

MR. HUGHES: Form.

THE WITNESS: I did the -- we did the -- we did a library search in the Welch library; we did a PubMed; and we did an UpToDate. I mean, UpToDate, there's a recollection of all the peer-reviewed

articles.

So I cannot tell you a specific name of the article that I read, but in any of the descriptions can easily be 50- or 40-something articles that they -- that they review in every topic.

BY MR. ANDERSON:

Q Did you bring any of the articles with you here today?

A No.

Q Can you tell me at least a journal that they were in?

A No, I don't remember the specifics, so I won't speculate.

Q How many CRPS patients are you treating, currently?

A Right at the moment, I don't have any.

Q When was the last time you had one?

A I don't remember the specifics. Like, a month ago, maybe.

Q Boy? Girl?

MR. HUGHES: Form.

You can answer, but don't give any other clinical specifics for HIPAA purposes.

THE WITNESS: It was a girl.

BY MR. ANDERSON:

Q How old?

MR. HUGHES: Form.

You can state the age, but we're getting pretty close to where I'd be uncomfortable from a patient privacy perspective.

THE WITNESS: A teenager.

BY MR. ANDERSON:

Q Between 13 and 18?

MR. HUGHES: Form.

THE WITNESS: More or less.

BY MR. ANDERSON:

Q And what were the symptoms that you noted?

MR. HUGHES: Form.

THE WITNESS: Is it okay for me to talk about another patient?

MR. HUGHES: We haven't identified this patient yet.

MR. ANDERSON: Never mind.

MR. HUGHES: You can speak very generally, but don't -- never mind. Okay.

BY MR. ANDERSON:

Q What symptoms did you see in this female teenager with CRPS?

MR. HUGHES: Form.

THE WITNESS: Exaggerated pain around her

ankle, the right ankle of her leg.

BY MR. ANDERSON:

Q The ankle? Okay.

A Yes.

Q What else?

A She had allodynia; she had specific changes in her skin; she has -- she had edema; she had shiny, bright skin; and she had changes in the temperature of her foot.

Q Okay. And before this female teenager, when was the last victim of CRPS that you treated?

MR. HUGHES: Form.

THE WITNESS: Like, I would say it's -- it's more fair to say I see around six to eight cases of CRPS throughout the year. Sometimes they come close together. The most I have had is three of them at the same time.

BY MR. ANDERSON:

Q Okay. Tell the jury all the experience of ketamine infusion treatments of CRPS, or any chronic pain.

A In CRPS, no, we don't use ketamine infusion for CRPS.

Q Do you use it for chronic pain?

A I personally don't use it for chronic pain,

either.

Q Okay, but it is used at the hospital as part of your clinical guidelines, is it not?

A In very -- in very random situations we use it for the sickle cell patients, in pain doses.

Q Okay. Aren't you guys trying to -- I say "you guys" -- aren't you at JHACH trying to put together a group or a treatment speciality in pediatric CRPS or chronic pain?

A We do --

MR. HUGHES: Form.

THE WITNESS: We do have an established group, more specifically a group that does that, that's correct, but ketamine is not part of the prescribed treatment.

BY MR. ANDERSON:

Q Have you attended any seminars or talks in the past five years about the use of ketamine, or any other medicine, for the treatment of CRPS?

A I have seen it as a part of my MOC, the maintenance of certification, is part of -- is one of the topics that come up every time during the -- either the pediatric anesthesia meetings or something that is called "SAM," which is -- it's a learning tool that we have, where there's all kinds of topics, and that's one

of them for CRPS.

Q Okay. And what do they teach you about the use of ketamine to treat CRPS?

A Ketamine is not part of the treatment of CRPS. It hasn't come across in any of the -- any of the literature that I have reviewed.

Q You're not aware that there are ongoing studies, double-blind placebo to be exact, about the use of ketamine, that is, its efficacy --

MR. HUGHES: Form.

THE WITNESS: You --

BY MR. ANDERSON:

Q -- in treating CRPS patients?

MR. HUGHES: Form.

THE WITNESS: Usually when the investigators are developing those type of study, they keep it quiet; they don't make it public. But no, I'm not aware.

BY MR. ANDERSON:

Q You're not aware of Dr. Schwartzman or Dr. Kirkpatrick's recent studies?

A No.

MR. HUGHES: Form.

BY MR. ANDERSON:

Q So I guess you have no knowledge of what amount

of Ketamine would be helpful or harmful for a pediatric patient, correct?

MR. HUGHES: Form.

THE WITNESS: I'm well aware of the indicated doses, depending on the need of the patient. Yes, I am familiar with it.

BY MR. ANDERSON:

Q Based on what?

MR. HUGHES: Form.

THE WITNESS: The literature; the books.

BY MR. ANDERSON:

Q The books? What books?

A There's multiple. There's Motoyama; there's Coté; there's Davis. I believe those are in the top of my mind. Those are the -- like, the bibles of pediatric anesthesia.

Q Well, when was the last one of those published? Last year or so? Two years? Five years? Ten years?

MR. HUGHES: Form.

THE WITNESS: I don't know the specific, but they may come one every year, and sometimes the last edition is two years ago, but there's always something new and relevant.

BY MR. ANDERSON:

Q So you're saying Motoyama, Davis, or another

book, is specific, that teaches how many dosages for the use of ketamine in CRPS patients are?

A They don't describe the use of ketamine for CRPS.

Q Well, then, how could they provide you with any guidelines if they don't give you any dosages?

A They provide guideline of the use of ketamine, but for sedation or for anesthesia. Those are big items that they provide.

Q Okay. I understand that, but my original question was, what objective criteria, are you aware of, that tell you the appropriate amount of ketamine to treat CRPS?

MR. HUGHES: Form.

And, Greg, are we talking pediatric or adult here?

MR. ANDERSON: David, stop with the coaching. Don't try to correct my questions. Object to the form. If you do it again...

THE WITNESS: Ketamine -- again, sir, we don't use ketamine for the treatment of CRPS. None of the literature I have reviewed have used ketamine for CRPS in the pediatric population.

BY MR. ANDERSON:

Q So I would be correct: that you have no

criteria, of which you are aware, to judge the use of ketamine in treating CRPS, right?

MR. HUGHES: Form.

THE WITNESS: I don't use ketamine on CRPS.

BY MR. ANDERSON:

Q So you're agreeing with me: that if you don't use it, you won't have any idea of how much is bad; how much is effective; how much would be dangerous, if it was dangerous, right?

MR. HUGHES: Form.

THE WITNESS: I am very familiar with ketamine, and that you are stating two different type of questions.

BY MR. ANDERSON:

Q In an anesthetic setting, you're aware of the literature that have come out and familiar with it, right?

A I don't use ketamine in CRPS.

Q Yes, and because you don't use it, you're not aware of dosages for what is used, right?

MR. HUGHES: Form.

THE WITNESS: I do use ketamine, where it is indicated, in the pediatric anesthesia practice.

BY MR. ANDERSON:

Q That's not the answer to my question.

Would you agree with me that you don't use ketamine for treating CRPS? You don't have any knowledge --

A I don't use --

Q Let me finish my question.

Since you don't use ketamine to treat CRPS, you don't know the dosages for those that do use ketamine to treat CRPS, correct?

MR. HUGHES: Form.

THE WITNESS: You are asking two questions and they don't exclude themself, because you are talking about the safety of ketamine, and I do know about the safety of ketamine. I am very familiar with ketamine, but I do not use ketamine for the treatment of CRPS.

BY MR. ANDERSON:

Q Are you aware -- well, certainly you're aware, based on the Kowalski case, that there are anesthesiologists out there that do treat CRPS patients, adolescent pediatric patients included, using ketamine, aren't you?

MR. HUGHES: Form.

THE WITNESS: The publications I am aware of. They are in the adult population, not in the pediatric population.

BY MR. ANDERSON:

Q Ma'am, did you or did not take care of Maya Kowalski?

A I did take care of her.

Q Did she or did she not have CRPS as a diagnosis?

MR. HUGHES: Form.

THE WITNESS: Yes, she came with that diagnosis.

BY MR. ANDERSON:

Q Was she or was she not treated with infusions of ketamine at JHACH during her stay?

A At the beginning of her stay with us, she had some infusion of ketamine because she came referred to us under the pretension that we needed to continue her on that.

So because she was getting large doses of ketamine in an outside facility, and she came here very agitated, and the family and the patient were demanding the ketamine, and because the referring physician was saying that she came on ketamine, that's how we started it. But we started it in normal doses; we didn't give the doses that she was getting at the --

Q What does that have to do with my question? What does that have to do with my question? That's not

my question, at all.

A You didn't let me -- you didn't let me finish.

MR. ANDERSON: Madam Court Reporter, please read it back.

I can stay here all day. We're going to read this question back until you answer the actual question.

Go ahead, Madam Court Reporter. Stephanie, read it back.

THE COURT REPORTER: Just give me one second. My Zoom was locked up there. Let me go back to the question. One second.

MR. ANDERSON: Sure.

THE COURT REPORTER: I believe this is the question, and you can tell me if it is or isn't: "Did she or did she have CRPS as a diagnosis?"

MR. ANDERSON: And the answer to that one was "yes."

THE WITNESS: Yes, she came with that diagnosis.

BY MR. ANDERSON:

Q Did she or did she not receive IV ketamine at JHACH?

A Yes, at the beginning of her stay because we were weaning her down from the ketamine -- the large

amounts of ketamine infusions that she was getting.

Q And so what was your basis for determining that it should be described as, quote, large?

A If I understood your question, you are asking me why I decided to define it as "large"?

Q What basis did you have, that's in our science, for determining that the amount of ketamine she was receiving to treat her CRPS should be designated as "large"?

A The medical literature, sir.

Q The what?

A The medical literature.

Q Literature?

Okay. Name one.

A I went into UpToDate, and they have well-defined doses. I also -- we also look into articles that were -- they were -- that they were -- they were describing the use of ketamine, and the highest dose we found was 7 milligrams per kilo, and this child was receiving 23 milligrams per kilo in a very short period of time.

Q We'll get into that later, but let's -- let's ask you exactly what article or study you are referencing.

A Textbooks, and we also have institutional

guidelines.

Q All right. Whose institutional guidelines?

A The Johns Hopkins institutional guidelines.

Q All right. So I want to make sure I understand this now, because this has been an education for me.

You're testifying that Johns Hopkins has institutional guidelines for the amount of IV ketamine that can be given to treat chronic pain and/or CRPS?

A Not for CRPS, but we do have guidelines for the infusion of ketamine for chronic pain, and the doses that we use are very -- are completely different to the doses that she was getting at an outside institution.

Q All right. And where are those discussed in the clinical guideline? Because those have been produced to me and I haven't seen those. I haven't seen any specific reference --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- to infusions for chronic pain.

MR. HUGHES: Form.

The guideline has been produced, Mr. Anderson. You referenced it in the hearing recently.

MR. ANDERSON: For use of ketamine, IV ketamine, but I didn't see there was specific amounts given there for the use of chronic pain.

She obviously has seen something I have not seen.

MR. HUGHES: Form.

I'm not going to divine to know that I'm reading her mind here, but I think we're talking about the same guidelines.

THE WITNESS: I believe so. We've got a 0.02 milligrams per kilo, and we go all the way up to .5 milligrams per kilo. That's the maximum we do in there, for chronic pain.

MR. HUGHES: If you have a copy of the guidelines, Mr. Anderson, the witness is more than willing to read it and look at it.

MR. ANDERSON: I don't have it with me.

BY MR. ANDERSON:

Q Dr. Dolan, what, if any, differences are there, if you leave out psychosocial; that is, bedside manner and how to handle child psychology as opposed to an adult?

THE COURT REPORTER: Mr. Anderson, you broke up on that question.

MR. HUGHES: Yeah, you're breaking up, Mr. Anderson. We're having trouble on this end as well.

BY MR. ANDERSON:

Q Okay. Leaving aside psychosocial differences,

what, if any, differences are there in the treatment of pediatric patients with chronic pain and adult patients with chronic pain?

MR. HUGHES: Form.

THE WITNESS: If I understand your question, one of the major things that happened is that the pediatric population the -- the physical therapy and occupational therapy are highly effective in the pediatric population, and they get better with -- during the first, let's say, attack. And then more than 90 to 95 percent of them get better if they do have a second episode of CRPS.

So they -- they -- they are -- they are very -- they get really good with their physical therapy and occupational therapy, besides the high psychological component that you just mentioned. Those are the two major differences.

BY MR. ANDERSON:

Q Well what, if any, biological differences are there in the way that ketamine works for, say, an 11-year-old versus a 20-year-old?

MR. HUGHES: Form.

THE WITNESS: I'm not aware of any physiologic difference between an 11-year-old and a 21-year-old. There are some -- the ketamine is a highly soluble

medication, so perhaps, depending on the amount of fat content of the patient.

But what you are mentioning is more of what we talk, in the various multi-pediatric population, where they are -- what we think here in the anesthetics' world, that they are -- they require more anesthetics than the older children.

But what -- if we are talking about the same thing, the only patients that need a higher concentration of medication are just the neonatal population, which their MAC, or mean anesthetic concentration, required to keep 50 percent of them under anesthesia is higher than for the rest of the population.

BY MR. ANDERSON:

Q Okay. When we get into pediatrics, then, would you agree with me that the amount of ketamine to be used, for any purpose, is based more on body weight than a designation based on age?

MR. HUGHES: Form.

THE WITNESS: It depends. Yes, it depends on body weight, and it also depends on what is indication for the ketamine. Is it for sedation or is for that general anesthesia?

BY MR. ANDERSON:

Q Let's start out with general anesthesia.

Is it that it's chronologically in terms of dosage, or is it body weight?

A It's for body weight, and it also depends if you are using another medication as a coagulant.

Q Okay. And then as to using it for sedation, I think was your other area, is it by age or body weight?

A Body weight.

Q Okay. And then for chronic pain, is it age or body weight?

A Body weight.

Q And then, although I understand your qualifications on your answer here, but as to treatment for CRPS, but would also be for body weight as opposed to age, right?

MR. HUGHES: Form.

THE WITNESS: For chronic -- for chronic pain, we use it as a body weight, too.

BY MR. ANDERSON:

Q Can you think of any other differences insofar as the treatment of chronic pain, beyond the psychosocial, between pediatrics and adults anesthesiology?

MR. HUGHES: Form.

THE WITNESS: Well, I could also say that just

because of the conversation we are having, that there are some adult patients where they use the ketamine, but not in the pediatric population; we don't use it.

BY MR. ANDERSON:

Q Have you read any of the studies that pediatric patients in them found the efficacy of ketamine in the pediatric population?

A There is no article with CRPS and the pediatric population and ketamine.

Q Well, CRPS a fairly rare disease is it not?

A 5.9 patients in every hundred thousand cases per year. It depends on the -- on the literature that you read.

Q Okay. Are you telling us that you have read no studies regarding the use of ketamine in treating chronic pain where a pediatric patient was included?

MR. HUGHES: Form.

A You're asking a second thing. I said that we do have literature about chronic pain in pediatric patients, but not -- mostly for sickle cell or for a cancer case, not for CRPS.

BY MR. ANDERSON:

Q Are you aware --

A It's not part of the treatment.

Q Strike it.

Have you reviewed any of the studies out there that have a pediatric population in the study of the use of ketamine for CRPS?

A No, I have not. I have not seen them.

Q Do you have any particular experts within the Johns Hopkins organization that if you had a question about how to treat CRPS you would go to?

THE WITNESS: If I have a person that I will go and ask for it?

MR. HUGHES: Yes, in Johns Hopkins.

THE WITNESS: In Johns Hopkins, yes, right now we have Giovanni Cucchiaro, who is the director of pain service. And at that time, we had Linda Rice, who -- she had retired, but she was one of the persons who wrote the first couple of pediatric pain books in the world.

BY MR. ANDERSON:

Q Okay. Were they around at the time?

A Linda Rice was not here, but I call her. I called her because I was mortified about the doses that Maya was getting. So I called her and I asked her if this was -- if this was a thing in the pediatric pain world.

Q Okay. And where does she live?

A She is here in St. Petersburg.
Q And when did she leave Johns Hopkins?
A I don't remember the exact year, but I keep contact with her, and when I have questions or things where I think I can use her expertise, I do call her.
Q Well, how do you know how much she keeps up with the current literature in a specialized area of anesthesiology, now that she's retired?
MR. HUGHES: Form.
THE WITNESS: She retired from our hospital, but she continues to be active, and she's on -- a board examiner with the American Board of Anesthesia.
BY MR. ANDERSON:
Q Okay. And how many times have you talked to Linda Rice about Maya Kowalski, or did you talk to her about Maya Kowalski?
A The first weekend I met Maya Kowalski.
Q So this would have been of -- in October 2016?
A I think it was a Saturday, the day after she arrived here.
And the day she arrived here, after I hear of the doses that she was getting, I also called one of my co-residents. We were residents of our class at the same time. We were co-consult, and he's a pain -- he's

a pain doctor, and I also called him right away, after I hear of -- after I had my conversation with Dr. Hanna.

Q Okay. And are -- does Dr. Rice -- strike it.

What kind of doctor is Dr. Rice?

A What did you say?

Q What kind of doctor is Dr. Rice?

A She's a pediatric anesthesiologist.

Q And what was the name of the co-resident that you know?

A Rainer Vogel.

Q You're going to have to spell that for me.

A V, as in Victor, o-g-e-l, R-a-i-n-e-r.

Q Vogel eye-nare (phonetic).

A Rainer, yes.

Q Okay.

Okay. So what did Dr. Rice tell you?

A Dr. Rice basically reinforced that the treatment of CRPS was that it was a medication, but that to recover functionality, physical therapy and occupational therapy, and she was not aware of the treatment of CRPS with those large doses of ketamine, or ketamine, to be exact.

Rainer also said that that was not something that he was familiar with, that he had never seen that dose -- those doses being given, especially as an

outpatient in a -- as an outpatient place. Both of them were not familiar.

Q So they could not give you specific dosages that were ineffective or effective, or dangerous or not dangerous, correct?

A No, actually, what Dr. Rainer said was, that that "was crazy." Those words -- his specific words, that he had never seen something like that.

Q And that was the basis of his opinion of "crazy," because he had never seen them?

MR. HUGHES: You broke up there, Greg. You may have to repeat that one.

BY MR. ANDERSON:

Q The basis for him saying "crazy" -- "This treatment was crazy," was simply because he had never seen them?

MR. HUGHES: Form.

THE WITNESS: I think it's based on his medical knowledge and the practice of evidence-based medicine.

BY MR. ANDERSON:

Q Okay. Evidence-based medicine. What's the double-blind placebo study that shows ketamine is ineffective for treatment of CRPS?

MR. HUGHES: Form.

THE WITNESS: I'm not familiar of ketamine and CRPS in the pediatric population. There is no double-blind studies. There is no literature supporting that claim.

MR. ANDERSON: Would you send them Dr. Kirkpatrick's studies?

We're going to e-mail you, or e-mail in/send in, studies by Dr. Kirkpatrick, studies by Dr. Chopra, studies by Dr. Schwartzman.

BY MR. ANDERSON:

Q You're not aware that there are at least four double-blind placebo studies showing a high degree of efficacy, including pediatric patients, for ketamine in treating CRPS?

MR. HUGHES: Form.

THE WITNESS: At what doses?

BY MR. ANDERSON:

Q Large doses.

MR. HUGHES: Form.

THE WITNESS: No.

BY MR. ANDERSON:

Q A thousand milligrams in 24 hours.

A A thousand milligrams over what period of time? What is the --

Q 24 hours.

A -- weight of the patient?
Q 24 hours.
A A 70-kilo patient?
Q I don't know if it's 70 kilos -- (unintelligible) --
A I don't know, either. So without knowing the specifics of the weight of the patients and the length of the infusion, then I cannot -- anything that I could say would be confabulating.
Q Well, that's because neither you nor I have the results in front of us, but I'm sending them to you so you can see that different patients receive different doses, and were titrated up or down for effectiveness.
MR. HUGHES: Form.
BY MR. ANDERSON:
Q So -- okay. The --
MR. HUGHES: Greg, do you want to wait until these come in and continue questioning --
MR. ANDERSON: No.
MR. HUGHES: -- or do you want to --
MR. ANDERSON: No.
MR. HUGHES: How do you want to do it?
MR. ANDERSON: No.
MR. HUGHES: Okay.

BY MR. ANDERSON:

Q Have you published any anesthesiological articles -- or otherwise?

MR. HUGHES: You broke up there, Greg. You'll have to repeat that.

BY MR. ANDERSON:

Q Have you published any papers, on any topic, in the area of anesthesiology?

A Yes, I have.

Q And what are those areas?

A "Drug Diversion" was my last big publication, where I'm first author, and the last one is about anesthesia consent. I'm not the first author, but that's also in the -- about to be published. And you have my CV there.

Q I don't yet, honestly.

MR. HUGHES: We sent it to your inbox, Greg. I just also sent it over to Nick and Jen as well.

MR. ANDERSON: Can you send it to Kelli Parre? She's here with me. That will help.

MR. HUGHES: Sure. Can you read out her e-mail address for me, please?

MR. ANDERSON: P-a-r-i-e --

MR. HUGHES: Oh, I've got it. I've got it. I've got it. Just sent.

BY MR. ANDERSON:

Q Okay. Have you given any depositions prior to this, Doctor?

A Yes.

Q How many times?

A Once.

Q And what kind of case was it?

MR. HUGHES: You can be general, not too specific.

THE WITNESS: It was just a witness for a hospital.

BY MR. ANDERSON:

Q (Inaudible.)

MR. HUGHES: You'll have to repeat that, Greg. We didn't hear you.

BY MR. ANDERSON:

Q Was it a medical malpractice case?

A Yes.

Q What area of expertise was involved?

A Pain management.

Q Is it still going on?

MR. HUGHES: Mr. Anderson, I'll represent to you that that case was amicably settled and it's a confidential settlement agreement. It is not going on.

MR. ANDERSON: Okay, but she can still identify the names to it. We did a notice to produce, and it's in all of our duces tecum requests, that if she has given any depositions, we're supposed to know the name of the case.

Can you give us the name of the case?

MR. HUGHES: Sure. First off, she was not a defendant in that case, but the name of the plaintiff was Vera, V-e-r-a.

MR. ANDERSON: Okay.

MR. HUGHES: And you will see, based on the complaint in that case, that it is a case involving the alleged failure to prophylactically provide acyclovir in a patient with latent herpes simplex virus, that resulted in encephalitis following neurosurgical procedures. Dr. Dolan was not a named defendant. The claim was based more against the neurosurgical team.

MR. ANDERSON: What jurisdiction was it filed in?

MR. HUGHES: I believe either Pinellas or further south. I could -- if you give me a second here, I could probably pull up the information.

The Sixth Judicial Circuit here in Pinellas. And actually, the child's name was Vera; father's

name was Vera; and the mother's name was Maclarty. It was brought against Johns Hopkins All Children's Hospital, but not against the pain team.

MR. ANDERSON: Okay.

BY MR. ANDERSON:

Q Do you -- are you a supervisor of any departments?

A I'm the chief of pediatric anesthesia.

Q How long have you served in that role?

A Like, four or five years.

Q Were you in that role as of 2016?

A I believe so.

Q Okay. Again, can you tell me -- you named a couple of textbooks, I think, but can you tell me anyone else you believe is authoritative in the area of treatment of CRPS?

MR. HUGHES: Form.

THE WITNESS: No, besides the books on the -- on Maya's therapy related to the searches, but I don't remember the specifics of the names of the articles that I read.

BY MR. ANDERSON:

Q Okay. And again, can you give me a number, a total number, of the patients with CRPS that you have treated in your career?

MR. HUGHES: Form.

THE WITNESS: What did he say?

MR. HUGHES: I believe -- she had trouble hearing the question -- I believe it's can you approximate how many CRPS patients you've treated in the course of your career.

THE WITNESS: I couldn't give you an exact number, but I do see a fair amount of knowing the population of pediatric patients that we take care of every year.

BY MR. ANDERSON:

Q In your career --

A But as you mentioned it before, also, it's a very -- it's a very rare condition.

Q You're not contending that you are aware of every treatment for every rare condition that you might come in contact with as an anesthesiologist, are you?

MR. HUGHES: Form.

THE WITNESS: Well, if I don't know, I do go and look, and I inform and I educate myself before I claim to be.

BY MR. ANDERSON:

Q Okay. Let me show you what we'll mark as Exhibit 2, and it's at Plaintiffs' 4065, and it's a "Progress Note" from October 7.

MR. ANDERSON: And, David, it goes from 4061 through 4067.

MR. HUGHES: Okay. I got it. I believe it's 4061 through 40 --

MR. ANDERSON: -- 67.

THE WITNESS: -- 68? 67? 68?

MR. ANDERSON: Yes.

MR. HUGHES: Okay. So your first consult note from the 7th.

MR. ANDERSON: Okay. And, Stephanie, we're going to mark that as Exhibit 2, and we'll get to actually mark it on here on a break.

(Plaintiffs' Exhibit 2 is marked for identification.)

BY MR. ANDERSON:

Q Do you see towards the top there, where it says "Performed by: Jenny E. Dolan" on Friday, October 7th?

A Yes.

Q So that means that you were either author of the note or -- the author of the note?

A I am a co-author. I do sign at the end. The note is not finalized until I sign the note. But the notes are usually made by the nurse practitioner and us, the physicians.

Q Okay. Take a look at 4063, at the bottom

there, it says "Ketamine" under the "Home Medications."

MR. HUGHES: Towards the very bottom.

BY MR. ANDERSON:

Q It's next to the --

A Okay.

Q And it says, "Ketamine not for prescribing 50 milligrams PO/PRN, pain."

What does that mean?

A It means that she was getting 50 milligrams of ketamine every time she claimed to have pain.

Q Okay. And so it was 50 milligrams. What's "5 BID" mean?

MR. HUGHES: Greg, you kind of broke up there.

You want to repeat that, please?

BY MR. ANDERSON:

Q What does "5 BID" mean?

A It means twice a day.

Q Okay.

A Twice to three times a day.

Q And was this in an oral or a pill form, can you tell?

MR. HUGHES: Form.

THE WITNESS: It says here "oral."

BY MR. ANDERSON:

Q Okay. And then turn to the top of the next

page. It says, "Ketamine 100 milligrams per milliliter injectable solution"; do you see that?

A Yes. What that means is that the -- what that means is that the form of that ketamine was not oral medicated but injectable, used as an oral one.

Q Okay. And so -- (unintelligible) -- another way to take it?

MR. HUGHES: Form.

Is there a pending question?

THE COURT REPORTER: I didn't hear it.

MR. HUGHES: I wasn't clear.

THE COURT REPORTER: I think it broke up.

BY MR. ANDERSON:

Q Is it just supposed to be mixed in a drink or something to take?

MR. HUGHES: Form.

THE WITNESS: That's what it says there: that the IV form to be mixed in a drink.

BY MR. ANDERSON:

Q Okay. Would you agree with me, just from what you've read in these two entries, there is nothing to indicate that Beata Kowalski was either prescribed or giving Maya Kowalski any infusions of ketamine?

MR. HUGHES: Form.

THE WITNESS: That, I don't know.

BY MR. ANDERSON:

Q Well, there is nothing either of those pages to indicate that it was supposed to be given by infusion, is there?

MR. HUGHES: Form.

THE WITNESS: Neither/nor; I cannot say either way.

BY MR. ANDERSON:

Q Do you think --

A I just know that this is -- I just know that this is an injectable form, and she was instructed to mix it in a drink. Do I know how she gave it to her? No.

Q So you think she mixed it in a drink and infused it, like chocolate milk and ketamine infusion?

MR. HUGHES: Form. Mischaracterizes testimony.

THE WITNESS: No, that -- that was your -- your statement, not mine.

BY MR. ANDERSON:

Q Well, what drink would you mix it with to infuse it or -- (unintelligible) -- under your theory?

MR. HUGHES: Form.

She didn't have a theory.

THE WITNESS: I was just factual, sir.

BY MR. ANDERSON:

Q You're speculating, in other words?

MR. HUGHES: Form.

THE WITNESS: No, I was factual; you are the one speculating.

BY MR. ANDERSON:

Q Well, you agree with me that there is no evidence here that she was giving ketamine infusions from these prescriptions, right?

MR. HUGHES: Form.

THE WITNESS: I cannot say "yes" or "no" to that question.

BY MR. ANDERSON:

Q Why?

A I -- because the only thing I know is that she had an IV form and she was told to give it mixed in a drink. Do I know how she gave it to her child, what form she did? No, I don't know.

Q Don't you usually know that a patient is going to follow the directions on the prescription?

MR. HUGHES: You broke up there, Greg. Please repeat that.

BY MR. ANDERSON:

Q Don't you -- don't doctors assume, in prescribing a medication, that it is going to be given

as prescribed --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- taken as prescribed?

A Well, that's the -- that is the intention when a physician prescribes something.

Q Okay. All right. Look at the next page, which is 4065, and it begins, "Of note, we did contact Dr. Hanna by communicating with the mom"; do you see that?

A Yes, I see it.

MR. HUGHES: What page? I also see a reference to -- Greg, I see a reference to that on 4064. Are you talking 4064 or 4065?

MR. ANDERSON: I've got it --

MR. HUGHES: There's also --

MR. ANDERSON: -- as 5, but I don't care.

MR. HUGHES: There is also -- yeah, there is also "Of note, spoke with Dr. Hanna" on 4064. I just wasn't sure what section you were going to be asking about.

MR. ANDERSON: Granted. We can start with that --

MR. HUGHES: Okay.

MR. ANDERSON: -- if you want to go with 4064.

THE WITNESS: Okay.
BY MR. ANDERSON:
Q Did you personally speak with Dr. Hanna?
A Yes, I called him.
Q Tell me about that discussion.
A I asked him why he sent her to us, what was the goal of sending her to the hospital, and he said that his treatment was not working, that he was giving her more and more in a short period of time, and he no longer felt comfortable doing it as an outpatient.
Q Okay. And why was that?
A Because of the large doses and the -- and no effect.
Q Okay.
A But I don't know what happened. I don't know what happened during the last visit that made him send her to us. I don't know if he -- I really don't know what happened.
Q Okay. Did he give you any indication, whatsoever, that Beata Kowalski was other than a concerned mother?
MR. HUGHES: You kind of broke up there, Greg. Please repeat.
BY MR. ANDERSON:
Q I take it Dr. Hanna did not say anything

negative about Beata Kowalski, did he?

MR. HUGHES: Did not say anything negative about Beata Kowalski, I believe was the question.

THE WITNESS: I don't -- I don't believe so.

BY MR. ANDERSON:

Q Okay. It says, under "Report: Gabapentin effective, especially said ketamine is treatment for RSD," and then, "No discussion of any cognitive, behavioral therapy or other nonpharmacologic."

Did you see that? Do you see that at the last paragraph?

A Yes, I see it.

Q Okay. Did it turn out that in fact Maya had received cognitive behavioral therapy, and occupational therapy, and -- (unintelligible) -- therapy, and physical therapy at Tampa General Hospital?

MR. HUGHES: Greg, you have to repeat that. You broke up several times.

BY MR. ANDERSON:

Q Let me just ask it this way: Did you investigate as to whether Maya had in fact cognitive behavioral therapy or other nonpharmalogic (sic) therapies at this point?

MR. HUGHES: Form.

THE WITNESS: I did ask the mother, and the

mother rejected any behavioral --
(unintelligible) --
BY MR. ANDERSON:
Q I can't hear you. Is there something going on with the mute?
MR. HUGHES: Oh, your mic is off, yeah.
THE WITNESS: I asked the mom. We actually recommended to consult with a psychologist, and she was adamant; she rejected the consult. She said that that didn't work for Maya and that they were not crazy.
I -- then I told her that it wasn't because we were thinking that they were crazy, but because cognitive behavioral therapy, it plays an important role in the treatment of CRPS because of the large psychological component in the pediatric population. But that she didn't -- she wasn't as specific about if she had it or not in the past, but she rejected it when we were offering it to her.
BY MR. ANDERSON:
Q Did you ask --
A That's what I remember.
Q Did you ask her specifically whether Maya had already received a list of those treatments and they were unsuccessful?

A Yes.

MR. HUGHES: Form.

BY MR. ANDERSON:

Q And did you note that she had received all of those at Tampa General?

MR. HUGHES: Form.

A That information, I didn't have it. I just -- I just knew that she had it and she didn't like it, but I didn't know where.

BY MR. ANDERSON:

Q Why didn't you ask her about that?

MR. HUGHES: Form.

THE WITNESS: What did you say?

BY MR. ANDERSON:

Q Why didn't you ask her about Maya's extensive history of trying all those things before ketamine was suggested?

A I did that.

MR. HUGHES: Form.

THE WITNESS: I did try to ask, but the mother became very belligerent when we put the possibility of offering psycho -- psychologic help. The conversation became really -- it was not an effective conversation.

And that's what I was able to get from the

conversation: that they had experienced before, the therapy, but she didn't like it and she was not willing to try anymore.

BY MR. ANDERSON:

Q Okay. So she did communicate to you that they had tried it?

A That's correct.

Q And she told you that she did not believe it worked with her daughter, right?

MR. HUGHES: Form.

THE WITNESS: That's correct.

BY MR. ANDERSON:

Q So did you just decide there that you did not believe her?

MR. HUGHES: Form.

THE WITNESS: I'm just being factual about what happened there. She became aggressive; she became belligerent; she was very upset when we suggested the treatment, and the conversation became very difficult.

BY MR. ANDERSON:

Q Well, okay, belligerent: Describe specifically what about her behavior was belligerent?

A Aggressive; yelling; disrespectful; demanding. The child used course words --

Q The child used course words were in front of you?
A -- very inappropriate communicate -- yes.
Q Okay. Tell me the course words used in front of you.
A I don't remember the specifics; I just know that she was not polite, at all.
Q Do you know, as you sit here today, whether she was using them towards you, or whether she was just in extraordinary pain and frustrated?
MR. HUGHES: Form.
THE WITNESS: Well, I was the person there. I was the person who was having the conversation with them.
BY MR. ANDERSON:
Q She did not say anything directly, specifically to you, did she? She didn't call you a name --
MR. HUGHES: Form.
BY MR. ANDERSON:
Q -- did she?
MR. HUGHES: Form.
THE WITNESS: I would say she did.
BY MR. ANDERSON:
Q Okay. Tell me what names she called you, what context.

A I don't remember the specific bad words. You know, those are things that you try to forget about, but that --

Q But why didn't you --

A -- she was rude. She was -- she was rude and impolite, and I'm not going to be repeating bad words.

Q You're under oath. It would be whatever is relevant material here.

So why didn't you put any of those words in the medical records?

A We usually don't do that. We may say that we -- we would write that the communication was difficult, or that the communication was ineffective, because you don't want to deteriorate further the -- the relationship with the families. That's why sometimes we just don't put the exact words.

Q Well, what you put in were a bunch of -- "belligerent and noncooperative." What I'm asking you for is specifics.

Tell the jury all --

(Cross-talk.)

THE WITNESS: (Unintelligible) -- the family specifically --

BY MR. ANDERSON:

Q -- the ways that you determined that this mom,

with a screaming child in pain, was, to you, combative or noncooperative.

MR. HUGHES: Form.

THE WITNESS: Basing my experience with other parents, the interaction was completely abnormal; it was nothing that I have experienced before. I have had upset parents, but I never experienced something like that before.

BY MR. ANDERSON:

Q You're not answering my question. The jury wants facts, not your impression. Facts.

MR. HUGHES: Form.

THE WITNESS: She yelled; she said that I didn't know what I was doing; she demanded that they -- that we gave this and that -- those drugs, that those were the doses that we have to do.

The child just wanted to -- "Put me to sleep. Put me to sleep." That's what she would scream.

And she was very aggressive, and these were not conversations; these were basically yelling at us.

BY MR. ANDERSON:

Q Well, you just testified that you have had a number of CRPS patients. Are you telling us that you've never seen a child scream in pain, that has CRPS?

MR. HUGHES: Form.

THE WITNESS: What was the question again?

MR. HUGHES: You broke up a bit there, Greg.

BY MR. ANDERSON:

Q You testified to the jury that you've had a number of CRPS pediatric patients, right?

A That's correct.

Q And you're telling us that you have never seen a child scream in pain, a CRPS patient?

MR. HUGHES: Form.

THE WITNESS: That is correct. I have never seen the level of -- of -- I have never seen that level of hysteria in a patient.

BY MR. ANDERSON:

Q All right. Tell the jury, according to the various pain scales, how high CRPS pain ranks.

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Have you ever heard of the McKinsey scale, I believe it's called, out of Australia?

MR. HUGHES: Form.

THE WITNESS: CRPS is supposed to be a very painful disease. It's supposed to be a very painful situation. But the -- because of the -- because of the same chronic nature, the patients usually don't show up screaming and yelling and rolling in the bed

and things like that. They usually don't do that because they have been with the -- they have been living with the disease for a -- for a period of time.

BY MR. ANDERSON:

Q For how long had Maya been living with it?

MR. HUGHES: Form.

THE WITNESS: That, I don't know.

BY MR. ANDERSON:

Q How old was Maya?

A 10 years.

Q Okay. Are you telling the jury you think it's unusual for a 10-year-old girl, in extraordinary pain, to act out about that pain?

MR. HUGHES: Form.

THE WITNESS: They can be upset; they can cry, but the dynamics in the room were unusual; they were not the regular situation of a patient that is in acute distress. It was more than that.

BY MR. ANDERSON:

Q Well, okay. I see this thing, "Mom was very assertive and insisting on ketamine infusing" -- "infusion, asking for higher dose than we initially discussed."

Where does it say that mom was belligerent or

threatening, or any of the other adjectives you used?

A That was --

MR. HUGHES: Form.

THE WITNESS: That was my recollection of that night. That was my --

BY MR. ANDERSON:

Q Why didn't you put it in the note?

A -- recollection of events.

MR. HUGHES: Form.

THE WITNESS: Again, I don't have to put everything in the note, and especially because we want to be able to maintain a relationship with a new patient.

So at some point during the conversation, I asked her that just as I was respectful to her, she needed to be respectful to me, and she needed to realize that we were not going to do something that it was out of the standard of care, and that the -- and she claimed that she was a mother and her child was under suffering.

And I also said, "I'm also a mother, and I" -- "and I want you to understand that I won't do anything that I think is going to put in jeopardy the health of your children" -- "of your child."

BY MR. ANDERSON:

Q Where does it say in this note that Maya used course language?

A I didn't write it in the note, but that -- that was something that happened.

Q How is the jury supposed to --

A I'm under oath.

Q How is the jury supposed to know whether it was in fact what you reported in the note: "when she was screaming and flailing about in severe pain," or whether you are now interpreting this to make the Kowalskis look as bad as possible? How are they supposed to --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- determine that?

MR. HUGHES: Form.

THE WITNESS: I don't know how do they determine that, but I'm just being factual about my recollection of events.

BY MR. ANDERSON:

Q Further, on the next page, where it says, "I did contact Dr. Hanna prior to meeting with mom"; do you see that?

MR. HUGHES: 4065, at the very top.

THE WITNESS: Yes, that's correct.

BY MR. ANDERSON:

Q And he related to you the dosages that he had used the previous day?

MR. HUGHES: Form.

THE WITNESS: Repeat again.

BY MR. ANDERSON:

Q During that conversation, did he tell you the amount of in -- ketamine infusions, the dosages, that he used the day before?

A Yes, he -- he gave me -- he told me the milligrams, the amount.

Q Okay. Did you turn Dr. Hanna in to the State or to the Florida Medical Association for endangering Maya?

A I did not.

Q Why not?

A Because first, at that point, I was thinking maybe this is a thinking in the adult population; this is something that is done over there. And then I became concerned, with my focus of concentration was -- was the child, the patient, Maya.

Q Okay. You were not the person that told risk management or a social worker or doctors to turn in Beata, were you?

MR. HUGHES: Form.

THE WITNESS: No, I was not involved in that.
BY MR. ANDERSON:
Q Of all of the physicians that saw Maya and Beata those first couple of days, you were the one with the most knowledge about treating CRPS, were you not?
MR. HUGHES: Form.
MR. HASKELL: Join.
THE WITNESS: We were a group of physicians. We all talk about the treatment options. I did call one of my colleagues, too, Richard Elliott. We had a conversation. We thought about what would be our plan of action.
BY MR. ANDERSON:
Q Is that a "yes" or a "no," that of the anesthesiologists on duty, you had more knowledge than the other doctors about treating CRPS?
MR. HUGHES: Form.
THE WITNESS: I do not know how much do they know, so I couldn't tell you "yes" or not.
BY MR. ANDERSON:
Q Are you aware that virtually every one of the pediatricians has testified that they look to you or Dr. Elliott as experts in this area?
MR. HUGHES: Form.
THE WITNESS: I don't know. I didn't read

those things.
BY MR. ANDERSON:
Q Is it true that someone from risk management consulted with you, asked you your view of whether this child was in danger or there was something, you know, so wrong and that it -- (unintelligible) -- the state.
MR. HUGHES: Form.
I believe he said the -- (unintelligible) -- the state, when he trailed off there.
THE WITNESS: I didn't have that conversation.
BY MR. ANDERSON:
Q And neither did you tell any of the doctors, nurses or social workers that Maya's treatment to this point was so dangerous that you thought her mother should be taken away from her --
MR. HUGHES: Form.
BY MR. ANDERSON:
Q -- did you?
MR. HUGHES: Same objection.
THE WITNESS: I didn't -- I didn't say that -- those specific words. Were we concerned with the -- those medications? Yes, we were concerned. And we were alarmed of the doses that she was getting in the outside facility. That was a conversation. Did I say, "We need to call social services," or

anything like that? No.
BY MR. ANDERSON:
Q It wasn't Beata's fault what Dr. Hanna decided to prescribe for Maya, was it?
MR. HUGHES: Form.
THE WITNESS: I don't know, sir. I wasn't in their -- in their -- I was not there when that -- in their -- I am -- I am not a witness of the patient-physician relationship that they had. I don't know.
BY MR. ANDERSON:
Q Well, no patient can force you to prescribe something you believe is harmful, can they?
MR. HUGHES: Form.
Did you understand the question, Doctor?
THE WITNESS: Is there a question?
MR. HUGHES: There was. He was trailing off.
You may want to ask that again, Greg. I don't think the question registered. It was kind of faint.
BY MR. ANDERSON:
Q Dr. Dolan, you would agree with me that you would never allow a parent to force you to prescribe something for their child, that was harmful to that child, would you?

MR. HUGHES: Form.

THE WITNESS: It would be very difficult.

BY MR. ANDERSON:

Q Because you aren't going to pre -- listen to anybody, like a parent -- strike it.

You weren't going to listen to a parent for the diagnosis and treatment options; you would rely on what you knew, correct?

MR. HUGHES: Form.

THE WITNESS: But we do also rely on the information that we get from the parents. So it's not just -- it's not just what I know and my medical knowledge, but it's also what the family and the patients tell you that has worked and what didn't work. But we let the course? No.

BY MR. ANDERSON:

Q And so you can't blame Beata, the mom, for what Dr. Hanna ultimately decided was the appropriate medication, can you?

MR. HUGHES: Form.

THE WITNESS: I am not --

(Cross-talk.)

MR. HASKELL: Join.

THE WITNESS: -- Beata and I'm not Dr. Hanna, so I don't know what went on those meetings and -- I

don't know. I don't know what his work ethics are. I don't know.

BY MR. ANDERSON:

Q Well, if you were the doctor prescribing the -- (unintelligible) -- and I understand you say you wouldn't -- you couldn't turn around and blame Beata for your decision of how and what to prescribe, right?

MR. HUGHES: Form.

THE WITNESS: Your question is confusing. If, in a hypothetical question, when I'm about to prescribe a treatment, do I listen to the parents and the child? Of course I do. They may persuade me on the -- one way of -- of action, as long as I consider that it's a safe -- that it's safe for the patient.

BY MR. ANDERSON:

Q Okay. From everything you heard and saw with Beata, you never thought that she was misrepresenting or lying to you; you thought she was combative, but you didn't think she was lying to you, did you?

MR. HUGHES: Form.

MR. HASKELL: Join.

THE WITNESS: You're asking me if I thought that she was a liar?

BY MR. ANDERSON:

Q Yeah, if she was lying to you about Maya's history.

MR. HUGHES: Form.

THE WITNESS: I didn't have any reason to think that.

BY MR. ANDERSON:

Q Okay.

A The communication was difficult with her, but I didn't have a reason to think that she was lying or not, but I -- it's based on the information that I had at that point.

BY MR. ANDERSON:

Q Did anyone that you were working with at the hospital or -- well, including Sally Smith or Cathie Bedy -- ever try to suggest to you that Beata was a danger to Maya?

MR. HASKELL: Form.

THE WITNESS: I don't -- I don't remember having that specific conversation.

BY MR. ANDERSON:

Q If you turn to 4047, there's an ane -- anesthesiologist note -- sorry. I had to get a grip on that -- from you at the bottom; do you see it?

A Yes.

Q Okay. And it says -- around three-quarters of the way through, it says, "At this point, Maya was awake, agitated, asking to be given anesthesia medicines, and she wouldn't allow me to examine her."

Do you see that? It's about three-quarters of the way down, and it's right above where it says, "3 milligrams/per kilogram per hour."

A Yes.

Q Was that because Maya was complaining that it was very painful to be touched?

MR. HUGHES: Form.

THE WITNESS: It's difficult to say because she -- she didn't allow me to examine her. She was so agitated that that was not an option, but one of the things that I have recollection that day was that she had two or three bracelets in (sic) her ankle. I don't know what the name of those things, and -- but they were romboi (phonetic), and they were sharp in nature.

So I thought that was interesting: that she wouldn't allow me to touch her legs but that she had those bracelets in her leg.

BY MR. ANDERSON:

Q Well, isn't part of allodynia the anticipation of great pain, whether it's actually going to occur or

not, from being touched?

MR. HUGHES: Form.

THE WITNESS: That's correct. You're scared of a -- of a touch. Because allodynia, a light touch, it will exacerbate a painful situation.

BY MR. ANDERSON:

Q So allodynia is an actual symptom of CRPS, is it not?

A Allodynia is something that the patient describes; it's a symptom. That's correct.

Q During this episode, she was already on an infusion of ketamine at 3 gram -- milligrams/per kilogram per hour, and Precedex, and then a description "with no effect."

Using your math skills, so it looks like she was 27 or 28 kilograms, so that would be, what, per hour? How many milligrams of ketamine?

A Per hour, 81 milligrams per hour.

Q All right. And then multiply that over 24 hours.

MR. HUGHES: Form.

THE WITNESS: That's 1,900 --

By MR. ANDERSON:

Q Okay. Does it say --

A -- in 24 hours.

Q In 24 hours, right.
A Uh-huh.
Q Do you consider 1,900 milligrams in 24 hours to be a dangerous amount of ketamine for Maya?
MR. HUGHES: Form.
THE WITNESS: No, because these are in the therapeutic range. These are -- that's -- between 1 to 5 is anesthetic dose.
BY MR. ANDERSON:
Q Okay.
A 1 to 5 milligrams per kilo.
Q So 1,000 milligrams every 24 hours for Maya, her weight, was still within the safe range?
MR. HUGHES: Form.
THE WITNESS: It depends where the period of time. It depends with what purpose.
BY MR. ANDERSON:
Q Well, is there -- do you know if there is any indication of how long she was given this amount of ketamine, whether it was constant or just for a few hours?
A It was for -- for a couple of hours. The doses at Dr. Hanna's office, they were for a couple of hours. I don't know the specific over how many hours. But the last day that she was with them, she got 23 milligrams

per kilo per hour. That's way out of the range of a -- of a normal dose for a -- for anybody.

Q But we're using high-dose ketamine to treat an incredibly painful disease, are we not?

MR. HUGHES: Form.

Greg, I'm confused. Are you talking about Hopkins, Dr. Hanna, when you say "we"?

BY MR. ANDERSON:

Q I'm saying that the use by JHACH, and by Hanna, of these large doses of ketamine was to treat a -- was to treat a very painful disease, was it not?

A Yeah, but you don't --

MR. HUGHES: Form.

THE WITNESS: That's not the -- the regular thing you will do. Once you reach the maximum recommended dose, you should not keep on going up and up. That's not something that we practice here at my hospital.

BY MR. ANDERSON:

Q Okay.

MR. HUGHES: Greg, we're coming up on about an hour and 45. Can we have a comfort break here, when you have a convenient break, please?

MR. ANDERSON: We sure can. We can take five.

MR. HUGHES: Now good?

MR. ANDERSON: (Nodded.)

MR. HUGHES: Okay.

MR. ANDERSON: Let's go off the record for five minutes. Let's try to keep it at five.

THE VIDEOGRAPHER: Going -- going off the video record at 2:40 p.m. Eastern.

(A recess was taken from 2:40 p.m. to 2:50 p.m.)

THE VIDEOGRAPHER: We are back on the video record at 2:50 p.m.

BY MR. ANDERSON:

Q Dr. Dolan, you've heard us discussing these papers, and I stipulate that you have not had an opportunity to review all of them, or any of them, but just from what you've seen, would you agree there is a body of knowledge out there on how to use eclectically (phonetic) high-dose ketamine to treat CRPS?

MR. HUGHES: Form.

THE WITNESS: No, I disagree. I don't -- I haven't seen that, in any literature, the doses that she was receiving in that outpatient facility. I have never seen those, in no article.

BY MR. ANDERSON:

Q How high a dose have you seen?

A Well, depending of what is intention, but the

Cohen article, I believe the highest dose that it goes to is .07 -- .7 milligrams per kilo. That's the highest dose that they recommend in that article.

Q Okay. Well, maybe we -- I just need to have you read more of them in a little while.

MR. HUGHES: She doesn't have the -- Greg, she doesn't have the consensus guidelines in front of her, but if you want to forward that over, or I could show her my copy, we could do some follow-up questioning on that, if you'd like.

MR. ANDERSON: Yeah, just -- we'll get to it, David. Right now, let's just -- back on the record.

Are we at Exhibit 3?

MR. HUGHES: I believe we're at 3, yes. That's my count.

BY MR. ANDERSON:

Q All right. Dr. Dolan, this first anesthesiologist note, that's from Dr. Gupta. I'm referring you to Exhibit 3, Plaintiffs' 6312.

(Plaintiffs' Exhibit 3 is marked for identification.)

MR. HUGHES: 6312, so that's your -- that's your October 9, 2016, and it's a "Progress Note."

THE WITNESS: I see it.

BY MR. ANDERSON:

Q Okay. In the center of the page, it discusses a meeting with Jack Kowalski, dad, and Dr. Elliott, where "Dad expressed she has had significant medical evaluations, and he clearly described what seems to be consistent with whole-body CRPS," paren, "He calls by older name 'RD' -- 'RDS'"; do you see that?

A Yes, this is the Dr. Richard Elliott's note.

Q Right. So would I be correct, that both you and Dr. Elliott, probably best way to say it is, did not disagree with CRPS?

MR. HUGHES: Form.

THE WITNESS: I am not -- I was not there during this discussion.

BY MR. ANDERSON:

Q Well, between you and Dr. Elliott, did you ever discuss Maya's CRPS?

MR. HUGHES: Let me just clear this up right now: I think you're talking about something in 6315? It's in the same --

(Cross-talk.)

MR. ANDERSON: It's there, too, I believe.

MR. HUGHES: I -- okay. And then this is your note, so --

THE WITNESS: Okay.

MR. HUGHES: And this is getting back to your 10/9/16 note.

THE WITNESS: Oh, okay.

MR. HUGHES: I think she was on the wrong page. I saw a quizzical look.

BY MR. ANDERSON:

Q Okay. All I'm asking you is, you and Dr. Elliott agreed that this was consistent with CRPS?

MR. HUGHES: Form.

THE WITNESS: Yeah, if anything, we were going to treat her for CRPS. That was our intention.

BY MR. ANDERSON:

Q Okay. So you were not looking at this as a purely psychological illness; you were looking at it as an organic, recognized illness?

MR. HUGHES: Form.

THE WITNESS: What I believe is that she had some type of suffering; she had some type of pain. I have to believe the patient.

Was I able to see any signs from physical examination? No. She did describe symptoms, but we were not able to see any -- any signs.

BY MR. ANDERSON:

Q Well, take a look at Plaintiffs' 6316, several pages in from where you are. It's the "Progress

Notes" --

MR. HUGHES: 6316? You broke up, Greg. Sorry.

MR. ANDERSON: 6316.

MR. HUGHES: Okay.

BY MR. ANDERSON:

Q "Progress Notes: Physical Examination," and go down to "Skin," right at the bottom, last one.

What does that say?

A It says, "Four discrept" (sic) -- "discreet, round, raised papules present on lower back."

That's not a sign of CRPS. She doesn't have cyanosis; no edema; no abnormal skin color or hair or nail growth. Those would be signs of CRPS.

That round, raised papules, I don't know what it was, but that's not the -- that's not one of the signs that we are looking for.

Q Four CRPS -- (unintelligible) -- identified those as consistent with CRPS lesions. Did you ever discuss that?

MR. HUGHES: Form.

THE WITNESS: I don't see that that's consistent for CRPS lesions.

BY MR. ANDERSON:

Q Okay. Well, you describe three CRPS look like.

A Mottled skin; cyanotic; purple; shiny skin;

change in the temperature; atrophic nails; lack of hair --

Q I take it that you don't know what a CRPS lesion is?

MR. HUGHES: Form.

THE WITNESS: I disagree. I have seen enough CRPS to know what is CRPS and what is not, no.

BY MR. ANDERSON:

Q What is a lesion, a CRPS lesion look like?

A It's not -- it's not discreet, round papules. That's not one of them.

Q Well, how do you know that?

A I haven't seen that description.

Because I have not read that description, in any of the literature I have read.

Q Did you look up CRPS lesions to see example photographs of what they look like, ever?

A I have, yes.

Q And you didn't see these groups of round lesions, grouped in different areas of the body: under the wrist, under the knee, across the --

A No.

Q -- back, across the beltline of the lower back? You've never seen that?

MR. HUGHES: Form.

THE WITNESS: None of those lesions were compatible with CRPS. She had some linear lesions, but they were not CRPS lesions.

BY MR. ANDERSON:

Q Well, how do you know that?

A Because I have seen CRPS.

Q Okay. It's your opinion they're not, but you never -- (unintelligible) -- a photograph of the identical lesions identified as CP -- CRPS lesions, then?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Wait. What do you think they are, then? What do you think those long-line lesions, with little round lesions around them? What do you think that is?

MR. HUGHES: Form. Form. Foundation.

And are we talking -- do you have particular photos, Mr. Anderson? I don't even know -- are you talking about the literature, generally, or about Maya? I'm a little confused here.

MR. ANDERSON: I'm just using what she said.

BY MR. ANDERSON:

Q You can answer the question.

MR. HUGHES: Same objection: form.

Can we get a readback on what the question was,

please?

MR. ANDERSON: No, no. No, that's a form of coaching.

MR. HUGHES: I don't know what the question is, and I can't advise my counsel -- or advise my client if I don't know what the question is.

MR. ANDERSON: I think my question --

BY MR. ANDERSON:

Q Do you understand the question, ma'am?

A Well, you said so many things that, at the end, I don't know what it is that you're asking.

Q You testified just a moment ago that the long-line-looking lesion was not CRPS. Do you remember just saying that a couple of minutes ago?

A I just -- I just testified that the four discreet, round, raised papules present on the lower back didn't look like CRPS.

You asked me how do I know. I said because I have seen CRPS before. Then you mentioned about the linear -- the linear lesions, but I would need to see the pictures.

THE WITNESS: Or do -- do we have those pictures?

MR. HUGHES: I believe we do, but I'm not sure what Mr. Anderson is talking about, so I didn't want

to jump in on --

MR. ANDERSON: Well, you can show them to her. It's the same ones from yesterday.

MR. HUGHES: Yeah, it's from January 1st, 2017, taken by Catherine Major. I believe we have them.

Yes, we do, Doctor, yes. And if I'm not mistaken, you're referencing the linear lesion on the forehead?

THE WITNESS: Those look like self-inflicted, linear scratches. Those are just scratches, with some inflammation surrounding it.

BY MR. ANDERSON:

Q And how can you tell that?

A That's not CRPS.

Q How can you tell that?

A Because that's -- that's what they looked like, and it's simple; you can look at Google search of CRPS lesions, and you will see that this is nothing like -- like it is.

Q I have.

A This one, especially, the one in the forehead, is just a little scratch. It's not round; it's not -- it's linear, in the -- by definition.

Q Okay. You're not aware -- you don't even know that --

MR. HUGHES: Doctor, can you please read out the Bates numbers from the very beginning of those photos to the end?

THE WITNESS: 1117.

MR. HUGHES: You were saying, Mr. Anderson?

BY MR. ANDERSON:

Q You're not -- you don't even know that linears (sic) -- linear lesions --

MR. HUGHES: We can't hear you. Your mouth is moving but we're not hearing any sound.

BY MR. ANDERSON:

Q You're not aware that linear lesions are a sign of CRPS? That's never crossed your -- (unintelligible) -- knowledge?

MR. HUGHES: I didn't hear you. You broke up, Mr. Anderson.

BY MR. ANDERSON:

Q Are you aware that linear lesions --

MR. HUGHES: No sound. You are -- your mouth is moving but we're not hearing anything.

MR. ANDERSON: Well, let me look. I'm not on mute. How about now?

MR. HUGHES: We can hear you.

BY MR. ANDERSON:

Q Are you or are you not aware that linear

lesions are a specific type of CRPS lesion?

MR. HUGHES: Form.

THE WITNESS: No, I'm not aware. What I know that sometimes can be linear is the definition. The border defining the area of pain, that can be linear, especially when there is a -- an -- a specific neurologic distribution, which was not the case.

BY MR. ANDERSON:

Q Okay. If you look at Plaintiffs' 6317, you'll see, at the bottom, "Recommend current" -- "continued current treatment regimen, without ablation, and begin wean of IV infusions Monday, to lower dose of ketamine and Predexit" (sic) -- "Precedex" -- sorry -- do you see that?

A I'm trying to find the page you are talking about.

MR. HUGHES: 6317, right, Greg?

MR. ANDERSON: Yes, it's a "Progress Note," and it's under "Assessment and Plan."

THE WITNESS: I'm confused.

MR. HUGHES: 6317. So it would be your ninth note. 6317, again, I believe that is the 10/9 note.

THE WITNESS: Thank you.

MR. HUGHES: Sure.

THE WITNESS: Okay. I'm in 6317.

BY MR. ANDERSON:

Q Okay. It says, "Recommend," essentially, "weaning of IV infusions"; do you see that?

Second paragraph --

A I see that.

Q -- under -- yeah, okay.

Whose idea was it to --

A I see that.

Q -- wean her off of the ketamine infusions?

A Let me read the context so I can give you an informed answer.

MR. HASKELL: Is everybody still there?

MR. HUGHES: Yes, Dr. Dolan is reviewing the October 9, 2016, "Pain Management Progress Note" that begins at PLT 6312.

MR. HASKELL: Okay.

THE WITNESS: I did find that note, and I think it was a -- after discussion with my team, and based on the -- what we thought, then we decided to wean her off all the medications.

BY MR. ANDERSON:

Q Who was on the team to make that decision?

A Who was on the team?

Q Correct.

A On the pain team, we have five of us: Richard Elliott, Jenny Dolan, Allison Fernandez, Will Nelson and Jibin Samuel, and then we -- most likely, we spoke with the primary team: the PICU, the PICU attendings, and that was the decision that the -- that we decided to follow.

Q Okay. Tell me what human beings were part of the, quote, team to make the decision to wean her off of the ketamine infusions.

MR. HUGHES: Form. Asked and answered.

THE WITNESS: Me and the -- and the rest of the -- of the caring team: the intensivists and the -- and probably I spoke with -- probably with Richard Elliott or Allison.

Ah, it says here, "Discussed plan with primary service, Dr. Teppa and Dr. Malik."

BY MR. ANDERSON:

Q All right. Teppa and Malik.

Well, whose decision was it, among all of these people that you mentioned, to take Maya off of the ketamine infusion?

A From the very beginning --

MR. HUGHES: Form.

THE WITNESS: -- it was never our intention to keep her on a -- on a ketamine infusion. What we

used the ketamine infusion was as a bridge from -- from the large doses that she was getting as an outpatient, at an outpatient facility.

And if you realize, we also used dexmedetomidine, which is a drug; it's an alpha-2 agonist that we use when -- when we are trying to wean somebody from opioids, benzodiazepines, or anybody that has been on the --

BY MR. ANDERSON:

Q All right.

A -- in any type of large doses of drugs. So that was our plan: to remove the ketamine from her system.

Q Are you trying to convince the jury that ketamine is an opioid?

MR. HUGHES: Form.

THE WITNESS: I haven't said that, but if you look into the mechanism of action, ketamine also works in the opioid receptors. But no, it's not an opioid. But in the -- but it's a drug for -- that has potential for abuse.

BY MR. ANDERSON:

Q Ketamine does not affect the opioid -- (unintelligible) -- receptors; it affects AMA (sic) receptors, correct?

A If you look more into the details, you will find in the literature that it does affect the NMDA receptors, but it's also an agonist of some of the opioid receptors.

Q And are you trying to say it's a benzodiazepine?

MR. HUGHES: Form.

THE WITNESS: I'm trying to say what, did you say?

BY MR. ANDERSON:

Q Are you trying to say that ketamine is a benzodiazepine now?

MR. HUGHES: He's asking whether you think that ketamine is a benzodiazepine.

THE WITNESS: No. When I said "benzodiazepines," was because she was getting ketamine with large -- large amounts of ketamine and large amounts of benzodiazepines, at the outside facility, for a long period of time.

When you get benzodiazepines, or any other type of medications, for a large period of time, there is the possibility that your body is going to generate dependency on those medications. So that's why I mentioned the benzodiazepines while I was talking.

BY MR. ANDERSON:

Q You would agree that ketamine has no documented physical withdrawal symptoms?

MR. HUGHES: Form.

THE WITNESS: That's a misstatement that cannot be made because, remember, that ketamine is from the family of PCP, which is -- and ketamine is highly abused, and it's a drug with a high abuse potential.

BY MR. ANDERSON:

Q But you weren't list -- you weren't dealing with a high-dose amount in this situation. This drug was not being abused, was it?

MR. HUGHES: Form.

THE WITNESS: Your question was if -- if I -- if I knew that ketamine could develop a -- if the -- if ketamine -- if a person with -- that uses ketamine could develop dependence, and my answer is "yes," ketamine is one of the drugs that is highly abused for recreational purposes. That's what I am answering.

BY MR. ANDERSON:

Q Its dependency is based on a -- (unintelligible) -- not a physiological, agreed?

MR. HUGHES: Form.

You broke up there a little bit, Greg. Do you

mind repeating it? I missed a couple words.
BY MR. ANDERSON:
Q Any dependency of ketamine is based on psychological issues, not physiological issues, agreed?
MR. HUGHES: Psychological, not physiological.
THE WITNESS: Yeah, probably. But am I sure of that statement? No. I do know that the people create a dependency of it, you know, so there is dependency.
BY MR. ANDERSON:
Q Well, how do you know that, personally?
A Because it's been described in the literature about ketamine. There's even reports of fatal toxicity with ketamine, or any of the derivatives of ketamine. These are drugs that are used for recreational purposes.
Q All right. Just so we don't confuse the jury at all, there was no indication, at any time, that ketamine and Maya Kowalski was involved as a -- (unintelligible) -- or abusive situation, right?
MR. HUGHES: Form.
THE WITNESS: That, I don't know.
BY MR. ANDERSON:
Q You don't know that? You think that there is evidence that Maya was trying to get high on ketamine? A 9- and 10-year-old is trying to get high on ketamine?

MR. HUGHES: Form.

THE WITNESS: That, I don't know. I do know that she was used to getting ketamine, and she demanded that she wanted more ketamine. That, I know.

BY MR. ANDERSON:

Q Because of the pain, though, right; she asked for it because of the pain?

MR. HUGHES: Form.

I didn't hear that, Greg. There were a couple words there that weren't clear to me.

BY MR. ANDERSON:

Q They -- she asked for ketamine because the -- of pain, correct?

MR. HUGHES: Form.

THE WITNESS: Well, that was the initial goal, I suppose, from Dr. Hanna, to treat her pain. But as you know, ketamine has many other side effects --

BY MR. ANDERSON:

Q Like what?

A -- besides the pain -- the analgesia effect.

Q Like what?

A It's a hallucinogen. It's a medication that produces disassociate -- disassociate -- disassociative effect. You can have hallucinations. You can have --

some people have fun with it. It's a drug that is of use with recreational purposes.

Q She was not using this for recreational purposes, was she?

MR. HUGHES: Form.

THE WITNESS: That, I don't know.

BY MR. ANDERSON:

Q Did you have any evidence whatsoever that Maya was abusing ketamine?

MR. HUGHES: Form.

THE WITNESS: I don't know that.

BY MR. ANDERSON:

Q Do you have any evidence of that?

A Neither/nor. I cannot answer that question. I don't know.

Q Well, I can speculate that you're high on heroin right now because I can sort of see your eyes are a little glazed over. I can't tell if you're high on --

MR. HUGHES: Form. Move to strike.

BY MR. ANDERSON:

Q -- heroin or you're not high on heroin, right?

MR. HUGHES: Form. Move to strike.

If you'd like to ask the witness whether she's intoxicated or on heroin right now, you're willing to, but I'm not going to allow you to badger the

witness by insinuating that she is high on an opioid.

MR. ANDERSON: Oh, but she can insinuate that my client was abusing ketamine; is that right?

MR. HUGHES: She did not insinuate; she said she didn't know.

Is there a question pending?

BY MR. ANDERSON:

Q Did you yourself see any evidence, whatsoever, that Maya Kowalski, 10-, 11-year-old Maya Kowalski, was abusing ketamine?

MR. HUGHES: Form.

THE WITNESS: That, I don't know. She was demanding for ketamine.

MR. ANDERSON: I can't believe you -- (unintelligible) -- fell under the bus. Unbelievable.

MR. HUGHES: Form. Move to strike.

MR. ANDERSON: (Unintelligible) -- my doctor.

MR. HUGHES: I didn't pick up on that, Greg. What'd you say?

MR. ANDERSON: I said, "I'm glad she's not my doctor."

MR. HUGHES: Form. Move to strike.

If you're going to continue to insult the

witness, we're going to take a break here and let you cool off because this is not heading down a road that I think's productive, professional or appropriate.

MR. ANDERSON: 6318 --

MR. HUGHES: Madam Court Reporter, can you hear me?

MR. ANDERSON: Let's go to 6318.

MR. HUGHES: Madam Court Reporter, I've lodged several objections. I just want to make sure that I'm being heard right now. Can you confirm?

THE COURT REPORTER: Yes, I've heard all of it. Thank you.

MR. HUGHES: Thank you.

318?

MR. ANDERSON: Yes, 6318.

THE WITNESS: I am there.

BY MR. ANDERSON:

Q Okay. It says -- strike that.

Christina (sic) A. Georgeff, who is she?

A One of my nurse practitioners for pain --

Q Okay.

A -- for the pain service.

Q Okay. Did she prepare these notes?

A Part of the notes.

Q What part did she prepare?

A She writes her observations, including her physical examination. She also writes in the "Assessment and Plan" the things that we discussed, was we want to see the patient on the -- the drugs get populated by the electronic medical system, and then I write -- if I have something else to add, then I write it under the "Anesthesiology's" note, if I have something else to say.

Q The phrase, "At this point, I feel Maya is doing better from her" -- (unintelligible). "Tomorrow, we will start weaning infusions and we will facilitate her transfer to Nemours Children's Hospital in Orlando," is that you or is that Christine?

A That's me.

Q Okay. And did you speak with Nemours Children's Hospital?

A I didn't speak personally with them, but my team did.

Q Who, on the team?

A Either one of the nurse practitioners and also the -- probably the PICU attending. They were the ones handling the transfer.

Q And who was that?

A Either Dr. Teppa or Dr. Malik.

Q And of the nurses, who would be the one?
A It could have been Christine or Kay.
Q Case?
A Kay.
MR. HUGHES: Kay, K-a-y. I believe her last name is Rhodes.
THE WITNESS: Correct.
BY MR. ANDERSON:
Q Let's look at Exhibit 4, which is entitled "Final Report." It's three pages, beginning at 4030.
(Plaintiffs' Exhibit 4 is marked for identification.)
MR. HUGHES: I believe he's referencing -- (unintelligible) -- October 9 "Critical Care Progress Note," 4030.
BY MR. ANDERSON:
Q In the center of the next page, 4031, under "Social" -- (unintelligible) -- that there was a meeting or conference involving, quote, father.
I take it that's Jack Kowalski?
A Correct.
Q And you were there, and Christine Georgeff was there, and Dr. Malik was there; is that right?
A Yes.
Q And it looks like, I think, Teppa-Sanchez was

there for them; is that right?

MR. HUGHES: Form.

THE WITNESS: That's correct.

BY MR. ANDERSON:

Q Okay. Was Jack Kowalski coop -- in the meeting?

MR. HUGHES: You broke up there, Greg. I think you said "cooperative," and then you went silent for a bit.

BY MR. ANDERSON:

Q Was Jack Kowal -- yeah, was Jack Kowalski cooperative in the meeting?

A Yes, he was mostly quiet.

Q All right. Well, what was being discussed?

A It was discussed the plan of action: that we were planning on weaning off all the drugs, and it says that we were arranging the process to transfer her to -- to the hospital, Nemours Hospital in Orlando.

Q Did you ever talk to anybody at Nemours?

A No, I did not.

Q Well, what was the diagnosis that was being given to Nemours for her chronic pain, Maya's pain?

A I couldn't tell you. I don't know because I wasn't in the conversations.

Q So you never saw the transfer papers?

A No, I did not.

Q If they didn't mention anything about -- (unintelligible) -- psychiatric issues, you would have not agreed with that, would you?

MR. HUGHES: Form.

THE WITNESS: I will disagree with you because the CRPS, in the pediatric population, has a big psychological component.

BY MR. ANDERSON:

Q That doesn't mean you leave out a CRPS diagnosis, does it?

MR. HUGHES: You broke up there, Greg. We didn't hear you.

BY MR. ANDERSON:

Q That doesn't mean you leave out the CRPS part in the diagnosis, does it?

MR. HUGHES: Form.

THE WITNESS: I don't understand your question.

BY MR. ANDERSON:

Q If you had done the discharge summary with a diagnosis to travel with Maya over to Nemours, you would have put that she suffered from CRPS, would you not?

MR. HUGHES: Form.

THE WITNESS: It's a hypothetical question. I didn't do it. Maybe. I don't know.

BY MR. ANDERSON:

Q Well, why wouldn't you put down the diagnosis that was on all of the medical records?

MR. HUGHES: Form.

THE WITNESS: But you're asking me a hypothetical question.

BY MR. ANDERSON:

Q I'm asking you, hypothetically, can you think of any reason why you would not put CRPS as one of the diagnoses down on the discharge form?

A I don't think so.

Q You don't think you would, or you don't think you wouldn't?

A I don't think I wouldn't.

Q Okay. Maybe I'm getting confused.

Are you saying you would leave off the CRPS diagnosis on the transfer papers to Nemours?

MR. HUGHES: Form.

THE WITNESS: No, I would leave that she arrived to us with a diagnosis of CRPS. I would leave that in the transfer and the diagnosis.

BY MR. ANDERSON:

Q Okay.

Okay. Let's look at Exhibit 5, which is PLT 6219er through 6225, and it begins with a "Progress

Note" from Jenny Dolan, and a "Pain Management Progress Note" of January 1st, 2016.

(Plaintiffs' Exhibit 5 is marked for identification.)

BY MR. ANDERSON:

Q Let me know when you have that in front of you.

MR. HUGHES: It's -- I believe it's November 1 of 2016, and we are starting at 006219 through 6225.

THE WITNESS: 6217?

MR. HUGHES: 19.

THE WITNESS: 006219, I have it, November 1st.

MR. HUGHES: Are you starting -- you're starting at 19, Greg?

MR. ANDERSON: I am.

MR. HUGHES: Okay. And there's something attributed up here to you, but then I think the note he's talking about is here.

THE WITNESS: Okay. I'm in that page, 006219.

BY MR. ANDERSON:

Q Under "Diagnosis," I see that "CRPS" has been changed to "RSD, reflex sympathetic dystrophy."

Did you change that?

A No.

Q Who did?

A That gets populated from the medic -- the

primary team.

Q Well, if we look at the --

A And those are the diagnoses that -- the diagnoses that -- that probably she came with, but they get populated from the primary team. In this instance, it's from the PICU team.

Q Well, the prior exhibit, marked at PLT 4032, has diagnoses of, one, complex regional pain syndrome, diagnosed by outpatient physicians; mild persistent asthma; acute diagnosis: acute generalized pain, exacerbation; and two, concerns for medication dependent.

How did it go from that to abdominal pain; constipation; generalized pain; reflex sympathetic dystrophy; and suspected Munchausen syndrome by proxy?

MR. HUGHES: Just to clarify, Greg, you're reference there was to 4030 to 4032, the October 9, 2016, Dr. Teppa-Sanchez note?

MR. ANDERSON: Right.

MR. HUGHES: Okay. And now we're comparing that with November 1, 2016 --

MR. ANDERSON: Yes.

MR. HUGHES: -- starting at 6219?

MR. ANDERSON: Right.

MR. HUGHES: Okay.

Answer if you know, Doctor.

THE WITNESS: Those are the -- the discharge diagnosis (sic) that the primary team are adding to -- to her case.

BY MR. ANDERSON:

Q And who is the primary team?

A And just to be clear, reflex -- reflex sympathetic dystrophy, these are the old names that it was used for CRPS.

Q All right. Well, okay, the primary team, who was the primary team?

A PICU.

Q And that would be consisting of who? Dr. Teppa-Sanchez?

A That's correct.

Q Dr. Malik?

A That's correct.

Q Anyone else?

A I believe Dr. Elliot Melendez was also there, and there's a few other physicians in PICU, but I don't remember who -- I don't know if -- specifically who got in contact with Maya.

Q All right. And then, "Suspected Munchausen syndrome by proxy," did you put that in there?

A No, I did not.

Q Who put that in there?
A Probably either PICU or the hospitalist.
THE WITNESS: Was she on the floor already, or is she still in PICU? This is November 1st. Is she still in the -- in the floor in PICU?
MR. HUGHES: I can -- I can represent to you, Doctor, that I believe she's on the floor at this point.
THE WITNESS: Okay. So it was a diagnosis from all the people that had got in contact with her during that period of time. That was their assessment.
BY MR. ANDERSON:
Q Well, isn't Munchausen syndrome by proxy a diagnosis of parent or guardian, not the child?
MR. HUGHES: Form.
MR. HASKELL: Join.
THE WITNESS: Well, the child is a -- it has two sides: the child part and then the parents' side. It has both sides.
BY MR. ANDERSON:
Q Okay. Did you have any involvement, at all, at suggesting it was Munchausen syndrome by proxy?
A No, not that I recall.
Q Did anybody ask you about whether Maya actually

had the disease or illness that her mother represented she had?

MR. HUGHES: Form.

THE WITNESS: I don't remember the specifics directed to Munchausen. I do remember being in discussions where the -- we talk about the dynamic of -- of the relationship between Maya and the mother. But talking specifically about Munchausen, we didn't, but we did talk about the -- the dynamics of the relationship.

BY MR. ANDERSON:

Q And who is the child psychologist or psychiatrist that confirmed that diagnosis?

MR. HUGHES: Form.

THE WITNESS: I don't know. I will have to look --

MR. HASKELL: Join.

THE WITNESS: -- through the records.

BY MR. ANDERSON:

Q Are you aware -- strike it.

Did you personally speak to any child psychologist or psychiatrist about your interaction with Beata?

A I did not.

Q If you turn to 6222 -- well, it's 6222. At the

bottom of the page, and it's "History of Illness"; do you see that?

MR. HUGHES: You said "History of Present Illness," Greg?

MR. ANDERSON: Yes.

MR. HUGHES: Okay.

THE WITNESS: Okay.

BY MR. ANDERSON:

Q "Maya reports falling in bathroom and hurting her legs."

A I see.

Q "Pain: 10/10 with legs" -- (unintelligible) --

A That's correct.

Q "Patient tearful at times, asking for her family"; do you see that?

A Yes.

Q "With discussion of pain rehab, she feels it will only exacerbate her condition"; do you see that?

A I see it.

Q Nowhere in these progress notes does it indicate that she's had recent conversations with her mom or her -- (unintelligible) -- is there?

MR. HUGHES: Form.

THE WITNESS: Not in my note. Not in this one.

BY MR. ANDERSON:

Q So if she is still at a level of 10/10 after three weeks, going on a month, of your -- I say "your" -- JHACH's approach, why didn't you change something?

MR. HUGHES: Form.

THE WITNESS: She was more functional. She was a different child than the one that arrived, that was agitated and you couldn't talk with. It was a totally different type of patient. Even though she reported the 10 out of 10, which is not unusual in a patient with CRPS, she -- she looked more comfortable and she was able to function in a more normal way.

BY MR. ANDERSON:

Q All right. Tell me the objective facts supporting that.

A Her vital signs; the respiratory rate is into normal range; her heart rate is also into normal range; she doesn't have hypertension; she doesn't have any signs of acute distress.

We will see the general description. She looks alert; no apparent distress; relaxed posture; pale; thin." Those are objective observations.

Q Vital signs; heart rates; hypertension; no

acute distress, compared with what?

A What you will have in a patient that is in pain. You wouldn't have a patient with a respiratory rate of 20 per minutes (sic) --

Q (Unintelligible.)

A -- or a patient that is in acute distress.

Q When was the last time she had a pain?

MR. HUGHES: Form.

I didn't hear that question. You trailed off.

BY MR. ANDERSON:

Q When was the last time she had some pain in comparison to taking these vital signs?

MR. HUGHES: You broke up again there in the middle, Greg.

BY MR. ANDERSON:

Q When was the last time she had a pain med of any kind?

A These are -- these are 24-hours' range. So these are average. So she had normal range of vital signs in the last 24 hours. That's what that note is telling you. So she had normal vital signs in -- during that period of time.

Q Really, have you gone back in the actual charts that show over the 24-hour period all the different blood pressures and all of the different pulse ranges?

A Not the --

MR. HUGHES: Form.

THE WITNESS: No, sir, this is populated by the computer.

BY MR. ANDERSON:

Q We can always trust computers, can't we?

MR. HUGHES: Form. Move to strike.

Do you want an answer to that question, or was that a non sequitur?

BY MR. ANDERSON:

Q Do you always trust the computer?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Okay. Let's go to 6224.

THE COURT REPORTER: Someone's getting into a vehicle or driving. Can they put it on mute?

MR. ANDERSON: What?

THE COURT REPORTER: Someone is drive -- it sounds like someone is driving and got into a car.

MR. HUGHES: I heard that as well.

MR. HASKELL: It was me. I'll put it back on mute. I'll put it back on mute. I'll put it back on mute. Back on mute.

THE COURT REPORTER: Okay.

BY MR. ANDERSON:

Q Okay. Are we at 6224, Doctor?

A Yes.

Q Okay. If you look down to the third paragraph of the plan, it says, "Due to the chronicity of her pain diagnosis, we'll monitor for improvement of vitality moving forward."

What is the "chronicity of pain"? What does that mean?

A She comes with a diagnosis of CRPS. CRPS is a chronic disease. I don't understand your question, but I can tell you that the gold standard, the standard of care, treating CRPS is to recover functionality. That's the first main goal of the treatment.

Q How long should that take, to just -- physical therapy, occupational therapy, behavioral therapy, how long, in your experience, does it take before you start to see positive signs from just using those?

MR. HUGHES: Form.

THE WITNESS: It depends on the -- it depends on the -- how aggressive is the treatment. It depends also in the engagement of the patient.

BY MR. ANDERSON:

Q Well, with Maya, how soon would you expect to see results from your switching over from meds to

therapies?

MR. HUGHES: Form.

THE WITNESS: Again, it depends. Everybody's different. I do know that the literature talks about -- (unintelligible) -- signs, but I don't have the specific numbers in my head. But again, it depends on the -- how intensive the treatment and the engagement of the patient.

BY MR. ANDERSON:

Q Is this why you gave -- strike it.

Is it true that tramadol is the be-all in opiate?

A It has -- it's -- it's kind of -- it's kind of a hybrid. It's not a direct opioid, but it --

MR. HUGHES: Let her finish, please.

MR. ANDERSON: I know.

MR. HUGHES: Continue.

THE WITNESS: It is -- it is on the family, but it's not considered an opioid, but it is a controlled substance.

BY MR. ANDERSON:

Q Does it affect the opioid receptors?

A What did you say? I'm sorry.

Q Does it affect the opioid receptors of the brain?

MR. HUGHES: Does it affect the opioid receptors in the brain, is the question.

THE WITNESS: Not to the same extension that a regular opioid will.

BY MR. ANDERSON:

Q Does it affect it at all?

MR. HUGHES: Form.

THE WITNESS: It may.

BY MR. ANDERSON:

Q Well, how does it work if it doesn't affect the opioid receptors?

A It does affect the receptors, but it doesn't work in the same way as morphine or fentanyl. It's an opioid agonist-antagonist instead of just agonist.

Q Well, it's a Class II or a Class III drug under the FDA rules, isn't it?

MR. HUGHES: Form.

THE WITNESS: I mean, I will have to check.

BY THE WITNESS:

Q You don't know if tramadol is a class drug?

MR. HUGHES: Form.

She said she would have to check to give you the specific class?

BY MR. ANDERSON:

Q Okay.

MR. HUGHES: Would you permit the witness to check?

MR. ANDERSON: We don't need to, for the purposes of this.

MR. HUGHES: "We don't need to, for the purposes of this."

MR. ANDERSON: Are we on Exhibit 6 yet? I think we just started it. It's at 62 --

MR. HUGHES: I lost count.

(Plaintiffs' Exhibit 6 is marked for identification.)

BY MR. ANDERSON:

Q It's at 6212.

A I'm at 6224.

Q Okay.

A Where do you want to go now?

Q This may have been put together different, but it's actually looking -- (unintelligible) -- 6212 to 6219er.

MR. HUGHES: 6212 -- 6212, we were just talking about it, I think -- no, 6212? We'll have to do some searching here. I'm not sure how your people put them together. 6212 is now --

THE WITNESS: I have it.

MR. HUGHES: -- November 2nd, 2016 --

BY MR. ANDERSON:

Q And this is your note?

MR. HUGHES: -- the following day.

THE WITNESS: Yes.

BY MR. ANDERSON:

Q Okay. Under, "History: Previous Medical History," which is at 6213, it says, "Complex regional pain syndrome, medical," comma, "firm"; do you see that?

A Correct.

Q All right. But then under "Diagnosis," now it's "reflex sympathetic dystrophy." Why the change?

A It goes back to the -- to my previous statement: It's another way of calling CRPS.

Q Okay. So you think they're the same?

A Basically.

MR. HUGHES: Form.

BY MR. ANDERSON:

Q All right. And again, that "suspected Munchausen by proxy," I still want to know what caused this to appear now after a month or so of Maya being in the hospital?

A It has to be -- it must be given by the -- the -- the people who -- the physicians who were taking care of her on the floor must have come to that conclusion after their observation, but you will have to

ask them.

Q Okay. Did you ever talk to Sally Smith --

A Have I talked with --

Q -- about Maya?

A No.

Q Do you know who she is?

A Yes.

Q Who is she?

A She's a pediatrician that is involved with -- in child abuse cases.

Q Okay. Is she there at the hospital?

MR. HUGHES: Form.

THE WITNESS: I know that she comes to our hospital every time there is a concern for child abuse.

BY MR. ANDERSON:

Q Okay. And if you look at 6218, under "Progress Notes," it says, "Maya is a 10" --

MR. HUGHES: Hold on. We're not there yet, Greg.

MR. ANDERSON: Top of the page, 6218.

MR. HUGHES: 6218. Are you there?

THE WITNESS: I am there.

BY MR. ANDERSON:

Q "Maya is a 10-year-old with a diagnosis of

CRPS, whole body, who receives high-dose ketamine infusion as an outpatient"; do you see that?

A I see it.

Q Is that your progress note?

A No, It's Jibin Samuel's progress note.

Q Okay. If you look down, directly down towards the end of that, it says, the third line up in that paragraph, "Weaned off ketamine and Precedex, Haldol D," slash, "C."

What does "D," slash, "C" stand for?

A "Haldol D," slash, "C"?

Q Yes.

A I think it was removed/discontinued.

Q Okay.

A And it says, "Patient needs now shelter per CPI. Dad with supervised visits only."

Q Do you know if she would been given Haldol up to this point, where it says it's discontinued?

MR. HUGHES: Form.

THE WITNESS: I do not know.

BY MR. ANDERSON:

Q Okay. Let's look at 6207, which is a "Progress Note" from November 4th, 2016.

MR. HUGHES: 6207.

THE WITNESS: I am there.

BY MR. ANDERSON:

Q All right. And who -- who -- would Dr. Jabin V. Samuel be the anesthesiologist on this one?

A In the note that ends above the second note, yes; and then the second note, I'm the one that -- I'm the author on the second note on the page.

Q Okay. Turn three pages in, to 6209, and then look towards the bottom there, it says, "Neurological CRPS who has failed multiple pain modalities"; do you see that?

A I see it, yes.

Q And that was part of your note?

A Yes.

Q And then under "Psychological: Under care of therapist. Sees weekly."

Do you know --

A Yes.

Q -- who that therapist was?

A No.

Q If you look at the next page, 6210, under "Pain Assessments," it says, "Location: generalized. Quality: burning. Timing: constant"; do you see that?

A Yes.

Q And then at the end it says, "Still reporting pain 10 out of 10"; is that right?

A That's right.
Q And the pain score results were 10 out of 10, was it not?
MR. HUGHES: Form.
THE WITNESS: That's what it says.
BY MR. ANDERSON:
Q So here we are a month since she was admitted and we're still at a 10 out of 10 in terms of pain, correct?
MR. HUGHES: Form.
THE WITNESS: Correct, but that's not unusual in a patient with CRPS. And where you said "Location: generalized, Quality: burning, Timing: constant, Aggravating Factors: none, Alleviating factors: nothing. Maya in bed, getting ready to go to recreation. In good spirits."
So that's the whole context of the -- of the assessment. She reported, though, that -- the pain, but she looks good, and she is getting ready to go to the -- to the recreation room.
BY MR. ANDERSON:
Q Where does it say she looks good?
A "Maya in bed, getting ready to go to recreation. In good spirits. Still reporting pain 10 out of 10."

Q Well, that means that she's in good spirits, not necessarily that she looks good.

A And then in the "General Description: alert, no apparent distress, relaxed posture, pale, thin," those are objective -- that's an objective evaluation.

Q Pale and thin is, right?

A I'm in the same page.

MR. HUGHES: Bottom of 6210, "Progress Note" of November 4, 2016.

Mr. Anderson, we're coming up here at about 4:00 --

MR. ANDERSON: I've got three more exhibits.

MR. HUGHES: -- if you could get us a comfort break.

MR. ANDERSON: Yeah, I think I can --

(Cross-talk.)

MR. HUGHES: Or you might --

MR. ANDERSON: I think I can fix --

MR. HUGHES: Okay.

MR. ANDERSON: -- finish this up pretty quick.

MR. HUGHES: Like, five minutes or so? I mean, I've got to go, not to be too graphic.

BY MR. ANDERSON:

Q Dr. Dolan, how long did you spend personally with Maya, as opposed to your nurse assistants, each

time you saw her?

A I spent a fair amount. I -- I talked to her. I was able to have conversations with her. I would say I had a -- a significant amount of time with Maya.

Q How many minutes, on average?

A 45 minutes to an hour.

Q You spent 45 minutes to an hour each time with Maya?

A Not each time, but in average. Sometimes it may have been less.

Q Is that your usual amount of time with a pediatric patient?

A For chronic pain, yes.

Q Did you personally do the physical examinations, or was that done by a nurse?

A No, I did personally examine her a few times.

Q A few times? Okay.

A Yes.

Q How many times?

A At least three or four times. I was able to touch her legs; I was able to move her legs; I was able to palpate her legs. She allowed me to do all of those things.

Q You never saw her stand up in the bed, did you?

A No.

Q You never saw her get out of the wheelchair?
A No, I saw her propulsing (sic) herself with the -- with the feet, coming out of an elevator when she was with child life.
Q Their what? Saw what?
A Propulsing herself in a wheelchair with her feet. That, I saw.
Q Okay. You never -- so she -- (unintelligible) -- right?
MR. HUGHES: We didn't hear that, Greg, but what the witness said was --
MR. ANDERSON: Was she --
MR. HUGHES: -- she was propelling herself.
MR. ANDERSON: I'm trying to --
MR. HUGHES: We just didn't hear you, Greg. You broke up. Go ahead.
BY MR. ANDERSON:
Q So she was pushing herself in the wheelchair?
A Correct, with her legs. She was moving --
(Cross-talk.)
BY MR. ANDERSON:
Q (Unintelligible) -- never reported to you --
A -- the wheelchair with her legs?
MR. HUGHES: Let her finish, please.
Continue.

BY MR. ANDERSON:

Q No one ever reported to you --

A I saw her --

Q -- that she had --

MR. HUGHES: Can you let her finish the prior answer? You cut her off.

MR. ANDERSON: Yes, I thought she was done.

A I saw her -- I saw her walking. I saw her pushing her wheelchair with her legs, coming out of an elevator, when she was with child life.

BY MR. ANDERSON:

Q Well, did anybody claim that she was paralyzed?

MR. HUGHES: Form.

THE WITNESS: What was the question? She claimed -- what did you say?

BY MR. ANDERSON:

Q Did anybody ever claim, or did she ever claim, that she was paralyzed?

MR. HUGHES: Form.

THE WITNESS: She said that she couldn't move her legs.

BY MR. ANDERSON:

Q Okay. Did she ever tell you, or did anybody suggest to you, that she was paralyzed so that she shouldn't be able to move her legs?

MR. HUGHES: Form.
THE WITNESS: If there was --
MR. HASKELL: Join.
THE WITNESS: -- paralysis, it was never -- it was never used.
BY MR. ANDERSON:
Q And she moved her legs different ways all the time, did she not?
A With -- one thing is to move the legs and another is to be able to perform an action. She was moving the wheelchair, propelling the wheelchair, with her legs, which I didn't know she was able to do.
Q So what does that have to do with whether or not she has some pain in her legs?
A You asked me about what type of activities I was able to see.
Q No, I asked you if you --
A I answered the activities.
Q -- ever saw her -- no, I asked you whether you ever saw her stand up in bed, and I believe your answer was "no," am I incorrect in that?
A You're correct.
MR. HUGHES: Form.
BY MR. ANDERSON:
Q All right.

MR. HUGHES: Move to strike. Asked and answered.

BY MR. ANDERSON:

Q And if you look at the last page, 6198, under "Progress Note," is this your note?

MR. HUGHES: What are we -- what was that, Greg? I'm sorry. We missed that here.

MR. ANDERSON: 6198.

BY MR. ANDERSON:

Q Is this your note, where it says "Jenny Dolan"?

MR. HUGHES: 6198? Are you talking about the very top of 6198, Greg, or the note --

MR. ANDERSON: Correct.

MR. HUGHES: -- below it from Dr. Nelson? Okay.

MR. ANDERSON: The one above --

MR. HUGHES: So 6198 --

MR. ANDERSON: -- it says "Jenny Dolan."

MR. HUGHES: -- is the -- just for the record, the 6198 is the end of a record that begins on 6192, and that is a November 15, 2016, note, "Performed and Signed by: Dr. Dolan," and it ends on 6198, and it's also signed by Dr. Dolan at the bottom.

THE WITNESS: Yes, that's the -- the end of my note.

BY MR. ANDERSON:

Q All right. It says, "Care provided to this patient, with my supervision of the Dolan Advanced Nurse Practitioner, wrote the following comments"; do you see where it says that?

A That's correct.

Q In the notes that follow, is that from you or from a nurse practitioner?

A That's my note.

Q Okay. It says, "Maya was having lunch during rounds so she didn't talk to us"; do you see that?

A I see that.

Q "I asked her what was wrong, and she said she was in pain. 'My lawyer told me you're not giving me correct treatment and you're lying to me'"; is that a --

A That's correct.

Q -- direct -- is that a direct quote, or is that your interpretation?

A That was direct quotes of the things that she said to me that day.

Q And then she -- then it says, "This was a significant change from my last interaction with her. It seems a big step back. She also stated what was her previous IVG infusions and correct treatment for RSD"; do you see that?

A Yes, that's correct.
Q Did you explore with her why she said that?
A Yes, I asked her -- I asked her a couple of times, and she said that her lawyer told her that -- that we were liars and we didn't know what we were doing and we were trying to hurt her.
Q Was that true: that you were in fact lying to her about what her condition was and what was causing it?
MR. HUGHES: Form.
THE WITNESS: No, that's not true.
BY MR. ANDERSON:
Q You were not representing to other people and to her that it was all in her head?
MR. HUGHES: Form.
THE WITNESS: I did never use that terminology.
BY MR. ANDERSON:
Q Did you or did not you not try to convince her that any of her physical problems were mental in origin?
MR. HUGHES: Form.
THE WITNESS: I did not.
BY MR. ANDERSON:
Q Did you ever hear anyone else around her, from the hospital, tell her words to the effect that "this was just in her mind" or "this was just psychological"?

MR. HUGHES: Form.

THE WITNESS: I did not.

MR. HASKELL: Join.

MR. HUGHES: Mr. Anderson, I do have to use the restroom. It's been about seven or eight minutes since the last time I asked. Are you at a convenient breaking point?

MR. ANDERSON: Sure, yeah, I've only got -- (unintelligible) -- to go, and I think I'm done. Can you hold for 10 minutes?

Oh, we'll take a break.

MR. HUGHES: I cannot hold --

MR. ANDERSON: We'll take a break.

MR. HUGHES: -- it for 10 minutes, no, I cannot.

MR. ANDERSON: Okay.

MR. HUGHES: Thanks.

THE VIDEOGRAPHER: We're going off the video record at 4:03 p.m.

(A recess was taken from 4:03 p.m. to 4:13 p.m.)

THE VIDEOGRAPHER: We are back on the video record at 4:13 p.m.

MR. ANDERSON: Okay. Back on?

MR. HUGHES: We're back on.

MR. ANDERSON: Let's look at Exhibit 9, which is Plaintiffs' 30818, and --

MR. HUGHES: 30818.

MR. ANDERSON: -- and this appears to be --

MR. HUGHES: I've got an 819.

MR. ANDERSON: 819 is fine. We can use that.

MR. HUGHES: Okay.

(Plaintiffs' Exhibit 9 is marked for identification.)

BY MR. ANDERSON:

Q If I'm not mistaken, this is a "Progress Note" of November 29th, 2016; is that right?

A I see it.

Q And so --

MR. HUGHES: November 29, I believe, yeah.

BY MR. ANDERSON:

Q Maya has been in the hospital a little less than two months at this point; is that right?

A That's correct.

Q At this point, she still has muscle atrophy of the lower extremity; is that right, under "Diagnosis"?

A That's correct.

Q And reflex sympathetic dystrophy; is that right?

A That's right.

Q And complex regional pain syndrome?
A That's correct.
Q And what was the atopic dermatitis?
A That was a previous diagnosis.
Q The what?
A That was a previous diagnosis.
Q Okay. And she had mild, persistent asthma; is that right?
MR. HUGHES: Form.
THE WITNESS: She had mild what?
MR. HUGHES: He's asking you to look at the "Previous Medical History."
BY MR. ANDERSON:
Q Mild, persistent asthma?
MR. HUGHES: Do you see down below where it says "Previous Medical History"?
THE WITNESS: I see it.
MR. HUGHES: Yeah.
BY MR. ANDERSON:
Q Did she have that?
A I don't know. I do know that it -- I never hear wheezing from her. I don't know if there is any recommendation of wheezing, but that's one of the diagnoses that she has.
Q Okay. So if you go to the next page, 30820,

under "History of Present Illness: Pain Assessment," it says -- well, let me know when you're there.

A I'm there.

Q Okay. What -- is it your note right here?

A Yes.

Q All right. Then, since it's yours, can you read it into the record, what it says after "location"?

A "Location: unable to express; everywhere. Quality: it" -- "it's really bad. Timing: constant. Aggravating Factors: touching, weightbearing. Alleviating Factors: nothing.

"Maya was in the" -- "in the recreation room with dad playing cards, games. She seemed happy and could be simply engaged in conversation.

Report" -- Reports plan" -- "pain is really bad. She does not" -- "She does not try the tramadol, as it does" -- "as it doesn't help.

"When I ask her about her sleeping, she reported that she doesn't sleep well, and has not for a long time, since the pain is really bad. We talk about what she has used in the past, and that this report she uses melatonin and that helps. Maya reports Benadryl help with this. We discuss a sleep hygiene."

Q Can you see anywhere in these progress notes where you indicated that you felt Maya was not telling

the truth or exaggerating any of her pain?

MR. HUGHES: Form.

THE WITNESS: I did not.

BY MR. ANDERSON:

Q So if you go to --

A But that would be something that I would not write.

Q All right. If you look at 3023, it looks like, above, it says "Anesthesiologist Note." There is --

A 30 what?

MR. HUGHES: Is it 30823, Greg?

MR. ANDERSON: Yes.

MR. HUGHES: We're not clear.

MR. ANDERSON: Yes.

MR. HUGHES: Okay.

BY MR. ANDERSON:

Q It says, "Parental participation and buy-in is essential for any chronic -- (unintelligible) -- pain program to be effective."

Is that your note or Kay Rhodes' note?

A That's part of the note that I co-authored with -- with Kay.

Q Okay.

A That's why she writes it after we have a conversation. She types that part.

Q Okay. The next thing, it says, "It would be beneficial if parents could receive counseling to help them understand the diagnosis," paren, "not just what they think the medical treatment for RSD is," closed paren, "and more about treatments perhaps that work without the use of high-dose and sedating medication.

"As an acute inpatient service, our hospital cannot deliver the appropriate care for this multifaceted chronic pain diagnosis."

Do you see that?

A I see that.

Q Were you ever called to testify in any of the shelter hearings?

A We lost you at the end of the question.

Q Yes. You were aware that there were legal actions filed, involving Maya and Beata and Jack Kowalski, right?

A I knew that Maya was under the care of -- of CPI.

Q Well, she was under the control of CPI, the care of JHACH, right?

A The control of CPI.

Q Okay.

A That's correct.

Q Did you ever testify in any of those hearings?

A No, I did not.
Q Were you asked by anyone to testify?
A Yes, I was asked, but I believe before I had to testify I was told that there was no need for it anymore.
Q And we'll get to that.
If you had been called to testify, would you have told the truth to the Court?
MR. HUGHES: Form. Move to strike.
THE WITNESS: Yes.
BY MR. ANDERSON:
Q And would that include telling the Court that this child had reflex sympathetic dystrophy?
MR. HUGHES: Form.
You broke up. I think the question was, would your --
MR. ANDERSON: No, I'll do it.
MR. HUGHES: -- testimony --
MR. ANDERSON: I'll do it. No, I don't want you --
MR. HUGHES: Okay.
MR. ANDERSON: -- interpreting my questions.
MR. HUGHES: Well, we couldn't hear it, Mr. Anderson. I'm just trying to help you out.

BY MR. ANDERSON:

Q Would you have told --

MR. HUGHES: Go ahead and ask your question.

BY MR. ANDERSON:

Q Would you have told the Court that this little girl --

MR. HUGHES: You broke up again.

BY MR. ANDERSON:

Q Would you have testified to the Court that this little girl had reflex sympathetic dystrophy?

MR. HUGHES: Form.

THE WITNESS: I would have reported to the Court that she -- that she reported symptoms of -- of RDS or CRPS.

BY MR. ANDERSON:

Q And would you have told the Court, if asked about your record, that you had afforded CRPS as one of the diagnoses of her?

MR. HUGHES: Form.

THE WITNESS: I would tell them that she came with that diagnosis and that's what we were trying to treat, correct.

BY MR. ANDERSON:

Q You would not come in and try to convince the Court that she did not have this, correct?

MR. HUGHES: Form.

THE WITNESS: I would have to stay to the facts, and I will have to tell them that she reported symptoms but that she didn't have any signs.

BY MR. ANDERSON:

Q Okay. So you're saying that she did not have allodynia, and you would have testified that way to the Court?

A That's a symptom; that's not a sign.

Q Well, she did have symptoms, then, and you would have told the Court that, right?

MR. HUGHES: Form.

THE WITNESS: That's what I said.

BY MR. ANDERSON:

Q So you would have testified to the Court that she did have symptoms of RSD -- of CRPS, right?

MR. HUGHES: Form.

THE WITNESS: I would report that she reported symptoms of CRPS.

BY MR. ANDERSON:

Q And that you observed them, insofar as the allodynia?

MR. HUGHES: Form.

THE WITNESS: I did not observe any signs.

Symptoms is something that the patient reports.
It's not something that I could verify.
BY MR. ANDERSON:
Q Well, you could verify that her response to relatively gentle touching was a great deal of pain, and that this is classic allodynia; you could testify to that, couldn't you?
MR. HUGHES: Form.
THE WITNESS: I could testify that she reported that; and at the same time, I can testify that she did allow me to examine her. She did allow me to move her legs while we were having conversations, while she was distracted, while in the period of time where we saw that she was making improvement.
BY MR. ANDERSON:
Q What does that have to do with my question?
A I answered your question.
Q That wasn't --
MR. HUGHES: Would you like to read it back, please?
BY MR. ANDERSON:
Q I asked you about whether you'd tell the Court the truth about the allodynia.
MR. ANDERSON:
MR. HUGHES: Form.

Can we please read back the question, Madam Court Reporter, and the answer?

MR. ANDERSON: No, no, I don't want it read back. It's my deposition.

MR. HUGHES: Well, there seems to be a dispute over what the question was --

MR. ANDERSON: No, no, I'll rephrase the question.

MR. HUGHES: -- and I have a different recollection of what the --

MR. ANDERSON: No, you're not going to do that.

MR. HUGHES: Please do.

MR. ANDERSON: You're not going to do that.

I'll rephrase the question.

BY MR. ANDERSON:

Q Would you, if the Court asked you --

MR. HUGHES: I think I have the right -- I don't have the right to read back, Mr. Anderson, because I distinctly recall you doing that yesterday, if I'm not mistaken.

BY MR. ANDERSON:

Q What would -- if the Court asked you what allodynia was, would you have testified truthfully about how you identify it?

MR. HUGHES: You broke up there, Mr. Anderson.

Can you please restate the question?

BY MR. ANDERSON:

Q If the Court asked you, under oath, what allodynia was, would you have truthfully described it to the Judge?

MR. HUGHES: Form.

THE WITNESS: Yes.

MR. HUGHES: Move to strike.

BY MR. ANDERSON:

Q And if the Judge asked you whether you saw -- you -- saw something like that, that could be classified as allodynia with Maya, would you have testified truthfully about that?

MR. HUGHES: Form.

MR. HASKELL: Form.

THE WITNESS: I will be -- I will be truthful; I'm under oath. But just the same, I have to say that allodynia is a symptom that is described by the patient. I don't feel it.

And at the same time, I'm able to say that, in -- there were occasions where I was able to examine her legs; I was able to touch her, and she didn't report feeling allodynia. I was able to move her legs; I was able to examine her. So that's contrary to having allodynia, at least in those

periods of time she didn't have allodynia.
BY MR. ANDERSON:
Q And if the Court asked you what dystonia was, what would you say?
MR. HUGHES: Form.
THE WITNESS: I didn't hear what he asked.
MR. HUGHES: She didn't hear what you asked.
BY MR. ANDERSON:
Q What -- if the Court asked you to define or describe what al -- what dystonia was, what would you say?
A Dystonia --
MR. HUGHES: Form.
THE WITNESS: -- I would say that that is movement of the extremities.
BY MR. ANDERSON:
Q You think dystonia is about movement of the extremity?
MR. HUGHES: Form.
THE WITNESS: Yes. Correct.
BY MR. ANDERSON:
Q So you don't think it's about rigidity of extremities, that makes it difficult to move or keeps them in the same position?
MR. HUGHES: Form.

THE WITNESS: Define what is your interpretation of dystonia.

BY MR. ANDERSON:

Q When Maya's feet -- strike it.

You saw Maya's feet turned in, in an extreme pigeon-toed position, did you not?

MR. HUGHES: Form.

THE WITNESS: I saw Maya's feet in different type of positions.

BY MR. ANDERSON:

Q Okay. Including almost crossed, both feet turned in, across?

MR. HUGHES: Form.

THE WITNESS: I did see sometimes she would do that.

BY MR. ANDERSON:

Q Do you agree that dystonia, the main symptom is involuntary muscle contractions that result in slow repetitive movements, cramps, or abnormal posture?

A I thought you said dystonia had nothing to do with movement.

Q I'll read you the definition again: Do you agree the definition --

MR. HUGHES: What's the source of your definition, please?

BY MR. ANDERSON:

Q It can -- I'll read you the definition: The main symptom is involuntary muscle contractions that results in slow repetitive movements, cramps, or abnormal posture.

MR. HUGHES: Mr. Anderson, what's the source material for that definition?

MR. ANDERSON: God.

MR. HUGHES: God? All right. Well, we don't accept that as a permissible --

MR. HASKELL: Move to strike.

MR. HUGHES: -- source. And I'll move to strike it as well. I don't believe it's God.

MR. ANDERSON: No, it's from the Mayo Clinic's --

MR. HUGHES: Okay. Well, if you can provide it to me --

MR. ANDERSON: -- medical definition.

MR. HUGHES: Excuse me?

MR. ANDERSON: It's from the Mayo Clinic's medical defin -- dictionary.

MR. HUGHES: Mayo Clinic. Okay.

Is there a question pending?

MR. ANDERSON: Yeah.

MR. HUGHES: You read the definition.

BY MR. ANDERSON:

Q Do you agree with that definition?

A Yes.

Q Would you agree that, at times, if Maya had muscle contractions that held her feet in an extreme pigeon-toed way?

A I did not evidence the involuntary contraction. I did evidence sometimes that posture, but it wasn't continuous.

Q Have you seen, as the jury will have by now, the multiple photos of Maya Kowalski, even under general anesthesia, having her feet locked in that pigeon-toed posture?

MR. HUGHES: Form.

THE WITNESS: I have not.

BY MR. ANDERSON:

Q Would that change your testimony, if you were provided those?

MR. HUGHES: Form.

THE WITNESS: I would have to -- I don't know. I will have to see the pictures, and I will have to -- to -- to know what was the environment, in general; what is the context of the pictures.

BY MR. ANDERSON:

Q Well, you're an anesthesiologist. Can you have

a patient continue to consciously hold an extremity in an unusual or different-than-normal position, even under general anesthesia?

MR. HUGHES: Form.

THE WITNESS: If the pain -- if there is contracture already, if there is memory already on the body.

BY MR. ANDERSON:

Q Okay. So if had it all the time -- (unintelligible) --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- is that what you're saying?

MR. HUGHES: You broke up there. We didn't hear you.

BY MR. ANDERSON:

Q So if it had been, lack of a better term, stuck in that position for a long time, it might remain that way, even under general anesthesia?

MR. HUGHES: Form.

THE WITNESS: I don't know.

BY MR. ANDERSON:

Q But it's your testimony that they can continue to control -- voluntarily control their muscles, even when they're in -- under general anesthesia?

A Under general anesthesia, there is no voluntary control of -- of any movements.

Q So whatever control there is would have to be involuntary movements, right?

MR. HUGHES: Form.

THE WITNESS: I would say involuntary. If there is a movement under general anesthesia, it's involuntary.

BY MR. ANDERSON:

Q Okay. Have you had the opportunity to at least look at the titles of any of these ketamine-used-in-treating-complex-regional-pain-syndrome articles I provided your counsel?

THE WITNESS: May I?

MR. HUGHES: Sure.

She briefly scanned them during one of our breaks. She is requesting to see them right now, so we're going to give them to her.

I just want to make sure the ones that I have here and I have pulled up. There is a "Sub-Anesthetic Ketamine Infusion Therapy"; "Ketamine and Pain Management," by Steven Cohen; "Efficacy of Ketamine and Anesthetic Dosage"; "Optimal Dose of IV Ketamine to Treat Complex Regional Pain Syndrome"; a prepublication,

"Optimizing the Treatment of CRPS with Ketamine," by Dr. Kirkpatrick; and a -- what I believe to be a 2009 Pain Journal, with Schwartzman as one of the authors.

Are these -- are those the entirety of what was sent?

MR. ANDERSON: Yeah, I believe so.

BY MR. ANDERSON:

Q Have you had a chance to at least look at the first page and abstract of these?

A Okay. Which one do you want to start with?

Q I just wanted you to flip through them and see if you had ever seen any of them before this.

A I have seen the one from Cohen. And specifically, I don't remember if I had read all the others. I may have.

Q Did you ever consult with Dr. Cohen?

A With Dr. Cohen? No.

Q Did you ever consult with anyone within the Johns Hopkins system, other than Dr. -- (unintelligible) -- and the other doctor you testified to, who had expertise in the use of ketamine in treating CRPS?

MR. HUGHES: We lost you there for part of that question, specifically when you started listing some names.

BY MR. ANDERSON:

Q Did you hear my question, ma'am?

A The only pers -- the only person I consulted was with Dr. Richard Elliott, who is from Johns Hopkins.

Q All right. So beyond --

A And the other two pain.

Q Beyond the retired Dr. Rice and the co-resident, Vogel, you spoke with about Maya, who else at Johns Hopkins Medicine did you talk to?

A With Dr. Elliott, Richard Elliott.

Q All right. Richard Elliott there at JHACH, right?

A That's correct.

Q Did you know of Dr. Cohen?

MR. HUGHES: Did you say Dr. Teppa?

MR. ANDERSON: Dr. Cohen, Steven P. Cohen --

MR. HUGHES: Oh, sorry.

MR. ANDERSON: -- the author -- one of the authors -- (unintelligible) --

THE WITNESS: Me personally? No.

BY MR. ANDERSON:

Q Had you heard of him?

A Yes.

Q Was there any reason why you -- (unintelligible) -- didn't give him a call as someone

who had actual hands-on experience using ketamine in treating CRPS?

A Well, we have -- we had his literature, and that's what we follow: his recommendations. The doses and -- and the length of the recommend -- his recommended doses were completely different to what Maya came with.

So, yeah, we saw his article, but he's -- his recommended doses are completely different.

Q Well, he recommends a 2,400 milligrams per day, depending on weights and frequency, does he not?

MR. HUGHES: Form.

Can you please draw us -- our attention to where you're getting that information?

MR. ANDERSON: Table 1 --

THE WITNESS: No.

MR. ANDERSON: -- to Table 2.

MR. HUGHES: Table 1 and Table 2.

And, what -- you want 2,400 milligrams over 24 hours, I think you said?

MR. ANDERSON: Yes.

David, what are you doing?

MR. HUGHES: I am trying to get her to Table 1 and Table 2, because that's what you cited to, so Table 2 is a little bit farther down, seeing as I'm

familiar with this article. Starting to speed things up, Mr. Anderson.

THE WITNESS: So I see Table 1. In Table 1, the recommended doses are 1 to 2 milligrams per kilo for general anesthesia; 1 to 6 milligrams per kilo per hour for anesthesia maintenance; and 0.4 to 0.75 milligrams/per kilograms per hour for three to five days, awake, ketamine infusion for chronic neuropathic pain.

BY MR. ANDERSON:

Q Okay. So do you see there that the maximum amount in any 24-hour period?

MR. HUGHES: I didn't catch that. Did you understand the question?

THE WITNESS: No.

BY MR. ANDERSON:

Q Let's -- why don't you turn to page 145, and we're going to mark "Ketamine and Pain Management" as Exhibits -- it's actually going to be 11, and I'm going to come back to 10.

(Plaintiffs' Exhibit 11 is marked for identification.)

BY MR. ANDERSON:

Q And take a look at page 145, and the next to the last paragraph --

A Okay.
Q -- that begins "in children"; do you see that?
A "In children"? Yes --
Q Yes.
A -- I see it.
"In children, ketamine is used" --
Q Go ahead.
A -- "ketamine is used in high, relative doses compared with a dose to provide effective sedation for pain for procedures, with fewer side effects than opioid-based techniques."
Q Do you agree with that?
MR. HUGHES: Form, to the extent we're just having the witness read this into the record.
BY MR. ANDERSON:
Q Do you agree with that?
A I don't have experience with those, so I don't -- I don't know what are they com -- what are the numbers that they are comparing to with their dose.
But in any case, the recommended doses that -- the doses that he's recommended are in the -- are the doses that we use here for general anesthesia, for sedation, and for chronic pain management, which are very low compared with what Maya was getting.
Q Then, under "Neuropathic," it says, "Ketamine

is considered a potential treatment option in neuropathic pain patients who have failed conventional therapy. More frequently, it is employed to treat CRPS, a regional pain disorder characterized by sensory, autonomic, motor and diastrophic signs'-like symptoms outside the distribution of a single nerve."

Do you see that?

MR. HUGHES: Form.

THE WITNESS: I see it.

BY MR. ANDERSON:

Q Do you agree with that first sentence there: that ketamine is considered a potential treatment option in neuropathic pain patients who have failed conventional therapy?

A That's what he is stating there.

Q And when Maya Kowalski came to you, she had already failed at conventional therapies: occupational therapy, physical therapy, cognitive therapy, behavioral therapy, true?

MR. HUGHES: Form.

MR. HASKELL: Join.

A She also failed to more than 50 sessions of ketamine infusion of what I used to call radioactive doses. So she was failing the ketamine infusion, too.

BY MR. ANDERSON:

Q Did you ever ask the Kowalskis whether she was failing these?

MR. HUGHES: Form.

THE WITNESS: That was the reason why she was referred to our institution, because the doses that she was receiving were not working, and the physician that was giving her those doses didn't -- no longer felt -- felt comfortable to do them.

BY MR. ANDERSON:

Q Let me ask you about that: Is it true -- and were you aware that many of these conversations, in various means, had been recorded between you and Dr. Hanna?

MR. HUGHES: Form.

THE WITNESS: Are conversations being recorded?

BY MR. ANDERSON:

Q I don't know. Did that ever happen?

A Not that I'm aware of, at least not on my side.

Q Okay. Is it true that when Dr. Hanna, in your first call, explained the dosages, that you agreed with him that they could work?

MR. HUGHES: Form.

THE WITNESS: I don't remember agreeing --

MR. HASKELL: Join.

THE WITNESS: -- to anything. I just remember writing down the doses that he was telling me. I just remember the treatment that he was conveying to me, the specific medications that he used.

BY MR. ANDERSON:

Q You don't ever remember saying, "Well, we could try the 10 milligrams of ketamine and see how it goes?" after Dr. Hanna --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- suggested that?

MR. HUGHES: Form.

Mr. Anderson, do you have a recording or a transcript of a call that hasn't been produced?

MR. ANDERSON: I don't know --

MR. HUGHES: I'm just curious what your source -- I'm curious about what your source material here is. You talked about a recorded phone call, and you seem to be reading from some type of transcript.

MR. ANDERSON: Right now, what I want is an answer to my question.

MR. HUGHES: I'm asking you, is there a call recording or a transcript of this phone call that hasn't been produced?

MR. ANDERSON: I have no intention of asking -- of telling you about my work product or what I'm doing. The witness will answer the question.

MR. HUGHES: Okay. So it's not -- okay. Well, just to clarify: Any recording that Dr. Hanna would have taken would not be work product. I think we can all agree on that.

BY MR. ANDERSON:

Q Go ahead and answer the question, ma'am.

Did you say, "We can go ahead and try the 10" --

MR. HUGHES: Form. I'm going to move to strike. I think this is completely inappropriate.

BY MR. ANDERSON:

Q "We can go ahead and try the 10 milligrams per kilo of ketamine and see it how it works."

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Did you say something like that to him?

A I don't remember.

Q Is it possible that you did?

MR. HUGHES: Form.

THE WITNESS: The only thing --

MR. HASKELL: Join.

THE WITNESS: -- I remember is what I

mentioned. I remember writing down the doses that he gave me --

BY MR. ANDERSON:

Q Isn't it true --

A -- the doses that he told me.

Q Isn't it true that, during your first conversation with Dr. Hanna, that you were interested in the course of ketamine and the titration -- and I can't make -- make it out -- it's procedures, or something along those lines.

A No --

MR. HUGHES: Form.

THE WITNESS: -- I don't remember that aspect of that conversation.

BY MR. ANDERSON:

Q Is it true --

A I don't remember trying -- I don't remember trying to learn anything from Dr. Hanna.

Q All right. But what did -- how long did you talk with him?

A I -- I couldn't tell you exactly, but I'll speculate, like, 10, 15 minutes. I don't know. Long enough for him to tell me why he sent her here and what was he doing with her over there.

Q Okay. And what was he telling you he was doing

with her over there?

A I lost -- I lost the question.

Q What was he telling you he was doing with May over there?

MR. HUGHES: You broke up again.

BY MR. ANDERSON:

Q What was he telling you that he was doing with Maya over there, to use your words?

A He told me that he was giving her -- giving her infusions of ketamine over at Florida Spine, and that was the treatment he was giving her.

Q Is it true that, during that conversation, you never once implied or told him that you had any problem with that level of ketamine?

MR. HUGHES: Form.

MR. HASKELL: Form.

THE WITNESS: I don't remember doing or saying something like that, but I don't remember.

BY MR. ANDERSON:

Q Isn't that something you would remember, if you told another doctor directly that you had serious concerns with his course of treatments on a patient you cared?

MR. HUGHES: Form.

MR. HASKELL: Form.

THE WITNESS: If anything, I was -- I was in disbelief that he was giving those doses. That's what I felt, but I don't remember saying anything to him.

BY MR. ANDERSON:

Q Is it true that you then spoke with the pain team after that conversation with Dr. Hanna; they talked you out of giving Maya the 10 milligrams per kilo of ketamine?

MR. HUGHES: Form.

THE WITNESS: No, that's not true.

BY MR. ANDERSON:

Q Did you talk to the team about Dr. Hanna this first time?

MR. HUGHES: You broke up there, Mr. Anderson. Please repeat the question.

BY MR. ANDERSON:

Q Did you speak to the pain team, as you reference them, after this first conversation with Dr. Hanna?

A I was with my pain team while I was having the conversation with Dr. Hanna.

Q Did they listen in?

A I believe so.

Q And did you let him know that?

A He knew because he started talking with Kay, and then Kay gave me the phone and we continued the conversation.

Q This -- so they overheard him talk about the 10 milligrams per kilo of ketamine dosage, right?

MR. HUGHES: Form.

THE WITNESS: I don't believe we ever had that conversation about the 10 milligrams.

BY MR. ANDERSON:

Q Well, what dosages did you discuss?

A We discussed the doses that he was giving.

Q And how much was that?

A 23 milligrams per kilo per hour.

Q For how many hours?

A He said in our conversation, I believe he said for four hours.

Q Okay. So --

A And I believe the total was 1250 milligrams of ketamine.

Q Okay. Did you have with you, or did you discover, any literature by people who -- physicians that actually knew what they were talking about in terms of ketamine doses for CRPS, where --

A None of -- none of the art -- none of the articles, and including -- and including the ones that

you sent, recommended doses he was using.

Q Well, one of them said "dangerous"? I've read them --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- all. I don't see anywhere whether they say that that amount is dangerous. Where?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Where?

MR. HUGHES: Form.

THE WITNESS: They are not using the doses that -- that she was getting. In none of those articles there's reference for the doses that Maya was getting. So why would they talk about that if they were not giving those high doses?

BY MR. ANDERSON:

Q Let me ask you something I think the jury would really like to know: Is it true that you cannot identify a single physiological problem that Maya had, that you could directly relate to the ketamine infusions when she came over to you?

MR. HUGHES: Form.

THE WITNESS: Well, she had -- she came on --

MR. HASKELL: Join.

THE WITNESS: -- (unintelligible) -- agitation. That could be a sign of withdrawal or dependence over -- at the ketamine. She came with abdominal pain. There has been description -- description of all the issues because of ketamine.

BY MR. ANDERSON:

Q Where is it in any of your notes that JHACH doctors linked up her abdominal cramps with ketamine?

MR. HUGHES: Form.

THE WITNESS: I don't -- I don't know if I'm answering your question, but I do know that Maya wasn't eating. She didn't eat for a few days before she arrived here. So anyone that doesn't eat will have abdominal pain. After five days of not eating, I wouldn't be well of gastritis; I wouldn't be well of some type of abdominal pain.

BY MR. ANDERSON:

Q Okay. Where is that in the medical records? Where is that tied in, that her ketamine use caused gastroenteritis or some other illness that was a direct cause of her not eating?

MR. HUGHES: Form, and I'd like to note that the doctor doesn't have anywhere near the entirety of the chart in front of her.

Do you have a particular section you'd like her

to review?

MR. ANDERSON: Where -- where is it -- we -- will you stop coaching the witness, David? You're going to have to pay for this deposition again.

MR. HUGHES: Is there a pending question?

BY MR. ANDERSON:

Q Where is it in any of the records? Where is it in any of the records that you tie in her ketamine use, the prescription she got from Dr. Hanna, with any of her physiological symptoms?

A I didn't, but --

MR. HUGHES: Form.

THE WITNESS: -- we said that we didn't feel comfortable doing the same that she was getting because we didn't feel that that was safe and is not the standard of care.

BY MR. ANDERSON:

Q Well, do you have any lab result that you can point to, to indicate that somehow she had a toxicity or problem along those lines with the ketamine she had received?

MR. HUGHES: Form.

THE WITNESS: No, and we were not looking for it.

BY MR. ANDERSON:

Q Well, what evidence do you have that the ketamine infusions Dr. Hanna prescribed to try to control this pain actually had any negative effect on her?

MR. HUGHES: Form.

THE WITNESS: They were not working. She was IV sedated. She had -- her state of mind was not normal. She had 50-something episodes of treatments with Dr. Hanna and it wasn't working. She wasn't getting any better. That's why he sent her here.

BY MR. ANDERSON:

Q In that instance, but you hadn't talked to Dr. Kirkpatrick, had you?

MR. HUGHES: Form.

THE WITNESS: I wasn't privy of that information. I didn't know at that point that she also had seen Dr. Kirkpatrick.

BY MR. ANDERSON:

Q Well, did you talk to her -- Maya's longstanding pediatrician, Wassenaar, Dr. Wassenaar?

MR. HUGHES: Form.

THE WITNESS: The only person I spoke with was Dr. Hanna, and it was because that was the person that Maya's mom basically told us to talk with.

BY MR. ANDERSON:

Q Did you even look at her past records, that it was JHACH doctors that had installed the port for the post-ketamine infusions?

MR. HUGHES: Form.

THE WITNESS: No, I didn't read that, but for what I understand, it was a consult. We were consulted to place the port for the infusion of medication.

BY MR. ANDERSON:

Q So? I mean, what relevance is that?

MR. HUGHES: Form.

THE WITNESS: I'll ask you the same thing: What's the relevance of your question?

BY MR. ANDERSON:

Q What I'm trying to figure out, is why you didn't inquire as of at least the records, internal to JHACH on this child, to figure out what that history of infusions was.

MR. HUGHES: Form. Asked and answered.

THE WITNESS: I don't think that we knew what was the exact goal of -- of that port. But again, I didn't know about it. I didn't know where the port was placed. I know that the -- the surgeons here were consulted to give -- to place the port, and

they've -- and that's what they did.

BY MR. ANDERSON:

Q You don't -- you're not accusing them of placing a port that was somehow harmful to Maya, are you?

MR. HUGHES: Form.

THE WITNESS: I didn't say that.

BY MR. ANDERSON:

Q You're not accusing the surgeons or doctors of inserting a port with absolutely no stated reason for doing so, are you?

MR. HUGHES: Form.

THE WITNESS: I haven't said that. You're the one stating those things.

BY MR. ANDERSON:

Q Just out of curiosity, where did you get this number -- hang on one second -- that you've been quoting as being an excessive amount of ketamine. The amount is 23 milligrams per -- per -- where was that? I -- you wrote it down. Hold on one second. There it is.

I mean, because we've been taking notes on this, he told you that -- according to your testimony, that she received 1250 milligrams in any 24-hour period.

A No, in a four-hour period.

MR. HUGHES: Four.

BY MR. ANDERSON:

Q Okay. Four hours within the 24 hours. The judges will accept that.

A No, that's a different --

MR. HUGHES: Whoa, whoa, whoa. Form. Form. Move to strike. Move to strike.

BY MR. ANDERSON:

Q Where were you getting the 23 milligrams/per kilogram per hour?

A From the doses that Dr. Hanna gave me over the phone, and then some from the medical record that I reviewed.

Q Okay. Well, where is that?

A In the last visit -- in the last visit that he had with her, before she sent her -- he sent her here.

Q Where is that record?

MR. HUGHES: I'm going to pull it right up for you now.

Can we go off the record? I'll have it in about two minutes.

MR. ANDERSON: Yeah.

MR. HUGHES: Sure.

THE VIDEOGRAPHER: All right. Going off the video record at 4:59 p.m.

(A recess was taken from 4:59 p.m. to

5:03 p.m.)

THE VIDEOGRAPHER: All right. We are back on the record at 5:03 p.m.

BY MR. ANDERSON:

Q All right. Dr. Dolan --

MR. HUGHES: We're not back on the record, Mr. Anderson. We have located the records, okay? I have records from Johns Hopkins as well as Dr. Hanna. She has reviewed Dr. Hanna's records. And you asked the question, and we're finding it for you. I spent the last five minutes tracking it down, and I just found it.

MR. ANDERSON: No, I don't want you coaching the witness. Will you stop? What is wrong with you? You're not supposed to --

(Cross-talk.)

MR. HUGHES: There is no coaching going on, Mr. Anderson. You asked the question. She has seen Dr. Hanna's records to substantiate the 23 milligram/per kilogram per-hour number that you cited.

We pulled up the record. She's going to look at them. She's looked at them before. She also has the record where she documented what Dr. Hanna told her over the phone.

MR. ANDERSON: That's not what I want.

MR. HUGHES: You wanted 23 mgs./per kgs. per hour. That's what you said you wanted.

MR. ANDERSON: You're coaching --

MR. HUGHES: Madam Court Reporter, can we please read back what he wanted?

MR. ANDERSON: No --

MR. HUGHES: Which was 23 milligrams.

MR. ANDERSON: -- it's my deposition.

MR. HUGHES: You asked where she got that information.

MR. ANDERSON: I'm going to ask the question. You can either instruct her to answer or not to answer, or do whatever you want, but we're going to get to the bottom of this, because I think I know exactly where that number came from.

MR. HUGHES: Okay. I can't wait.

BY MR. ANDERSON:

Q Ma'am, is it true that you did not receive any written records from Dr. Hanna during that first three to four days that you were involved?

A That's correct. Everything he said over the phone.

Q Okay. So over the phone, he told you that she was receiving 1250 kilogram -- excuse me -- 1250

milligrams over four hours, right?

A That's correct. Over four hours.

Q Now -- now, Maya had an average weight of 30 kilograms. Will you break that down, then, to --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- milligram per --

A It's 27 --

Q -- kilogram for a --

A It was 24 kilos.

MR. HUGHES: Form.

BY MR. ANDERSON:

Q All right. Will you break it down for me, please, with a calculator -- because I don't have a calculator -- as to the milligrams/per kilogram per hour, and see if it doesn't come out between 10 and 11 milligrams.

A It's 1250 divided by 27 kilos, is equal to 46 divided by 2 hours, that was --

Q Four hours.

A -- the length of --

Q Four hours.

A His records says two hours.

Q I'm not interested in --

A His written records.

Q I'm not interested -- no, I'm interested in what he told you. I'm not interested in the defendants' math. I'm interested in what he told you. You testified to four. How much is in four?

MR. HUGHES: No, she documented four, Mr. Anderson.

Form. Move to strike.

MR. ANDERSON: No, that's in record. You guys are interpreting and screwing up my deposition.

BY MR. ANDERSON:

Q So what I want to know is, if you take the 46 and divide by 4, what does it come out to? About 11?

MR. HUGHES: It's 11.57, but I'll allow her to do the math.

THE WITNESS: 11.5.

BY MR. ANDERSON:

Q All right. Milligrams per --

A Milligrams per kilo, uh-huh --

Q All right.

A -- per hour.

Q All right. Now, are you trying to say that 11.5 milligrams/per kilogram per hour is somehow a dangerous dose?

A It's well above the normal ranges of -- of -- of the way this medication is recommended or prescribed

for.

Q Normal range is set by whom?

A By the medical literature, sir.

Q The what?

A The medical literature; any pediatric anesthesia book; the articles; the articles that you sent, none of them talk about 11.5 milligrams/per kilo per hour.

Q Okay. What's the --

A None of them.

Q -- highest you saw?

A 7 milligrams/per kilo, and that was, I believe, in the adult population, but most of them go from 0.02 to .7 milligrams/per kilo, and that was the recommendation of Dr. Cohen. That's Dr. Cohen's article.

Q All right. Take a look at "Optimizing the Treatment of CRPS with Ketamine," Dr. Schwartzman's -- Dr. Kirkpatrick's --

MR. HUGHES: Right. Dr. Kirkpatrick's article?

(Cross-talk.)

THE WITNESS: The one that hasn't been published?

MR. ANDERSON: It's by Dr. Kirkpatrick. It's the same article.

MR. HUGHES: And so you're talking about the one from the Clinical Journal of Pain, ahead of print, that hasn't been published yet?

MR. ANDERSON: It has been published.

MR. HUGHES: No, it has not. It's published ahead of print. It has not been published yet. I have a copy of it. I received it last week.

MR. ANDERSON: It hasn't come out yet --

MR. HUGHES: It has not been published yet.

MR. ANDERSON: -- in the paper, but it has been accepted for publication.

MR. HUGHES: Okay. So you're asking her to comment on a document not published yet from Dr. Kirkpatrick, because I have the complete one here. It says "accepted" on it. I just want to make sure we're working on the same article here, because I have the whole thing.

MR. ANDERSON: I'm not interested in coaching the witness.

MR. HUGHES: No, I'm not. I want to know -- because i Have it in front of me, I want to make sure I'm showing the witness the proper documentation. What is the citation of the article you want me to show the witness? I suspect it's titled "Optimizing the Treatment of CRPS with

Ketamine," authored by Anthony F. Kirkpatrick, et al., the Clinical Journal of Pain, published ahead of print. It has been accepted.

No coaching going on on my end; just want to make sure we have accurate documentation provided to the witness. And if you have a page number you'd like me to refer to, please feel free to. I have a suspicion I know what page the dosages is on, but I'd like to hear it from you, so we're all on the same page.

BY MR. ANDERSON:

Q Let me ask you this, Doctor: the 23 milligrams/per kilogram, true or false, that was provided to you by your counsel, not by Dr. Hanna?

MR. HASKELL: Object to form.

MR. HUGHES: Form.

THE WITNESS: No, that's not correct. I reviewed Dr. Hanna's records, and I realized that the infusion wasn't over four hours but two, so that's why the 23 milligrams came up.

BY MR. ANDERSON:

Q And -- but you didn't know that at the time, did you?

A I did not know that she still getting 11 milligrams, and that was a lot.

Q And you thought --

A Way out -- that was way out of any range of recommended dose of ketamine.

BY MR. HUGHES:

Q Admittedly, you're not an --

(Cross-talk.)

MR. HUGHES: (Unintelligible) -- infusion rates.

BY MR. ANDERSON:

Q -- expert, right?

MR. HUGHES: Form.

THE WITNESS: I'm a pediatric anesthesiologist that takes care of a fair amount of patients with CRPS.

BY MR. ANDERSON:

Q Yeah, but you don't have any experience in using ketamine to treat CRPS, right?

MR. HUGHES: Form.

MR. HASKELL: Form.

THE WITNESS: I have never used ketamine to treat CRPS. I have a -- a lot of experience using ketamine.

BY MR. ANDERSON:

Q In sedation, but not in using it for chronic pain --

MR. HUGHES: Form.
BY MR. ANDERSON:
Q -- right?
MR. HUGHES: Mischaracterizes prior testimony.
THE WITNESS: I -- I have used it on sedation, on anesthesia, and for chronic pain management, but at recommended doses.
BY MR. ANDERSON:
Q If you take a look at the article in the Pain magazine, "Outpatient Intravenous Ketamine for the Treatment of Complex Regional Pain Syndrome: a Double-Blind Placebo Control Study," that came out in 2009. Dr. Schwartzman was the lead -- well, the lead author.
It says, "Study subjects were evaluated for at least two weeks prior to treatment and for three months following treatments" -- this is through the abstract. "All subjects were infused intravenously with normal saline or with or without ketamine for four hours. 25 milliliters daily for 10 days. The maximum ketamine infusion rate was .35 milligrams/per kilogram an hour, not to exceed 25 milligrams/kilogram over a four-hour period."
A Yeah, it basically supports my point. The maximum dose that they were using was .35 milligrams/per

kilo per hour. Maya was receiving 11 milligrams/per kilo per hour, which it was not true. It was actually 23 milligrams/per kilo per hour. It's -- so divide 23 times -- 23 times .0 -- 23 divided .35.

Q And you're doing this after the fact, though, right? You didn't have any of this information at the time you were offering these opinions internally about treating and not treating Maya Kowalski, true?

MR. HUGHES: Form. Mischaracterizes prior testimony.

BY MR. ANDERSON:

Q You didn't have the records then, did you?

A I have --

MR. HUGHES: Did you finish -- did you finish your calculation, Doctor? You can finish your answer there. He cut you off.

BY MR. ANDERSON:

Q Did you have the records or not at the time you were espousing your view on the amount of ketamine she was given?

MR. HUGHES: Please -- please allow her to finish her previous answer and she'll respond sequentially. Thank you.

MR. ANDERSON: Look, David, you don't get to do my deposition. If I don't want that -- if I don't

need that answer anymore, I'm moving on.

BY MR. ANDERSON:

Q Did you or did you not have the records at the time?

A So she was getting -- she was getting 65 times the recommended dose -- above the recommended dose. The number that I had was 1250 over four hours in a 27-kilo patient. That information I had, and that was still a lot.

Q Did you or did you not have the records from October 7th to October 11th?

A I only had the telephone information that Dr. Hanna gave me.

Q And as you've testified, the only thing he said was 1250 milligrams over four hours, right?

A That's correct.

Q Everything you just testified to the jury is you coming back and reconstructing, using records given to you by your defense lawyer, true?

MR. HUGHES: Form.

THE WITNESS: Sir, I haven't. The only thing I did was, you said, "Where did you get that 23 from?" so I asked for the old records. And in the records, which I have read after -- after the fact, it says that 1250 over two-hours' period for a 27-kilo

patient, and that's 23 milligrams/per kilo per hour, which is an exorbitant amount of medication.

In going back to what I knew at that point, which it was 1250 over four hours, then the number is 11 milligrams/per kilo per hour, which is still a big number compared to 0.23 milligrams. And that's what the 0.35 milligrams, which is what your article, the one that you are asking me to read, it states.

BY MR. ANDERSON:

Q Did you ever talk to Dr. Hanna to figure out whether your assumptions about what he -- (unintelligible) -- was correct?

MR. HUGHES: Form.

You broke up there, Greg. You're going to have to repeat that.

BY MR. ANDERSON:

Q Did you ever talk to Dr. Hanna to find out if your assumption of 23 milligrams/per kilogram per hour was correct?

MR. HUGHES: Form.

THE WITNESS: I never had another conversation with Dr. Hanna. I did ask him to repeat the number that he had -- he was giving me, and actually, they were -- they were confirmed by the numbers that Kay

got the same day from Dr. Hanna.

BY MR. ANDERSON:

Q That who got?

A Kay, my nurse practitioner.

MR. HUGHES: Kay Rhodes, we referenced her earlier. She's an APRN.

BY MR. ANDERSON:

Q When exactly did you get these records for the first time after this lawsuit was filed?

A Yes, I got the records, where it shows that it was only over two hours, months ago, when I was first ready to have the deposition with you.

Q So I am correct: all these numbers you've come up with are from records your defense lawyer gave you --

A No --

MR. HUGHES: Object to form.

Q -- as part of the defense in this case, aren't they?

MR. HUGHES: Form.

THE WITNESS: I -- again, I'll repeat again: I had the numbers from Dr. Hanna himself over the phone. The numbers were already really bad. They were already really high. The numbers that he was giving her were out of any range that we have before.

MR. ANDERSON: So you would -- yeah, it will be one of the first ones. I'm trying to figure out where she documented, if she had, you know, the amount --

MR. HUGHES: Yeah, Mr. Anderson, let me help you out with that. It's on Plaintiffs' 004064, bottom third of the page, "History of Present Illness: Pain Assessment," and that is from Dr. Dolan's October 7, 2016, "Pain Management" note.

Doctor, do you have your copy available, or do you want to use mine?

THE WITNESS: I'll use yours.

MR. ANDERSON: Was I talking to you?

MR. HUGHES: I was trying to help move the deposition along because you were fumbling around and not able to find out where the record was. So as a professional courtesy, I highlighted where it was.

MR. ANDERSON: I'll tell this to the Judge --

MR. HUGHES: But I guess you weren't talking to me. I was talking to you, though. Counselor to counselor. Professional courtesy to professional courtesy.

BY MR. ANDERSON:

Q So I would be correct: that the only factual

information that you had at the time was that -- between you and Dr. Hanna's conversation, was she received 1200 -- (unintelligible) -- ketamine, and then other -- (unintelligible) -- four hours, that did not break her pain cycle; is that right?

A That's correct.

Q And you knew that that was a dose to her in milligrams versus kilogram, right?

MR. HUGHES: Form.

THE WITNESS: That's correct.

THE COURT REPORTER: Mr. Anderson --

BY MR. ANDERSON:

Q Do you have any documentation --

THE COURT REPORTER: -- I don't mean to interrupt, but your last question was broken up. Can you repeat what you were asking about?

MR. HUGHES: Well, I didn't hear you, either, Jen. I think you were breaking up.

THE COURT REPORTER: This is Stephanie.

MR. ANDERSON: I have no idea what you people are talking about.

THE COURT REPORTER: I'm the court reporter. I was just saying, I didn't hear his last question, but the witness obviously knew what he was asking. I just did not hear all of it.

MR. HUGHES: Oh, I apologize. I thought that was Jen Anderson. I apologize, Madam Court Reporter. So, Madam Court Reporter, you didn't hear all of the witness' answer?

THE COURT REPORTER: No, the witness is fine; I didn't hear Mr. Anderson, all of his questioning.

MR. HUGHES: Okay. Can you still hear me, ma'am?

THE COURT REPORTER: Yeah.

MR. HUGHES: Thank you.

MR. ANDERSON: My question was, that she just understood, that milligrams/per kilogram in that 1250 milligrams every four -- or over four hours.

MR. HUGHES: Is that your question?

BY MR. ANDERSON:

Q Doctor, do you have any personal notes, e-mails, texts, tweets, or any other form of communication between you and anyone else about this issue of ketamine dose regarding Maya Kowalski?

A Not that I can't recall.

Q You never wrote anybody, sent any records to anybody, anything like that?

A Not that I can't recall.

Q Were you aware at the time that you were making these -- forming these opinions and telling people these

opinions about ketamine, how they were being used, how those opinions were being used?

MR. HUGHES: Form.

THE WITNESS: I don't understand your question.

MR. HASKELL: Join.

THE WITNESS: I don't know what your point.

BY MR. ANDERSON:

Q Did you know, when you were opining about what was safe and what was not a safe level of ketamine -- strike that.

Did you ever tell anybody as Johns Hopkins or otherwise, that the amount of ketamine that Dr. Hanna had prescribed was dangerous as opposed to being more than what the literature said?

A The only conversation I had was with my team, and the person that I mentioned, and it was asking if they knew about the use -- the use of those levels of drugs.

Did I mention, with my team, that I thought that was out of range? Yes, but I didn't have any other conversations with any other people.

Q Okay. So you thought it was -- you told your team that it was out of range, but you did not describe it further, am I right in that?

MR. HUGHES: Form.

I missed that. Did you say "ascribe a superlative"?

MR. ANDERSON: No.

BY MR. ANDERSON:

Q Did you understand my question?

MR. HUGHES: Can you repeat the question?

BY MR. ANDERSON:

Q Dr. Dolan, did you understand my last question?

A No.

Q Would I be correct that you described to the team the amounts of ketamine you felt were out of range of what should be given, but you did not go further and offer opinions about whether it was dangerous or anything like that, am I right?

MR. HUGHES: Form.

THE WITNESS: I did not offer any opinion.

BY MR. ANDERSON:

Q So any opinion about whether or not this amount of ketamine was harming or dangerous to Maya did not come from you, right?

MR. HUGHES: Form.

THE WITNESS: I don't know what the context of your question. Did I talk with my team and were we concerned with the doses that she was getting? Yes, absolutely.

BY MR. ANDERSON:

Q Yeah, I get that. I'm just talking about an adjective to describe it. You didn't come up with adjectives to describe it; you just said you thought it was out of range of what was acceptable, right?

MR. HUGHES: Form.

THE WITNESS: Correct.

BY MR. ANDERSON:

Q Okay. Give me one moment here.

Okay. And I would be correct: that any suggested or historical dosing of Maya, the specific milligrams/per kilogram, that came from Dr. Hanna?

MR. HUGHES: Form.

THE WITNESS: Those numbers came from Dr. Hanna, and I -- right away, after I finished the conversation with Dr. Hanna, I made my calculations, to see how many milligrams/per kilo per hour she was getting.

BY MR. ANDERSON:

Q Okay. Let me show you what is -- what we'll mark as Exhibit 10, and it's a -- an e-mail from Alese Steller (phonetic) to you, Jenny Dolan, "Subject: Kawasaki" -- oh, excuse me -- "Kowalski."

(Plaintiffs' Exhibit 10 is marked for identification.)

MR. HUGHES: We have a few of those here. So are we looking at JHACH 1111044 through --

MR. ANDERSON: Yes.

MR. HUGHES: -- and 41111023?

MR. ANDERSON: 44.

MR. HUGHES: All right. The 44 is the e-mail.

THE WITNESS: This one?

MR. HUGHES: Yeah, you'll see the next page is 45, just to confirm.

THE WITNESS: Yeah.

MR. HUGHES: It's 4445.

Okay. She has it.

BY MR. ANDERSON:

Q Did it come to your attention, Dr. Dolan, of why they did not need you to testify?

A They called me or I called them -- I don't remember exactly -- but we spoke over the phone, and they told me that Mrs. Kowalski had died that --

Q Did they tell you --

A -- over the weekend.

Q Did they tell you how she died?

A I was told that she had hung herself.

Q Did they tell you she committed suicide?

MR. HUGHES: Form.

THE WITNESS: Right.

BY MR. ANDERSON:

Q Did anybody discuss with you, at any time, why she committed suicide?

MR. HUGHES: Form.

THE WITNESS: There was no -- no more conversations about it.

BY MR. ANDERSON:

Q Did you ever learn she committed suicide in the belief it was the only way to get her daughter away from the rest of JHACH?

MR. HUGHES: Form. Move to strike.

THE WITNESS: This is the first time I am learning that, from you.

MR. HASKELL: Join.

BY MR. ANDERSON:

Q Nobody ever showed you her suicide notes?

MR. HUGHES: Form.

THE WITNESS: I read her suicide notes, but your statement, I wasn't aware that she killed herself to move Maya away from the hospital.

BY MR. ANDERSON:

Q Nobody discussed that with you?

MR. HUGHES: Form.

And I will instruct you, if you learned it from me, not to talk about it.

BY MR. ANDERSON:

Q Well, now that you know about it, would you consider this treatment of Maya Kowalski a JHACH success story?

MR. HUGHES: Form. Move to strike.

MR. HASKELL: Form. Join.

THE WITNESS: How is she doing?

BY MR. ANDERSON:

Q She still has paralysis in her ankles and feet. She's out of a wheelchair, back in school. She's subject to relapse, and she's going to spend the rest of her life without her mother, as well her brother --

A I think we saved her life because what we got here was a nonfunctional child, agitated, is -- (unintelligible) -- that couldn't walk. If she's able to walk now, this is a success story. I am very sorry for the death of her mom.

Q And I just want to make sure the jury understands: As you sit here today, knowing what happened, you have absolutely no remorse for the way that you and the hospital handled this family?

A You only --

MR. HUGHES: Form. Move to strike.

MR. HASKELL: Mischaracterization.

MR. HUGHES: I was going to say the same, exact

thing. I'll join. Thank you, Brian.

THE WITNESS: Do I have to answer?

MR. HUGHES: You can answer, yes.

BY MR. ANDERSON:

Q You have to answer.

A You only -- you only feel remorse when you've -- when you have done something bad, and that's not a case here.

BY MR. ANDERSON:

Q I think that probably the jury is going to be the one to decide that, ma'am, but --

MR. HUGHES: Form. Move to strike.

Is that a question or just another non sequitur comment?

MR. ANDERSON: Jen, have you got anything?

MR. HUGHES: I think it's probably a non sequitur, so I'll move to strike that, Madam Court Reporter.

MR. ANDERSON: Nothing further.

MR. HUGHES: All right. I've got some follow-up questions. I'd like to take a brief comfort break before I begin, though?

MR. ANDERSON: Yeah, whatever.

MR. HUGHES: I won't be long, Doctor. I promise.

We're going to go off the record here.

THE VIDEOGRAPHER: Going off the video record at 5:32 p.m.

(A recess was taken from 5:32 p.m. to 5:45 p.m.)

THE VIDEOGRAPHER: We are back on the video record at 5:45 p.m.

CROSS-EXAMINATION

BY MR. HUGHES:

Q Good evening, Dr. Dolan. How are you doing?

A I'm good. Thank you.

Q First off, I want to thank you for coming in today. I know it's -- lawyers don't like to stick around for 5:45 and get questioning since 1:00 p.m, but I do appreciate your patience, and I promise I won't be very long; I just have some follow-up questions for you, okay?

A Thank you.

Q All right. I want to start where we kind of left off, about the milligrams/per kilogram per hour that were communicated to you by Dr. Hanna.

Now, do you remember those questions that Mr. Anderson asked you?

A Yes.

MR. HUGHES: Madam Court Reporter, can you hear

me?

THE COURT REPORTER: Yes, perfect.

MR. HUGHES: Madam Court Reporter --

THE COURT REPORTER: Thanks.

MR. HUGHES: Okay.

BY MR. HUGHES:

Q Based upon your note -- that can be found at Plaintiffs' 004064 -- what did you document Dr. Hanna's treatment regimen to be?

A 1250 milligrams of ketamine; 50 milligrams of lidocaine; 750 milligrams of magnesium sulfate; 4 milligrams of Versed, on an infusion over four hours.

Q And at the time of this, what was Maya's weight?

A 27 kilograms.

Q Based on what you knew on October 7 of 2016, what was the milligram/per kilogram per hour that Dr. Hanna was providing at his outpatient clinic?

MR. ANDERSON: Object to form.

THE WITNESS: 11.5 milligrams per kilo per hour, way about -- way above the normal range of treatment.

MR. ANDERSON: Motion to strike. Nonresponsive.

BY MR. HUGHES:

Q What was your response -- what was your response after learning that Dr. Hanna was infusing 11.5 milligrams/per kilograms per hour to a 7 -- a 27-kilogram child at an outpatient clinic?

A I was shocked; I was mortified; I couldn't -- I was in disbelief.

Q Why were you shocked, mortified, and in disbelief?

A Because those doses are well above a general anesthesia dosing. Giving those doses as an outpatient without the support you're supposed to have is just dangerous, and I have never seen something like that.

Q What type of support systems were you referring when you just responded?

A Intensive care support system, where you are able to intubate and ventilate a patient, because ketamine has a sympathetic effect, which it means it can have a significant cardiovascular effect at those doses.

Q And as of October 7, 2016, you were -- is it fair to assume you were proceeding with the assumption that Dr. Hanna was administering 11.5 milligrams/per kilograms per hour?

A That's correct.

Q And was that the milligram/per kilogram per

hour that you were discussing with members of the Johns Hopkins All Children's Hospital team?

A That's correct.

Q Were those also the levels -- again, 11.5 milligrams/per kilograms per hour, was that also the level that you discussed with your two colleagues outside of Johns Hopkins All Children's Hospital?

A Yes, I was mortified by the number.

Q And the two colleagues that you discussed this with, a Dr. Rice and I forget the other individual's name, you reported 11.5 milligrams/per kilogram per hour to those individuals?

A That's correct.

Q And what was their response to that level of ketamine being used?

MR. ANDERSON: Object to form.

A They said -- one of them -- one of them said, that's crazy, that that was unheard of, that that is not the treatment for CRPS; and the other one was also -- she was concerned with the doses and the same thing, the same situation.

BY MR. HUGHES:

Q Now, several months ago when we met, when your deposition was originally scheduled, you had the opportunity to review some of Dr. Hanna's records,

right?
A That's correct.
Q And you're a board-certified pediatric anesthesiologist, correct?
A Yes.
Q You're familiar with how to review an anesthesiology record?
A Yes.
Q And during our break, you had the opportunity --
MR. ANDERSON: Object to form.
BY MR. HUGHES:
Q -- to review --
MR. ANDERSON: Excuse me. Object to form.
BY MR. HUGHES:
Q What are your board certifications?
A I'm board certified in anesthesia, and then I am board certified in pediatric anesthesia.
Q And what was the fellowship that you completed after your anesthesiology residency?
A Pediatric anesthesia.
Q Why do providers such as yourself pursue a fellowship in pediatric anesthesiology?
A Because I like -- I really enjoy working with kids. I like working with the pediatric population.

Q When was the first time that you had the opportunity to actually review Dr. Hanna's anesthesiology records, the pain management records, for Maya Kowalski?

A Months after she was discharged, and in preparation to the first scheduled deposition.

Q And that deposition was canceled; is that correct?

A That's correct.

Q And during our break, you also had a chance to go through and look at Dr. Hanna's records for Maya Kowalski on October 6, 2016; is that correct?

A That's correct.

Q Okay.

MR. HUGHES: I will draw counsels' attention to what's is Bates labeled as -- and we'll mark this as another exhibit, Madam Court Reporter. We'll get it to you later.

(Defendants' Exhibit 1 is marked for identification.)

BY MR. HUGHES:

Q I draw your attention to what's been Bates labeled as Hanna 184 to 185, as well as Hanna 390. Do you remember reviewing those documents, Doctor?

A Yes.

Q And the first two pages of records on 184 to 185, those were typewritten, correct?

A That's correct.

Q And the Hanna 390 record was a handwritten anesthesiology flow chart, correct?

A Yes, it's an anesthesia hand record.

Q Hand record.

And am I correct in calling that a flow chart, or is there another way to describe that?

A It's an intra-therapy (phonetic) record. That's what we call it.

Q Based on your review of Hanna 184 to 185 -- and that was the typewritten record -- how would you characterize the milligrams/per kilogram per hour infused by Dr. Hanna at his outpatient clinic on October 6, 2016?

A Even higher than --

MR. ANDERSON: Object to form.

THE WITNESS: Even higher than the doses that we have talked about. That's where the 23 milligrams per kilo per hour comes from, because it wasn't as he said, over four hours, but over two hours.

BY MR. HUGHES:

Q Let me rephrase my question, Doctor, because

there was an objection.

Based on your review of 184 to 185, how many milligrams of ketamine did Dr. Hanna infuse to Maya Kowalski on October 6, 2016?

MR. ANDERSON: Object to the form.

THE WITNESS: 23 milligrams per kilo per hour, which is 66 times more -- 66 more times than the recommended dose from the articles that they -- Mr. Anderson chose.

BY MR. HUGHES:

Q Like many bright students, you jumped to the final, final answer. Let me just kind of walk it through because not everybody is going to have the same affinity with math that you do.

So based on the review of Hanna 184 to 185, how many milligrams of ketamine did Dr. Hanna administer to Maya Kowalski on October 6, 2016?

A He gave 200 -- 1250 milligrams, total.

Q 1250 milligrams?

A In total, in two hours.

Q And how do you know it was over two hours?

A Because of the record.

Q The records said two hours?

A Yeah, 14:30 to 16:30.

MR. ANDERSON: Object to form. Object to form.

BY MR. HUGHES:

Q And how much did --

MR. HUGHES: What's the basis of your objection, Mr. Anderson?

MR. ANDERSON: You led her, and you've been leading her the entire time.

MR. HUGHES: I'm asking opened-ended questions using who, what, where, when and how. How is that at all leading?

MR. ANDERSON: Not the last question, you didn't.

MR. HUGHES: Okay. Madam Court Reporter, can you please read back the last question?

THE COURT REPORTER: Give me one moment. I just have to switch my screen.

MR. HUGHES: I want to make sure I'm not leading anybody here. I apologize, Doctor. We're going to get there.

THE COURT REPORTER: I've got, "And how do you know it was over two hours?

"Because of the record.

"The records said two hours?

"Yeah" --

BY MR. HUGHES:

Q Okay. So if I understand you correctly, after

your review of Dr. Hanna's records, how many milligrams of ketamine were infused to Maya Kowalski based on Hanna 184 to 185?

A It was 1250 milligrams.

Q And how many hours was that 1250 milligrams infused over?

A Two hours.

Q And how do you know that?

A Because I saw the anesthesia record.

Q Okay. And what was your understanding of Maya Kowalski's weight on the day in question?

A 27 kilograms.

Q I believe it actually said 60 pounds; is that not correct?

A That's correct.

Q And you're able to tabulate the 27 kilograms is in fact close to 60 pounds, right?

A 60 pounds divided by 2.2 is the 27.2 kilos.

Q And another way of expressing that would be 27 kilograms times 2.2, would get us to 60; is that correct?

A That's correct.

MR. ANDERSON: Object to form.

BY MR. HUGHES:

Q Okay. And you also had the opportunity to read

Hanna 00390, did you not?

A That's correct.

Q Based on your review of Hanna 390, what is your understanding of the total amount of ketamine that was administered to Maya Kowalski?

A That she got 1250 milligrams over a period of two hours.

Q Okay. And again, what was her weight?

A 27 kilograms.

Q Based on your interpretation of Hanna 00390, what was the milligram/per kilogram per hour of ketamine administered to Maya Kowalski?

A 23 milligrams per kilo per hour.

Q Okay. Were there other medications that were administered along with the ketamine; and, if so, what were they?

A Magnesium sulfate, I believe 1750 milligrams; Versed is not clear because it says 2, 2, 2, 2, 2, like 10 milligrams. He documented basically 10 milligrams in the written medical record, but in the total part, he puts only 4 milligrams. So it's not clear. In that written record, it's not clear if it's 4 milligrams versus 10 milligrams.

Q What is your opinion of the amount of mag sulfate that was administered?

A It's 1750.
Q And that's milligrams, correct?
A Uh-huh, that's 64 milligrams. The maximum dose that we recommend is 50 milligrams per kilo, and that's for the -- an acute asthmatic event. That's a -- it's a pretty high dose.
Q What is your opinion -- and again, it's unclear about Versed -- but what is your opinion of administering the 10 milligrams of Versed?
MR. ANDERSON: Object to form.
THE WITNESS: That's --
MR. ANDERSON: Object to form.
THE WITNESS: That's a very -- that's a very large amount for a child with her weight.
BY MR. HUGHES:
Q What about 4 milligrams?
A That would seem to be a lot.
Q Okay. And Versed -- well, what class of medication is Versed?
A It's a benzodiazepine.
Q Does it also have another name?
A Versed, midazolam.
Q Midazolam. Okay.
Do you recall what Dr. Hanna explained he was doing in terms of Versed?

A He didn't mention.

Q I think it says here, 4 milligrams of Versed. Do you want to take a look at 004064?

A The only thing I have written in the record is that he didn't rate her pain type.

Q Okay. Okay. Knowing what you know now about Hanna 184 to 185 and Hanna 390, how would you characterize the ketamine as expressed by milligrams/per kilograms per hour administered to Maya Kowalski by Dr. Hanna?

A That's an excessive amount --

MR. HUGHES: Object to form.

THE WITNESS: -- based on -- it's an excessive amount based on the literature.

BY MR. HUGHES:

Q And I believe earlier in your deposition you used the term "radioactive" to describe that amount?

A Yeah, that's how I call it, as soon as I made the calculations.

Q Okay. And I think you also use the term "mortified"; is that correct?

A Yes, I was mortified --

MR. ANDERSON: Object to form.

THE WITNESS: -- by the doses.

BY MR. HUGHES:

Q What was your level of concern when you learned about this from Dr. Hanna about 11.5 milligrams/per kilograms per hour?

A I was surprised that he was doing that as a -- in an outside facility, and I was surprised that he hasn't got in trouble. I was surprised that Maya was still okay.

Q We talked a little bit during your deposition about how Maya progressed for the first month or so during her time at Johns Hopkins All Children's Hospital from October 7 to approximately early to mid-November 2015. Do you recall discussing that?

A Yes.

Q How would you characterize Maya's trajectory at Johns Hopkins All Children's Hospital from October 7, 2016, until approximately early to mid-November of 2016?

MR. ANDERSON: Object to form.

THE WITNESS: It was my impression that she was getting better, that she was able to engage with us. At the beginning, when she was separated from her parents, there were a few days that she was obviously very sad, but it's something that you will expect.

But then she started to engage with the

treatment. She started to participate on the physical therapy. She started to have conversations with us. She allowed us to examine her. Overall -- overall, she became a functional person.

BY MR. HUGHES:

Q And when --

(Mr. Anderson is laughing.)

MR. HUGHES: We will move to strike the Jokeresque laughter from Mr. Anderson, which --

MR. HASKELL: Greg, is that really a reaction to it? Is that real?

MR. ANDERSON: That was my dog.

MR. HUGHES: No, actually, it was you, Mr. Anderson. We all saw you here. It's professionally inappropriate. It's on the record and speaks for itself.

But are you going to allow me to continue with my questioning, or you want to continue to laugh? If you're going to continue to laugh, I'd request that you place yourself on mute.

MR. HASKELL: Can we mark that part of the --

MR. ANDERSON: Go ahead with your questions --

MR. HUGHES: And can we mark that? Can we come up with some type of time marker for that, the individual who is doing the video, just so we can

make sure we have that laughter for the record?

THE WITNESS: 6:01 p.m.

MR. HUGHES: 6:01, 6:02 p.m. But if there is someone on the videographer's side that we can mark that, I'd appreciate it.

THE VIDEOGRAPHER: I'll mark --

MR. HUGHES: May I continue, Mr. Anderson? Are you finished laughing, Mr. Anderson? I don't want to interrupt your gaffes of a time over there.

MR. ANDERSON: I just want you to complete your part of the depo. Go ahead.

MR. HASKELL: Well, I find --

MR. HUGHES: I can do that.

MR. HASKELL: I find -- I'm curious what the humor is on this case because I don't think this case is funny at all.

MR. HUGHES: Neither do I. I think it's, quite frankly, just a difficult, sad case. I take it very seriously.

MR. HASKELL: I guess that's a subject for another day.

MR. HUGHES: I take my job very seriously.

Can I continue, Mr. Anderson?

MR. ANDERSON: I'm not here to answer any questions from either one of you guys.

MR. HASKELL: No, you are interrupting the cross-examination, so mute yourself if you're going to laugh, or keep it un-muted and just object.

BY MR. HUGHES:

Q Okay. Doctor, I think we're past that. I apologize for that lack of professionalism, but I'll try to conduct myself in a professional fashion moving forward.

Doctor, you previously just testified that you thought Maya was making some gains from October and into November. Do you remember giving that answer before the eruption of laughter?

A Yes, I do.

Q When, if at all, did you notice a change in that?

A The first time -- the first time she had a supervised visit with the father.

Q Okay.

A That date, she didn't allow me to examine her. That date, she -- she wouldn't talk with me. That was the beginning, and then there was a progression from the way she started behaving towards us on the conversations.

Q Okay. And am I correct in assuming that you have some documentation regarding when Maya began to

refuse to participate in some things?

A I believe so.

Q Okay. I believe it's from November 15, 2016, if you could locate that record for me.

A What's the number?

Q Yeah, the number, well, that's -- these are all -- unfortunately, they were produced out of order so I'd have to go back and find that now. But bear with me. We're getting there. You probably found it before I did.

A 6195.

Q Okay. So that's Plaintiffs' 6192 to 6195; is that correct?

A That's correct.

Q And I think that note carries on as well to 6198, correct?

A 6198, yes.

Q Okay. And so what we've identified here as 6192 through 6198, what is that, that entire document?

A It is the pain management progress note for November 15 of 2016.

Q Okay. And was this the date you were referencing earlier when Maya began to refuse to participate in certain activities?

A She had already -- she didn't let me examine

her, her legs, and she didn't participate in the interview, and that was the first time the father was allowed into the room.

Q Okay.

A But that's in another note, I think.

Q Okay. Well, let me ask you a question. I draw your attention to --

MR. ANDERSON: I don't think she finished what she said. What was the -- what was the response there about the father?

THE WITNESS: The day before -- the day before I saw Maya, she allowed me to examine her and she allowed me to have a conversation with her. The first -- the first time the father walked into the room during a supervised visit, Maya didn't let me touch her legs. Maya didn't let me examine her. Maya didn't engage in a conversation.

BY MR. HUGHES:

Q And I draw your attention to that same note, 6195, about the middle of the page.

A I see it.

Q Do you see where it says, "When asked what was wrong, she" -- Maya -- "stated," quote, everything, end quote, "and she," quote, does want to talk to her lawyers right now, end quote.

Do you see that?

A "She doesn't want to talk to her doctors right now."

Q Oh, sorry.

A "She stated that she has been lied after explained by her lawyer. She says that she hates this hospital and doesn't feel like she is getting the right treatment for her RDS.

"When asked what she feels is the right treatment, she stated pool therapy, RDS drugs, IVIG. I'm going to see her RDS doctors. She reports feeling that she will start getting worse with the treatment she is receiving. She said she should be allowed to go home."

Q As a board certified pediatric anesthesiologist with experience in pain management, what was the clinical significance to you of the paragraph that you just read into the record?

MR. ANDERSON: Object to form.

A It was a --

MR. ANDERSON: Object to form.

THE WITNESS: -- a significant change from -- it was a drastic change from our previous interactions. It was as though a switch has gone on -- off or on, and it was completely different

from what she was the few weeks before.

BY MR. HUGHES:

Q And why wasn't that concerning to you?

A Because then she stopped engaging with the treatment. She stopped -- she stopped allowing us to care for her. And my impression was that she was being coached by somebody.

Q Okay. I'd like to draw your attention to the same note, but now 6197 --

MR. ANDERSON: Motion to move to strike.

MR. HUGHES: On what basis? I asked her why that was --

MR. ANDERSON: It's absolutely --

MR. HUGHES: -- concerning to her.

MR. ANDERSON: -- her speculation. And I was -- and as to form, it was nonresponsive to the question; it was pure speculation; it lacked predicate as to how she would know; and it lacked foundation as to her knowledge of child psychology; it lacks foundation as to a basis for her to be able to tell this jury the psychology; it evidenced absolutely no experience in child psychology; and it was vague, at best.

MR. HUGHES: Okay. I kind of disagree.

BY MR. HUGHES:

Q Doctor, I thought it was an excellent answer, but let me re-ask it because there was an objection on the record.

So I'll draw your attention back to the statement you read into the record on Plaintiffs' 6195. Can you please explain what the significance of that passage was to you as a pediatric anesthesiologist?

MR. ANDERSON: Object to form.

THE WITNESS: She was letting me know that somebody has told her that everything we have done was wrong. She stated it herself, and she went ahead and gave us all that information.

And the other significance of the visit, that this was different from the way she was behaving before; this was different from the interactions we had the few days before.

BY MR. HUGHES:

Q How would you describe the interactions you were having with Maya before this November 15th, 2016th (sic) chart entry?

A They were friendly. We were able to engage. We were able to talk. We talked about my kids. I have a teenager, which were similar to her age. We talk about interests. We had friendly conversations. We

were able to establish a relationship.

Q Okay. Now, I'll draw your attention to the same note on November 15, 2016, and now we're going to go to 6197. So move a couple pages forward.

Do you see where it says "Assessment and Plan"?

A Yes.

Q And underneath, it says, "Problems identified. Issues that led to a change in treatment plan."

Do you see that? It's one of the headings, "Assessment and Plans, problems identified."

A I see it.

Q Okay. Skip down one paragraph. It starts with "Maya had been doing."

Do you see that?

A Yes.

Q Can you please read that into the record. I have some questions about that for you, please.

A "Maya had been doing well, making progress with PT, OT and CBT. On chart review, discussions" -- "discussion with bedside registered nurse and visit with Maya today, our service notes a significant reiteration in her behavior, disposition and interaction, as well as motivation to participate in physical therapy. We feel this is a setback in the progression she has made."

Q Now, Doctor, they're is a possibility that a

jury, that may not have the same level of experience in medicine, may ultimately see this and hear about it.

And since it's your note, could you please explain this paragraph, what you're talking about here, with the understanding that people who aren't registered nurses and doctors might ultimately here about that?

MR. ANDERSON: Object to the form.

A Maya changed --

BY MR. HUGHES:

Q How could would you characterize this paragraph to a jury that is not a medical doctor?

A That something -- there was some type of influence of something made Maya change from the way she was behaving before to this point. There was a different child from what we were taking care of up to this point.

You know, we stated, well, that she was making progress with the team; she was participating; she was engaging. And then suddenly, that was no longer the case.

Q Okay. And towards the end of that note, I'll draw your attention to 6198. Do you see where it says, "Anesthesiologist Note," and at the end it says, "Jenny E. Dolan, M.D."?

A Yes.

Q I think you previously testified that this would have been entered by you, correct?

A Yes, I typed this.

Q Okay. I'll draw your attention to, after it says "Advanced nurse practitioner with the following comments."

Do you see that?

A Yes.

Q Can you read the rest of that into the record, the rest of your note from November 15 of 2016, as identified on 6198?

A "Maya was having lunch during rounds. She didn't want to talk with us. I asked her what was wrong, and she said, 'Everything. My lawyer told me that you are not giving me the correct treatment and you are lying to me.'"

Then I state, "This is a" -- "This was a significant change from my last interaction with her. It seems to me a week has turned back. She also stated that she needed"-- "what she needed was her previous IVG infusion and the correct treatment for RDS."

Q Now, some of the words in that paragraph are in quotations. In fact, I'll quote it for you: Quote, everything, comma, my lawyer told me, that you are not giving me the correct treatment and you are lying to me,

end quote.

Do you see that quote?

A Yes.

Q Why did you put quotations around that phrase?

A Because those were her actual words, and she was saying that her lawyer told her.

Q Okay.

MR. ANDERSON: Object to the form.

MR. HUGHES: On what basis?

MR. ANDERSON: The -- first off, it wasn't a question; it was a narrative instructing her how to answer. So as to the form of the question: leading. As to the ultimate answer to the question: it was nonresponsive, even with the long narrative to it, and again is asking the witness to testify about a medical record and giving an interpretation that is not within the record. So it's speculation.

BY MR. HUGHES:

Q Okay.

A When I write --

Q Let me just rephrase it. There's been an objection and a motion to strike, so let me just try to rephrase my question.

You did quote some language there from Maya, right?

A Correct.
Q And the language that's quoted in the quotation marks, correct?
A Correct.
Q Can you please explain the significance of this note that you made in your entry?
A The significance of the note is that her behavior changed; her engagement toward the treatment changed; and those were the specific words that she told me and that's why I wrote them there.
Q Okay. You've had an opportunity to review several of your progress notes here today, right?
A Yes.
MR. ANDERSON: Object to form.
BY MR. HUGHES:
Q How would you characterize -- what records did you review during your deposition today, when you were questioned by Mr. Anderson?
A I reviewed my records; I believe one of Dr. Teppa's records; and then a -- I believe one of them was Jibin Samuel's record.
Q And within those records, there are vital signs in there at certain places, correct?
A That's correct.
Q What vital signs are contained within your

progress notes? I just -- I don't need to know specific value. I just want to know, what are the type of vital signs that you were documenting on Maya Kowalski in these records that you were deposed about today?

A Those are the vital signs for the last 24 hours.

Q Okay. And what are some of the vitals that you-all are monitoring?

A We monitor for the temperature, the heart rate, the respiratory rate, and the blood pressure, and oxygen saturation, and pain, pain score.

Q Based on your experience as a pediatric anesthesiologist, how would you characterize Maya Kowalski's vital signs in the records that were in front of you today?

MR. ANDERSON: Object to form.

THE WITNESS: In the normal range.

BY MR. HUGHES:

Q There was an objection there.

So how would you characterize Maya Kowalski's vital signs, given her complaints of 10 out of 10 pain?

A They were normal. They were not -- they didn't reflect her 10 out of 10 complaint.

Q In some of your records, there is a reference to Maya requesting a donut. Do you recall the entries

about that?

A Yeah, that was --

Q What is your independent recollection of when Maya requested a donut?

A That was actually the -- during the weekend, the first weekend she was here with us. I remember her being hungry and wanting to eat, and she wanted the donut, and she was going to eat the donut, but then her mother arrived and then she decided not to eat the donut, and she will reject the food like that. She will act as a normal child that wants junk food, but then once the mother was in her presence, then she wouldn't want to eat anymore.

Q Were you concerned with Maya eating food?

A Well, I wanted her to eat.

Q Why did you want Maya to eat food?

A Because they said that she had not eaten in the last five days. So eating is normal. Eating is part of healing.

Q Okay. I also saw in your records that there was a time when Maya's mother rejected or recommended psychiatric or psychological consult.

Do you remember seeing those in your records?

A Yes.

Q Can you please describe your independent

recollection of your interaction with Beata Kowalski when the topic of a recommendation for a psychological consult was brought up?

A She became very upset; she was very angry. She rejected the option of getting psychological support or evaluation. She almost drove me out of the room because she said that I was basically telling them that they were crazy. And the kid, of course, cussed me. Cussed me.

Q Okay.

A Uh-huh.

Q You were actually asked about curse words during questioning with Mr. Anderson.

Do you recall those questions?

A Yes.

Q And I recall that you and I were speaking outside in the hallway during a break, and you sheepishly asked me, "Am I allowed to use bad words here during this deposition?"

Do you remember asking me that question?

A That's correct.

Q And what did I tell you about the words that were used?

A You said I could -- I could tell them.

Q Okay.

MR. ANDERSON: Object to form.
BY MR. HUGHES:
Q Okay. So what were some of the words that you recall Maya using when she cursed you out, recognizing that no one is going to criticize you if you use bad words on the record here?
A She said to "fuck you," to fuck me, and she also said, "Are you stupid?" when I was talking with the mother.
Q Okay. And one of the things I'm not sure was brought up today, but I do believe that it appears in at least one of your records, was, Beata Kowalski advising you that she had her child placed in a coma in Mexico.
Do you recall documenting that?
A I think so.
Q Do you have an independent recollection of discussing the Mexico ketamine treatment with Maya's mother?
A Yes, she --
Q Hold on.
MR. HUGHES: Mr. Anderson, you're interrupting my deposition again and speaking. Please place yourself on mute, if you're going to continue to interrupt my deposition.
MR. ANDERSON: Go ahead.

MR. HUGHES: Thank you.

BY MR. HUGHES:

Q So the question was, what is your independent recollection of what Beata Kowalski, or Maya Kowalski for that matter, advised you about the Mexico ketamine therapy?

A She told me about taking Maya to Mexico. She told me about Maya having to be on [sic] a coma during a week over there and she wanted us to do the same here; to what I told her, that that was not a standard of care and that we were not going to do that.

Q What is your understanding of coma therapies with ketamine for the treatment of pediatric CRPS?

A I haven't -- I don't have -- I don't have valuable -- or any literature that supports that practice.

Q What is your understanding of whether or not that type of procedure is FDA approved?

A It is not FDA approved.

Q And why not?

MR. ANDERSON: Object to the form.

THE WITNESS: Because it's not an approved therapy. That's not something that we do here.

BY MR. HUGHES:

Q I also recall seeing in here that there were

times when there was a refusal to allow certain vital signs of Maya's to be taken.

Do you recall that issue when you were caring for Maya?

A Yes.

Q What is your independent recollection of difficulty with obtaining vital signs for Maya Kowalski?

A She -- she didn't want it. She didn't allow the PICU team to obtain vital signs, and these -- the med -- these are the medications that we were going to give her, or were giving her in the PICU, didn't allow for that. And if you are in PICU, you have to be under continuous monitoring of your vital signs.

Q And why is that, Doctor?

A Because of all these drugs have the potential for cardiovascular effect --

Q Okay.

A -- respiratory depression, use of the -- of the respiratory centers. The patient can become apneic; they can lose their airway.

Q Okay. How would you characterize Maya's behavior when her mother, Beata Kowalski, was not present?

A It was different when -- when her mom was not around. She was calm. I'm not going to say that the --

that the interaction was always easy, but there was a possibility for interaction. We could talk with her. But when Maya's mom was present, it was a different child. She was more aggressive. She was impolite at the moment.

Q And what was the significance of that type of different behavior, in your experience as a pediatric anesthesiologist?

A The dynamics were not normal. That is not a normal dynamic. A child --

MR. ANDERSON: Object to form.

THE WITNESS: -- should behave the same way. I believe that -- that's my experience. They behave the same way they behave when the parents are there and also when the parents are not there.

BY MR. HUGHES:

Q Do you recall getting some questions about your phone call with Dr. Hanna early on in Maya's admission?

A Yes.

Q Can you please describe what your recollection of the conversation with Dr. Hanna was?

A Yes, he said -- she says -- he described what he was doing. He described it to my nurse practitioner, and he also described that to me.

I then asked him what was his goal and purpose

of sending Maya to our institution, and then he stated that it was because his treatment wasn't working at the doses that he was using and he no longer felt safe doing them at an outside facility.

And then he also gave me the doses that he was using and I -- and I was -- it basically wasn't an informative conversation: he telling me what he was doing and why.

Q But is it fair to say that Dr. Hanna had indicated that he thought the patient needed a referral to Johns Hopkins All Children's Hospital at this point?

A Absolutely.

Q To your knowledge, were either you or Kay Rhodes taping this conversation?

A No.

Q Is it your customary practice to record from conversations with other physicians that you call?

A No.

Q To your knowledge, did Dr. Hanna record the conversation --

A No.

Q -- with you?

A He never asked my permission, and he never --

Q Do you know that under Florida law it's a crime to record somebody's conversation without their consent?

A I have that understanding.

Q Okay. But you had no knowledge, either way, whether Dr. Hanna recorded you or not?

A That's correct.

Q But he never asked permission to record the conversation?

A He never asked.

Q I draw your attention to a note. We have it labeled as Plaintiffs' 6224. And I apologize again. These are not in order so it may take us a while to find them. 6224 -- I think I, for the first time in this deposition, beat you to it, Doctor.

It is actually a progress note of yours from November 1, 2016, so Maya had been there about three weeks. Let me know when you find it. It starts at 6219 and it goes to 6225, okay?

A Okay.

Q The questions I have for you are at 6224, so let me know when you're -- when you're there. Probably two-thirds of the way through the stack. I don't know how you had it stacked.

A Okay.

Q Okay. Again, for the record, this is 6224, November 1, 2016, consult note from Dr. Dolan.

Do you see the section where it says

"Neurologic"?

A Yes.

Q Can you please read what appears under the "Neurologic" heading?

A In the parenthesis it says, "Allodynia," in the parenthesis, "with touching legs. When she sees you touching. If you touch under blanket, no allodynia."

Q What do you mean or what are you -- strike that.

What are you describing with that note?

A That she had to be aware that we were touching her, or that she has to be conscious that we were touching her, for her to say that she was in pain. If we were distracting her and we were talking to her, and we examined her and touched her under the blankets, and when she was distracted, she didn't -- she didn't describe allodynia; she didn't complain of pain.

Q And what is the clinical significance of what you just described?

A That allodynia is a symptom, and that's something that she reported. The significance is that she didn't have allodynia all the time, at least not while she was unconscious of us touching her leg.

Q And why was that significant to you as a pediatric anesthesiologist?

A It was significant because basically set it up that she doesn't have allodynia.

Q Okay. You were asked some questions about inverted dystonia with Maya Kowalski, correct?

A Correct.

Q Do you remember those questions?

A Yes.

Q Were there times that you did not observe Maya Kowalski with inverted dystonia?

A Yes.

Q In fact, I think you previously described a time when she was propelling herself with her legs with her wheelchair, right?

A That's correct.

Q Do you have an independent recollection of this propelling herself with the wheelchair incident?

A Yes, she was coming out of an elevator and she was distracted with a child life volunteer. They were in the second floor, so she was probably going to the recreation room, and that's was when -- that was the day when I saw her propelling herself.

But going back to your question, they were periods of time, a few interactions, where I didn't see the dystonic position of her legs.

Q And what was the clinical significance of that?

MR. ANDERSON: Object to form.

THE WITNESS: That is not -- it wasn't a permanent condition.

BY MR. HUGHES:

Q Okay. And why was that important to you?

A It wasn't important to me; it was important to Mr. Anderson.

Q Okay. You were asked some questions earlier about some entries on your October 7, 2016, note. I'll draw your attention to, actually, Plaintiffs' 4063. This is from your October 7, 2016, note. That would have been your first note.

A Okay.

Q And do you see where it says "Home Medications"?

A Yes.

Q "Documented Medications by History"?

A Yes.

Q And then towards the bottom of 4063, "Ketamine, 50 milligrams PO, PRN pain."

Do you see that?

A Yes.

Q And then if we flip to the next page, it also says, "Ketamine, 100 mgs. per milliliter injectable solution mixed in drink. Still taking as prescribed,"

do you see that?

A Yes.

Q What would have the source -- what was the source for this information about ketamine being used?

A These -- these are from the mother. This is information that the mom gave us.

Q Okay. What was, if any, the level of concern with Maya's benzodiazepine use prior to her admission to the Johns Hopkins All Children's Hospital?

A Well, the benzodiazepine, those are drugs with potential for abuse and are drugs for -- known to have withdrawal symptoms when a person has been on them for a period of time.

Q Now, Doctor, I hate to ask this to you, but I think we have to clarify the record, and so my apologies beforehand: Mr. Anderson suggested earlier during a question that you appeared to be under the influence of heroin or narcotic.

Let me just ask you: Are you under the influence of any medication today that would affect your testimony?

A No, I'm not under any influence.

Q Are you -- do you use heroin?

A No, sir.

Q Do you use opioids?

A No.
Q Are you under the influence of any medication today?
A No, sir.
Q Okay. I'd like to draw your attention to a November 29 note, probably towards the end here. It's Plaintiffs' 30822.
A Okay.
Q Are you there?
A Yes.
Q Do you see next to "Skin" what it says?
A "No lesions; no rashes."
Q Why would you be documenting the absence or lesions and/or rashes?
A Because one of the important signs of CRPS are changes in the skin. So the fact that we didn't have those, it means that she didn't have signs of CRPS.
MR. HUGHES: And, Madam Court Reporter, we're going to attach a series of photographs that were referenced earlier in the deposition as an exhibit as well.
(Defendants' Exhibit 2 is marked for identification.)
BY MR. HUGHES:
Q But, Dr. Dolan, I'd like to draw your attention

to the January 1, 2017, photograph taken by Dr. Major.

Do you have those in front of you?

A Yes.

Q What are those photos?

A Little scatches.

Q Okay. Can you -- I'm specifically interested in the forehead lesion. Can you find what you believe to be the best picture of that; the highest quality photo that zoomed in the best; that, as a physician, gives you the best information about that lesion?

And then I'll ask you to tell me what the number in the bottom right-hand corner is. Take your time to look at them.

A I think the red one with the forehead, because there is clarity on the room, is 014768.

Q Okay. Can you please describe what you believe that photograph shows in the upper-right quadrant of Maya Kowalski's forehead?

A It's a linear abrasion.

Q Why is the fact that it's linear significant?

A Because it seems as a self-inflicted.

Q Why is that?

A It doesn't look like a CRPS; it looks like a lesion. It's nothing. And that will be basically my description: a linear excoriation.

Q Linear excoriation. Now, the jury --
A A scratch.
Q The jury may not understand "excoriation." I did well on the SAT so I know what it means, but how else -- what other words would you use to describe it other than "excoriation"?
A A scratch.
Q And why does it not appear to you to be a lesion consistent with complex regional pain syndrome?
A Because it's nothing similar to the lesions that you will see or the skin -- the type of skin you would see in a patient with a CRPS.
Q In addition to the two colleagues that you contacted outside of the Johns Hopkins All Children's Hospital network, my understanding was, you also discussed this case with Dr. Richard Elliott?
A That's correct.
Q Who is Dr. Richard Elliott?
A He's another pediatric anesthesiologist from the group. He trained at Johns Hopkins.
Q And my understanding was, was that you contacted Dr. Richard Elliott after the time you talked with Dr. Hanna; is that correct?
A That's correct.
Q What do you recall about your conversation with

Dr. Richard Elliott?

A He also said that those doses were unheard of. He was concerned with the amount of medication she was receiving. And he also stated that basically the standard of care, the normal treatment for this type of disease, is physical therapy and occupational therapy.

Q Did he also comment on cognitive behavioral therapy?

A Yes.

Q Is that also part of the --

MR. ANDERSON: Object to the form.

BY MR. HUGHES:

Q -- standard of care for --

A That -- yes, that's correct.

Q Based on your experience as a pediatric anesthesiologist, what is your understanding of what the standard of care is for pediatric complex regional pain syndrome?

MR. ANDERSON: Object to form.

THE WITNESS: We go over the function first. Once you recall a function, because of physical therapy and occupational therapy, then you may concentrate also on the pain. But that's the -- those are the state of the way you look into it. And the way you concentrate on the pain is giving

the patient coping skills with CBT.

BY MR. HUGHES:

Q What signs or symptoms of asthma did you observe with Maya Kowalski during the time you treated her?

A None.

Q Doctor, again, I want to thank you. You've been a real trooper today. It's 6:41. I may have some follow-up questions, depending on what Mr. Anderson has to say here. I don't think that Mr. -- I don't think that Brian has any questions for you. He's counsel for Dr. Smith.

MR. HASKELL: David, yeah, you covered everything. I don't have anything.

BY MR. HUGHES:

Q Okay. That's the voice from up high, is Brian Haskell. He represents Dr. Sally Smith, so he doesn't have any questions.

Mr. Anderson may have some follow-up questions, and based on what he asks, I may ask some follow-up questions, but I'm done with my substantive portion of questioning today.

And again, I thank you for coming in today.

A Thank you.

REDIRECT EXAMINATION

BY MR. ANDERSON:

Q All right. Doctor, on cross-examination, you were asked about tell us what I told you over the course of break about the things that were told to you and several other things.

I want you now to tell me every single thing that Mr. Hughes told you on the break. Tell me every single word you can remember imparting to you over the break.

MR. HUGHES: Form.

Mr. Anderson, she volunteered this to me, that she actually knew what the curse words were that were used and wasn't sure if she was allowed to curse in the middle of a deposition. That is why I asked her to follow up there.

And I will instruct you not to answer any questions about any work-product or attorney-client privilege that would have been divulged; although I can tell you, not much was.

MR. ANDERSON: No, no, no, no, at 5:02, you specifically waived the attorney-client privilege as to those communications over the course of that break, and any related communications under the case law.

The law is absolutely clear: You can't ask her about part of your conversation, was it to a third party, and then stand on any privilege.

So you can make up your mind right now --

MR. HUGHES: I -- you know what? I will --

MR. ANDERSON: -- but she can testify about it right now, here and now, or she's coming back again with a court order.

MR. HUGHES: All right. Well --

MR. ANDERSON: You waived it.

MR. HUGHES: -- here's what we're going to do.

MR. ANDERSON: You completely waived it.

MR. HUGHES: You know what? I didn't -- okay, great. I'm going to object, and I disagree with your waiver argument, but since I didn't really describe -- or discuss anything with her, at all, other than what my anticipated questions would be, I'll allow the witness to go ahead and answer.

BY MR. ANDERSON:

Q All right. Ma'am --

MR. HUGHES: But I'm not waiving any -- I'm not waiving any objection. I'm still going to assert my objections here.

BY MR. ANDERSON:

Q Let me tell you: I want you to tell me every

single thing your counsel told you and you told your counsel. I will remind you, you are under oath.

MR. HUGHES: I'm going to object, obviously, but go ahead. Answer it, if you can recall.

THE WITNESS: I asked him if I could use foul words in the court, because I knew what she had said. She said to "fuck you," and, "Are you stupid?" and that was in the first break.

He also -- they offered me water and diet Coke, and they asked me if I wanted to go to the bathroom. They both went to the bathroom. I stayed looking out the window.

In our second break, he told me that --

MR. HASKELL: I don't know if --

THE WITNESS: -- he was going to --

MR. HASKELL: I don't know --

THE WITNESS: On the second break --

MR. HASKELL: I think the last break is the only one that's at issue. I don't have a dog in the fight, but I'm probably sure that's what I would --

MR. HUGHES: Yeah.

MR. ANDERSON: That's not the way it works. You guys know it. You don't get -- you don't get a little bit pregnant on waiving the rule.

BY MR. ANDERSON:

Q Go ahead and testify, ma'am.

MR. HUGHES: Well, again, I'm going to assert my objections here because I know there really wasn't anything major discussed.

You can go ahead and discuss.

THE WITNESS: In the second break, he told me that he was going to go back to a few of my medical -- my medical record notes.

He also -- he also told me to -- he asked me if I remembered the notes of Dr. Hanna, and when did I review them, and -- and I -- I was able to review the anesthesia record of the last visit that Hanna (sic) had with Dr. Hanna. Then he went to the bathroom. I stayed on the sofa, and more water and Coke was brought.

BY MR. ANDERSON:

Q Anything else?

A Not that I can't remember.

Q I've been timing you. That's about 90 percent -- seconds of conversation. Also, I had the court reporter document -- Stephanie document this: that you went out -- so you two went out at -- I've got it right here. I want to make sure.

A And you saw that I came back earlier, and

the -- and my lawyer came back later because he also went to the restroom.

Q Okay. We went off the record at 5:32, and we went back on the record at 5:47. So I'm looking at 8 plus 7 -- 15 minutes.

Are you saying that you only spoke for about 60 seconds to 90 seconds over that entire 15 minutes?

MR. HUGHES: Form.

THE WITNESS: I don't know how many seconds we spoke, but --

BY MR. ANDERSON:

Q Well, you gave me --

A -- I just know I gave you the context -- I gave you the context in -- I didn't repeat every exact word, but I gave you the context of the conversation.

Q Isn't it true that your counsel there, David Hughes, gave you the numbers of the kilogram per milligram per hour -- milligram/per kilogram per hour and told you he wanted you to perform the math, to show how much it was?

A No, those were my numbers.

Q And you just did that on your own?

A On their own, that's correct.

Q Okay. When did you do it in the actual records?

MR. HUGHES: You kind of broke up there, Mr. Anderson.

BY MR. ANDERSON:

Q Did you do it immediately upon receiving the records?

A I did them months ago. I have done the multiplications months ago. I had the multiplications and the numbers in my head.

Q So you woke up one morning --

A Remember that -- remember that months ago, in preparation for this deposition, I had the -- I had the medical records from Dr. Hanna.

Q Well, at this point, you hadn't been asked -- you hadn't been asked any questions at all, right?

A I have done --

MR. HUGHES: Form.

THE WITNESS: I have done my math.

BY MR. ANDERSON:

Q And so you just thought it might be asked, and hunted down Dr. Hanna's records, and opened them up to the particular page, and then performed computations; that just came to you?

A Yes, I actually made calculations over -- over a course of his medical records. I started with the baseline numbers, and I did more calculation in the

middle of the records, and then up to the end, the day that -- before she came to us.

Q And so did you transmit any of that information to your counsel after you decided, several months ago, to start doing these calculations?

A I am not sure if we talked about them the first time we met. No, actually, no, because we met and I had those records by myself.

Q So you just kind of did it --

A I didn't review -- I didn't review those records with my counsel.

MR. HUGHES: Mr. Anderson, to clarify, I believe that I provided those records to her during our very first meeting, which is privileged and confidential, and I'm not sure when she did the calculations, and it was not at the instruction of counsel.

BY MR. ANDERSON:

Q So with your busy schedule as a pediatric anesthesiologist, you never went and just decided one day that it would be a good idea to haul out these records from Dr. Hanna for making calculations; is that right?

A That's correct.

Q In your free time? You had free time to do

this, right?

A I did them --

MR. HUGHES: Form.

THE WITNESS: I was preparing for the first deposition, so I was reading the -- I was reading the medical records of Dr. Hanna. The only calculation I did today was the one to compare with the recommended dose that you gave me from your article that says .36 milligrams per kilo per hour.

MR. HUGHES: It's .35, Doctor.

THE WITNESS: .35.

MR. HUGHES: Sorry.

BY MR. ANDERSON:

Q And prior to this deposition today, that two-hour period, what did you discuss?

MR. HUGHES: Form, but I'm going to instruct the witness not to answer, but I can tell -- I can represent to you, I didn't talk to her at all between the first time we met and today.

THE WITNESS: Once.

MR. HUGHES: Once?

THE WITNESS: Uh-huh.

MR. ANDERSON: I understood from her testimony that she met with you two hours in the preceding few days.

BY MR. ANDERSON:

Q Is that correct or incorrect?

A That's correct, and he asked me to go over my notes to become familiar with my notes.

Q Did he send you anything?

A Send me?

Q Documents --

A No.

Q -- records --

MR. HUGHES: Yeah, we sent you the progress notes.

THE WITNESS: Yeah, he sent me the -- Dr. Hanna's progress notes. I think I also wrote Kirkpatrick's -- what's his name, the other doctor?

MR. HUGHES: Oh, I'm not sure. I'm not sure if I gave you Kirkpatrick. I don't know. Yeah, I might have given you Kirkpatrick.

THE WITNESS: The only ones I reviewed were those Dr. Hanna's --

MR. HUGHES: And I also sent the witness the consensus guidelines on the use of ketamine and --

THE WITNESS: Dr. Cohen's article.

MR. HUGHES: Dr. Cohen's article; your progress notes -- or actually -- yeah, your progress notes; the exhibits that you were going to use today,

Mr. Anderson; consensus guidelines on the use of ketamine; oh, yeah, and then those photographs as well, those were provided today as well.

BY MR. ANDERSON:

Q So what else did you discuss, Doctor?

MR. HUGHES: Again, we're not going to go down every single thing that we've discussed here today, Mr. Anderson.

BY MR. ANDERSON:

Q Well, what did he --

MR. HUGHES: We're not.

BY MR. ANDERSON:

Q -- tell you about the overall thrust of the deposition?

MR. HUGHES: Form --

BY MR. ANDERSON:

Q What did he say about the issues on the depo?

MR. HUGHES: -- objection, and it's completely inappropriate.

THE WITNESS: What did he say about what?

BY MR. ANDERSON:

Q The issues in the deposition you were expected to testify to.

MR. HUGHES: I'm going to instruct the witness not to answer this question.

BY MR. ANDERSON:

Q Okay. What did he tell you to say about indications to testify in any expert opinions formed on the use of ketamine to treat CRPS?

MR. HUGHES: I'm going to instruct the witness not to answer, but I can tell you, I didn't tell her anything.

BY MR. ANDERSON:

Q What problems or issues with using ketamine to treat CRPS did he suggest to you?

MR. HUGHES: I'm going to instruct the witness not to answer.

THE WITNESS: But you didn't.

MR. HUGHES: Oh, okay. Just don't say anything. If I instruct you not to answer, don't say anything.

BY MR. ANDERSON:

Q Is it true that there are no problems listed in any of the JHACH records?

MR. HUGHES: You broke up there, Mr. Anderson. We didn't hear you.

BY MR. ANDERSON:

Q Is it true that, in the Maya Kowalski records at JHACH, there isn't a single cardiovascular illness, issue or damage reported?

A Correct.

Q There is nowhere in any of the JHACH records where any injury, damage or illness is attributed to the ketamine infusions?

MR. HUGHES: I want to clarify, Mr. Anderson: Are you talking about the records that were provided today for her, or the entirety of the Johns Hopkins chart that she doesn't have here and hasn't reviewed?

BY MR. ANDERSON:

Q Whatever you've reviewed.

MR. HUGHES: Okay. So the question is -- I mean, would you please repeat the question, with the qualification that it's the records that have been produced for her and in front of her today?

BY MR. ANDERSON:

Q Do you understand the question?

MR. HUGHES: Do you understand the question? He's asking you if you understand the question.

THE WITNESS: Yes.

BY MR. ANDERSON:

Q Okay. Will you please answer the question?

A No.

Q How many ketamine infusions for CRPS have you done in your career?

A None.

Q How many ketamine infusions for CRPS have you participated in or another doctor is doing it?

A None.

Q How many times have you been asked to extract, in a journal or a paper or a study, on the use of ketamine for CRPS?

A None.

Q Well, what scientific studies have you formed to determine what level a certain amount of ketamine becomes a dangerous, deadly, or whatever your term is, for pediatric application?

A The pediatric anesthesia literature; the books that I mentioned; the searches that we did on the -- on the Scopus and UpToDate; and the literature that you provided today, none of them recommends --

Q No, I asked you what you did.

MR. HUGHES: Can you please allow the witness to answer the question, Mr. Anderson? You cut her off.

You can continue.

BY MR. ANDERSON:

Q Okay. Anything else?

A Nothing to support the doses that she was getting at that -- at that outside facility.

Q But that was not the question. The question is, first, what studies have you participated in to determine if there is an amount of ketamine that is harmful?

A I haven't written in any article about it, but I have read some.

Q And what articles -- not about whether it's effective, but what articles can you cite as to what a -- (unintelligible) -- amount of milligrams/per kilogram per hour, or a total amount of kilograms or milligrams per 24-hour period, is dangerous or likely to cause long-term problems?

MR. HUGHES: Form.

THE WITNESS: Okay. So nobody does that in the pediatric population, so I don't expect to see anybody reporting that they are doing that and then publishing it.

BY MR. ANDERSON:

Q Well, what about in the adult population? Please cite me to a paper or a textbook or anything you've read where a given amount of ketamine is designated as harmful or deadly?

MR. HUGHES: Form.

THE WITNESS: They talk about the recommended doses. That's what they talk about. And they also

mention -- in those articles, they mention the side effects and secondary events or negative events they have, but they limit themselves to give the recommended dose, the safe doses.

BY MR. ANDERSON:

Q But that, again, was not my question.

Where -- you testified at length about this. Where have you seen a study, a paper, a textbook --

A UpToDate.

Q -- that says, "Above this amount of ketamine, you're in the danger zone"?

MR. HUGHES: Form.

THE WITNESS: UpToDate has a couple of articles that talk about the toxicity of ketamine. Do I remember the value? No, but you can look into the literature, and you can find out that it's not completely benign medication.

BY MR. ANDERSON:

Q All right. What did you cite us to?

A UpToDate.

MR. HUGHES: UpToDate.

BY MR. ANDERSON:

Q UpToDate? What is that?

MR. HUGHES: It's been referenced in several depositions.

BY MR. ANDERSON:

Q What is UpToDate?

MR. HUGHES: He's asking you what UpToDate is.

THE WITNESS: It's a research tool that you can find in a medical library, where they collect all the peer-review articles that are significant to the matter that you are asking for.

BY MR. ANDERSON:

Q So UpToDate isn't a -- (unintelligible) -- and authoritative source; it gathers sources, does it not?

MR. HUGHES: Form. That mischaracterizes what UpToDate is.

He's asking -- I think he's asking -- well, please rephrase the question, Mr. Anderson.

BY MR. ANDERSON:

Q Okay. What it does is, it gathers information, right?

MR. HUGHES: Form.

THE WITNESS: It gathers information and it actually provides you with the actual sources of the information.

BY MR. ANDERSON:

Q Okay. Then --

A It provides you with -- with the actual articles --

Q -- actual sources of information --

MR. HUGHES: She's finishing. She's finishing. You were saying?

THE WITNESS: It provides you with the articles --

BY MR. ANDERSON:

Q Yeah, go ahead. Tell me the --

A -- that they base information --

Q -- names of the articles.

A I don't remember the names. I mentioned it to you. I don't -- that's not my practice: of recollecting the names of the people that I read about.

Q Well, okay. Tell me any source you have that, since you testify in front of this jury, about all the dangers and all the problems and all the reasons why you say to Maya, tell me what you saved her from in terms of a specific dose.

MR. HUGHES: Form.

THE WITNESS: Her mental, that was her -- her mental -- she was deteriorating. The person that came here wasn't a functional child; it was an agitated, disturbed child.

BY MR. ANDERSON:

Q Where did you get all your --

A She had created a --

Q -- child psychology?

A She had -- she had at least a psychologic dependence on ketamine.

Q All right. Where is that documented?

A It's documented in the -- her -- how she was. Like here in the first page, "As we thought the child then began yelling for mom and then rolling around in the bed. She also has been intending to take off all of her monitors." That's not normal behavior.

Q That is if in you're in extreme --

A "The child is also using profanity towards the staff."

MR. HUGHES: And so the record's clear, Doctor, that's a January -- what's the date of that?

THE WITNESS: This is 030412, October 7, 2016.

BY MR. ANDERSON:

Q Where is the psychological report she was dependent?

A That's what she came requesting. That's what she came here demanding, and it's a drug that is used for abuse -- that is known to be abused.

Q All right. Tell us how you read her mind to figure out that she wanted it just because as opposed to the fact she was in extraordinary pain.

MR. HUGHES: Form.

THE WITNESS: I don't understand your question.
BY MR. ANDERSON:
Q Okay. Well, if she wanted it because she was in extraordinary pain and it treats her pain, that's not a psychological dependence, is it?
MR. HUGHES: Form.
THE WITNESS: I don't know because pain is subjective; pain is something that is being reported.
BY MR. ANDERSON:
Q I see. So every time someone asks for pain medication to combat a diagnosed illness or source of pain, that indicates a psychological -- (unintelligible) -- is that your testimony?
MR. HUGHES: Form. Mischaracterizes prior testimony. You also broke up at the end there. Can you please repeat the end of the question, or the entire question?
BY MR. ANDERSON:
Q Well, how do you differentiate between patients like Maya who comes in and says, "I need pain meds because I'm in agony," from somebody who is just psychologically dependent?
MR. HUGHES: Form.
THE WITNESS: That's not something that you can

determine at just one point -- at a point in a visit; that's -- I would say that's something that you develop after knowing more about a patient.

BY MR. ANDERSON:

Q Okay. So you can't say she has any psychological dependence, can you?

A She came demanding for ketamine.

Q I thought you just said you'd have to know more.

MR. HUGHES: Form.

THE WITNESS: That's -- that would be part of one -- one of the things that will guide me one way or another.

BY MR. ANDERSON:

Q You tell the jury right now all of the objective data they can look at, in your records, to show that she has some type of psychological dependence as opposed to a need to have ketamine to combat pain.

MR. HUGHES: Form.

THE WITNESS: That's a possibility, yes.

BY MR. ANDERSON:

Q No. No, I'm asking you to point to --

A You asked me to --

Q -- the jury --

A -- tell the jury. I said "yes," that's a

possibility.

Q A possibility that there isn't any?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Isn't the truth, ma'am, you don't have any proof whatsoever that this girl, this little girl, had a psychological dependence on ketamine?

MR. HUGHES: Form.

THE WITNESS: I cannot affirm either way.

BY MR. ANDERSON:

Q But still, so the jury understands, you were willing, in this deposition, to offer that as an opinion without any evidence whatsoever, correct?

MR. HUGHES: Form. Mischaracterizes prior testimony.

THE WITNESS: That's not correct.

BY MR. ANDERSON:

Q Well, you just said you didn't have evidence either way, and five minutes ago you told us that she had a psychological dependency, true?

MR. HUGHES: Form.

THE WITNESS: I said she could have a psychological dependency because she came demanding for ketamine at doses that are not normal.

BY MR. ANDERSON:

Q Okay. So as a careful physician, you went and started checking with her other physicians before you ever met her --

A Could you please -- could you please -- could you please calm down and organize your thoughts so that I can understand you, please?

Q Sure. So as a careful -- (unintelligible) -- anesthesiologist, pediatric physician, you went and checked with all of her doctors, or as many as you could find, over the course of her illness, to see if she had a psychological dependence --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- right?

A I could not say "yes" or "no." I do know that she came very agitated, and the way we were able to calm her down was from giving her ketamine, Precedex, and then weaning her off those medications. That's what I can say what we did and what was her thought process.

Q Well, since you reviewed Dr. Hanna's -- (unintelligible) -- is there any indication there that the child -- or that Dr. Hanna thought the child had a psychological dependence?

MR. HUGHES: Form.

THE WITNESS: That, I don't know. I cannot speak about what he did in his office regarding the psychological aspect. I don't know about their interactions.

BY MR. ANDERSON:

Q Tell the jury why, in your experience and knowledge, in using ketamine to treat CRPS is superior to Dr. Hanna's?

MR. HUGHES: I think he said -- did you say Dr. Hanna, Greg? You broke up there.

MR. HASKELL: Yes, Dr. Hanna.

MR. HUGHES: Form.

THE WITNESS: That, I don't know. I don't know what he knows. I don't know what his medical background.

BY MR. ANDERSON:

Q You never checked that; you never checked to see his qualifications?

A I do know that he's an anesthesiologist. That, I know, but I don't know how his -- (unintelligible) -- I don't know him, other than just the conversation we've had over the phone. That's all I know about him.

Q And yet, you -- (unintelligible) -- that you knew more from reading on some websites about treating ketamine, treating CRPS with ketamine --

(Cross-talk.)

THE WITNESS: I have not said that --

BY MR. ANDERSON:

Q -- such that you --

A I -- (unintelligible) --

Q -- you second guess him, right?

MR. HUGHES: Object to form. Move to strike.

THE WITNESS: I have not said that; you're the one stating --

BY MR. ANDERSON:

Q Well, no, I'll rephrase it.

THE COURT REPORTER: Hold on. Hold on. Stop, Doctor, please.

First of all, Mr. Anderson, I didn't hear your question before you were covered by the witness and Mr. Hughes. So if you can rephrase the question, I would appreciate it.

MR. ANDERSON: Sure. Sure.

BY MR. ANDERSON:

Q You were willing to dismiss his treatments and his experience in treating CRPS with ketamine, with no knowledge, background, training and experience to do so, correct?

MR. HUGHES: Form. Move to strike.

BY MR. ANDERSON:

Q Isn't that true?

A No.

MR. HUGHES: Form. Move to strike.

BY MR. ANDERSON:

Q Did you not --

MR. HASKELL: Join.

BY MR. ANDERSON:

Q -- immediately determine that what he had been doing was wrong and harmful?

A No, I made my calculations. I went to the medical literature. I called a couple of -- of pain doctors. I called my colleague, Richard Elliott, and then I look into the literature.

Q All right. So, and may we take it that you are not claiming here that anything Dr. Hanna did was dangerous or wrong; you just disagreed with it, right?

MR. HUGHES: Form.

THE WITNESS: The only thing I'm able to say is that there is not evidence -- (unintelligible) -- or that there is no literature supporting his line of treatment.

BY MR. ANDERSON:

Q Well, he has evidence of having treated Maya for a year -- (unintelligible) -- does he not?

A But it failed. That's why she ended up here, despite the --

Q No. How does she --

A -- big -- (unintelligible) -- doses that he was giving her, she was still sick and he had to refer her here because he no longer felt comfortable giving her those doses at an outside facility.

Q Do you -- how do you mean how can he fail? Did you ask him about any of the prior history, where it worked?

MR. HUGHES: Form.

MR. HASKELL: Form.

THE WITNESS: It failed because he said it, that the doses that he was giving her wasn't working, and he had to give her, in that shorter period of time, and he no longer felt comfortable giving those doses, again.

BY MR. ANDERSON:

Q On this instance, did you look to see whether the overall course of the ketamine had improved Maya's quality of life?

MR. HUGHES: Form.

THE WITNESS: Obviously --

MR. HASKELL: Join.

THE WITNESS: -- he didn't. She was in -- she

was in a wheelchair. She -- she wasn't functional. She was agitated. I don't believe she was at school. And he had to send her here. I don't know what happened the last time he took care of her, that he decided to send her here.

BY MR. ANDERSON:

Q Well, did you ask the patient if ketamine had worked?

MR. HUGHES: Form.

MR. HASKELL: Join.

We are -- we are -- we've done four hours back and forth now. This is the same -- same, exact set of questions from the original -- the original direct examination.

BY MR. ANDERSON:

Q Did you actually ask Maya? Did you ask Maya whether the ketamine had helped her?

A Well, she would say that "I don't remember the specifics." I do know that, perhaps at the beginning, she had some relief, but towards the end she wasn't having any relief from the ketamine.

Q She specifically told you that you were giving her the wrong treatments and she wanted to go back to the ketamine, didn't she?

MR. HUGHES: Form.

THE WITNESS: She wanted to go back to her ketamine, to the previous RDS treatment.

BY MR. ANDERSON:

Q So now you've been able to go through Hanna's records, I guess, right?

MR. HUGHES: Form.

THE WITNESS: Some of them.

BY MR. ANDERSON:

Q Okay. Well, since you offered --

MR. HUGHES: Mr. Anderson, are we just going to go on a continual loop here?

BY MR. ANDERSON:

Q -- treatment, please tell the jury whether you saw in any of those records any indication the patient did not tolerate the amount of ketamine she had been given?

MR. HUGHES: Form.

THE WITNESS: That, I don't know. I wasn't there.

MR. HASKELL: Join.

THE WITNESS: I don't know what happened at that -- that outside facility.

BY MR. ANDERSON:

Q Well, tell the jury as between generic studies of a bunch of other people versus a specific study with

the exact patient, which is the better evidence of how the patient is affected?

MR. HUGHES: You broke up there, Nick -- I'm sorry -- Greg. I didn't hear all of that. Can you please repeat the question?

BY MR. ANDERSON:

Q Which is better, an actual -- (unintelligible) -- record of the patient of how they react to the particular medication or reading in a -- (unintelligible) -- or a bunch of studies from -- about other people, how they reacted to the medication? Which is more important?

MR. HUGHES: Form. Move to strike. Move to strike.

THE WITNESS: The treatment of CRPS is physical therapy and occupational therapy. That's the treatment of CRPS.

BY MR. ANDERSON:

Q But that was not the question, was it? The question was, as between an actual history of use of the medication and how the patient reacted to it versus going to the library and reading about how if affected a bunch of other people, which is the better evidence of how the patient reacts?

MR. HUGHES: Form.

MR. HASKELL: Form.

MR. HUGHES: Asked and answered, numerous times. Move to strike.

THE WITNESS: The patient was not reacting well, obviously, because that's how she ended up here.

MR. HUGHES: Greg, how much longer do you think you're going to be because we're getting to the point where I need another break?

BY MR. ANDERSON:

Q That's still not the answer to my question. My question is one in the abstract, and maybe I didn't make it clear.

A I don't know what -- I don't know what it is that you want me to answer to make you happy. I'm answering what is truth.

Q Well, the truth is, it's better to go with how the specific patient reacts to the medication than it is to speculate based on other studies and reports from other people, right?

MR. HUGHES: Form. Asked and answered. Move to strike. We're going to be taking a break here shortly, Mr. Anderson. Are you anywhere near done?

BY MR. ANDERSON:

Q Doctor, do you have an answer to -- do you

understand my question about the difference between actually having --

A It's not --

Q -- a track record?

A It's not -- it --

MR. HUGHES: Form. Same motion to strike.

Go ahead.

THE WITNESS: It's not a speculation when what you do is based on evidence-based medicine. I don't have to speculate.

BY MR. ANDERSON:

Q Okay. I think, then, you're agreeing with me. It's best to use the actual history of the patient's tolerance of the medication as opposed to trying to interpret from a bunch of studies how the patient might react. Are we in agreement there?

MR. HUGHES: Form. Asked and answered. Move to strike.

THE WITNESS: Your question is confusing.

MR. HASKELL: Join.

THE WITNESS: Now, you're stating two different things. You need to clarify your question.

BY MR. ANDERSON:

Q Sure. If a patient has been taking medication for several years, and you have medical records showing

how this patient reacts to this medication, these amounts, that is the best evidence of how the patient reacts to this medication in these amounts, agree?

MR. HUGHES: Form. Move to strike.

THE WITNESS: No, I disagree because you are basically telling me to accept that wrong doses are okay to be given. That's what you are asking me to accept.

BY MR. ANDERSON:

Q Well, the idea here is to determine what are the wrong doses and what the right doses are, correct?

MR. HUGHES: Form. Asked and answered.

THE WITNESS: I couldn't hear.

MR. HUGHES: She couldn't hear your question, Mr. Anderson.

BY MR. ANDERSON:

Q Okay. Human beings have varying biochemistry, do they not?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Is everybody's biochemistry --

A Repeat again.

Q Is everybody's biochemistry, as far as how they react to a particular medication, identical?

MR. HUGHES: Form.

THE WITNESS: You mean the genetic match of the patient? No, they are not equal.

BY MR. ANDERSON:

Q Different people react to -- in different ways, true?

MR. HUGHES: Form.

THE WITNESS: They could.

BY MR. ANDERSON:

Q If we're looking to eliminating the variables, the best thing to look at is how the medication affects a specific person, right?

MR. HUGHES: Form.

THE WITNESS: Still, the indicated range of dosefications (phonetic) involve taking care of patients that may vary on their response to the medication.

So even though a person may -- may have a different type of response, that doesn't justify or validate the fact of abuse of a medication in the wrong doses.

BY MR. ANDERSON:

Q Okay. Just so the jury understands your view of this, would it be fair to say that the actual history of the -- a -- of this patient's reaction to a medication, you don't believe that that is as relevant

as if you went out and read a bunch of articles -- (unintelligible)?

MR. HUGHES: Form. Asked and answered.

THE WITNESS: I --

MR. HUGHES: Move to strike.

MR. HASKELL: Join.

THE WITNESS: I don't think -- I don't think -- based on the information I have from -- from -- from Maya, there is a validation for the statement that you just made.

BY MR. ANDERSON:

Q I don't understand your -- your answer so I'll ask again.

It's a simple question, and it's in the abstract: Do you believe that the actual history would be more important in determining what medication works or not, or do you believe that studies on other patients, in other times, in other circumstances, are the best evidence of how a medication worked with this patient?

MR. HUGHES: Form. Asked and answered. Move to strike.

MR. ANDERSON: She still hasn't answered that.

THE WITNESS: The question is not that simple. And at the same time, just because -- let's say,

just because I drink poison and I didn't die today, it doesn't mean that I should continue drinking poison because nothing is going to happen. That's -- that would be a metaphorical situation comparing to what you are saying.

So back to your point: No, I don't believe that I can make that determination just because that she didn't have a significant bad event. I have to rely on the medical literature. That's why we all study. That's why we look into the books, because if we didn't follow ranges of references, then we would be in a medical anarchy.

BY MR. ANDERSON:

Q So the jury understands, then, they should, in your view, discard her natural reaction to ketamine in various dosages as opposed to you and JHACH's opinion based on what you were able to read in the literature; is that correct?

MR. HUGHES: Form. Asked and answered.

MR. HASKELL: Object to form.

MR. HUGHES: Mischaracterizes prior testimony. Move to strike.

THE WITNESS: She wasn't doing well with the ketamine. She wasn't getting better, and she was getting very -- she was getting out-of ranges'

doses. I don't expect any positive outcome from doing that.

BY MR. ANDERSON:

Q And you think you got her better, then?

MR. HUGHES: You broke up there. We didn't hear you.

BY MR. ANDERSON:

Q You think that taking her off what you did was better for her; is that right?

MR. HUGHES: Form. Asked and answered. Move to strike.

MR. HASKELL: Join. Join.

THE WITNESS: Is she still taking ketamine?

BY MR. ANDERSON:

Q She won't go near any medication, of any type, nature or style, and neither will the rest of her family, because they're terrified that somebody like you guys is going to come back and take daddy away from them. So no --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- they don't go to doctors anymore, and they don't get drugs anymore, and they don't believe anything doctors tell them anymore. They don't go anywhere near the medical community because they're scared out of

their wits that their dad, their last hope, is going to be taken from them if they do.

MR. HUGHES: Form. Move to strike. Mischaracterizes evidence before the Court. That's -- nothing what you said was true, and we're going to get close to shutting this down here, Mr. Anderson, unless you've got a reasonable time to get through this.

I've got to be back in Tampa for a 7:30 curfew, I believe has been extended to today by the mayor of Tampa. It's 7:23.

You've asked the same question 85 times, and you just said a bunch of things that aren't even a question and not true.

BY MR. ANDERSON:

Q What proof do you have, with your 23 or whatever it was, your numbers that you extrapolated from Hanna's records, that those were actually given as opposed to simply recorded?

MR. HUGHES: Form.

THE WITNESS: I don't know, but that's what he documented.

BY MR. ANDERSON:

Q Okay.

A He documented it --

Q When you heard --
A -- and he reported that over the phone.
Q And when you heard the amount that you extrapolated, you were surprised, shocked, disbelieved that he was actually doing that; yet, you guys turned around and blamed Beata.
MR. HUGHES: Form.
BY MR. ANDERSON:
Q Explain to the jury that logic.
MR. HASKELL: Object to form.
MR. HUGHES: Form. Move to strike.
THE WITNESS: I never blame anybody.
MR. HASKELL: This has gotten to be way argumentative, Greg. It's just crossed all lines.
MR. HUGHES: Yeah, I don't appreciate the tone. I mean, it's been downhill since your laughing fit, and it's getting to the point where I think it's a little abusive and frankly unprofessional.
So, you know, you've counseled me on the record about questioning witnesses in a harsh tone. I think you've gone way far afield of anything that I have done, and I'd ask you the professional courtesy to please dial it back a little bit and be reminded that this is being taken down on a video, with audio, and we may play this for the Judge one day.

And we're also 7:25 right now. You've asked the same question a hundred times and you're going to get the same answer every single time.

MR. ANDERSON: I've just got one more area and then we're done.

BY MR. ANDERSON:

Q I believe your --

MR. HUGHES: Approximately how long? How long do you think it's going to be?

MR. ANDERSON: Ten minutes.

MR. HUGHES: Well, I'm going to hold you to that. It's 7:25. Ten minutes, and then we're wrapping this thing up.

BY MR. ANDERSON:

Q You said on cross that you believe she refused to participate in interviews, refused examinations because her parents were around?

MR. HUGHES: Form.

THE WITNESS: That's a possibility.

BY MR. ANDERSON:

Q Well, I need to know now --

A There was a -- there was a -- there was a significant change in the way she behaved from when she was in the presence of the parents or the -- under the supervision of the parents. She behaved in a different

way.

Q So you think it's unusual that a child who has been isolated from her parents acts differently when they're around as opposed to when they're gone?

MR. HUGHES: Form.

THE WITNESS: It's unusual -- it's unusual to have different type of symptoms, accordingly.

BY MR. ANDERSON:

Q Okay. You said she readily engaged, and talking, and kids around when her parents aren't there. Did you testify to that on cross?

MR. HUGHES: Form.

THE WITNESS: She was calm. We were able to examine her. She participated with physical therapy, occupational therapy.

BY MR. ANDERSON:

Q Well, this was a pretty important point: that she had this personality change when her parents came around, wasn't it?

MR. HUGHES: Form.

THE WITNESS: At least that was a -- an observation.

BY MR. ANDERSON:

Q Where's your proof?

MR. HUGHES: Form.

THE WITNESS: In our observation, our documentation. She was a different patient when she was here and then she was another different patient when she was in the presence of her father or when she was in communication with the lawyer from the -- with the lawyer on the iPad.

BY MR. ANDERSON:

Q Where is your recording --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- confirming "happy as a clam"?

A She told me. She told us that.

Q Where is the recording of that?

A We didn't record any of that.

Q You are aware --

MR. HUGHES: Mr. Anderson, we have -- we went through a number of records today where --

BY MR. ANDERSON:

Q You are aware that you guys put a camera in her room for 24 hours, are you not?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Excuse me.

A I was not aware of that.

Q How come, in that 48 hours, there isn't any

sign of her being a bright and bubbly child with just you guys around?

MR. HUGHES: Form. Mischaracterizes prior testimony. And is it 24 hours or 48 hours?

MR. ANDERSON: It was 48 hours.

MR. HUGHES: And have you seen the video? Okay. Where's the video of that?

MR. ANDERSON: You guys have it.

MR. HUGHES: Was it produced today as an exhibit?

MR. ANDERSON: You guys have it.

MR. HUGHES: Do you have it? I don't have it. Do you have it?

MR. ANDERSON: We have --

MR. HUGHES: Do you have a recording of Dr. Hanna's conversation, too?

MR. ANDERSON: No, but you guys probably do, so --

MR. HUGHES: No, actually, we don't.

BY MR. ANDERSON:

Q So if you're asking -- if you're telling us that Maya was doing well, I want to ask you about some of the circumstances and why you think she was doing well.

You were aware that Johns Hopkins accused her

mother of criminal child abuse, are you not?

MR. HUGHES: Form. Mischaracterizes.

THE WITNESS: The only thing I was aware of was that she was under CPI and under our care. I didn't know about the de --

BY MR. ANDERSON:

Q You are aware --

A I didn't know about the details or the crim -- the criminal charges. I didn't -- I wasn't privy of that information.

BY MR. ANDERSON:

Q You are aware that JHACH was making allegations of medical neglect against her dad, right?

MR. HUGHES: Form.

THE WITNESS: Again, I'm not aware of the specifics. I just knew that -- that -- by the Court, they separated -- the Court separate -- ordered her to be separated from her parents. That's all I know.

MR. HUGHES: Five more minutes, Mr. Anderson.

BY MR. ANDERSON:

Q You know that -- you know that she knew that you were part of taking her, right?

MR. HUGHES: You broke up there, Mr. Anderson. Can you please repeat?

BY MR. ANDERSON:

Q You -- she knew that Johns Hopkins, you are part of the people that took her mom away from her?

MR. HUGHES: Form.

THE WITNESS: You are making the statement; you are saying it: that's what I know.

BY MR. ANDERSON:

Q You did know that?

MR. HUGHES: Form. Mischaracterizes what she just said.

THE WITNESS: I didn't know --

MR. HUGHES: Listen to what the witness says.

THE WITNESS: I didn't know what was going on in her head. She never said that to me.

BY MR. ANDERSON:

Q You could observe that taken away from her home, could you not?

MR. HUGHES: Form. You broke up. Please repeat.

BY MR. ANDERSON:

Q She had been taken out of her home, right?

MR. HUGHES: Form.

THE WITNESS: She was separated from her parents, correct.

BY MR. ANDERSON:
Q She could not leave JHACH, could she?
MR. HUGHES: Form.
THE WITNESS: That's correct, by court order.
BY MR. ANDERSON:
Q She couldn't leave her room without some form of supervision; is that correct?
MR. HUGHES: Form.
THE WITNESS: I believe so.
BY MR. ANDERSON:
Q She couldn't have her own priest to come and see her, correct?
MR. HUGHES: Form.
THE WITNESS: I couldn't hear the -- your last statement.
BY MR. ANDERSON:
Q She couldn't have her own priest to come and see her; is that correct?
MR. HUGHES: Form.
THE WITNESS: I suppose. I don't know if the priest was allowed or not. I don't know.
BY MR. ANDERSON:
Q She was taken away from all of her family, was she not?
MR. HUGHES: Form. Mischaracterizes record

evidence.

THE WITNESS: I don't know if she was allowed to have friends in the hospital or not.

BY MR. ANDERSON:

Q She was not allowed to go to school, was she?

MR. HUGHES: Form. Mischaracterizes evidence.

THE WITNESS: She was in the hospital. How is she supposed to go to school?

BY MR. ANDERSON:

Q Exactly.

She wasn't allowed to go to any of her --

MR. HUGHES: Is object to form. Move to strike. You're way outside the scope of cross here, and --

BY MR. ANDERSON:

Q -- gymnastics or any of that, was she?

MR. HUGHES: -- you've got about three minutes left.

THE WITNESS: I couldn't hear you, your last thing.

BY MR. ANDERSON:

Q She wasn't allowed to leave the hospital to go to her hobbies and her sports, was she?

MR. HUGHES: Form.

THE WITNESS: She was here for court order and

everything that that entitles.
BY MR. ANDERSON:
Q She wasn't even allowed to see her brother -- (unintelligible) -- was she?
MR. HUGHES: You broke up there, Mr. Anderson, but I'll object --
BY MR. ANDERSON:
Q She wasn't allowed to --
MR. HUGHES: -- to the form of the question.
BY MR. ANDERSON:
Q She wasn't allowed to even see her brother except on appointed occasions, was she?
MR. HUGHES: Form. We're outside the scope of cross, and you're mischaracterizing the evidence.
THE WITNESS: I don't know the specifics of -- if she was allowed to see her brother or not. I do know that she was separated from the parents. And at the beginning, the father only had supervised visits with us, but I don't know the details about her interactions with any other people.
BY MR. ANDERSON:
Q She wasn't allowed to have a phone, was she?
MR. HUGHES: Form.
THE WITNESS: I don't know.
MR. ANDERSON: She wasn't allowed to have a

computer --

MR. HUGHES: Form.

BY MR. ANDERSON:

Q -- was she?

A I don't know. Again, I don't know the details of -- of that. Anything that you may ask me regarding the same question, my question is -- my answer is, 'I don't know.

MR. HUGHES: Two more minutes, Mr. Anderson. You said you'd be done at 7:35.

BY MR. ANDERSON:

Q You think that she was having a good time at the hospital?

MR. HUGHES: Form.

MR. HASKELL: Form. Move to strike.

THE WITNESS: Good time in the hospital.

BY MR. ANDERSON:

Q Do you think Maya was having a good time at the hospital?

MR. HUGHES: Form.

THE WITNESS: I don't think you're in a hospital to have a good time.

BY MR. ANDERSON:

Q Do you think she was happy in the hospital?

MR. HUGHES: Form.

THE WITNESS: That, I don't know. You should ask her.

BY MR. ANDERSON:

Q Do you think --

A Obviously, she was sad at the beginning because she couldn't see her parents. That's a normal reaction. That's the only thing I know.

Q Do you people actually think she liked you guys?

MR. HUGHES: Form.

THE WITNESS: That, I don't know, sir.

BY MR. ANDERSON:

Q Even when she told you, "You're lying to me. I want out of here. Get away from me," you think it's a mystery whether she liked you or not?

MR. HUGHES: Form. Mischaracterizes prior answer. Move to strike. Can we please wrap this up, Mr. Anderson?

THE WITNESS: The only thing I knew about that statement is that she was being coached because that was not my experience with her over the previous week.

BY MR. ANDERSON:

Q Okay. Well, you keep saying that her behavior with her mom was a different child. She didn't like you

when her mom -- (unintelligible) --

MR. HUGHES: You broke up there, Mr. Anderson, and I don't like where this is going.

BY MR. ANDERSON:

Q She didn't like you when you were -- when her mom and dad were around in the hospital. That was one of your observations?

MR. HUGHES: Form.

THE WITNESS: The interaction was very difficult. We couldn't interact with her.

MR. HUGHES: All right. Mr. Anderson, we need a comfort break. It's 7:35. You said you'd go 10 minutes. How much time do you have left? Can I take a break?

BY MR. ANDERSON:

Q Did you --

MR. HUGHES: Are you almost done?

BY MR. ANDERSON:

Q -- believe -- do you believe that she was any better about liking where she was and what was happening to her when he parents were not there?

MR. HUGHES: Form.

THE WITNESS: Absolutely, she was getting better under our care. She made a significant stride.

Q Okay.

(The following is cross-talk:)

MR. HUGHES: Mr. Anderson, we're going to go off the record right now.

BY MR. ANDERSON:

Q You can't tell me what --

MR. HUGHES: I'm going to use the restroom.

BY MR. ANDERSON:

Q Tell me what the --

MR. HUGHES: No, we're going to use the restroom.

BY MR. ANDERSON:

Q Tell me what the signs were.

MR. HUGHES: You said 10 minutes. You said 10 minutes, Mr. Anderson. We're at -- we're were past 10 and we're going off the record. Hit the mute button.

MR. ANDERSON: No.

MR. HUGHES: We're going off the record.

MR. ANDERSON: If you do --

MR. HUGHES: We're taking a break.

MR. ANDERSON: I've only got -- I've only got a couple more questions. If you --

MR. HUGHES: Okay. Two more questions, Mr. Anderson. You're past your 10 minutes. You've

got two questions.

MR. ANDERSON: No.

MR. HUGHES: Go for it.

THE WITNESS: No, no, no, no.

MR. HUGHES: The witness needs to pee.

MR. ANDERSON: You got 45 minutes to an hour on cross.

MR. HUGHES: The witness needs to pee.

MR. ANDERSON: I get to redirect. I've still got questions.

MR. HUGHES: The witness needs to urinate. We are going off the record.

THE WITNESS: I need to pee.

BY MR. ANDERSON:

Q Tell me, then, what the -- how you made it better.

MR. HUGHES: The witness is going to use the bathroom. She's had to pee for quite some time. We'll be back.

(Unintelligible) -- here, so we won't have -- and I have to use the restroom, too, Mr. Anderson, so I'm not going to go out there. I'm not going to go out there, Mr. Anderson, because I don't want you to start asking me what I asked -- what I talked to my client about out there, so I'm going to stay in

here. I have to use the restroom, but you've got a couple of questions left and that's where it's going to end. I'm sick and tired of you denying me bathroom breaks, but when you do it to my witness, that's enough, and you've got two questions. You're past your 10 minutes.

THE VIDEOGRAPHER: We're off the record at 7:37 p.m. Eastern.

(A recess was taken from 7:37 p.m. to 7:40 p.m.)

MR. HUGHES: For the record, the witness has used the restroom, but --

MR. ANDERSON: On cross --

MR. HUGHES: -- I did not.

And you have two questions, I believe.

BY MR. ANDERSON:

Q On cross, you had testified that you had made great strides -- or that Maya had made great strides because of your efforts. What were those great strides?

A She was functional. She was able to --

MR. HASKELL: Form. Asked and answered.

THE WITNESS: -- have a conversation with another person. She wasn't screaming. She was participating in physical therapy. She was engaging in conversation. She went to have fun at the

recreation room. Her vital signs remained stable. All those things.

BY MR. ANDERSON:

Q Okay. You're saying you think she was having fun at recreation, right?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q Define for me what recreation and how you knew that she was having fun hanging out with all you hospital people.

A She was --

MR. HUGHES: Form.

MR. HASKELL: Object to form. Move to strike.

THE WITNESS: -- smiling. She was doing those things that -- she reported that she was happy when she went to those things. She enjoyed them.

BY MR. ANDERSON:

Q You think she said she was happy in the records?

MR. HUGHES: Form.

THE WITNESS: That, I don't know.

BY MR. ANDERSON:

Q Participating, she didn't have any choice but to participate in PT and OT and all the other stuff, did she?

MR. HUGHES: Form.
BY MR. ANDERSON:
Q She had no choice; she had to do those things, right?
MR. HUGHES: Yeah, I think you broke up there, Mr. Anderson, and we're well past two questions.
THE WITNESS: She had -- she had the choice of refusing it, as she had done it before and then after, but she didn't. She did participate. She engaged in the -- on our activities.
BY MR. ANDERSON:
Q Well, she did refuse vehemently to do it, did she not?
MR. HUGHES: Form.
THE WITNESS: Yeah, then and again.
BY MR. ANDERSON:
Q Okay. Conversations --
MR. HUGHES: Mr. Anderson, how many more questions?
BY MR. ANDERSON:
Q -- who is she having conversations with?
MR. HUGHES: You're well past two.
Objection to form.
BY MR. ANDERSON:
Q Who is she having conversations with, ma'am,

that -- that exceeded the baseline of when she came in, or the six months before she came in?

MR. HUGHES: Form.

THE WITNESS: I don't understand your point, sir.

BY MR. ANDERSON:

Q Well, do you think prior to the time she came to JHACH she had never had a conversation?

MR. HUGHES: Form. Move to strike. I'm not even sure what that is. Is that a question?

THE WITNESS: No, I suppose she was able to have conversations before.

BY MR. ANDERSON:

Q So how did -- how did JHACH's efforts increase her conversations?

MR. HUGHES: Form.

THE WITNESS: She came here being nonfunctional. She was screaming. She was agitated. She wouldn't engage with anybody.

BY MR. ANDERSON:

Q That was an acute situation based on extreme pain, was it not?

MR. HUGHES: Form.

BY MR. ANDERSON:

Q She was in an acute situation; she was in pain,

was she not?

MR. HUGHES: Form.

THE WITNESS: That was the way she presented here, yes.

BY MR. ANDERSON:

Q Okay. And so when she got out of her extreme pain after a few, several days, are you saying that she was better at conversation?

MR. HUGHES: Form. Move to strike.

Mr. Anderson, you're well past your 10 minutes and two questions. When is this going to end?

MR. ANDERSON: No, you don't get -- you don't get to cross her on all these things and bring all this stuff out on your terms and then not have me redirect. That's not the way the system works.

MR. HASKELL: Well, then, Greg, don't set the expectations for the witness and for everybody else on this deposition. You're the one that set the expectation by saying 10 minutes and two questions, etc.

(Cross-talk.)

MR. ANDERSON: Let's -- let's talk about first --

MR. HUGHES: And I'd also like to know -- let the record reflect, too, that my time of questioning

paled in comparison to yours, Mr. Anderson. Paled in comparison.

BY MR. ANDERSON:

Q How was our her functionality increased?

MR. HUGHES: Form. Asked and answered. Are we just going to redepose her again? You're well outside your scope of cross, too.

BY MR. ANDERSON:

Q Well, I'm looking for objective signs. What would be objective functionalities that JHACH, through its efforts -- (unintelligible) --

MR. HUGHES: You broke up there, Mr. Anderson. You're going to have to repeat the question.

BY MR. ANDERSON:

Q What were --

MR. HUGHES: I think it's because you're leaning back and doing a bunch of histrionics.

BY MR. ANDERSON:

Q What were the --

MR. HUGHES: You're losing the microphone.

BY MR. ANDERSON:

Q What were the objective functionalities that she increased -- (unintelligible) -- started because of the efforts of JHACH?

MR. HASKELL: Object to form.

MR. HUGHES: Form.

MR. HASKELL: Asked and answered. In addition to what she's already testified to seven, eight times? Even on --

BY MR. ANDERSON:

Q Go ahead, ma'am.

MR. HASKELL: -- even with redirect?

BY MR. ANDERSON:

Q Go ahead.

A She -- she was engaged in activities. She was -- she was able to participate on physical therapy. They were able to exercise with her on physical therapy. She made progress. Those are objective observations.

Q You think she wanted to?

MR. HUGHES: Form.

THE WITNESS: That, I don't know.

MR. HASKELL: Object to form. Calls for speculation. It's such a silly question.

BY MR. ANDERSON:

Q What vital -- the final one is, what vital signs were somehow improved?

MR. HUGHES: Form.

THE WITNESS: Her vital signs were always normal.

BY MR. ANDERSON:

Q Okay.

A They didn't need improvement.

MR. HUGHES: Is that your final question, Mr. Answer -- Mr. Anderson? I think you just said it was.

MR. ANDERSON: I could ask her about the donut, but I think we've beaten that horse to death.

Okay. Nothing further. Thank you.

MR. HUGHES: You broke up. We didn't hear you.

MR. ANDERSON: I said I was going to tell about the do -- I was going to have her tell us all about the donut, but I think that we've beaten that dead horse long enough, so no further questions.

MR. HUGHES: None on my end.

MR. ANDERSON: Reading or waiving?

MR. HUGHES: Another day in paradise.

The witness has indicated that she will be reading.

Can you state on the record that you're going to read your transcript?

THE WITNESS: Yes.

MR. ANDERSON: Okay. Thanks so much.

MR. HUGHES: Thank you.

MR. ANDERSON: Bye-bye.

MR. HUGHES: Will you be ordering the transcript, Mr. Anderson?

MR. ANDERSON: If you're reading, then you're the one ordering. I'm not ordering right now.

MR. HUGHES: No, I don't think that's the way it works. If you're ordering -- Madam Court Reporter, I will take a copy if Mr. Anderson orders it.

MR. HASKELL: And I'll do the same, and I'll also order the -- I'll take the video if it's ordered.

MR. ANDERSON: I'm not ordering. I don't know what you boys are doing, but I'm not ordering anything.

MR. HUGHES: Okay.

MR. HASKELL: Well, that would be a first because you've ordered every other deposition, as far as we know.

MR. ANDERSON: See ya. Bye.

MR. HUGHES: Another day in paradise. Bye, guys.

THE VIDEOGRAPHER: We're off the video record at 7:48 p.m.

MR. HASKELL: So, Madam Court Reporter, I presume somebody from their office at some time

later will call and order that, because they have on most, as far as I know.

THE COURT REPORTER: Yeah.

MR. HASKELL: If, and when, it's ordered, please let us know and I'll take a copy.

THE COURT REPORTER: Yeah, I'll send everyone a courtesy e-mail, whoever orders it.

MR. HUGHES: Yes.

THE COURT REPORTER: Thank you.

(Defendants' Exhibit 3 was marked off the record.)

(The remote videotaped deposition of Jenny Dolan, M.D., taken at the instance of the plaintiffs, was concluded at 7:51 p.m.)

(The reading and signing of the deposition was not waived by the witness and/or the parties.)

CERTIFICATE OF REPORTER OATH

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)

I, Stephanie A. Walters, Stenographic Shorthand Reporter, and Notary Public in and for the State of Florida at large, hereby certify that the witness named herein, Jenny Dolan, M.D., appeared remotely before me on June 2, 2020, and was duly sworn.

WITNESS my hand and official seal this 12th day of June, 2020.

_____
STEPHANIE A. WALTERS
NOTARY PUBLIC - STATE OF FLORIDA
MY COMMISSION NO. GG9590
EXPIRES: 07-07-2020

CERTIFICATE OF REPORTER

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)

I, Stephanie A. Walters, Stenographic Shorthand Reporter, do hereby certify that I was authorized to and did stenographically report the foregoing proceeding taken remotely from Hillsborough County, Florida, on June 2, 2020; that a review of the transcript was requested; and that the foregoing transcript is a true record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, or attorney, or counsel for any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the outcome of this action.

DATED THIS 12th day of June, 2020, at Tampa, Hillsborough County, Florida.

_____
STEPHANIE A. WALTERS

June 12, 2020

David W. Hughes, Esquire
C. Howard Hunter, Esquire
Hill, Ward & Henderson
101 East Kennedy Boulevard, Suite 3700
Tampa, Florida 33602-5195

Dear, Mr. Hughes and Mr. Hunter:

In Re: Jack Kowalski, et al., vs. Johns Hopkins All Children's Hospital, Inc., et al.

Deposition of Jenny Dolan, M.D., taken on June 2, 2020
(U.S. Legal Support Job No. 2153820)

The transcript of the above-referenced proceeding has been prepared and is being provided to you for the witness' review.

We respectfully request that the witness' review of the transcript be completed within a reasonable period of time, at which time please return the errata sheet to our office so that we may provide it to opposing counsel.

Sincerely,

Stephanie A. Walters
Stenographic Shorthand Reporter
U.S. Legal Support, Inc.
4200 West Cypress Street, Suite 750
Tampa, Florida 33607

ERRATA SHEET

DO NOT WRITE ON TRANSCRIPT - ENTER CHANGES ON THIS PAGE

IN RE: Jack Kowalski, et al.
vs.
Johns Hopkins All Children's Hospital, Inc., et al.

Jenny Dolan, M.D.
June 2, 2020
U.S. Legal Support Job No. 2153820

PAGE	LINE NUMBER	ERROR/AMENDMENT	REASON FOR CHANGE

Under penalties of perjury, I declare that I have read the foregoing document, and that the facts stated in it are true.

_____ _____
JENNY DOLAN, M.D. DATE

cc: Gregory A. Anderson, Esquire
Brian P. Haskell, Esquire