

ENCINO-TARZANA REGIONAL MEDICAL CENTER
JUDICIAL REVIEW HEARING

CERTIFIED COPY

In the Matter of)
)
GIL N. MILEIKOWSKY, M.D.)
)
_____)


VOLUME XIII
(Pages 1528 - 1648)

Encino-Tarzana Regional Medical Center
18321 Clark Street
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Wednesday, November 7, 2001

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I N D E X

(Procedural Matters contained in
separate Confidential Volume.)

WITNESSES	DIRECT	CROSS	REDIRECT	RECROSS
FOR THE MEC		1532, 1543	1604	1611
Glenn Irani, M.D.		1560, 1596	1638	1640
Examination by The Hearing Officer -			pages 1542,	
			1557, 1595	
Examination by Dr. Miyashita -			pages 1600, 1636	
Examination by Dr. Pleet -			pages 1600, 1603, 1635	
Examination by Dr. Fleisher -			page 1601	
Examination by Dr. Persky -			page 1601	
Examination by Dr. Ballin -			page 1602	
Examination by Dr. Brooks -			page 1636	
Examination by Dr. Nassoura -			page 1638	

MEC EXHIBITS REFERENCED

129B	Medical Record No. 492180T
142	Excerpt from CLINICAL PEDIATRIC UROLOGY - 2ND EDITION Re: Circumcision
135	11-28-00 MEC minutes
148	ETRCM Bylaws, Rules and Regulations approved 10-28-99

1 THE HEARING OFFICER: Because I'm not going to
2 keep Dr. Irani beyond that.

3 Now that I've caught the hearing committee off
4 guard, do any members of the hearing committee have any
5 questions?

6 Dr. Miyashita.

7

8 EXAMINATION

9 BY DR. MIYASHITA:

10 Q Do you believe Dr. Mileikowsky is a competent
11 obstetrician? Forget about referring patterns.

12 A Yes.

13 THE HEARING OFFICER: Dr. Pleet.

14

15 EXAMINATION

16 BY DR. PLEET:

17 Q With regard to your testimony at this hearing,
18 have you at any time had advice from any attorney on how
19 to answer the questions?

20 A No.

21 DR. PLEET:

22 THE HEARING OFFICER: Dr. Fleisher.

23 / / /

24 / / /

25 / / /

1 THE HEARING OFFICER: Sustained.

2 Dr. Mileikowsky --

3 DR. MILEIKOWSKY: It's very important.

4 THE HEARING OFFICER: Dr. Mileikowsky --

5 DR. MILEIKOWSKY: Fine. Let me ask the next
6 question.

7 THE HEARING OFFICER: If you --

8 DR. MILEIKOWSKY: Let me ask the next question.

9 THE HEARING OFFICER: All right. Go ahead.

10 BY DR. MILEIKOWSKY:

11 Q In response to Dr. Miyashita's question whether
12 or not you thought I was competent, you said "yes." So
13 it is your understanding that the reason for my summary
14 suspension is not professional, not based on any
15 professional conduct of mine -- of competence, should I
16 say?

17 A Can you rephrase the question so I can answer
18 it.

19 Q You just stated to Dr. Miyashita that as we sit
20 here tonight, you believe that I'm a competent
21 obstetrician/gynecologist; correct?

22 A I did, yes.

23 Q So why would a competent
24 obstetrician/gynecologist, myself or anyone, have his
25 privileges removed summarily?

1 A I believe the minutes support a lot of
2 reasons --

3 Q I want to understand --

4 A -- if you want to refer to them directly.

5 Q So they are nonprofessional, if you think I'm
6 competent.

7 A I'm not sure how you're going to define
8 professional.

9 Q Well, Dr. Miyashita did not ask you any other
10 question regarding my professional competence.

11 A No. You are.

12 Q I am what?

13 A You are asking the question.

14 Q When you answered Dr. Miyashita and you stated
15 that I was competent, did you mean I was competent in
16 speaking French --

17 DR. WULFSBERG: I object.

18 BY DR. MILEIKOWSKY:

19 Q -- or that I'm competent as an
20 obstetrician/gynecologist?

21 I believe the question of Dr. Miyashita was
22 very specific.

23 A I will help you with it.

24 Q Okay.

25 A Competence, excellence -- these are not

1 necessarily interchangeable words.

2 DR. MILEIKOWSKY: Do you understand his answer?

3 I didn't use the word "excellence."

4 THE WITNESS: I am. One can use the word
5 "competent" meaning different things.

6 BY DR. MILEIKOWSKY:

7 Q So what does it mean to you?

8 A A competent physician is a physician with the
9 basic skills necessary to provide patient care.

10 Q Would a competent physician be summarily
11 suspended then?

12 A Yes. Can happen.

13 Q On what basis?

14 A There may be hundreds of bases.

15 Q Give me just reasons for which the November 28
16 meeting led to that decision.

17 A It was the other way around. It was your
18 opportunity to tell us why the information there wasn't
19 pertinent.

20 Q You don't remember me saying there was no way
21 for me in 10 minutes or 15 minutes to answer those
22 questions? You just stated yourself I asked for more
23 time, didn't I?

24 A You asked for more time and continued to not
25 answer any questions.

EXAMINATION

1
2 BY DR. NASSOURA:

3 Q Was the circumcision issue a major, minor, or
4 nonissue in the suspension during the meeting --
5 suspension of Dr. Mileikowsky during the meeting? Was
6 it a major issue? Was it a No. 1 out of 10? Was it a
7 No. 10 of 10? Or is it a nonissue?

8 A I would answer it was a nonissue.

9 THE HEARING OFFICER: Any other questions by
10 the hearing committee?

11 Dr. Wulfsberg and then Dr. Mileikowsky.

FURTHER REDIRECT EXAMINATION

12
13
14 BY DR. WULFSBERG:

15 Q You testified that you don't recall a lot of
16 the charges.

17 A Yes.

18 Q And by this time you are aware that this is one
19 of the charges, that this injury to this infant by the
20 circumcision was one of the charges.

21 A Yes.

22 Q Would you be reasonably -- in your opinion,
23 would this be a reason for a reasonable explanation for
24 a charge against Dr. Mileikowsky?

25 A Can you repeat that.

1 THE HEARING OFFICER: All right. Next
2 question.

3 BY DR. MILEIKOWSKY:

4 Q Did you do any literature search, other than
5 going to the library at Tarzana Hospital and retrieved
6 the book that was edited, among other people, by
7 Dr. Belman?

8 A No other search.

9 Q No other search.

10 Were you asked to do any search?

11 A No.

12 Q How did you learn of the good outcome of that
13 circumcision?

14 A I don't understand the question.

15 Q You stated in your previous testimony that you
16 knew about the good outcome esthetically and otherwise
17 of the baby.

18 THE HEARING OFFICER: Wait. Wait. That
19 mischaracterizes the testimony.

20 DR. MILEIKOWSKY: All right.

21 THE HEARING OFFICER: You stated that you were
22 informed later on as to how the patient recovered from
23 what you had observed; correct?

24 THE WITNESS: That's right.

25 THE HEARING OFFICER: And what were you

1 informed?

2 THE WITNESS: That it was healing nicely.

3 THE HEARING OFFICER: All right.

4 BY DR. MILEIKOWSKY:

5 Q Who informed you?

6 A The child's pediatrician, Dr. Zukow.

7 Q Did you ever discuss Dr. Shapiro's finding with
8 Dr. Shapiro?

9 A No.

10 Q Are you a member of the American Academy of
11 Pediatrics?

12 A Yes.

13 Q How many years?

14 A I'm going to have to struggle to guess. Hang
15 on a minute. I believe since 1990, but I'm not sure if
16 it was '89, actually. Might have been 1989.

17 Q Are you familiar with the GUIDELINES OF
18 PERINATAL CARE, FOURTH EDITION, that was jointly
19 published by the American Academy of Pediatrics and the
20 American College of Obstetricians and Gynecologists?

21 A I'm aware they have standards. I don't know
22 the specifics, sitting here.

23 Q Would it help you if I provided you a copy?

24 DR. WULFSBERG: I'm going to object. This has
25 not been in evidence; it's not entered into evidence.

1 Then there is a sketch in my great artistic
2 technique.

3 Circ site rewrapped with gauze. Mother has
4 left the hospital already. Will give local care
5 instructions as soon as possible when she returns.

6 She had left the hospital that evening waiting
7 for the circumcision to be done and then returned after
8 it had been performed.

9 Q Any other entries in the chart that are in your
10 hand?

11 A I don't believe there are any other entries in
12 this chart.

13 Q Thank you.

14 You mentioned a urologist. When did a
15 urologist get into the picture -- or did a urologist
16 ever get into the picture?

17 A I'm told by my office colleague that the baby
18 did see a urologist.

19 Q Let's be specific. Who's your office --

20 A Dr. Arnold Zukow.

21 Q So Dr. Zukow told you that he referred the baby
22 to a urologist at one point after the discharge; is that
23 right?

24 A It was done the morning after discharge.

25 Q At the hospital? Or where was it, the consult

1 with the urologist?

2 A He arranged the consult. I would speculate it
3 was in their office.

4 Q In the office of the urologist or of Dr. Zukow?

5 A I would speculate at the urology office.

6 Q And so to the best of your knowledge, who was
7 the urologist?

8 A I know the group, and I believe it was
9 Dr. Richard Shapiro.

10 Q Dr. Shapiro, who was previously also secretary
11 and treasurer of the medical staff.

12 A There are a lot of excellent physicians that
13 serve on the Medical Executive Committee.

14 Q That wasn't my question. The question is:
15 They are the same Robert Shapiro?

16 A I said "Richard Shapiro," didn't I?

17 Q Right. So is that the same Dr. Shapiro that
18 also served at one point as treasurer/secretary? "Yes"
19 or "no"?

20 A Yes.

21 Q Thank you.

22 And so what did Dr. Shapiro say, to the best --
23 or write or do, to the best of your knowledge?

24 THE HEARING OFFICER: Well, wait. What's the
25 basis of your knowledge or -- strike that.

EXAMINATION

1
2 BY DR. FLEISHER:

3 Q Never having been involved in a hearing, do you
4 think it's reasonable to bring somebody up on charges;
5 bring them to a committee meeting without them having
6 prior knowledge of the charges and not having any time
7 to review the charges and to answer them; and say, "Here
8 you've got 30 minutes," and then decide on their fate
9 after that kind of procedure?

10 A I'm going to assume what you're asking when I
11 answer. I understood that the nature of that meeting in
12 November last -- that there would be further steps after
13 it of a more formal nature, such as this; and that it
14 was not the end point, unless we found that night to
15 terminate it.

16 THE HEARING OFFICER: Any other questions of
17 the hearing committee?
18

EXAMINATION

19
20 BY DR. PERSKY:

21 Q Again, getting back to the referral pattern, if
22 Dr. Mileikowsky had established multiple referrals a
23 week, a month, given your experience with his
24 circumcision and your past experience with him, because
25 he was sending you referrals would you -- "yes" or

1 "no" -- refer back to him?

2 A Yes. //

3 THE HEARING OFFICER: Dr. Ballin.

4
5 EXAMINATION

6 BY DR. BALLIN

7 Q I just want to ask this question to clarify
8 your response earlier to Dr. Mileikowsky's questions as
9 it related to the amount of time allotted to
10 Dr. Mileikowsky to review the charges and respond to the
11 charges.

12 To the best of your recollection, was he given
13 30 minutes to review and respond to the allegations? Or
14 30 minutes to review the allegations?

15 A I recall his having 30 minutes to respond to
16 the Medical Executive Committee about the issue at hand
17 and that he was given free reign in how to handle the
18 time allotment for the different steps.

19 Q To clarify, was it your testimony that you
20 thought it was fair that 30 minutes was an ample period
21 of time to review the allegations?

22 THE HEARING OFFICER: The question is: Did the
23 30 minutes include both reading the allegations and
24 responding?

25 THE WITNESS: Yes.

1 BY DR. WULFSBERG: *Prosecutor of the MEC*

2 Q You do recall that I told you that the
3 substantial portion of the charges for the summary
4 suspension were the very same charges that
5 Dr. Mileikowsky had been charged with in his
6 reappointment denial by the Medical Executive Committee
7 previously, six months previously?

8 A Yes.

9 Q So could you form an assertion -- or form an
10 opinion about Dr. Mileikowsky's assertion that he was
11 completely unaware of all the charges that he was faced
12 with when he entered that meeting?

13 A Yes.

14 Q And what would your opinion be?

15 A That he knew pretty close to the exact charges
16 prior to that meeting starting.

17 Q In fact, I told you, did I not, that he had
18 received those charges six months prior and that he was
19 in a different hearing about that at that time?

20 A Yes.

21 Q Knowing what you now know about Dr. Mileikowsky
22 and all the things that you heard about him, could you,
23 in good conscience, refer a patient to him?

24 A No.

25 Q Based on your understanding of the kind of

1 injury this child sustained, is it reasonable to assume
2 that the complication this child might develop could
3 take years?

4 A Yes.

5 Q So that even if the current appearance of that
6 child's penis appeared to have made some recovery, there
7 is still a real chance that this child might suffer
8 significant injury in the future?

9 DR. MILEIKOWSKY: There's no foundation. He
10 said he's not an expert.

11 DR. WULFSBERG: I'm asking --

12 DR. MILEIKOWSKY: He doesn't perform
13 circumcisions. This has no foundation. What is the
14 basis for such an opinion? We might ask a janitor his
15 opinion.

16 THE HEARING OFFICER: You've made your point.
17 He can answer the question, and the committee will give
18 it whatever weight they will give it. And you can ask
19 him questions on cross-examination.

20 Go ahead.

21 DR. WULFSBERG: I will rephrase it.

22 THE HEARING OFFICER: All right.

23 BY DR. WULFSBERG:

24 Q Based on your understanding of the information
25 you read in Dr. Belman's section of the textbook, do you

1 A I'm going to say 35 years plus because I'm not
2 sure of the exact number.

3 Q Okay. But a certain number of years?

4 A Yes.

5 Q Do you perform circumcisions?

6 A No, I do not.

7 Q Can you tell us why.

8 A I don't perform circumcisions because we
9 consider those to be a surgical procedure requiring a
10 surgeon's skills.

11 Q Would you be kind enough to turn to
12 Exhibit 142, please. Take a moment to look at this
13 exhibit.

14 Are you familiar with that exhibit?

15 A Yes.

16 Q Can you tell us something about this exhibit.

17 A These are pages from the textbook described in
18 the handwritten portion on the top of the page numbered
19 827. This is a pediatric urology textbook that is
20 written for pediatricians to, you know, cover the
21 materials pertinent to whatever the subject is. This is
22 about circumcision.

23 Q And why did you look at this book?

24 A Well, I was concerned about this child's injury
25 and went to this textbook specifically because the third

1 THE HEARING OFFICER: No, Dr. Mileikowsky.

2 DR. MILEIKOWSKY: It's very important to
3 establish that Dr. Irani has absolutely no medical --

4 DR. WULFSBERG: Excuse me. Just because he's
5 interrupted him does not --

6 DR. MILEIKOWSKY: -- authority to talk about a
7 circumcision.

8 (Simultaneous colloquy.)

9 THE REPORTER: One at a time.

10 (Simultaneous colloquy.)

11 THE REPORTER: We're not on the record. We're
12 not on the record.

13 THE HEARING OFFICER: None of this is on the
14 record, since everyone was speaking out of turn.

15 Dr. Mileikowsky, next question, please.

16 DR. MILEIKOWSKY: Okay.

17 Q Dr. Irani do you consider yourself an expert in
18 circumcisions?

19 A No.

20 Q So where do you have the chutzpah to come here
21 and give us your opinion about a circumcision?

22 DR. WULFSBERG: I object.

23 THE HEARING OFFICER: Sustained.

24 DR. MILEIKOWSKY: Where is coming his
25 authority? If he says he has no authority and no

1 FURTHER EXAMINATION

2 BY THE HEARING OFFICER:

3 Q To your knowledge, is the standard of care
4 postcircumcision such that an infant may be discharged
5 from the hospital less than two weeks after --

6 DR. PERSKY: Two hours.

7 DR. FLEISHER: Two hours.

8 THE HEARING OFFICER: Two hours. I'm sorry.

9 Q -- less than two hours after any bleeding
10 stops?

11 A Little boys are discharged from the hospital
12 less than two hours after a circumcision quite often.

13 Q And does it make a difference as to whether
14 there was bleeding after the circumcision?

15 A It might make a difference in the time of
16 discharge being delayed, or it might be accomplished
17 within a time less than two hours, if that is
18 satisfactory.

19 Q Would that depend on the amount of bleeding?

20 A Yes. And other factors, perhaps.

21 Q Taking those factors into account, do you have
22 an opinion as to what the appropriate standard would be
23 as to discharge?

24 A The two-hour time frame would be considered a
25 typical amount of time to observe for any postprocedure

1 bleeding. And that two-hour time can be shortened if
2 the clinician would be satisfied that things were at a
3 discharge state.

4 Q And does it make any difference as to the
5 amount of bleeding in terms of the decision to
6 discharge?

7 A There could be reasons to delay it further,
8 yes.

9 Q Under what circumstances?

10 A Gross hemorrhage, bleeding diathesis, things
11 like that.

12 THE HEARING OFFICER: All right. Next
13 question.

14 DR. MILEIKOWSKY: Thank you.

16 CROSS-EXAMINATION (Continued)

17 BY DR. MILEIKOWSKY:

18 Q Last time you stated that it was the
19 pediatrician's job description to follow up on
20 complications of circumcision. What is that based on?

21 A I think that's a little bit of a misstatement,
22 but I will say that that's my patient and that the
23 obstetrician is a consultant when performing that
24 procedure.

25 Q How can a surgeon be a consultant when he's the

1 when Dr. Mileikowsky asked you the question about why
2 you didn't call him, did you have any thought process
3 about whether you should have contacted Dr. Mileikowsky
4 about this infant --

5 A No.

6 Q -- and the events of November 5th?

7 A No.

8 THE HEARING OFFICER: All right. Go ahead,
9 Dr. Mileikowsky.

10

11 CROSS-EXAMINATION (Continued)

12 BY DR. MILEIKOWSKY:

13 Q What is your thought process when you have any
14 physician that you continue the care of, whether it's a
15 circumcision or another one? You never communicate with
16 that physician?

17 A My thought process would be to handle each case
18 based on its merits.

19 Q Now let me try to understand something else.

20 If you were that concerned with this alleged
21 complication, why did you discharge the baby?

22 A I discharged the baby because once hemostasis
23 had been achieved, there was no reason to continue to
24 observe the patient as an inpatient.

25 Q How did you achieve hemostasis?

1 A With a pressure dressing applied by me.

2 Q Now, there's something disturbing --

3 DR. WULFSBERG: I object.

4 THE HEARING OFFICER: Sustained.

5 BY DR. MILEIKOWSKY:

6 Q -- we had a nurse testify that there was no
7 bleeding at all -- would you care to look at the
8 original chart -- prior to your arrival?

9 A I found bleeding. I don't know what the nurse
10 found. I wouldn't be able to review her testimony in a
11 cogent way.

12 Q There's another thing disturbing --

13 DR. WULFSBERG: I object again.

14 DR. MILEIKOWSKY: You can object if you want.
15 It will slow us down.

16 THE HEARING OFFICER: Well, Dr. Mileikowsky --

17 DR. WULFSBERG: This is argument. It's
18 argument.

19 THE HEARING OFFICER: That's the basis on
20 which I'm sustaining the objection.

21 Just ask a question.

22 BY DR. MILEIKOWSKY:

23 Q Do you think it is possible that for whatever
24 emotional reasons or intellectual reasons or other
25 reasons that the nurses, by undoing and doing the

1 bandage on the circumcision, could have caused the
2 bleeding?

3 A Your question was is it possible that the
4 nurses were responsible for the bleeding? Of course
5 that would be possible, but not necessarily the case.

6 Q That's right. But now I'd like to stimulate
7 your analytical capabilities, which I know are quite
8 remarkable.

9 Can you please take the nurses notes of the
10 chart, please.

11 A Can I state them?

12 Q No. No. Review them. Just take the chart --
13 they're not very long. It's a very short chart.

14 A Okay.

15 Q And if I'm not mistaken, in ours it's 129B-32.

16 DR. WULFSBERG: We've already had direct
17 testimony from Diane Levinson regarding these nursing
18 notes. Is there a reason why Dr. Irani then should be
19 reading the same nursing notes and making the same
20 judgment?

21 THE HEARING OFFICER: I will allow him to read
22 the notes.

23 DR. MILEIKOWSKY: It's only two pages.

24 Q I don't know what color page it is on your
25 chart, but in the exhibit book it's 129B-30 and 129B-32

1 It starts 8:30 and then postpartum 1708.

2 Do you see 1708, 5:08 in the afternoon on
3 November 5?

4 A Yes.

5 Q Okay. Can you please start reading on the
6 entry of the nurses at 508, please.

7 THE HEARING OFFICER: You're talking about
8 1708?

9 DR. MILEIKOWSKY: Yes, 1708.

10 THE WITNESS: 1708. EMLA cream applied to
11 penis.

12 BY DR. MILEIKOWSKY:

13 Q The next entry is 1845.

14 A 2000. Dr. Mileikowsky here to perform circ.
15 Routine newborn care done. Assessment within normal
16 limit. Sensor to left ankle intact. Circ site with
17 Vaseline gauze intact. Small bleeding noted on one
18 gauze. Cloth diaper intact.

19 Q Stop right there. Anything unusual so far?

20 A Nothing unusual so far.

21 Q Nothing unusual. Thank you.

22 Now, when you go to the next entry -- I'm not
23 sure because there is a hole in the binder, so it has a
24 00; it's probably 2000 or --

25 A 2010.

1 Q 2010. Okay.

2 A Dr. Irani in to examine baby. Circ site
3 checked. Bleeding note. Gauze rewrapped. Cloth
4 diaper in place.

5 Q Now, doesn't it disturb you that there's no
6 entry between this entry and the previous one? There's
7 no entry whatsoever from any nurse indicating any
8 problem?

9 A Well, there's 10 minutes between entries.

10 Q How long does it take to perform a
11 circumcision?

12 A A circumcision can be performed in several
13 minutes.

14 Q So the entry at 8:00 p.m. is how long after --
15 we can reasonably assume that it did not take more than
16 15 minutes after I placed the little bandage with
17 Vaseline over the penis of the little baby. So for
18 practical purposes, the circumcision couldn't have gone
19 longer than 1900; correct?

20 A 1900 would be a reasonable time.

21 Q So there's no entry between 1900 and 2000;
22 correct?

23 A There's no separate entry between.

24 Q There's also no entry between a perfectly
25 benign entry at 2000 and 2010 on the next page, so how

1 do you explain that?

2 A I can't explain it. These are not my notes.

3 Q Of course not.

4 But we physicians inherit charts from other
5 hospitals, from other countries, from other colleagues,
6 and we have to use our analytical capabilities.

7 What is here in the nurse's note that can
8 explain to us that had to be dramatic in order to be
9 calling you, since you already discharged the patient
10 yesterday, the day before, on November 4?

11 Wouldn't you expect the routine, professional
12 nursing staff, which we do have, to enter something
13 prior to your arrival to explain why you were called?

14 A I can't speculate as to what they wrote and why
15 they chose to write what they wrote.

16 Q All right.

17 Have you ever tried to investigate?

18 A No.

19 Q I'm asking you those questions because you're
20 the next chief of staff of this institution; correct?

21 A I am not the next chief of staff of this
22 institution.

23 Q Aren't you the vice chief of staff right now?

24 A I am the vice chief of staff.

25 Q Isn't the vice chief of staff automatically the

1 DR. MILEIKOWSKY: Why do we play games? This
2 is an issue.

3 THE HEARING OFFICER: Because --

4 DR. MILEIKOWSKY: Who are we fooling exactly?

5 THE HEARING OFFICER: No. It's not a question
6 of --

7 DR. MILEIKOWSKY: Are you trying to --

8 THE HEARING OFFICER: No, Dr. Mileikowsky. It
9 isn't a question of fooling. It's a question of trying
10 to get the testimony completed about what happened and
11 what Dr. Irani observed regarding the circumcision and
12 the outcome of the circumcision. We'll have a chance to
13 consider that other issue at another point in time.

14 Go ahead.

15 DR. MIYASHITA: That's fine.

16 THE HEARING OFFICER: Dr. Pleet.

17

18

EXAMINATION

19 BY DR. PLEET:

20 Q I want to clarify why you were called. I
21 believe in your earlier testimony this evening you
22 stated that you were called because of bleeding that was
23 noted. The nurse in the previous hearing stated that
24 you were called because of the unusual appearance of the
25 penis; and, in fact, she took photographs of that.

1 And in your note of 11-5 when you saw the
2 child, you state that you were called because of the
3 appearance; that the nurse was concerned about the
4 appearance, and there's no mention that you were called,
5 in your own note, for bleeding.

6 Does that clarify your thinking about why you
7 were called?

8 A Yes.

9 Q So as I understand it, then, you were basically
10 called because of the appearance of the penis and not
11 because of the bleeding?

12 A Yes.

13 Q Then when you got to the baby and you observed
14 the wrapped penis, was there any evidence at that time
15 at that observation of any active bleeding?

16 A Yes.

17 Q Active bleeding?

18 A Yes.

19 Q Can you describe that.

20 A The gauze wrap was blood-saturated through and
21 through. I removed it, and it was bleeding. Not
22 hemorrhaging, but bleeding.

23 Q Was the mother told at any time by you -- or
24 close to the time that the circumcision occurred that
25 there had been excessive skin removed?

1 A No.

2 Q Do you have any knowledge at this time of the
3 status of the penis?

4 A I understand that it's a good cosmetic outcome.

5 Q In terms of natural healing process, or in
6 terms of procedures that were done on the penis?

7 A I'm not aware of any procedure that was
8 necessary. So therefore, it would be a natural healing
9 process.

10 Q And if all the skin of the shaft were removed,
11 how could that be? Do you have any explanation how
12 there would be a good cosmetic result if the full
13 thickness skin was removed from the penis?

14 A I think was partial thickness skin removal.

15 Q Okay. Thank you.

16 THE HEARING OFFICER: Other questions?

17 Dr. Fleisher.

18

19 EXAMINATION

20 BY DR. FLEISHER:

21 Q I'm confused. If you were concerned about the
22 bleeding from the circumcision at quarter after 8:00,
23 you weren't concerned that it might bleed during the
24 night, and you let the baby go home a half-hour later?

25 A I was concerned. We gave the mother her

1 supplies and let her go home. There was no further
2 bleeding once we got it accomplished.

3 THE HEARING OFFICER: Anything else, Doctor?

4 DR. FLEISHER: No. The other question was
5 already asked.

6 THE HEARING OFFICER: Dr. Brooks.

7

8

EXAMINATION

9

BY DR. BROOKS:

10 Q Other pediatricians perform circumcisions here;
11 correct?

12 A Yes.

13 Q And this is just a hypothetical case. If
14 another pediatrician -- if this had happened and you had
15 been in the nursery and the nurses had asked you to
16 observe another pediatrician's circumcision, would you
17 have proceeded differently than you proceeded with an
18 obstetrician? Or what would your steps be?

19 A It is different because the obstetricians don't
20 follow these kids. They don't make rounds on them.
21 They don't write progress notes in postop. They don't
22 even dictate a procedure note in a way of seeing them.

23 The circumcisions are done in a different way
24 in that the postop care gets turned over to the primary
25 care physician for the baby, as if they were a

1 consultation to the baby because they're not the
2 physician of the infant once the infant's born.

3 So it would be different if a colleague of mine
4 who's a pediatrician had something going on, I probably
5 would not be examining the child to begin with.

6 Q I guess if a case came up where the nurse had
7 asked you to see that baby, would you -- I'm trying to
8 get how would you proceed. Would this be brought before
9 a QA committee where you saw this? Or how would this be
10 done in your department, excluding the obstetricians?

11 THE HEARING OFFICER: In other words, if the
12 procedure had been performed by a pediatrician rather
13 than an obstetrician?

14 DR. BROOKS: Right.

15 THE HEARING OFFICER: All right. Go ahead.

16 THE WITNESS: I typically wouldn't go examine
17 another physician's patient at the request of a nurse.
18 So that in a hypothetical way of saying that, I wouldn't
19 have been near that patient.

20 BY DR. BROOKS:

21 Q One more step. Let's just put it this way:
22 Would this case have been brought up in QA committee in
23 the pediatrics department if a pediatrician had
24 performed that circumcision?

25 A Yes. If it was reported, it would have come up

1 to some level of committee.

2 DR. BROOKS: Okay.

3 THE HEARING OFFICER: Dr. Fleisher.

4

5 FURTHER EXAMINATION

6 BY DR. FLEISHER:

7 Q Supposing it was Dr. Zukow's patient and he had
8 performed the circumcision, and you're in partnership
9 with him. Would you have called him about the
10 complication? Or would you have just taken care of it
11 when the nurse said? Because you cover for each other.

12 A We cover for each other routinely.

13 Q Okay. If he did the circumcision and went
14 home, would you tell him about it, or would you take
15 care of the problem?

16 A I would take care of the problem.

17 Q Would you call him about it?

18 A If he needed to be called in the middle of the
19 night, yes. If not, the next time available in the
20 daytime.

21 THE HEARING OFFICER: The next question --
22 were you going to continue to talk about whether it
23 would have come up at QA?

24 DR. BROOKS: He said it would.

25 THE HEARING OFFICER: It would. All right.

1 Are you through, Dr. Fleisher?

2 DR. FLEISHER: Yes.

3 THE HEARING OFFICER: Dr. Pleet, then
4 Dr. Miyashita.

5

6 FURTHER EXAMINATION

7 BY DR. PLEET:

8 Q If you assume there was a partial thickness
9 removed of skin, would you also then assume that the
10 Gomco clamp was not fully engaged, that it was just
11 partly engaged? To my way of thinking, that would be
12 the only way that you could get a partial thickness.

13 A I can envision that being an outcome that
14 would happen from that. I'm not sure if that's the
15 correct way to form an opinion on how that outcome
16 happened.

17 THE HEARING OFFICER: Any other questions?
18 Dr. Miyashita.

19

20 FURTHER EXAMINATION

21 BY DR. MIYASHITA:

22 Q Dr. Irani, you and Dr. Mileikowsky are
23 colleagues. I guess I'm kind of mystified why this was
24 not handled in an informal way. I mean, medicine is not
25 perfect. You know what I mean?

1 A Yes.

2 Q What has been, if you have experience with
3 this, the approach to that patient in that situation?

4 A That one patient, who was my own patient, I
5 arranged for a urologist to see that day in the nursery
6 and had a physician arrive within a half-hour and
7 applied the pressure dressing and wrote a consultation
8 note to watch for bleeding.

9 Q So is it a fair assumption that your
10 observation of the specialist's handling of the patient
11 you had just mentioned is similar to the patient that
12 was raised during this hearing?

13 A Those two times have a different degree of
14 injury by a large amount of difference, but they had
15 similar management.

16 Q You mentioned that bleeding was an uncommon
17 complication of circumcision. Would that, in your best
18 medical judgment, have led to the investigation of any
19 type of concurrent disorder, bleeding diathesis or other
20 preexisting condition, that should be evaluated while
21 the patient was still in the hospital?

22 A Because the bleeding was controlled, the
23 workup was not necessary. But, yes, that would also go
24 through my mind.

25 THE HEARING OFFICER: Any other questions?