

IN THE COURT OF COMMON PLEAS OF THE
39TH JUDICIAL DISTRICT, PENNSYLVANIA
FRANKLIN COUNTY BRANCH

CHRISTIAN A. JESSEN and :
ELLEN ROSE, Administrators :
of the Estate of :
Christian F. Jessen, :
Plaintiffs, : CIVIL ACTION - LAW
vs. :
: NO. 2000 - 3515
CHAMBERSBURG HOSPITAL :
TIMOTHY J. SEMPOWSKI, D.O., :
and YIN KEONG NGEOW, M.D., :
Defendants. :

TRANSCRIPT OF PROCEEDINGS
OF
EXCERPT OF DIRECT EXAMINATION
AND VOIR DIRE EXAMINATION OF
GABRIEL J. HAUSER, M.D.

BEFORE: HONORABLE RICHARD J. WALSH, J.

DATE: April 7, 2006

PLACE: Courtroom No. 2
Franklin County Courthouse
Chambersburg, Pennsylvania

A rectangular stamp with the word "COPY" in a bold, sans-serif font. The letter "C" is enclosed in a small square box.

APPEARANCES:

James R. Ronca, Esquire, appears on behalf of
the Plaintiff.

Kevin E. Osborne, Esquire, appears on behalf of
the Defendant Hospital.

Michael M. Badowski, Esquire, appears on
behalf of the Defendant, Doctor Ngeow.

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1 (Whereupon, the following proceedings took
2 place in open court:)

3 * * * * *

4 (GABRIEL J. HAUSER, was called as a witness
5 on behalf of the Defendant, Yin Keong Ngeow, M.D., was
6 sworn and testified as follows:)

7 DIRECT EXAMINATION

8 BY MR. BADOWSKI:

9 Q Good morning, Doctor. For purposes of the
10 record would you state your name?

11 A Gabriel Jacob Hauser.

12 Q You can move that microphone to accommodate
13 you.

14 And what is your profession, sir?

15 A I'm a pediatric and intensive care
16 specialist.

17 Q I'll give you a moment to pour your water.

18 A I wanted to do it now so I don't do it in the
19 middle.

20 Q What type of physician are you, Doctor
21 Hauser?

22 A I take care of critically ill children.

23 Q Where do you currently practice your
24 profession?

25 A At Georgetown University Hospital in

1 Washington, D.C.

2 Q And how long have you been at Georgetown?

3 A For over sixteen years.

4 Q I'd like to trace a little bit with you,
5 Doctor Hauser, your resume or educational background.

6 And it is a rather lengthy C.V., but I'm going to go
7 through it to establish all that you have done in terms
8 of your career.

9 Where did you obtain your medical degree
10 from?

11 A The Sackler School of Medicine.

12 Q In what year?

13 A In 1979.

14 Q Where was that, sir?

15 A I'm sorry?

16 Q Where was it at?

17 A In Tel-Aviv, Israel.

18 Q And when was it that you immigrated to the
19 United States?

20 A In 1982.

21 Q And are you an American citizen?

22 A Yes, I am.

23 Q Your present position includes what?

24 A I'm Vice-Chairman of the Department of
25 Pediatrics at Georgetown University. I'm the Medical

1 Director of Pediatric In-patient Services, Chief of the
2 Division of Pediatric Critical Care and Pulmonary
3 Medicine, and Director of the Pediatric Intensive Care
4 Unit.

5 On the academic side I am professor of
6 Pediatrics, Physiology and Biophysics at Georgetown.

7 Q Let's give us some definitions of this stuff,
8 Doctor Hauser.

9 Everyone knows what pediatrics is. But
10 Medical Director of Pediatric In-patient Services. What
11 is your definition of that? And Pediatric Critical Care
12 and Pulmonary Medicine, what does that involve?

13 A That involves that I am responsible for a
14 group of pediatric intensive care doctors and pulmonary
15 medicine doctors. And I am responsible, because I am
16 also Director of the Pediatric Intensive Care Unit and I
17 am responsible for all the unit in-house. I am
18 responsible for policies and procedures for quality
19 assurance. I'm responsible for directing younger
20 doctors. There is a tremendous amount of teaching
21 activity going on for residents and students.

22 Q Are you familiar with the current literature
23 regarding your specialty of the practice of pediatric
24 critical care and pulmonary diseases?

25 A I'm sorry?

1 Q Do you keep current with the literature in
2 your specialty? Do you keep up on it?

3 A Very much so.

4 Q Is that part of your job as a clinician and
5 instructor of medicine?

6 A Actually, I'm teaching critical care every
7 day.

8 Q The critical, pediatric critical care
9 includes situations where pediatric patients are
10 suffering from respiratory distress or failure requiring
11 intubation and resuscitation?

12 A Yes.

13 Q Is that part and parcel of what you do on a
14 day-to-day basis?

15 A Yes, it is.

16 Q That is part and parcel of what you teach as
17 a professor of medicine on a day-to-day basis?

18 A Yes, it is.

19 Q Now, I want to turn to page 2 of your C.V.,
20 Doctor. And we won't go through it all. But here we
21 have some additional positions you have held over the
22 years. Am I right about that?

23 A Yes.

24 Q And what were some of those positions?

25 A Many of those over there is what you have

1 shown before. And some of those are I was, when I first
2 started at Georgetown I was an assistant professor. And
3 then I was promoted over the years to associate
4 professor. And then in the year 2000, for the past six
5 years, I have been a full professor of pediatrics and
6 pediatrics, physiology and biophysics.

7 I also spent eight years at the National
8 Institutes of Health in the pulmonary branch under
9 Doctor Rosenberg.

10 And prior to coming to Georgetown, this is
11 where I did my credits for upper medical school. I was
12 a pediatric resident in the Tel-Aviv Medical Center.

13 And then I was a fellow -- and this is where
14 I did my specialty training in pediatric critical
15 care -- at Children's National Medical Center in
16 Washington.

17 Q Doctor, can you explain the graduation of
18 professorship from an assistant to an associate to a full
19 professorship? How does one achieve that professor
20 status?

21 A Well, it varies. It depends what institution
22 you are in. The more prestigious the institution the
23 more demanding it is to move up the ladder. Assistant
24 professor is usually the starting level. This is
25 somebody who performs teaching and usually has shown some

1 evidence of research.

2 A few move up to associate professor. You
3 usually have national recognition. You have published a
4 good amount of attendant research. You have
5 demonstrated not only that you are doing teaching, but
6 you also demonstrate excellence in teaching. You have
7 to obtain unsolicited -- I'm sorry, not unsolicited,
8 but you need to obtain recommendations or nominations by
9 individuals of high stature around the country, not only
10 by yourself but solicited by an independent committee.

11 And to be a full professor, at least at
12 Georgetown, you have to have international recognition.
13 And you need to have those kind of letters come from
14 international experts that recognizes you that you are
15 an authority in the field. You have to have a critical
16 number of high quality research and publications in
17 journals. You have to be invited to speak in national
18 and international forums.

19 And this is pretty much what it is.

20 Q And how long have you enjoyed the position of
21 full professor of medicine at Georgetown?

22 A Professor of pediatrics and professor of
23 physiology and biophysics for six years, from the year
24 2000.

25 Q Doctor, the next page of your C.V., which is

1 certifications and licenses, can you briefly describe for
2 us what these are and how they import to your practice of
3 pediatric critical care?

4 A Okay. The first three are basic
5 certifications that allow me to practice in this country
6 or allow me to practice to get a medical license to
7 practice.

8 I'm Board certified by the American Board of
9 Pediatrics. This is since 1989. And since then I have
10 recertified every seven years, most recently 2004.

11 I am also Board certified by the American
12 Board of Pediatrics in Pediatric Critical Care Medicine.
13 And, again, recertified. And recertified most recently
14 in 2004.

15 And I also have held certification in
16 pediatric advanced life support and a PALS instructor,
17 which requires me to teach pediatric advanced life
18 support on a regular basis in order to renew that
19 certification.

20 And then I have license to practice, as you
21 can see there.

22 Q And you are not only Board certified in
23 pediatrics, you also hold a subspecialty in pediatric
24 critical care. Is there a subspecialty Board for
25 pediatric critical care?

1 A No. There is a sub-board, as you see there.
2 So the American Board of Pediatrics oversees the
3 certification for them both, again general pediatrics and
4 for the pediatric subspecialty.

5 Q You were talking about in order to achieve
6 full professorship you have to get international
7 recognition from unsolicited sources. And as part and
8 parcel you have to publish and do research. Am I right
9 about that?

10 A That is correct.

11 Q And have you done that?

12 A Yes, I have.

13 Q Have you achieved any awards throughout your
14 career, Doctor Hauser? And we have a list up here from
15 your C.V. But can you just tell us some of those that
16 you are most proud of?

17 A Well, the ones, one that I am most proud of
18 is there is a Kaiser -- the last one on the list --
19 Kaiser Permanente Award for Excellence in Clinical
20 Science Teaching, which is just a couple of years ago.
21 This is an award that was given to only one clinical
22 faculty of the entire Georgetown University School of
23 Medicine, which has hundreds of clinical faculties. And
24 only one gets it every year.

25 So I think that is the one I am particularly

1 proud of.

2 I was also the president, you can see there,
3 of the Washington Area Critical Care Society. So I was
4 elected by my peers to be the President of the Society,
5 which includes not only pediatric intensive care
6 doctors, but also adult intensive care doctors. I was
7 actually one of the founding members of that society.

8 And I am also proud of the fact that I
9 received a teacher of the year award from Georgetown
10 University Children's Medical Center. Which means all
11 pediatric residents pick one person every year. And I
12 got that twice. 1999, and I think I got it again in a
13 later year. Yes, 2004.

14 Q Doctor, you have also indicated, you list a
15 number of services over the years that you have
16 performed, memberships and so on. But the services that
17 you have done at Georgetown, what all did they include?

18 A Well, I have been there sixteen years so I
19 focused on the Georgetown University Hospital. Director
20 of Pediatric Intensive Care Unit since I arrived there
21 sixteen years ago. Chairman of Pediatric Administrative
22 Staff Committee, which oversees all policies and
23 procedures and across all of the pediatric patients.

24 I was the Chairman of the Ethics Committee
25 at Georgetown University Hospital.

1 I was the -- I'm just taking those things
2 that I want to highlight.

3 I have been -- It's not on this page, but I
4 have been for the last five years Chairman of the
5 Patient Safety Committee of the hospital.

6 Q What is that, Doctor?

7 A That means I oversee a multi-disciplinary
8 committee of nurses and doctors and pharmacists and
9 doctors who look at different practices across the entire
10 hospital and focusing on areas where we can make sure
11 that patient safety is improved and outcomes are better.

12 Q Doctor, in the course of your positions at
13 Georgetown do you encounter patients such as Christian
14 Jessen?

15 A Yes, sir.

16 Q And you are familiar with the manner of
17 treatment both medically and also in terms of
18 resuscitation?

19 A Yes.

20 Q Doctor, have you published -- and we have
21 your C.V. and I won't go through it all with the jury --
22 but you have another ten or so pages dealing with your
23 publications. Can you just highlight for us, Doctor,
24 some of the publications you have authored or coauthored
25 relative to matters relevant to the issues at hand in

1 this trial?

2 A Well, my specialty area of expertise is shock
3 in pediatric patients and adult patients, especially
4 septic shock or shock as a result of infection. But I
5 also published papers related to pediatric intensive
6 care.

7 One paper looked at endotracheal tubes,
8 specialized endotracheal tube and new devices that would,
9 was trying to monitor or detect the correct position of
10 the endotracheal tube. So that is something in
11 particular.

12 Q What device is there?

13 A One was a company that came up with an
14 interesting device that had a magnet at the tip of the
15 endotracheal tube. So if you put the tube into the
16 airway -- and right now the standard of care you have to
17 get an x-ray in order to detect where the position of the
18 tube is, to make sure it is in the right place -- their
19 company came up with this product that they are trying to
20 market in which there was a magnetic pad at the end and
21 you place a magnet on the outside of the chest. And
22 based on the position of the magnet you'd be able to
23 detect whether the tube is in the correct position or
24 not.

25 And they actually started, they got FDA

1 approval for this. And they started to try to sell it.
2 And I was suspicious something was wrong there, so we
3 actually did a project study with chest x-ray and I found
4 out it wasn't really accurate. That is why nobody uses
5 it any more. They were very disappointed.

6 Q Doctor, you have also received a number of
7 grants from various organizations to perform your
8 research, am I right about that?

9 A Yes.

10 Q And what have some of those included?

11 A I received a grant from the American Heart
12 Association to study -- Yes, that is Number 4. -- to
13 study the induction of heat-shock protein and the
14 prevention of endotoxin-induced hypotension. Endotoxin
15 was a bacteria produced by infection. That is what
16 causes sometimes the fast drop in blood pressure. And we
17 were trying to prove that through some medications we
18 could reverse that and proved the outcome. And this is a
19 number that we did during the years '97 to '99.

20 Q So on the next, on your list of publications,
21 without going through them all, Doctor, can you relate
22 for us approximately how many articles you have had in
23 peer review publications since commencing your career at
24 Georgetown?

25 A Oh, since Georgetown? I don't really

1 remember. Overall I think there are sixty-some.

2 Q And what is the general topic upon which you
3 have published?

4 A I'm sorry?

5 Q Was has been the topics of your publications?

6 A Well, I think that you can probably divide it
7 into two major areas. One, as I mentioned, is septic
8 shock. Which is the severe consequences of severe
9 infection. And the other one is the intensive care of
10 pediatric patients.

11 Q You have also indicated in your C.V. that you
12 have been invited to either review or be associated with
13 the sponsorship of various book chapters. What book
14 chapters have you either authored or co-authored?

15 A As you can see, my book chapter was about
16 medications during breast feeding and what happens to
17 those medications during breast feeding or expressing
18 breast milk. One is corticosteroid therapy in pediatric
19 practice. Another book chapter was about the immune
20 dysfunction in the critically ill infant and child.
21 There was a case study which were about, which later on
22 again it goes to breast feeding. Right there. Several
23 of them are regarding neonatology, which is the study
24 have the infant.

25 Q You also prepared papers with very scientific

1 names and also abstracts. And, again, this is all
2 dealing with pediatric intensive care and the critical
3 pediatric patient?

4 A That is correct.

5 Q You have also indicated that you have been
6 invited to lecture at various major institutions. What
7 have been some of the places you have been asked to guest
8 lecture at, Doctor Hauser?

9 A As you see, it is a long list. But, for
10 example, I was invited professor at Massachusetts General
11 Hospital in Boston.

12 I was visiting professor at the Russian
13 Academy of Pediatrics in St. Petersburg. I went there
14 for ten days. And I actually went to different hospitals
15 and gave lectures and instructed physicians there and
16 rounded with the patients.

17 I was in Tel-Aviv a number of times --
18 Tel-Aviv, Israel -- to give rounds there.

19 And then I was invited in many other
20 universities in the, and hospitals in the United States,
21 including in northern Virginia and Pennsylvania and New
22 Jersey.

23 Q And the topics of your guest lectures that
24 you have been asked to perform?

25 A Well, there are numerous lectures. There is

1 probably 20, 25 different lectures.

2 Q This one here, Doctor, is upper airway
3 obstruction in children. You actually lectured on
4 respiratory failure and respiratory distress in children?

5

6 A Yes.

7 Q And you are intimately familiar with the
8 process of pediatric intubation and the effects of drugs
9 used to do that?

10 A Yes.

11 Q Including succinylcholine?

12 A Yes.

13 Q And Atropine?

14 A Yes.

15 Q And epinephrine?

16 A Yes.

17 Q Until recently have you ever testified in a
18 courtroom before?

19 A Only as a fact witness.

20 Q Never as an expert?

21 A Never.

22 Q I see you have lectured on chest radiology in
23 pediatric intensive care. You have guest lectured on
24 cardiopulmonary resuscitation in children. You have
25 guest lectured on mechanical ventilation: What's In,

1 What's Out, and How did we get here? Management of acute
2 respiratory failure, pediatric airway management during
3 emergencies, near drowning, so on and so forth. So it
4 seems to me that you have lectured quite extensively with
5 respect to the pulmonary function of the pediatric
6 patient.

7 A Correct.

8 MR. BADOWSKI: Your Honor, I would offer
9 Doctor Hauser as an expert in the field of pediatric
10 critical care medicine, pediatric airway management,
11 pediatric pulmonary medicine, and the intubation and
12 resuscitation of the acutely ill pediatric patient and
13 respiratory failure.

14 THE COURT: Intubation and resuscitation of?

15 MR. BADOWSKI: Don't ask me to repeat it,
16 Your Honor.

17 THE COURT: Okay. I want to know it, so I'm
18 going to ask you to read back the last part of it.

19 THE REPORTER: "The intubation and
20 resuscitation of the acutely ill pediatric patient and
21 respiratory failure."

22 MR. BADOWSKI: And I tender him to Mr. Ronca.

23 THE COURT: I'll do it.

24 Mr. Ronca, any voir dire?

25 MR. RONCA: Yes, Your Honor.

1 THE COURT: All right.

2 VOIR DIRE EXAMINATION

3 BY MR. RONCA:

4 Q Good morning, Doctor Hauser.

5 A Good morning.

6 Q You have fine qualifications as a pediatric
7 critical care doctor. Are you an anesthesiologist?

8 A No, I'm not.

9 Q Have you been a resident in anesthesiology?

10 A No.

11 Q All of the papers that we heard about, have
12 you written papers published in journals?

13 A No.

14 Q The teaching that you did, do you teach
15 anesthesiology?

16 A Well, for years I had actually had anesthesia
17 residents rotating through my intensive care unit
18 learning about medicine of pediatrics.

19 Q You talked to them about pediatrics, not
20 about anesthesiology, is that correct?

21 A I taught them about critical care, which
22 included the management of children in severe respiratory
23 distress and in children with airway emergencies.

24 Q And in this case Doctor Ngeow is an
25 anesthesiologist, is that correct?

1 A That is correct.

2 Q How frequently in the last five years have
3 you, yourself, administered succinylcholine to a child
4 under ten years of age?

5 A It would only be an estimate because I don't
6 recall those things. I would probably say seven to ten
7 times.

8 Q Out of how many patients?

9 A That I intubated myself?

10 Q That you had, yes.

11 A It would have to be patients I intubated
12 myself?

13 Q Sure.

14 A I would say out of several hundred, a couple
15 of hundred.

16 Q So would it be fair to say you that rarely
17 use succinylcholine --

18 A That is correct.

19 Q -- with your critically ill pediatric
20 patients, is that correct?

21 A Yes.

22 Q And your practical experience in that,
23 since -- I think I said five years in my question,
24 didn't I?

25 A Yes.

1 Q Was seven to ten times total, correct?

2 A A very rough estimate. I don't record those
3 things. And it is based on my best ability to estimate.

4 Q All those articles that we had listed there,
5 you have never published an article on succinylcholine,
6 have you?

7 A No.

8 Q You have never published an article on the
9 use of Atropine in association with succinylcholine, have
10 you?

11 A No. But I have read quite a bit about it in
12 the literature and have been teaching about it.

13 Q But you haven't written on it?

14 A That is correct.

15 Q You haven't written any articles on the
16 relationship or effect of succinylcholine on children?

17 A No.

18 Q Have you published articles since 1990,
19 published articles since 1990 on intubation?

20 A No.

21 Q Now, you have finished your residency in
22 critical care pediatrics in 1989, correct?

23 A Correct.

24 Q So since 1990, since you finished your
25 residency, you have not published an article on

1 intubation, correct?

2 A That is correct.

3 Q Now, it was referenced that you published an
4 article on intubation that involved intubation in 1989
5 about that device that we talked about?

6 A Correct.

7 Q Would it be fair to say that the first
8 sentence of that article says that "malposition of the
9 endotracheal tube can result in serious complications"?

10 A I don't remember. I haven't looked at that
11 article for many years. But if you say so.

12 Q You would agree that that, that concept was
13 in the article, correct?

14 A I would assume so. I haven't looked at that
15 article in many years.

16 Q The whole purpose of the article was to talk
17 about how to determine the placement, right?

18 A Correct.

19 Q And so would you agree that placement of the
20 endotracheal tube is important, proper placement?

21 A Oh, yes.

22 Q And that if it is not properly placed that
23 could lead to serious complications?

24 A Yes.

25 Q In the last ten years have you published any

1 articles on resuscitation?

2 A No.

3 Q And that would include any articles on the
4 use of certain drugs in resuscitation, correct; published
5 articles?

6 A No, I did not publish.

7 Q None of your book chapters deal with
8 anesthesiology, succinylcholine, the use of Atropine,
9 intubation or resuscitation, do they?

10 A That is correct.

11 Q And you haven't published a book chapter
12 since 1993, according to your resume?

13 A I don't remember. I'd have to look back.

14 Q I can do that for you.

15 A Okay.

16 Q The last one I have is the case report in
17 1993.

18 A Okay.

19 Q That's where you report on one case and they
20 publish this in continued publications, right? You
21 report on one case in the case report?

22 A That is right.

23 Q So you reported on case 19. It's not like
24 you published a whole chapter on a matter in pediatrics,
25 right?

1 A You are referring to the particular case?

2 Q Yes.

3 A That case was probably a book chapter,
4 because that was the format. But the contents of that
5 particular book chapter was a description of the case
6 report and the lessons you that learned.

7 Q Sure. That is what -- Most people you have
8 a book chapter and the books that we all normally read as
9 this is the chapter on resuscitation. Okay. And then it
10 explains all the various. But this is different. This
11 is where you had an interesting case and you reported on
12 it so others can learn a lesson from it?

13 A Right. But it wasn't a book. It was not in
14 a journal, that is why it is considered a book chapter.

15 You know, there are different types of book
16 chapters. This one happens to be the way you describe
17 it. There are other book chapters we mentioned earlier
18 which are the classic type that you referred to.

19 Q I am not disputing that with you. I just
20 wanted the jury to know the type of things that it was.

21 A Right.

22 Q And it is an important thing to do in
23 medicine, but it is not a chapter that explains
24 everything about a particular subject matter.

25 A That particular book chapter was not.

1 Q And there were two of those in '93, two case
2 reports, 17 and 19, correct?

3 A Correct.

4 Q Those were the last two book chapters. And
5 then the prior book chapter to that that I can find on
6 your, in your resume is 1988. That was before you
7 finished your residency, right?

8 A Let me just -- If I can update you. I just
9 finished a book chapter that will be published next year
10 in the Textbook of Pediatric Intensive Care. And I am
11 currently writing an additional book chapter that will be
12 published.

13 Q It is not on here, though?

14 A It is not, because it hasn't been published
15 yet. Those are invited book chapters, so they are there,
16 or any accepted principal before.

17 Q Some people put that on their current C.V.
18 and they say "in press," isn't that correct?

19 A It is not in press yet. In press is --
20 Well, you know what? That could have been in
21 press. I didn't put it in there, I agree.

22 Q But we have already agreed it is not on any
23 of the subjects I mentioned?

24 A Sorry?

25 Q Succinylcholine, Atropine. It is not on

1 resuscitation. It is not on any of those?

2 A It is not on those topics. The book chapter
3 that will come out next year is about electrolyte
4 abnormalities in children. The one I am writing right
5 now is management of critical care of pediatric patients
6 before and after triage.

7 Q So the last book chapter to actually be
8 chaptered was in 1988 on immune dysfunction, which has
9 nothing to do with this case, correct; immune
10 dysfunction?

11 A Not direct.

12 Q Nothing directly, correct?

13 A (Nodded.)

14 Q You have to say yes or no. You were nodding,
15 but you didn't say.

16 A I said correct.

17 Q I didn't hear.

18 THE COURT: You are soft-spoken. You might
19 have to get just a little closer to the mike. One of the
20 jurors is a little bit hearing impaired.

21 BY MR. RONCA:

22 Q Now, you had some education since 1989 and I
23 was looking at that, but I didn't hear it talked about.
24 It seems that you did a study at Emory University in 1996
25 on survival strategies for medical management and managed

1 care.

2 A Correct.

3 Q In 2000 you got a Masters in business
4 administration, correct?

5 A That is correct.

6 Q And in, also in 2000 you were involved in
7 some training regarding managed care at the School of
8 Professional Studies in Business and Education at Johns
9 Hopkins, is that correct?

10 A That is correct.

11 Q And that has something to do with learning
12 how to do your administrative duties at the hospital,
13 correct?

14 A Absolutely.

15 Q But now you have a lot of administrative
16 duties that you didn't have before since you have been
17 running the department, that is why you went out and got
18 these additional degrees, right?

19 A That is true.

20 Q And that necessarily has taken time away from
21 the time you have to teach and see patients and writing?

22 A Right. Amazingly, I have done all of that
23 without actually cutting back significantly until the
24 last two years. I have cut back on my clinical
25 responsibilities and teaching responsibilities on top of

1 everything.

2 Q Okay. You were on the Patient Safety
3 Committee?

4 A I was Chairman of the Patient Safety
5 Committee.

6 Q Does your hospital conform to the patient
7 safety recommendations of the Joint Committee for
8 Accreditation of Hospitals and Health Care Organizations?

9 A Yes.

10 Q And that would include the hospital, right?

11 A Yes.

12 Q Health care organizations include hospitals.

13 A (Nodded.)

14 Q Does your hospital or the committee you run,
15 the Patient Safety Committee, follow the condition that
16 after an adverse event in the hospital there should be
17 written notification to the patient or the patient's
18 family and an explanation of what happened?

19 A Yes.

20 Q That is what they do at your hospital?

21 A Yes.

22 Q Since you have been chairman?

23 A I'm sorry. Let me take it back. You said
24 written notification?

25 Q Written notification and an explanation.

1 A What we -- The practice that is recommended
2 in our hospital is that if there is an adverse event that
3 they are absolutely not advised. I'm not aware of any
4 requirement at all they be informed.

5 Q You are not familiar with the Joint
6 Committee's recommendation that there be a written
7 notification?

8 A There is a recommendation, there is not a
9 requirement in our hospital. The practice is that the
10 family, if there is such a situation, we recommend that
11 to a physician involved that the family will be advised.
12 But nobody, we don't require them to do it in writing.

13 Q And that notification is more than something
14 happened, you explain what happened?

15 A Of course.

16 Q Do you know that since 2002 it's been the law
17 in Pennsylvania, based upon the Joint Committee for
18 Accreditation of Hospitals' recommendation?

19 MR. BADOWSKI: Your Honor, I don't know what
20 this has to do with the --

21 MR. RONCA: He brought out the Safety
22 Committee.

23 THE COURT: Yes. It is overruled, if it is
24 an objection.

25 You may proceed.

1 BY MR. RONCA:

2 Q Do you know in Pennsylvania since 2002 it has
3 been the law, not just the recommendation of the Joint
4 Committee, that there be written notification and
5 explanation, and that was based on the Joint Committee's
6 recommendation from years before? Were you aware of
7 that?

8 A No. I'm not aware of the law in
9 Pennsylvania.

10 Q But what you are saying is at your hospital
11 you don't require written notification?

12 A That is correct.

13 Q But you recommend clear notification to the
14 family and an explanation?

15 A Yes, we recommend.

16 Q How frequently in the last five years have
17 you been involved directly in a resuscitation of a
18 pediatric patient?

19 A Again I will say I don't record those things
20 so I cannot really tell you. But, personally, several
21 thousand times.

22 MR. RONCA: That is all the questions I have,
23 Doctor Hauser.

24 (Whereupon, the examination on qualification
25 of Dr. Gabriel J. Hauser was concluded.)

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CERTIFICATE

I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me in the proceedings of the above cause and that this copy is a correct transcript of the portion requested to be transcribed.

June 5, 2006
Date

Jane M. Smith
Jane M. Smith
Official Court Reporter

