

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?

8:30 pm - Previously uninvolved resident called in by me. Spoke with Rabbi Anemer who told him Jewish law mandated intubation.

- Why did I call resident into the room?
- Why did resident call Rabbi Anemer?
- WHY NO INTUBATION?

NEUSTADTER, ISRAEL 91Y
 03/10/03 030690011
 3127 N. HAZ, ARMIC
 8155 IN
 1111 UNIV BLVD W
 SILVER SPRING 2090

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, ↓ POX WHEN SON GAVE HIM 100% O₂ AS
APRIL 1968-94 R20-26 BP 129/60 HR 79 POX 92-94% 2/17/18
SCHEPERS RUS + RUFOMAH @ COR
BUN 30 WBE 1821 H032 A87241 A27234
PT REMAINS TENUOUS & SON REMAINS UNREALISTIC
NO NEW SUGGESTIONS

Dr. Kariya fails to return as my father's condition is worsening. I see a resident entering an elevator and plead for help.

"Contacted Dr. Shamim and discussed possibility of intubation. ICU doctor covering & Dr. Kariya was also consulted and agrees at this point will readdress code status (due to poor prognosis). Will also keep patient on 100% NRB and suction PRN."

- What did these doctors agree to?
- Was code status readdressed?
- Who readdressed it?
- What was Israel Neustadter's code status?
- What about intubation for respiratory distress?

89

25 8:30 PM ICU - MEDICINE & CORN.
 Bn was called by nursing staff / PT himself to EVAL PT
 For low Pox. PT's Pox was (83%) on 6LNC upon entering
 room, HIS HR (113), BP 120/67 AND RR 36. STAT ABG, POX
 93% NOT O₂ AND 100% NRB PLACED ON PT. PT REVEAL
 NO CHANGES W/ 2 HR, HS TACHYCARDIC & M/C 12.
 STAT ABG 7.504 | 32.9 | 58.5 | 93% ON 100% NRB.

CONTACTED DR. SHAMIM AND DISCUSSED POSS. OF WITHDR
ICU ON CONTINUOUS O₂. KARIYA WAS ALSO CONSULTED, AN
AGREED AT THIS POINT WILL READDRESS CODE STATUS (D² TO
POOR PROGNOSIS). WILL ALSO KEEP PT ON 100% NRB AND
SUCTION PRN.

Never expressed.

PT'S SON EXPRESSED HE DOES NOT WANT RE-INTUBATION
 BUT IS BOUND BY STRICT JEWISH LAW. ASKED IF
 WE CAN SPEAK TO RABBI ANEMER TO RE-ADDRESS
 CODE STATUS.

Stated repeatedly, resulting in resident's request to call rabbi.

Rabbi Anemer testified he told doctor that Jewish law required intubation to prolong life as much as possible, and it is what my father would want as well. The doctor said he understood.

#1672



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 AMM

CALLER STAT TO SEE PT IN RESPIRATORY DISTRESS BY SON.
TM 100³ HR 95+11 R24-31 BP 113/46 -173/73 POX 89-96% To 1.1/1.0
JUGULAR 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
QU 147 Na 148 G.B.5 WBC 37.6 HCT 36 AS 7100 A7164

IMP @ AMM HE WILL RECURRENTLY APARTHE 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 STAT ON PT CHRS
/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).

Falsified record

Dr. Shamim writes, "Called Dr. Kariya," when in truth he handed patient off to Dr. Weiner - of whom there is no record. Dr. Weiner refused my plea for intubation, telling me that my father was "dead the day he got here" as the two of them walked away. Can the doctors really get away with this?

Full-code patient in acute respiratory distress. ICU consult and ABG test suggest intubation was under consideration. What became of the consult and the test? No nursing notes of substance. Why wasn't my father intubated? Can the hospital really get away with this?

Why are final 3 pages of physician progress notes missing the hospital identification stamp? Were they rewritten to hide Dr. Weiner's presence on March 26 and to cover up the withholding of treatment?

Newlander; Israel.

Patient abandonment

Dr. Weiner's presence and his abandonment of my father confirmed by trial testimony. Dr. Shamim admits to handing over all care to Dr. Weiner.

3/26/05

Medicine

S. Events of last night noted. Appreciate how staff & Dr. Mayo's input

What was Dr. Mayo's input?

Hypoxic & recurrent aspiration.

O₂ U/F 156/63 98 95 100%.

labs at 37.6 10.9 60.9 148 110 29
35.7 4.2 28 0.9

SGOT / SGPT ↓ 100 / 164

*U/S abd. - gall bladder sludge
- Renal Cyst

* Apr 1 (R) UI infiltrate

S. Pt. in acute resp distress
on 100% Non Rebreather

Med resp rate, O₂ > 90%

of (R) Snd. rale crackles
tachy

Abd () Soft, NT, (+)BS

Ext. Edema

- 1) Discussed - son
- 2) Start Zosyn + Levetim
- 3) Suction q 2-3 hrs son
- 4) Called Dr. Koyan - ICU consult

Falsified record
Dr. Shamim testified that he did not discuss code status or the issue of intubation with son.

S. Shamim



HOLY CROSS HOSPITAL

PHYSICIAN ORDER FORM

HOLY CROSS HOSPITAL, ISRAEL 911Y
03/10/03 03069001b2
3127 NAWAZ, AHM.D
22 1/P 815510
1111 UNIV BLVD W
SILVER SPRING MD 20904
301 649-1319

(1) ABCG - ~~ASIP~~
Call results to Dr. Weiner
or Dr. Steve Kariya #214
(Stat)

March 26, Wednesday, late afternoon

Falsified record
Dr. Shamim writes, "Call results to Dr. Weiner or Dr. Steve Kariya," when Dr. Weiner was with him the entire time and was handed the results in his presence. There were no calls to anyone.

noted 3/26
ASIP

[Handwritten signature]

S. SHAMIM

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINT)/PAGER#

TIME DATE

(1) CCR, CBC, COP in am 8:30
(2) IVF, DS. 45N-S @ 80cc/hr
+ 20 KCL

#522

noted 3/26
ASIP

[Handwritten signature]

S. SHAMIM

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINT)/PAGER#

TIME DATE

Morphine 1-3 mg q 1-3hr
PRN SQ

No Dr. Weiner
to ED

OHV

03/27/03

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINT)/PAGER#

TIME DATE

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Holy Cross Hospital

From: 10-Mar-2003 at 13:55
To: 27-Mar-2003 at 18:51

Printed: 06-May-2003 at 09:33
Page 17 of 17

Progress Notes

03/25	19:50	-- Continued from previous page - will follow plan of care.	What was the plan of care? When did it change?
03/26	11:29	Pastoral Care Y. Louis Hicks, Chaplain Follow up visit with son. He was concerned about the need for his father to be suctioned. Passed information on to Nurse and Social Worker handling patient's care. Offered words of encouragement and support for son.	March 26, Wednesday No nursing notes of substance on day when: - Full-code patient develops acute respiratory distress and status degrades to critical. - Attending physician turns care over to a "nonexistent" pulmonologist and leaves hospital. - Surrogate purportedly decides to withhold treatment from his previously recovering father.
	13:03	Secretions John Robinson, RN Problem: Impaired Gas Exchange pt suctiond prn with little results. pt placed on 100% nonbreathing mask and is sating >94%. pt's son informed that the secretions are to deep to suction and pt needs to cough to bring secretions up further.	
03/27	09:30	Tests/Procedures Denise L. Johnston, RN pt ordered labs and xray. son refused any treatment. Dr. Weiner on floor and made aware. Dr. Weiner in to see pt and was asked to leave by pt son. orders to stop all treatment and to give morphine only for comfort witnessed by 2 nurses Denise Johnston and Elaine Warren. cont to monitor	Precise time was 9:50 am
	13:08	Rhythm & Character Elaine Warren, R.N Problem: Impaired Airway Clearance resp labored entire shift but O2 sat wnl O2 sat began decreasing as charted sx. O2 checked and dr. aware and present at the time. pt. refused cxr and all preventative care. statement via son verified c another team member.pt.s son refused all care not pt as stated above. dr. notified and pallitive care started stat morphine 3mgm. admin s.q as ordered. son acting very bizzare and confused stating dont do anything else for my father. then later stating no call anew dr. i want everything done . pastoral c. called forsupport,psych nurse. h.o spoke c son and made comfort. as poss. pt. made comf. as poss. also . care and v/s as charted.	Refused what sort of preventative care? Without intubation what care was being offered? Without intubation what outcome was being prevented?
	14:00	Summary Denise L. Johnston, RN pt dying and son in room at bedside with caregiver. son refused any treatment for pt. witnessed by Elaine Warren RN and Denise Johnston RN. pt expired and pronounced by Dr. Fadul at 215 pm pastoral care notified and went to room. Dr. Fadul to notify attending	10:15 am Nurse Elaine Warren and Nomedra witness Dr. Weiner's refusal to return to room. Hospital manager Elise Reilly and chaplain Susan Mitchell "try" to get any other doctor available into room but "can't find one."
	18:19	Discharge Note Wullaimatu Kamara, RN Pt expired today.Body picked up by Torchinsky morgue company.Son remained at the bedside till pick up arrived.Wrapped in a plain sheet of cloth per Jewish laws.	Refused what kind of treatment? Without intubation what treatment was on the table?

0000815510	M	14-Apr-1911	Age: 91		
		I		MT	
NEUSTADTER, ISRAEL		Wt: 61.900Kg			
Admit Physician: NAWAZ AHMED MD		Attending: NAWAZ AHMED MD			

Holy Cross Hospital
Progress Notes
Chart Copy
Requested by: WHITLV

March 27, Thursday, 8:50 am

Breathing collapses, pulse oximetry alarms. I am praying, holding my father's hand, Nomeda holds his feet. Nobody comes to help us despite repeated calls to nurses station.

According to the Medical Director of Critical Care, Nursing probably knew that additional life support measures were not planned for my father!

Falsified Record

Dr. Weiner writes, "Case discussed with son. He does not wish any other treatment (x-rays, vent etc.) He wishes to be alone with his father while he dies."

Dr. Weiner fails to reference his undocumented visit the previous afternoon - during which he categorically refused my wish that my father be placed on a ventilator, explaining "We don't just intubate any time somebody asks."

Portable X-Ray enters at exactly 9:50 am, followed by Dr. Weiner.

DATE

3/27

RL

It ~~is~~ very poorly appears terminal. Case discussed to son. He does not wish any other tx (x-rays, vent etc) He wishes to be alone w his father while he dies. He understands he is terminal.

3/27/03

Medicine -

12:15 p.m.

P: Appears in very distress. Terminal
Above approached by Dr. Jay Weiner
O. v/s. 121 tachy 37/min R.R 28-35
Lungs tachy hr hr hr -
Chest (R) Crackles
Abd. soft NT,
Ext edema

Sebor

43 | 105 | 521 | 152 | 112 | 29
32.9 | 4.0 | 28 | 1.0

- 1) Terminal
- 2) Resp failure impending
- 3) NRS / Electrolyte abn
- 4) Discussed to son

[Handwritten signature]



12:00 pm (actual time was 10:00 am)

Patient Abandonment

"Patient's son requested to talk to PMD & discuss further DNR considerations. He stated that he felt he was unclear in his request and that he wanted more done for his father."

- Previously recovering patient still very much alive.
- No doctor ever returns to "clarify" matters with son.

ISRAEL

4-14-11

NSG.

DATE	TIME	
07-03	1200	Report received - pt care initiated. <u>Pl son requested to talk to PMD + discuss further DNR considerations. He stated that he felt he was unclear in his request and that he wanted more done for his father.</u> @ 1230 Pastoral care + Pl liaison in room with son. RN Bethany explained how the DNR program operated + what his decision meant. if his father was to stop breathing - heart was to stop. Son stated that he was clear in the program.
	1300	Pl in room in assistant - son requesting pt for comfort. Pl stated he was comfortable - undisturbed - wished in pastoral care job.
	1400	Pastoral care + med resident. Pl comfortable + asymptomatic (2-hands) removed NRB + B/peff family @ bedside job.
27	1420	Intern X-COHA called to presence of pt but became bradycardic + asystolic. Pt did not respond to verbal or painful stimuli. Pupils were fixed + dilated. No heart sounds or breath sounds heard on auscultation. No palpable pulses. Son was at bedside. Pt pronounced on Thursday March 27, 2003 @ 2:15 pm. Attending notified.

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[Signature] 4/16/11