These questions, along with annotated records, were left with Drs. Eig, Schwab, Sister Rachel and Caroline Williams on March 16, 2004. A couple of months later Dr. Eig provided the results of his peer review: "Although there are inconsistencies, the records describe adequate care given to your father."

My father was counting on me to protect him. He was healthy and he desperately wanted to live. Did I place him in jeopardy by taking him to a hospital that was certain he had come to die?

A little bit about my pops: He would get up each morning, shower and dress himself and come into the kitchen for coffee and cereal. I would leave him with a homecare assistant during the day, and she would walk with him around the parking lot of our apartment complex for exercise. If I would say "you're walking like an old man" he would sprint ahead and retort "Is this what you want?" My father lived to interact with people.

My father used a cane. He had mild dementia. In March '03 he couldn't have told you that we were about to go to war in a futile search for weapons of mass destruction, but he could have said "I can't sit anymore, let's go out," or "isn't it time for Synagogue?" or "I love you." He was very affectionate. He had a voracious appetite; definitely not "frail elderly." He was a non-smoker, no history of heart attack, stroke, cancer, diabetes or COPD. He had a 30-year-old Zenker's diverticulum which gave him no trouble. Did the doctors appreciate the quality and joy in his life, or was he just another 90+ year-old in a hospital gown lying on his back with pneumonia?

On the first day of my father's hospitalization the pulmonologist, Dr Weiner, asked me how long I thought people live. 2 ½ weeks later at my father's bedside he looked me in the eye and said that my father was "dead the day he got here," as he refused my impassioned plea for intubation (no record of him even seeing my father on that day). Was there a nexus between the two remarks? Should I be concerned that my father may have been written off from the start and treated accordingly? Did he get caught in a trap that even a young man might not pull out of?

More than three months after my father's "passing," a Discharge Summery was entered into his medical record. Had his treatment indeed been as depicted in this clumsily written document, might he still be walking around our apartment complex wearing his big smile?

WHERE WERE THE ANTIBIOTICS? WHERE WAS THE FOOD?

- I read that when treating pneumonia you "hit hard and fast:" The antibiotics must kill the bug quickly and completely, must not drive resistance and must not create the emergence of other pathogens; that underdosing is a significant risk factor for the development of resistance; that careful evaluation of the patient's response to therapy is essential. If there is no improvement within 72 hours you must suspect non-covered organisms, unusual pathogens, drug resistance or dosing error. Are these things true? If so, was my father's pneumonia treated in such a manner?

- The nurse's Kardex indicates that a daily dose of 500mg of the antibiotic Levaquin was given for the first 3 days, while the physician order forms indicate that 500mg was ordered for only one day before being cut to 250mg. Which is correct and what accounts for the discrepancy? Why was the dose *ever* cut to 250mg? Ortho-McNeil recommends 500mg for the treatment of CAP and 750mg for nosocomial or complicated CAP, with no dosage reduction required in the elderly or even in those with mild renal impairment. My father's white count improved from 40k to 20k within 16 hours of one 500mg dose of Levaquin. His bands quickly started reverting to normal - a positive prognostic indicator. It would be regrettable if the dosage was erroneously or negligently cut; in a prejudicial environment where a poor response will be used against him he could ill-afford such a mistake.

- Physician order forms show a 3-day gap in antibiotics, from March 17 to March 20. When one is hospitalized for pneumonia without concomitant illness, doesn't the focus have to remain on antibiotics and the patient's response? Did Dr. Weiner have the medical option of noting "failure to thrive, situation grim" on March 20 - ten days into the hospitalization, without re-assessing his treatment of the infectious disease? Wasn't he obligated to recognize *failure to thrive*, an unrelentingly high white count and copious secretions as signs of possible continuing infection?

- Why did a full week go by before my father received any nutritional support? Why did 58 hours elapse between his nutritional consult and the delivery of PPN? His prealbumin level went as low as 3.8 before PPN/TPN started; he was starving. It climbed to 7.5 on March 20 - when my father was sitting at the side of the bed, dangling his feet and doing physical therapy for 15 minutes. Is sitting up and doing physical therapy under such conditions consistent with *failure to thrive*?

- For 8 days after his extubation my father was breathing independently with no respiratory distress noted. Almost immediately after gastric feeding began on March 22, ever-increasing periods of alertness were documented. He was improving each day except for the WBC and the secretions. Wasn't it just a matter of time before resistant bacteria came roaring back with a vengeance?

DON'T ASK DON'T TELL DON'T TREAT

From the final Tuesday evening when my father suddenly went into respiratory distress, was there a tacit understanding among the doctors and staff that he was being "taken down" by withholding treatment because of his age? That intubation was to be avoided at all costs?

- Did Dr. Kariya have the legal option of noting on Tuesday, March 25, "breathing tenuous…son unrealistic, no new suggestions" without invoking the *Maryland Health Care Decisions Act* or informing me that intubation was medically necessary? Did he have the option of leaving my father in a life-threatening situation without offering medical assistance; without explaining what our choices were and soliciting my instructions; without so much as taking a blood test to check the white count? Was my father now somehow deemed unworthy of the treatment he needed and wanted? Is there any indication that I, God forbid, declined to have my father intubated?

- A resident I called in later Tuesday evening found my father to be in respiratory distress and in need of intubation. I told him he must intubate. Rabbi Anemer spoke with him and informed him that Jewish law mandated intubation. Did he have the option of leaving without doing so, giving my father oxygen instead? Is there any indication that I declined to have my father intubated?

- Did Dr. Kariya have the medical / legal option of noting on Wednesday morning, March 26, "Patient in respiratory distress…white count 37.6…I hope the patient's final days are peaceful as opposed to being suctioned/intubated" without informing me that intubation was necessary and without even revisiting the antibiotics? Is there any indication that I declined intubation?

- Did Drs. Weiner and Shamim have the option of refusing my direct request for intubation during their lengthy visit on Wednesday afternoon? Can such decisions be made absent any documentation? What was the purpose of changing one antibiotic Wednesday night at 10 pm?

- Why didn't the staff respond to my repeated calls to the nurse's station for help on Thursday morning? Didn't their telemetry display the same things Nomeda and I were witnessing – respiratory and sat rates both alarming -- my father choking to death?

WAS AN *AGE* TREATED RATHER THAN A PATIENT?

Did this dear father pay the ultimate price because a group of doctors led by a dogmatic pulmonologist decided they'd seen enough 90-year-olds on vents – ethical, religious and patient-specific considerations aside? Our faith teaches that a doctor is but an agent through whom God affects his cures, and who has no leeway to make godly decisions. As long as his patient is alive the doctor is obligated to do everything in his power for him. Why did the doctors dishonor this dignified and gentle man's deeply-held religious beliefs?

Are all patients equal in the eyes of Holy Cross Hospital? If Ronald Reagan had been admitted with pneumonia and Nancy Reagan requested that "everything" be done, would you have hesitated to do so, much less confront or deceive her? For all of Dr. Weiner and colleagues' professed desire not to cause suffering to a person who has lived a full life, shouldn't they stand up for their "principles" rather than hide behind falsified records?

Do my father's medical records appear accurate or logical? Would a son described as "deeply religious" and "unrealistic," and quoted as saying "my father was finally awake and hungry" refuse ventilation for a parent who was independent and healthy prior to hospitalization, had just received a peg tube and was last charted as "alert and oriented X2, resting comfortably, no respiratory distress noted"? Why is there no documentation of such refusal?

Did these arrogant doctors see a vulnerable son whose obstinance they resented and take advantage of him? Of much greater concern, is there a possibility that my father's illness was curable? Did their prejudice of ageism blind them to the basics of infectious disease management, condemning this robust man to certain death - by predictable bacterial resistance and callous refusal to treat?