



HOBSTACHTER, ISRAEL 91Y
03/10/03 030690011
3127 NARAZ, AHMED
05/1/P 815510
1111 UNIV BLVD W
STEVENS SPRING 10901

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?

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 URGENT
BREATHING TENUOUS, ↓POX WHEN SON GAVE HIM ICE CHIPS
APR BRILE HR 108-94 R20-26 BP 129/60 P9/79 POX 92-99% 2/1.7/L.S
SPO2 92% RUGS + RUGONAH @ COIR
BUN 30 WBE 18.1 HCG 32 A87281 A27234
P7 REMAINS TENUOUS, & SON REMAINS UNREALISTIC
NO NEW SUGGESTIONS

89



HOLY CROSS HOSPITAL

NEUSTADTER, ISRAEL 917
03/10/03 0208900162

March 26, Wednesday morning
PR Dr. Kariya writes, "Called stat to see patient in respiratory distress by son."

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.

Why did I call Dr. Kariya into the room?

DATE TIME
3/26 11A AM

CALLD STAT TO SEE PT IN RESP DISTRESS BY SON.
TM 100³ HR 95+11 R24-31 B P 113/46 -173/73 POX 89-96% To 1.1/1.0
JUTTERED RHONCH. INT RESP DISTRESS. ⊖ COX. p CHEST PT/LLL POSITIONING,
I SUCTIONED HIM ORALLY (UNABLE TO PASS NT TUBE VIA-NASAL
TRUMPET) FOR MOD AMOUNT YELLOW GREEN TENACIOUS SECRETIONS
QU 147 Na 148 G.B.5 WBC 37.6 HCT 36 AS 7100 A 7164
IMP (A) AMY HE WILL RECURRENTLY APARTS AND IS SO WEAK HE CANNOT
CONTROL/ELIMINATE HIS SECRETIONS. HIS ~~WAS~~ ANY IMPROVEMENT
FROM A RESP STANDPOINT 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
/S7

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).