

HC

March 25, Tuesday night

6:00 pm - Dr. Kariya is first to observe emergent situation. He writes, "Breathing tenuous, pulse oximetry down...Patient remains tenuous and son remains unrealistic. No new suggestions."

- Isn't Dr. Kariya obligated to "suggest" intubation or tracheotomy for the tenuous breathing? Instead, Dr. Kariya disappears. Can he do that?

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Patient abandonment

Dr. Kariya finds full-code patient in respiratory distress.

He documents irreconcilable difference with family, yet fails to provide needed life-sustaining treatment, or to withhold it as medically ineffective pursuant to [state law](#) and [hospital policy](#). He simply walks away!

3/25 6 PM BREATHING TENUOUS, PAX WHEN SON GAVE HIM ICE CHIPS
AFEBRILE HR 68-94 R20-26 BP 129/60 P9/79 PAX 92-99% 3% 1.7/L.S
SCHROEDER RUS + RUFOUHI @ COR
BUN 30 WBE 18.1 HGB 32 A87281 A27234
P7 REMAINS TENUOUS, & SON REMAINS UNREALISTIC
NO NEW SUGGESTIONS

/ 89



HOLY CROSS HOSPITAL

March 26, Wednesday morning

PR

Dr. Kariya writes, "Called stat to see patient in respiratory distress by son."

Why did I call Dr. Kariya into the room?

Dr. Kariya testified that he didn't think intubation would be curative, and he thought that by suctioning the patient "he did not require intubation at that time." (!)

Dr. Kariya testified that he knew patient's status was full-code.

DATE TIME

3/26 11A AM

CALLU STAT TO SEE PT IN RESPIRATORY DISTRESS BY SON.

TM100³ HR95+11 R24-31 BP113/46 -173/73 POX89-96% To 1.1/1.0

JUTTERED RHONCH. INT RESPIR DISTRESS. @ COR. p CHEST PT/LLL POSITIONING, I SUCTIONED HIM ORALLY (UNABLE TO PASS AT TUBE VIA-NASAL TRUMPET) FOR MOD AMOUNT YELLOW GREEN TENACIOUS SECRETIONS QLV147 Na148 G.B.5 WBC 37.6 HCT36 AS7100 A7164

IMP @ JULY HE WILL RECURRENTLY BARTHE AND IS SO WEAK HE CANNOT CONTROL/ELIMINATE HIS SECRETIONS. HIS ~~MARR~~ ANY IMPROVEMENT FROM A RESPIRATORY POINT IS LIKELY ONLY TO BE TEMPORARY. I SPENT A LONG TIME @ PT CHRS @ bedside d/w SON THE PT'S POOR SITUATION. I HOPE THE PT'S FINAL DAYS ARE PEACEFUL, AS OPPOSED TO BEING SUCTIONED/INTUBATED OR GETTING CPT. SON HAS D/W ME PT'S FUNERAL ARRANGEMENTS, BUT HAS (I THINK) ONLY CONSIDERED THEM IN THE ABSTRACT.

1 HR SPENT ON PT CHRS

1/37

Dr. Kariya writes, "I hope the patient's final days are peaceful, as opposed to being suctioned/intubated or getting CPT."

- Touching sentiment, but with yellow-green tenacious secretions and a white count of 37.6 how about some antibiotic? The patient is not dead yet.
- If aspiration suspected why isn't tracheotomy suggested?
- No conversation whatsoever with family about intubation.*

Dr. Kariya is clearly aware of chasm between his hopes and family's wishes for treatment, yet fails to honor family's wishes.

According to Delmarva Foundation Quality Concern Inquiry, it is "unclear" if it was actually the son's choice not to suction or intubate.

* According to Holy Cross Hospital brief neither Dr. Kariya nor Dr. Weiner believed reintubation was in Israel Neustadter's "best interests" and accordingly "never recommended" this course of treatment for him (in other words they made the decision to euthanize without the informed consent of family).