

ENCINO-TARZANA REGIONAL MEDICAL CENTER

JUDICIAL REVIEW HEARING

CONDENSED TRANSCRIPT

In the Matter of)
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 GIL N. MILEIKOWSKY, M.D.) VOLUME XII
)
 _____) (Pages 1363 - 1527)

Encino-Tarzana Regional Medical Center
 18321 Clark Street
 Tarzana, California 91356

Monday, November 5, 2001

REPORTED BY:
 Theresa A. Crowley
 CSR No. 5513, RPR

File No. 11-2-010



Crowley Reporting

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1 APPEARANCES:

2

3 THE HEARING OFFICER:

4 DANIEL H. WILLICK, ESQ.

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9

10 FOR GIL N. MILEIKOWSKY, M.D.:

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16

17 FOR THE MEDICAL EXECUTIVE COMMITTEE:

18 RICHARD WULFSBERG, M.D.

19 ENCINO-TARZANA REGIONAL MEDICAL CENTER

20 18321 Clark Street

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22 (818) 990-1067

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1 APPEARANCES:

2 (Continued)

3

4 MEMBERS OF THE HEARING PANEL:

5 Lawrence Fleet, M.D.

6 Darryl Ballin, M.D.

7 Jean Miyashita, M.D.

8 Michael Persky, M.D.

9 Zahi Nassoura, M.D.

10 Arthur Fleisher, M.D.

11 Marlon Brooks, M.D.

12

13

14 Also Present:

15 Debra Miller, Director of Medical

16 Staff Services

17 Layne Hastings

18 Daniel Wiseman, M.D.

19

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23

24

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I N D E X

(Procedural Matters contained in
separate Confidential Volume.)

	WITNESSES	DIRECT	CROSS	REDIRECT	RECROSS
5					
6	FOR THE MEC				
7	Diane Jochen, R.N.	1369	1379	1412	1420
8		1390	1420		
9		1427	1429		
10	Examination by the Hearing Officer - pages	1388,			
11		1417			
12	Examination by Dr. Brooks - page	1428			
13					
14					
15	Glenn Irani, M.D.	1435	1450,	1466	
16		1447	1494,	1498	
17	Examination by the Hearing Officer - pages	1444,			
18		1462,	1492,	1497	
19	Examination by Dr. Miyashita - pages	1508,	1516		
20	Examination by Dr. Pleet - pages	1510,	1516,	1520	
21	Examination by Dr. Fleisher - pages	1512,	1515		
22	Examination by Dr. Brooks - page	1513			
23	Examination by Dr. Ballin - page	1517			
24	Examination by Dr. Persky - page	1519			
25					

1	I N D E X	1
2	(Continued)	2
3		3
4	MEC EXHIBITS REFERENCED	4
5	134 CQI typed summary re: 11-25-00 incident	5
6	129B Medical Record No. 492180T	6
7	142 Excerpts from Clinical Pediatric Urology -	7
8	2nd Edition re: Circumcision	8
9	143 12-27-00 Mileikowsky Declaration	9
10	135 11-28-00 MEC minutes	10
11	139 12-22-99 Kayne letter to Mileikowsky	11
12	re: Notice of Medical Staff Hearing and	12
13	Charges	13
14		14
15		15
16		16
17		17
18		18
19		19
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1 GLENN IRANI, M.D.,
2 called as a witness by and on behalf
3 of the MEC, having been duly sworn,
4 testified as follows:

5
6 THE HEARING OFFICER: Dr. Wulfsberg, your
7 witness.

8 DR. WULFSBERG: Yes. And, for the record,
9 I would also state that Dr. Irani is here tonight to
10 testify as to Charge 34 and only Charge 34, and that is
11 a charge of one of the medical staff charges.

12
13 DIRECT EXAMINATION

14 BY DR. WULFSBERG:

15 Q Welcome, and thank you for coming tonight.

16 Where did you go to medical school?

17 A I attended George Washington University School
18 of Medicine.

19 Q When did you graduate?

20 A 1983.

21 Q Have you done a residency?

22 A Yes.

23 Q What is that residency in?

24 A Pediatrics.

25 Q Do you have a specialty in pediatrics?

1 A No. A general pediatrician.

2 Q Are you Board-certified?

3 A Yes.

4 Q And where is your medical practice?

5 A My medical practice is a private practice in
6 pediatrics where we do outpatient as well as inpatient
7 care for newborns through college-age patients.

8 Q You practice here in the area?

9 A Yes.

10 Q Are you a member of this medical staff?

11 A Yes.

12 Q When did you start practicing at this medical
13 staff?

14 A In 1987.

15 Q Are you familiar with Dr. Mileikowsky?

16 A Yes.

17 Q Do you have a relationship with
18 Dr. Mileikowsky?

19 A Yes.

20 Q Would you describe that relationship.

21 A We had a professional relationship with regard
22 to the care of newborns that he would have delivered in
23 his practice.

24 Q Have you ever solicited business from
25 Dr. Mileikowsky?

1 A Yes.

2 Q In a professional manner?

3 A Yes.

4 Q Have you solicited business from other
5 obstetricians for the care of neonates and infants?

6 A Yes.

7 Q So he would not be the only one?

8 A Correct.

9 Q Would you turn to Exhibit 129. And the entire
10 chart, I believe, is also here. It's now 129B;

11 Is that correct?

12 MS. MILLER: The entire chart is 129B.

13 THE HEARING OFFICER: I'm sorry?

14 THE WITNESS: Do you want me to turn to the
15 chart or --

16 DR. WULFSBERG: The chart is in this; it's way
17 in the back. It will end up someplace 100, and then it
18 starts up 1, 2, 3, 4 -- and 29 is the page that I'd like
19 to bring up.

20 THE HEARING OFFICER: Yes. And it is my
21 understanding that 129B is the medical record regarding
22 this particular matter.

23 BY DR. WULFSBERG:

24 Q Would you take a moment to look at Exhibit 129.

25 MS. MILLER: You've got it?

1 DR. WULFSBERG: That's the page I would like
2 you to turn to. It's in front of you.

3 He has the chart?

4 MS. MILLER: Yes.

5 BY DR. WULFSBERG:

6 Q Would you take a look at this. This is a page
7 of progress notes.

8 THE HEARING OFFICER: So you're directing the
9 witness to the first page behind 129?

10 DR. WULFSBERG: That is correct.

11 THE HEARING OFFICER: Okay.

12 BY DR. WULFSBERG:

13 Q Dr. Irani, that first page behind 129 that is
14 in front of you, would you take a moment to review
15 that. Would you tell us what this document represents.

16 A This would be progress notes written in the
17 infant's chart on the dates and times noted.

18 Q There's a date that says .11-5-00, 8:15 p.m. Do
19 you recognize that progress note?

20 A Yes.

21 Q Would you tell us about that.

22 THE HEARING OFFICER: Is that a note which you
23 entered into the progress notes?

24 THE WITNESS: That is my writing; that is my
25 note.

1 THE HEARING OFFICER: All right. Go ahead.

2 BY DR. WULFSBERG:

3 Q Could you tell us about the events that led up
4 to this progress note that evening.

5 A The evening began where I was actually at the
6 hospital seeing a different newborn than the one this
7 chart is about, several hours before the time of this
8 note, as I was covering the practice for the weekend.

9 At the time that I saw that patient, I noted
10 that the mother of this patient was still in the
11 hospital. This is someone that, as my note on the top
12 of the page there says, I had seen the day before for
13 the group and had discharged. I was surprised that in
14 the evening that day the mother was still there.

15 She assured me she would be going home as soon
16 as the circumcision had been performed. We basically
17 met in the hallway as her room was the one across from
18 the nursery. She was standing in the doorway.

19 I went home after seeing my patient. And
20 several hours later, I was telephoned at home by the
21 nurses in the nursery asking me to come in and examine
22 this infant because of their concerns over the
23 circumcision. They were concerned that there was
24 continued bleeding as well as their description to me of
25 the way that the circumcision was performed in terms of

1 the behavior and the comments that they had relayed to
2 me.

3 I told them that I would be glad to come in and
4 did come in.

5 Q And then what happened?

6 A Obviously, the first thing to do is to examine
7 the child, which I did. And using due caution, I opened
8 up the dressing on the penis and saw that there was
9 active bleeding continuing. And basically I used a
10 pressure dressing to accomplish hemostasis. And after
11 an extended period of 20 to 30 minutes, we were finally
12 able to get that to be the case. Then we rewrapped it
13 and continued to observe the child.

14 Q Did you notice anything about the circumcision?

15 A It was apparent that the circumcision had an
16 incision made very proximal to the typical place that
17 would be the target site for a circumcision -- it was
18 nearly at the base of the penis -- and that the entire
19 shaft of the penis had had its superficial layers of
20 skin removed in the process of having the circumcision
21 done.

22 Q Do you recall any conversations you had with
23 the nurses regarding their interaction with
24 Dr. Mileikowsky prior to that time?

25 A The phone call that I had received from them,

1 as well as their repeating the conversation when I
2 arrived in the nursery, described their feelings of some
3 anxiety over Dr. Mileikowsky's performing of the
4 circumcision in that he had a way of asking questions of
5 them that made them feel uncomfortable.

6 They said they would keep answering him,
7 "You're the doctor" no matter what question he might
8 ask with regards to cover gown wearing and handwashing
9 and equipment. He apparently wore an x-ray gown or
10 shield to do the procedure, and they thought that was a
11 unique way to protect the baby from contamination.

12 All of that they told me is, of course, what
13 they told me. I did not witness or hear it myself.

14 Q You weren't there, and you didn't discuss this
15 with them except over the telephone.

16 A That's right.

17 Q Have you seen this kind of injury during a
18 circumcision before?

19 A I have not seen this injury previously.

20 Q Have you discussed this with any of your
21 partners?

22 A Yes. This is an infant in the practice who's
23 actually cared for by one of my office colleagues.

24 Q Could you tell us about that conversation.

25 A Well, I spoke with him first thing the next

1 day -- this was a Sunday, so on Monday morning -- to
2 anticipate this child coming in because I had told the
3 mother to come in first thing in the morning for
4 reevaluation. I described what we saw, and he arranged
5 for the child to be seen by a urologist immediately that
6 morning.

7 Q Did you ask him if he had ever seen this kind
8 of injury before?

9 A Yes. And he denied having ever seen this type
10 of injury before.

11 THE HEARING OFFICER: Did you ask him whether
12 he had seen this type of injury before after he had
13 actually examined the infant?

14 THE WITNESS: I asked him at lunch, so it
15 would have been after, yes. It was after.

16 THE HEARING OFFICER: All right. Continue.
17 BY DR. WULFSBERG:

18 Q Was there any discussion with the rest of the
19 members of your pediatric group about this kind of
20 injury?

21 A No.

22 Q Just with this particular doctor?

23 A Just the physician of the patient.

24 Q Thank you.

25 How long has he been in practice?

1 A I'm going to say 35 years plus because I'm not
2 sure of the exact number.

3 Q Okay. But a certain number of years?

4 A Yes.

5 Q Do you perform circumcisions?

6 A No, I do not.

7 Q Can you tell us why.

8 A I don't perform circumcisions because we
9 consider those to be a surgical procedure requiring a
10 surgeon's skills.

11 Q Would you be kind enough to turn to
12 Exhibit 142, please. Take a moment to look at this
13 exhibit.

14 Are you familiar with that exhibit?

15 A Yes.

16 Q Can you tell us something about this exhibit.

17 A These are pages from the textbook described in
18 the handwritten portion on the top of the page numbered
19 827. This is a pediatric urology textbook that is
20 written for pediatricians to, you know, cover the
21 materials pertinent to whatever the subject is. This is
22 about circumcision.

23 Q And why did you look at this book?

24 A Well, I was concerned about this child's injury
25 and went to this textbook specifically because the third

1 of the authors mentioned is Dr. A. Barry Belman, who's
2 the chief of the pediatric urology at the hospital I did
3 my residency at. And he is, in fact, the person that
4 did a fair amount of pediatric urology lecturing, as
5 well as teaching of me directly.

6 So I went to his textbook to look into the
7 matter. These are the pages that I copied, and that is
8 my handwriting about edition and whatnot on the top.

9 Q Was there any doubt in your mind when you
10 examined this infant's penis and the circumcision that
11 this child had suffered a serious complication?

12 A There's no doubt in my mind that this was a
13 complication that needed to be followed.

14 Q Okay. Are you familiar with any long-term
15 complications that might occur as a result of this
16 injury?

17 DR. MILEIKOWSKY: Do we have a definition of
18 what this injury is? Otherwise, it's all speculation.

19 THE HEARING OFFICER: Go ahead. Why don't you
20 ask the question.

21 Well, here. Do you want me to --

22

23

EXAMINATION

24 BY THE HEARING OFFICER:

25 Q When you examined the infant, did you form an

1 opinion as to whether the infant had been injured by the
2 circumcision?

3 A I didn't have an opinion about an injury. I
4 wanted to follow it and make sure that whatever care
5 would be necessary could be rendered.

6 Q And did you review the textbook in connection
7 with following it?

8 A That's right, yes.

9 Q And after urology reviewed the textbook, was
10 there a point in time where you reached a conclusion or
11 an opinion about what had occurred?

12 A Yes, actually, because it's specifically
13 mentioned within the pages that I submitted.

14 Q All right.

15 What was your conclusion? And if you care to
16 refer to the text, you may.

17 A Then I will refer to the text as the beginning
18 to the answer to your question. The page numbered in
19 the text 829, which on the bottom says 142-3, begins on
20 the left column with "Excessive removal of penile shaft
21 skin."

22 Did you want me to read it?

23 Q Yes, please.

24 A Excessive removal of penile shaft skin can
25 result in a trapped or psuedomicropenis. In later

1 life, this condition may be associated with painful
2 erections, sexual inadequacy, and psychological
3 problems related to a poor self-image. Single or
4 multiple-stage reconstructive procedures may be
5 necessary for correction.

6 That is the paragraph that I was looking for,
7 and it talks about later in life --

8 DR. MILEIKOWSKY: May I raise an objection?

9 THE HEARING OFFICER: Yes.

10 DR. MILEIKOWSKY: Have we established in any
11 way, form, or shape that this paragraph of the textbook
12 applies to this baby?

13 THE HEARING OFFICER: We're in the process
14 of -- no, we haven't established that at this point,
15 and the issue is going to be whether the testimony
16 brings it to that point.

17 Q I'm sorry. Go ahead, Doctor. You were in the
18 process of stating that you consulted the textbook after
19 you examined the infant, and you were in the process of
20 saying that you believed this portion of the textbook is
21 relevant to what you were considering.

22 Go ahead.

23 A That's right. And the way that this spoke to
24 me was that in later life, in his future -- as an
25 adolescent, as a young man -- we would be bound to try

1 to preserve whatever function he might have then,
2 despite whatever we see now. And that is why I wanted
3 to have a urologist take over that care as promptly as
4 possible.

5 DR. WULFSBERG: I have one question.

6 THE HEARING OFFICER: Why don't you pick it up.

7 DR. MILEIKOWSKY: One second. I'm sorry,
8 Dr. Irani. You said it was explained to you. Who
9 explained to you what?

10 THE HEARING OFFICER: Wait. You can deal with
11 that on cross-examination.

12 DR. MILEIKOWSKY: He said it now, so later I
13 may forget.

14 DR. WULFSBERG: Don't interrupt.

15 THE HEARING OFFICER: Well, you can cover that
16 in cross-examination.

17 DR. MILEIKOWSKY: Fine.

18 THE HEARING OFFICER: Go ahead.

19

20 DIRECT EXAMINATION (Continued)

21 BY DR. WULFSBERG:

22 Q Do you believe that excessive skin was removed
23 from this baby's penis?

24 A Yes.

25 Q So that when it says "excessive removal of

1 penile shaft skin" in the textbook, that would pertain
2 to this infant?

3 A Yes.

4 DR. WULFSBERG: Okay. Is that --

5 THE HEARING OFFICER: Continue.

6 DR. WULFSBERG: Is that the issue that you
7 raised?

8 THE HEARING OFFICER: Yes.

9 BY DR. WULFSBERG:

10 Q Would you turn to Exhibit 143, please,
11 page 3 -- excuse me. Page 8.

12 MS. MILLER: 143-8.

13 BY DR. WULFSBERG:

14 Q I'm sorry. 143-8. If you would read what
15 starts with 27 -- take a moment to read this, and
16 specifically I call your attention to line 27 on the
17 left starting with "There was no problem with the
18 circumcision itself."

19 Do you believe this is a true statement?

20 DR. MILEIKOWSKY: This is pure speculation.

21 BY DR. WULFSBERG:

22 Q In your opinion, do you believe this statement
23 was true?

24 A No.

25 Q This is a declaration by Dr. Mileikowsky under

1 oath.

2 In your opinion, there was a problem with this
3 circumcision?

4 A Yes.

5 Q Okay. Did you believe it was necessary to call
6 someone else after this injury?

7 A Yes.

8 Q So the next sentence "If a pediatrician and
9 urologist were called, it was after I left, and I
10 seriously doubt it was necessary" -- do you believe
11 that's a true statement?

12 A No.

13 Q You were called by the nursing staff to see
14 this infant.

15 A Yes.

16 Q Did they tell you they believed there was a
17 problem with the circumcision?

18 A Yes.

19 Q You examined this baby. Did you believe there
20 was a problem with this circumcision?

21 A Yes.

22 Q Do you believe if someone had done this
23 circumcision, they should have known that there was a
24 problem with this circumcision?

25 A Yes.

1 DR. WULFSBERG: No further questions.

2 THE HEARING OFFICER: Cross-examination?

3 DR. MILEIKOWSKY: Can we have a recess?

4 THE HEARING OFFICER: Do you want a brief time
5 to talk?

6 DR. MILEIKOWSKY: Yes.

7 THE HEARING OFFICER: Sure. How much time do
8 you need?

9 DR. MILEIKOWSKY: Three minutes.

10 THE HEARING OFFICER: Five minutes.

11 (Recess from 8:31 p.m. to 8:38 p.m.)

12 THE HEARING OFFICER: Back on the record.

13 Dr. Mileikowsky, cross-examination.

14 DR. MILEIKOWSKY: Yes. Thank you very much.

15

16 CROSS-EXAMINATION

17 BY DR. MILEIKOWSKY:

18 Q Good evening, Dr. Irani. May I call you
19 "Glenn," as we usually do?

20 A That would be fine.

21 Q All right. I'd like for the benefit of the
22 hearing committee to know how we first met. Do you
23 remember?

24 A I remember many times but I'm not sure I would
25 know the very first one.

1 Q Do you recall that a certain Mr. Glazer and his
2 wife, in order to help you in developing your practice
3 locally, invited physicians they knew to introduce us to
4 you and your wife.

5 A If that was the first time, I remember it well.

6 Q And following that, another physician,
7 Dr. Barnes, and myself referred to you and your wife;
8 correct?

9 A Yes.

10 Q And then we had the pleasure to be invited by
11 you to attend a certain hospital's black-tie evening.
12 It was either Northridge Hospital or Valley Presbyterian
13 Hospital -- is that correct? -- where I was your
14 guest?

15 A You were my guest for Northridge Hospital.

16 Q Northridge Hospital.

17 So we would say that we have had a few
18 referrals. And what were your thoughts about my
19 credentials at that time when you were referring
20 patients to me?

21 A Credentials would be the education and clinical
22 training and those types of matters. The credentials
23 were good.

24 Q Otherwise you wouldn't have referred to me
25 patients?

1 A Otherwise I wouldn't have, I suppose.

2 Q Aren't you responsible -- if, God forbid, I
3 commit any malpractice, there's a certain percentage of
4 that lawsuit if I, God forbid, am sued by a patient you
5 referred to me that is collateral damage where you can
6 be drawn into that lawsuit; correct?

7 A I don't ever remember making a referral with
8 that concern.

9 Q But if you had such a concern, you wouldn't
10 refer to any physician; correct?

11 A If that was a concern, that would be the case.

12 Q For the record, I will give the initials of a
13 patient; but to facilitate Dr. Irani's recollection,
14 the patient's name is AW. It's a patient I took care of
15 both thyroid problems and prolactinoma, and you have
16 stated to her that her physician must be damn good to
17 have helped her get pregnant and successfully complete
18 her pregnancy and so forth.

19 Does that refresh your recollection?

20 A Unfortunately --

21 Q AW.

22 A -- I'm not remembering right now. Sorry.

23 THE HEARING OFFICER: For purposes of
24 reporting, just refer to patient initials, not names.

25 DR. MILEIKOWSKY: AW.

1 THE HEARING OFFICER: AW. Go ahead.

2 DR. MILEIKOWSKY: That way we know who we're
3 talking about. Thank you.

4 Q Now, when was the first time, if at all -- at
5 any point in time since we first met up to today, have
6 you had any doubts about my qualifications as a
7 physician?

8 A That's a broad question. Can you narrow it for
9 me.

10 Q Simple. When was the first time you had any
11 doubts, or have you had, anytime since the first time we
12 met up to today?

13 Let me make it more simple. As we sit here
14 today, do you have any doubts regarding my professional
15 qualifications?

16 A I had doubts on the night of November 5, 2000.

17 Q How about prior to November 5, 2000?

18 A I have no personal knowledge of any other
19 issue.

20 Q Okay. You have been chief of pediatrics for a
21 long time?

22 A I have never been chief of pediatrics.

23 Q Never been chief of pediatrics. Okay.

24 Let's go through your curriculum in the
25 hierarchy of our medical leadership in the hospital.

1 Which committees were you head of? Pharmaceutical, I
2 believe, at one point.

3 A I am still chairman of pharmacy and
4 therapeutics committee.

5 Q How many years have you been head of pharmacy
6 and therapeutics?

7 A Since June of 1992.

8 Q And how did it come about that you became --
9 do you have any background in pharmacology?

10 A No.

11 Q How were you appointed -- or were you elected?

12 A I became a member of the committee in 1989 and
13 was asked by the chief of staff to become its chairman.

14 Q Do you remember how you first became a member
15 in 1989? How did that come about?

16 A The medical staff office sent me a survey
17 asking me to participate and asked me to check off which
18 of the committees I might be interested in performing
19 on.

20 Q Was there any other committees you were
21 interested in that you check-marked?

22 A I think it was a one, two, three type of
23 prioritization.

24 Q So that was your first choice?

25 A But I don't recall what the rest of them were

1 anymore.

2 Q But did you get all three, or did you only get
3 one?

4 A One.

5 Q And that was your first choice?

6 A Yes.

7 Q Now, who was the chief of staff that appointed
8 you in 1992?

9 A Dr. Avrum Bluming asked me to become the
10 chairman of pharmacy and therapeutics.

11 Q How do you keep the position over the last nine
12 years? Are you asked again by each chief of staff, or
13 how does it work?

14 You're still the chairman; correct?

15 A Uh-huh.

16 Q Is there any length of time your appointment
17 is? Is it a 10-year appointment? Is it a two-year
18 appointment? How long is the appointment?

19 A I serve at the pleasure of each chief of staff,
20 and each chief of staff has asked me to continue.

21 Q And the chief of staff rotate every two years?

22 A They have two-year terms but can be reelected.

23 Q So during the last nine years, Dr. Dosik was
24 chief of staff how many years?

25 A I believe he served two two-year terms, making

1 it four years.

2 Q So that was after Dr. Bluming?

3 A Yes.

4 Q Now, educate us. As a chairman of a committee,
5 are you then automatically a member of the MEC?

6 A No.

7 Q So since when have you become a member of the
8 MEC?

9 A I was elected vice chief of staff last year.

10 Q Last year. So when was the exact date? Was it
11 in the summer?

12 A It would have been July 1, 2000, that I began
13 as vice chief of staff of the hospital.

14 THE HEARING OFFICER: Off the record -- it's
15 okay. Go ahead.

16 DR. MILEIKOWSKY: Thank you.

17 Q I'm sorry. So July 1, 2000, is the first time
18 you became a member of the Medical Executive Committee?

19 A No. I was secretary/treasurer of the Medical
20 Executive Committee for a two-year period before that.

21 Q Okay. So why don't we backtrack and start from
22 the first day you became a member of the MEC and how was
23 it about. So you became secretary first or treasurer
24 first?

25 A It's the same role.

1 Q Same position?

2 A Right.

3 Q So how do you become treasurer? Let's say I
4 want to become treasurer. What do I have to do to
5 qualify?

6 A I would have to refer to the bylaws for the
7 exact process, but you get a nomination, and there's a
8 ballot. And then the election ballots are counted, and
9 someone gets the position.

10 Q There is a committee that appoints, isn't
11 there?

12 A There's a nominating committee as well as a
13 write-in ballot feature to it.

14 Q So the nominating committee suggests your name,
15 puts it on the ballot. And when was the first time,
16 then, that you became treasurer/secretary of the medical
17 staff at Encino Tarzana Regional Medical Center?

18 A 1996.

19 Q 1996. June, July? July 1?

20 A July 1.

21 Q So July 1, 1996, you become treasurer/secretary
22 of medical staff. What happened two years later in
23 '98? Is it a two-year term?

24 A Two-year term.

25 Q What happened after those two years term? You

1 became reelected in the same position or a different
2 position?

3 A No. I was given no further positions. I was
4 not a member of the Medical Executive Committee after
5 that.

6 Q So then you served a term until June 30, '98?

7 A Yes.

8 Q Okay. Then when did you come back to be a
9 member of the Medical Executive Committee?

10 A As I said, on July 1, 2000.

11 Q All right.

12 To the best of your recollection, when did my
13 name first come to any discussion on the level of the
14 Medical Executive Committee?

15 DR. WULFSBERG: I'm going to object. I
16 prefaced my opening remarks that Dr. Irani is here this
17 evening solely as a witness to Charge 34. There will be
18 ample opportunity to ask questions of many other
19 witnesses who we are calling, and we have already
20 noticed that to both Dr. Mileikowsky and this hearing
21 committee.

22 I think this has not anything to do with the
23 Charge 34, so I respectfully ask that we confine our
24 questions this evening to Charge 34 only.

25 THE HEARING OFFICER: Response?

1 DR. MILEIKOWSKY: Yeah. This is typical of
2 Dr. Wulfsberg attempting to just -- how do you say in
3 English? -- spoon-feed the hearing committee of what he
4 wants them to hear and what he doesn't want them to
5 hear. It's extremely important to understand whether or
6 not Dr. Irani is an impartial witness here or is
7 potentially -- knowingly or unknowingly -- biased.

8 Dr. Irani participated -- and it's a very
9 well-known issue in law -- in the committee meeting of
10 November 28, 2000, that led to the summary suspension
11 which I am in today. It is very important to know what
12 has led a physician who has known me personally,
13 referred patients to me and I referred patients to
14 him -- what was told to him, what was the foundation for
15 which he has elected and voted to go as far as to have
16 capital punishment and have me summarily suspended on
17 November 16 of 2000.

18 And it's extremely important because as
19 Dr. Wulfsberg tried to get Dr. Irani's opinion regarding
20 my declaration filed in court December 28, 2000,
21 line 27, 28, Exhibit 143-8, "There was no problem with
22 the circumcision itself. If a pediatrician and a
23 urologist were called, it was after I left. I seriously
24 doubt it was necessary. I was never told there was a
25 problem.

1 That's on page 143-9.

2 We need to understand what motivation Dr. Irani
3 may or may not have had to testify here today. The
4 nature of his testimony is very important for the
5 hearing committee to be able to determine whether he is
6 an unbiased, impartial witness or whether he has some
7 very well-connected ties with a group of physicians who
8 want the worst for me.

9 DR. WULFSBERG: I would be very happy to ask
10 Dr. Irani if he is biased or unbiased.

11 DR. MILEIKOWSKY: How would he know?

12 THE HEARING OFFICER: Hold it. Why don't we do
13 this --

14 DR. WULFSBERG: I'm not quite through.

15 THE HEARING OFFICER: Yes.

16 DR. WULFSBERG: But I think what will happen --
17 and let the record show that what I'm trying to do is
18 for the expedition of this hearing. There has been
19 multiple objections by Dr. Mileikowsky for hearing
20 dates and times, yet this --

21 DR. MILEIKOWSKY: Excuse me. This is
22 completely out of order.

23 THE HEARING OFFICER: No, it's not.

24 DR. MILEIKOWSKY: He has cancelled five dates
25 of hearing. Let's get on the record everything he has

1 done to slow down the hearing.

2 (Simultaneous colloquy.)

3 THE HEARING OFFICER: Wait. Dr. Mileikowsky --

4 DR. MILEIKOWSKY: Excuse me. You don't allow
5 me any personal attacks. If he's does, he's going to
6 get it back.

7 For the record --

8 THE HEARING OFFICER: Dr. Mileikowsky.

9 DR. MILEIKOWSKY: For the record, Dr. Wulfsberg
10 has done every single possible thing to have me
11 suspended for a full year.

12 DR. WULFSBERG: I would ask that you cancel the
13 hearing tonight because of this kind of behavior.

14 (Simultaneous colloquy.)

15 THE REPORTER: One at a time.

16 THE HEARING OFFICER: Wait. Stop. Thank you.

17 I suggest that the questioning of Dr. Irani at
18 this point go to the question of what he observed in
19 regard to Charge No. --

20 DR. WULFSBERG: 34.

21 THE HEARING OFFICER: --34. And then we will
22 come back to the issue of whether I'll allow questioning
23 about Dr. Irani's possible participation in the MEC's
24 summary suspension.

25 But to make the matter clear, let me ask

1 Dr. Irani a couple of questions.

2

3

FURTHER EXAMINATION

4 BY THE HEARING OFFICER:

5 Q Were you present at any Medical Executive
6 Committee meeting after November 5, 2000, which
7 discussed Dr. Mileikowsky's performance of the
8 circumcision that occurred on November 5, 2000?

9 A Yes.

10 Q Did you participate in discussion at one or
11 more Medical Executive Committee meetings regarding that
12 circumcision?

13 A I did no oral participation at any of those.

14 Q You had no oral participation?

15 A No.

16 Q You were present.

17 A I was present.

18 Q Did you vote on any issue concerning
19 Dr. Mileikowsky in so far as the circumcision was
20 concerned?

21 A There was no vote about that.

22 Q All right.

23 Did you vote regarding any issue having to do
24 with the summary suspension of Dr. Mileikowsky?

25 A There was a secret ballot.

1 Q Did you participate in the secret ballot?

2 A Yes.

3 THE HEARING OFFICER: All right. At this
4 point, Dr. Mileikowsky, what I suggest that you do is,
5 if you have questions of Dr. Irani regarding the events
6 on November 5 and immediately after November 5 that he
7 has previously testified to here this evening, you ask
8 those questions. And then after you do that, we will
9 come back to the question of the possible questioning of
10 Dr. Irani regarding his presence at the Medical
11 Executive Committee meeting and the other matters which
12 you appear to wish to inquire into.

13 Yes?

14 DR. WULFSBERG: Am I to understand that simply
15 because Dr. Mileikowsky shouts over my statements, that
16 he is entitled to interrupt my comments; and that I do
17 not have the same rights that he does to make the kinds
18 of comments? Must I raise my voice to the high decibel
19 range that he does in order to be heard by this hearing
20 committee?

21 THE HEARING OFFICER: The answer is no. I
22 haven't reached a decision on the question of a broader
23 range inquiry. I want to get the questioning of
24 Dr. Irani done on Dr. Irani's direct observation of the
25 child, the infant regarding the circumcision, and

1 Dr. Irani's involvement with any subsequent diagnosis
2 and treatment of the infant before we decide the
3 question of whether there will be broader questioning of
4 Dr. Irani.

5 That's all that I have decided at this point.

6 DR. WULFSBERG: But, for the record, I would
7 like to be sure that everybody understands that my
8 comments were cut off by his screaming and by his
9 carrying on; and that the hearing committee did not have
10 an opportunity to hear what I had to say.

11 THE HEARING OFFICER: That's why we're going to
12 deal with that after what I will call the questioning of
13 Dr. Irani concerning what he observed on November 5,
14 2000, and his subsequent involvement in the diagnosis
15 and treatment of that patient after November 5, 2000, is
16 completed.

17 DR. WULFSBERG: Very good.

18 THE HEARING OFFICER: Because we're at 9:00.
19 I'd like to try to get through that, and then we will
20 deal with what the objection was and the back and forth
21 of that.

22 All right, Dr. Mileikowsky. You may proceed
23 within the limits that I have set forth at this point.

24 DR. MILEIKOWSKY: Still I'd like, if both of
25 you talk about me, I would just like to say one thing

1 for the record. The whole purpose of the hearing,
2 Dr. Wulfsberg, is not to raise your voice, but to know
3 why we have a hearing. A hearing's purpose --

4 THE HEARING OFFICER: Dr. Mileikowsky --

5 DR. MILEIKOWSKY: Excuse me. Let me finish.

6 THE HEARING OFFICER: No. No.

7 DR. MILEIKOWSKY: I have the right to
8 cross-examine my accusers.

9 THE HEARING OFFICER: Excuse me. No.

10 DR. MILEIKOWSKY: Yes.

11 THE HEARING OFFICER: Dr. Mileikowsky, not at
12 this point.

13 DR. MILEIKOWSKY: Sure it's at this point.

14 That's the whole --

15 THE HEARING OFFICER: Excuse me.

16 DR. MILEIKOWSKY: -- reason for the --

17 (Simultaneous colloquy.)

18 THE REPORTER: One at a time.

19 THE HEARING OFFICER: Excuse me. Question the
20 witness, or I'm going to release this witness.

21 DR. MILEIKOWSKY: It will be over --

22 THE HEARING OFFICER: Question the witness. If
23 you have other things that you wish to address, we will
24 address them later. That's what I just got through
25 saying.

1 Now, question the witness within the parameters
2 that I have set forth.

3 DR. MILEIKOWSKY: Can we offer Dr. Irani the
4 original chart, please.

5

6 CROSS-EXAMINATION (Continued)

7 BY DR. MILEIKOWSKY:

8 Q Dr. Irani, can you please look for the picture
9 in that chart, please. Do you have the picture?

10 A It is in front of me.

11 DR. MILEIKOWSKY: All right. Do we have a copy
12 of that picture in here?

13 MS. MILLER: I believe so.

14 DR. MILEIKOWSKY: What number is it?
15 129B-what? Simply to be faster -- oh, here it is.
16 129B-18, for the members of the committee.

17 Q There is a handwritten note at the bottom of
18 the picture. Whose handwritten note is it?

19 A I don't recognize the handwriting.

20 Q You do not recognize it?

21 Are you still trying to determine whose
22 handwriting it is?

23 A No. I'm waiting for you to continue.

24 Q Okay. All right. It's just that you were
25 looking intensely at the picture.

1 THE HEARING OFFICER: Go ahead,
2 Dr. Mileikowsky.

3 DR. MILEIKOWSKY: Yes, I am.

4 Q Did you write any other note other than the one
5 that is entered on 129B-17?

6 A I'm going to have to look and see what this is
7 so I can answer your question.

8 Q It's basically the yellow page, the progress
9 notes. Just flip the page and you will see my note and
10 then yours under it.

11 THE HEARING OFFICER: Okay. 129B-17 is the
12 same page that Dr. Wulfsberg questioned this witness
13 about during direct examination. That is the page which
14 follows the first page in 129.

15 Go ahead, Dr. Irani.

16 THE WITNESS: This is my only notes regarding
17 this patient.

18 BY DR. MILEIKOWSKY:

19 Q Did you write any notes anywhere else?

20 A No.

21 Q In your office chart?

22 A No.

23 Q Any incident report?

24 A No.

25 Q Simply because everybody interprets the

1 handwriting of somebody else differently, would you be
2 kind, since it's a short note, to read it for us,
3 please, for the record.

4 A Which note would you like me to read?

5 Q How many notes did you write?

6 A There are two progress notes that I wrote.

7 Q Okay. Let's start with the top one, then.

8 A 11-4-00. Progress note. Patient did well
9 overnight. Afebrile. Vital signs stable. Voiding
10 and stooling well. Weight: 7 pounds, 13 ounces.
11 Decreased two ounces. No jaundice noted. Umbilical
12 stump dry. Will continue routine newborn care.

13 Glenn Irani, M.D.

14 Q Now, is it customary for whoever will perform a
15 circumcision to have clearance from the pediatrician?

16 A It's department policy that the pediatrician
17 examine the child prior to any other physician
18 performing a circumcision.

19 Q So it's the equivalent of, like, a medical
20 clearance for an internist before an adult undergoes a
21 surgery; is that correct?

22 A Right. Although I wasn't the first physician
23 to examine the child.

24 Q Who was the first one?

25 A The child's physician.

1 Q Who is that?

2 A We're going to do names, or how do we do that?

3 Q Just names. There's no secrets for physicians.

4 A Dr. Arnold Zukow, as it says on the stamp on
5 the page in the bottom corner.

6 Q Where is the note that Dr. Zukow has checked
7 that patient?

8 A I don't know.

9 Q What evidence do you have that Dr. Zukow has
10 ever checked this patient in the hospital?

11 A I don't have any evidence.

12 Q So why did you just state that you thought that
13 he did? Or did I misunderstand you?

14 A This patient's admitting orders are signed by
15 Dr. Zukow with a date of 11-3-00. On page 2 of 2 of the
16 newborn nursery preprinted orders.

17 Q Are there any other type of nursing pediatric
18 progress notes that are different from the ones that you
19 and I have used?

20 DR. WULFSBERG: I believe there is a history
21 and physical here. That would be 19.

22 THE HEARING OFFICER: I'm sorry?

23 DR. WULFSBERG: 19. I'm not sure if that's
24 Dr. Zukow's 19?

25 THE WITNESS: That's Dr. Zukow's scribbles.

1 THE HEARING OFFICER: Okay. When you say "19,"
2 you're talking about --

3 MS. MILLER: 129B-19.

4 DR. WULFSBERG: 129B-19.

5 THE HEARING OFFICER: Okay.

6 BY DR. MILEIKOWSKY:

7 Q So that would be the first note after the baby
8 is born?

9 A Yes.

10 Q All right.

11 Is there any other note from Dr. Zukow?

12 A I'm not aware of any. Whatever is in the
13 chart.

14 Q Okay. But is there anything else in the chart
15 from Dr. Zukow?

16 A I don't see anything else at this time.

17 (Telephone interruption in proceedings.)

18 (A discussion was held off the record.)

19 THE HEARING OFFICER: Go ahead.

20 BY DR. MILEIKOWSKY:

21 Q Do you find any other notes, Dr. Irani --

22 A No.

23 Q -- by Dr. Zukow?

24 A No. Just the orders and the initial physical
25 exam.

1 Q Can you describe to us the relationship you
2 have with Dr. Zukow.

3 THE HEARING OFFICER: Excuse me. Before we go
4 further, Dr. Mileikowsky, your original question was not
5 completely answered. Your original question that
6 started this line of questioning was asking Dr. Irani to
7 read all of his notes in the chart, and he only read one
8 of the notes, 129B-17.

9 DR. MILEIKOWSKY: I know.

10 THE HEARING OFFICER: There's a second note --

11 DR. MILEIKOWSKY: I know.

12 THE HEARING OFFICER: -- that needs to be read
13 at some point.

14 DR. MILEIKOWSKY: Thank you very much. Indeed,
15 you're right.

16 Q Can you tell us what your relationship is over
17 the years with Dr. Zukow.

18 A In 1994 I relocated my practice to its present
19 location in an office-sharing arrangement with Dr. Zukow
20 and his partner.

21 Q And are you still, on November, 2000, in that
22 same arrangement?

23 A Yes.

24 Q So you share space to date as well?

25 A Yes.

1 Q Was Dr. Zukow ever chairman of the pediatrics
2 department?

3 A I believe he was chairman in the past.

4 Q Do you know when?

5 A My recollection would be 1990 to 1992.

6 Q Any other time that he may have been a member
7 of the Medical Executive Committee?

8 A I'm not aware of any other time.

9 Q All right. So let's go to Exhibit 129, which
10 is for you the yellow progress note. And so, as
11 Dr. Willick pointed out correctly, we would like you now
12 to please read for us, for the record, so that nobody
13 interprets your handwriting in any other way than what
14 you meant it to be, there's an entry November 5th,
15 8:15 p.m.; correct.

16 A Correct.

17 Q Before you read it, was it your intention to
18 see this baby when you left the baby November 4? If my
19 recollection --

20 A Correct.

21 Q -- is correct, you stated earlier you were
22 surprised the baby was still there; right?

23 A I was surprised the baby was still there. I
24 anticipated the baby to be discharged the following
25 morning.

1 Q So did you the write discharge order on
2 November 4?

3 A I believe that Dr. Zukow had already signed the
4 discharge order; that would have been a duplication.

5 Q So can you assist us?

6 A He had signed a discharge order.

7 Q What does it look like?

8 A "May d/c home if stable on exam."

9 Q Show us what the page looks like because we
10 don't have the same --

11 A It's on page 2 of 2 of the newborn nursery --
12 MS. MILLER: It's 129B-15.

13 DR. MILEIKOWSKY: -15. Thank you. All right.

14 Q So Dr. Zukow wrote that on the 3rd.

15 A Right. Then I did duplicate it on November 4
16 at 1:00 p.m.

17 Q What do you mean duplicated?

18 A It's written on the order, form, this pink page
19 in front of me, "May discharge patient with mother."

20 Q So that's the same page? Describe it for us
21 because we don't have colors. Every page for us is
22 white.

23 A This is pink --

24 Q That's a different page. That's an order page.
25 What is the reference in our Exhibit --

1 DR. MIYASHITA: 129B-13.

2 DR. WULFSBERG: You're asking the questions.
3 You need to be organized.

4 DR. MIYASHITA: 129B-13.

5 DR. MILEIKOWSKY: B-15?

6 DR. MIYASHITA: B-13.

7 THE HEARING OFFICER: So that supplements your
8 testimony. There is now another entry that you found in
9 the record that you made?

10 THE WITNESS: That's correct.

11 BY DR. MILEIKOWSKY:

12 Q Okay. Ultimately the baby was -- so that order
13 to discharge does not have to be reentered if you do not
14 want to change it. You didn't write another order to
15 discharge on November 5; is that correct?

16 A No.

17 Q So we're not missing anything. There are two
18 discharge orders; one on November 3 written by
19 Dr. Zukow, and the other one on 129B-13, which is on a
20 pink document that on top says "Physician Orders" that
21 you entered on November 4 at on or about 1:00 p.m.; is
22 that right?

23 A That's right.

24 Q So now let's go back to the progress note on
25 November 5th at -- is that 8:15 p.m.?

1 A 8:15 p.m.

2 Q All right. Please read it for us.

3 A Progress note/discharge note. Called by
4 nursing staff in newborn nursery. Raised concerns
5 about appearance of penis postcircumcision. Asked
6 for my evaluation. Using sterile techniques,
7 Vaseline gauze in place was removed without
8 difficulty.

9 Q Can you tell us what does "sterile technique"
10 mean here.

11 A What I did is I put on a mask, gloves, and a
12 gown and then proceeded.

13 Q What type of gown?

14 A I don't know what type of gown.

15 Q Paper gown? Blue? Or is it one of those
16 fabric yellow --

17 A I think it was a fabric of whatever color.

18 Q Fabric that was hanging over there. All right.

19 A Positive active bleeding.

20 Q What does "PE" mean?

21 A Physical exam.

22 Q Oh, physical exam. Okay.

23 A Incision site noted to be 2 millimeters distal
24 to penoscrotal junction; i.e., quite proximal to
25 corona/glans junction.

1 Then there is a sketch in my great artistic
2 technique.

3 Circ site rewrapped with gauze. Mother has
4 left the hospital already. Will give local care
5 instructions as soon as possible when she returns.

6 She had left the hospital that evening waiting
7 for the circumcision to be done and then returned after
8 it had been performed.

9 Q Any other entries in the chart that are in your
10 hand?

11 A I don't believe there are any other entries in
12 this chart.

13 Q Thank you.

14 You mentioned a urologist. When did a
15 urologist get into the picture -- or did a urologist
16 ever get into the picture?

17 A I'm told by my office colleague that the baby
18 did see a urologist.

19 Q Let's be specific. Who's your office --

20 A Dr. Arnold Zukow.

21 Q So Dr. Zukow told you that he referred the baby
22 to a urologist at one point after the discharge; is that
23 right?

24 A It was done the morning after discharge.

25 Q At the hospital? Or where was it, the consult

1 with the urologist?

2 A He arranged the consult. I would speculate it
3 was in their office.

4 Q In the office of the urologist or of Dr. Zukow?

5 A I would speculate at the urology office.

6 Q And so to the best of your knowledge, who was
7 the urologist?

8 A I know the group, and I believe it was
9 Dr. Richard Shapiro.

10 Q Dr. Shapiro, who was previously also secretary
11 and treasurer of the medical staff.

12 A There are a lot of excellent physicians that
13 serve on the Medical Executive Committee.

14 Q That wasn't my question. The question is:
15 They are the same Robert Shapiro?

16 A I said "Richard Shapiro," didn't I?

17 Q Right. So is that the same Dr. Shapiro that
18 also served at one point as treasurer/secretary? "Yes"
19 or "no"?

20 A Yes.

21 Q Thank you.

22 And so what did Dr. Shapiro say, to the best --
23 or write or do, to the best of your knowledge?

24 THE HEARING OFFICER: Well, wait. What's the
25 basis of your knowledge or -- strike that.

1 What's the basis of your information that it
2 was Dr. Shapiro who was the urologist that saw the
3 infant?

4 THE WITNESS: At lunchtime the day after, on
5 Monday, November 6, 2000, I was curious and inquired of
6 Dr. Zukow about what happened and what he arranged and
7 what was the outcome. And I recall Dr. Shapiro being
8 mentioned during that conversation.

9 THE HEARING OFFICER: Okay.

10 THE WITNESS: -- in our office.

11 THE HEARING OFFICER: Thank you.

12 Go ahead.

13 BY DR. MILEIKOWSKY:

14 Q Did you yourself speak with Dr. Shapiro?

15 A No.

16 Q So the next morning at lunch, you meet
17 Dr. Zukow; right?

18 A Yes.

19 Q At the hospital; correct?

20 A No. In our office.

21 Q In your office. Okay.

22 And so what did Dr. Zukow tell you at that
23 time?

24 A That he arranged for an emergency urology
25 consultation.

1 Q And what was the outcome of that consultation?

2 A Dr. Shapiro was going to follow the patient.

3 And that's my recollection of the entire conversation.

4 Q Did Dr. Shapiro send a letter as a follow-up to
5 the consultation, handwritten or typed, to Dr. Zukow to
6 insert into the chart of the baby in Dr. Zukow's office?

7 A I don't know.

8 Q Have you ever inquired?

9 A No.

10 Q Do you know how many times at all Dr. Richard
11 Shapiro saw the baby after that?

12 A I have no knowledge.

13 Q Would it be more than once, to the best of your
14 knowledge?

15 A I have no idea.

16 Q Do you know what therapy or management did
17 Dr. Shapiro recommend?

18 A I don't know the specifics of his
19 recommendations.

20 Q Do you know what his diagnosis was?

21 A No, I don't.

22 Q Well, then, what did Dr. Zukow tell you?

23 THE HEARING OFFICER: Let me ask this: At some
24 point did you learn anything about what Dr. Shapiro's
25 diagnosis or treatment was regarding this infant?

1 THE WITNESS: "At some point" would be vague.
2 But, yes, at some point afterwards, I was told that the
3 baby's injury had healed well; and that it would need to
4 be followed on a serial basis.

5 THE HEARING OFFICER: Okay. And do you
6 remember approximately when that was?

7 THE WITNESS: I would say a week later, as a
8 guess.

9 THE HEARING OFFICER: That's a guess?

10 THE WITNESS: That's right.

11 THE HEARING OFFICER: And who informed you of
12 that?

13 THE WITNESS: I inquired again directly to
14 Dr. Zukow.

15 THE HEARING OFFICER: Okay. Thank you.

16 Go ahead.

17 BY DR. MILEIKOWSKY:

18 Q When you mentioned follow-up on serial basis,
19 by Dr. Shapiro? By you? Or by Dr. Zukow?

20 A Certainly not by me. It was not my patient.

21 Q Well, you cover for the group. Have you ever
22 seen this patient again since discharge?

23 A No.

24 Q Did you attempt to, whenever the patient came
25 to Dr. Zukow, to peek and have a look?

1 A I haven't kept track of his appointment
2 timetables and have made no direct attempt to examine
3 the child again.

4 Q Do you know if -- how often that serial basis
5 was supposed to be? Just once a week later? Or was
6 that supposed to be every week for three months or for a
7 year?

8 What does "serial basis" mean?

9 A I can't define the interval at all. I don't
10 know exactly what was arranged.

11 Q Then what? What did Dr. Zukow do?

12 A I don't know exactly what Dr. Zukow did.

13 Q What did Dr. Zukow tell you the next day at
14 lunch when you saw him in the office regarding this
15 baby?

16 A I don't recall his exact words. I know that he
17 was puzzled by the injury and wanted a specialist to
18 assume the care of the child.

19 Q But my question refers to after the specialist
20 examined the child, what did he tell you? Anything that
21 you can recall in whatever words of your own that
22 Dr. Zukow relayed to you was the substance of the
23 consult and findings of Dr. Shapiro?

24 A That was long. I'm sorry. Could you restate
25 it.

1 THE HEARING OFFICER: Here.

2 Your testimony was that at some point -- maybe
3 a week later, but you're not sure -- Dr. Zukow informed
4 you a prognosis for the infant regarding the injury.

5 THE WITNESS: That's correct.

6 THE HEARING OFFICER: And what Dr. Mileikowsky
7 is asking is what do you recall about the conversation
8 in which Dr. Zukow informed you of that? Do you recall
9 anything else about that conversation?

10 THE WITNESS: The conversation was that the
11 injury was healing and would need to be followed. That
12 was the extent.

13 BY DR. MILEIKOWSKY:

14 Q That was told to you the next day, or a week
15 later?

16 THE HEARING OFFICER: His testimony is he
17 wasn't sure how much later; he thought it might have
18 been a week, but he's not sure.

19 Correct, Dr. Irani?

20 THE WITNESS: Correct.

21 BY DR. MILEIKOWSKY:

22 Q Correct me if I'm wrong, but I thought you said
23 you met with Dr. Zukow the next day at lunch in the
24 office.

25 A That was a separate conversation than what I'm

1 referring to. That's right.

2 Q Was that lunch encounter before or after
3 Dr. Shapiro saw the baby?

4 A I believe it would have been after but before
5 he had heard from Dr. Shapiro.

6 Q I see. Thank you for the precision.

7 Now, I was a little baffled and surprised to
8 hear that you do not perform circumcisions. During your
9 training, have you ever performed a circumcision?

10 A My residency did not include any circumcisions.

11 Q Where was your residency?

12 A Childrens Hospital National Medical Center,
13 Washington, D.C.

14 Q Is that also part of George Washington school?

15 A That would be the pediatric hospital affiliated
16 with George Washington University.

17 Q GU; right?

18 A That would be Georgetown. We would be GW.

19 Q GW. All right.

20 What would you say is the percentage of
21 pediatricians on staff at Tarzana Hospital that do
22 perform circumcisions?

23 A I couldn't answer your question accurately
24 without a guess.

25 Q Did your wife train in the same school?

1 A Yes.

2 Q So she wouldn't be performing any circumcisions
3 either?

4 A That's correct.

5 Q Dr. Norman Lavin, I know, performs -- and other
6 pediatricians. So it's just purely a question of where
7 they trained?

8 A I believe it would also be a function of
9 whether one wanted to be a mohel.

10 Q Right. But none of us are a mohel because we
11 don't do it eight days later, and we don't pray. So
12 we're not mohels, but that's okay.

13 We do the same as mohels, but what kind of
14 instruments do we use? Do we use the same instruments,
15 surgical devices as mohels?

16 I'm sure you've seen a mohel perform more than
17 once because, even though you are Christian Lebanese,
18 you have a lot of Jewish friends around you.

19 DR. WULFSBERG: I absolutely find this line of
20 questioning and the commentary he's making --

21 THE HEARING OFFICER: Sustained.

22 DR. WULFSBERG: -- entirely offensive.

23 DR. MILEIKOWSKY: That's ridiculous. On the
24 contrary, it's your lack of knowledge.

25 DR. WULFSBERG: And I'd like it to be stricken

1 from the record.

2 DR. MILEIKOWSKY: Christian Lebanese have been
3 saved by Israel --

4 THE HEARING OFFICER: Sustained.

5 DR. MILEIKOWSKY: -- and they have an excellent
6 relationship --

7 THE HEARING OFFICER: Excuse me,
8 Dr. Mileikowsky --

9 DR. MILEIKOWSKY: This is ridiculous.

10 THE HEARING OFFICER: -- it's out of order.

11 DR. MILEIKOWSKY: It's an interpretation of
12 Dr. Wulfsberg.

13 DR. WULFSBERG: This is entirely out of order.

14 DR. MILEIKOWSKY: No. First of all --

15 THE HEARING OFFICER: All right. Excuse me --

16 DR. MILEIKOWSKY: -- I trained in a Jesuit
17 Catholic school.

18 DR. WULFSBERG: All right. All right. That's
19 enough.

20 DR. MILEIKOWSKY: No. You should have
21 studied --

22 (Simultaneous colloquy.)

23 THE HEARING OFFICER: Gentlemen --

24 DR. MILEIKOWSKY: Please, for the record,
25 Dr. Wulfsberg --

1 THE HEARING OFFICER: -- stop.

2 DR. MILEIKOWSKY: -- has raised his voice,
3 interrupted me, and threatened me --

4 THE HEARING OFFICER: Stop.

5 DR. MILEIKOWSKY: -- and is commanding me to
6 tell me when to talk and not to talk.

7 THE HEARING OFFICER: Dr. Mileikowsky, I'm
8 telling you you're out of order. Just ask a simple
9 question.

10 DR. MILEIKOWSKY: I shouldn't be interrupted,
11 and my words should not be interpreted by Dr. Wulfsberg
12 as out of line.

13 THE HEARING OFFICER: He made an objection,
14 which I sustained. Ask the next question, please.

15 DR. MILEIKOWSKY: He also made an observation
16 and interpretation. Did you sustain that one?

17 THE HEARING OFFICER: I sustained the
18 objection.

19 DR. MILEIKOWSKY: All right.

20 THE HEARING OFFICER: Please ask the next
21 question.

22 DR. MILEIKOWSKY: How about the comment he
23 did?

24 THE HEARING OFFICER: Dr. Mileikowsky --

25 DR. MILEIKOWSKY: I just want to know if you're

1 being fair to both of us.

2 THE HEARING OFFICER: I do not think you're
3 helping yourself by engaging in personal exchanges.

4 DR. MILEIKOWSKY: I don't think so. I will not
5 allow Dr. Wulfsberg to interpret my words.

6 THE HEARING OFFICER: Dr. Mileikowsky --

7 DR. MILEIKOWSKY: Okay. Let's go back to
8 business.

9 Q Dr. Irani, what kind of surgical device does a
10 mohel use?

11 A I don't know exactly what a mohel would use.

12 Q What does it look like? If I gave you a paper
13 and a pen, could you draw it for me?

14 THE HEARING OFFICER: Excuse me. There's no
15 objection, but I fail to see the relevance of whether
16 this doctor knows about how a mohel performs
17 circumcisions. The questioning here has to deal with a
18 particular circumcision of a particular patient. That
19 circumcision was not performed by a mohel.

20 Now, next question.

21 DR. MILEIKOWSKY: Now you're out of touch and
22 out of order, and I'll tell you why. It's very
23 important --

24 THE HEARING OFFICER: No. No.

25 DR. MILEIKOWSKY: Excuse me. I'm not finished.

1 THE HEARING OFFICER: No, Dr. Mileikowsky.

2 DR. MILEIKOWSKY: It's very important to
3 establish that Dr. Irani has absolutely no medical --

4 DR. WULFSBERG: Excuse me. Just because he's
5 interrupted him does not --

6 DR. MILEIKOWSKY: -- authority to talk about a
7 circumcision.

8 (Simultaneous colloquy.)

9 THE REPORTER: One at a time.

10 (Simultaneous colloquy.)

11 THE REPORTER: We're not on the record. We're
12 not on the record.

13 THE HEARING OFFICER: None of this is on the
14 record, since everyone was speaking out of turn.

15 Dr. Mileikowsky, next question, please.

16 DR. MILEIKOWSKY: Okay.

17 Q Dr. Irani do you consider yourself an expert in
18 circumcisions?

19 A No.

20 Q So where do you have the chutzpah to come here
21 and give us your opinion about a circumcision?

22 DR. WULFSBERG: I object.

23 THE HEARING OFFICER: Sustained.

24 DR. MILEIKOWSKY: Where is coming his
25 authority? If he says he has no authority and no

1 knowledge or expertise in circumcisions, I would like to
2 know if we can strike the whole testimony because he's
3 being misused as an expert --

4 DR. WULFSBERG: I object to this.

5 DR. MILEIKOWSKY: -- to tell us about
6 circumcisions.

7 DR. WULFSBERG: I object.

8 THE HEARING OFFICER: I'm going to deny the
9 motion to strike. Dr. Irani's testimony speaks for
10 itself. The basis upon which he reached his opinions is
11 stated in his testimony with reference to a particular
12 exhibit.

13 You will be permitted to argue and to present
14 evidence as to the weight that should be given to
15 Dr. Irani's opinion, but I'm going to allow the opinion
16 to stand.

17 Next question.

18 BY DR. MILEIKOWSKY:

19 Q All right, Dr. Irani. Exhibit 142 -- do you
20 have it in front of you?

21 A I have it in front of me.

22 Q All right. Who provided you this reference?
23 Dr. Shapiro?

24 A No. I went to our medical library and pulled
25 the book.

1 Q I'm sorry?

2 A I went to our medical library and pulled the
3 book.

4 Q Which book?

5 THE HEARING OFFICER: There's been testimony to
6 this. Dr. Irani --

7 DR. MILEIKOWSKY: No. How did he choose the
8 book? The library has God knows how many books.

9 DR. WULFSBERG: He's already testified to
10 this.

11 THE HEARING OFFICER: Dr. Mileikowsky, the
12 testimony was that Dr. Irani found a medical text
13 regarding circumcision. The medical text he selected
14 was a medical text which was coauthored or edited by a
15 Dr. Belman, who had been his teacher in medical school,
16 and that was the reason he selected that text.

17 Next question.

18 BY DR. MILEIKOWSKY:

19 Q Did you call anyone in your medical school to
20 find out which book to go to?

21 A No.

22 Q Did you consult with Dr. Zukow before going to
23 the library?

24 A No.

25 Q Did you consult with a urologist or your wife

1 or anyone else about -- you don't have a book in your
2 office about circumcisions in any of your pediatrics
3 textbooks?

4 A I have pediatric textbooks in my office.

5 Q And none of them has anything regarding
6 circumcision?

7 A They do have information about circumcisions
8 in those textbooks. I wanted Dr. Belman's words.

9 Q My question is: Did you look at all at the
10 books you had in your office before you went to the
11 library?

12 A No.

13 Q How did you know Dr. Belman had a chapter -- or
14 the whole book is by Dr. Belman?

15 A He's one of the editors of the book.

16 Q Who wrote that chapter in the book?

17 A I don't specifically know how to attribute its
18 editing.

19 Q But a chapter usually has an author. You don't
20 remember who the author is? If you don't, you don't.

21 A I don't know.

22 Q So to the best of your recollection, you don't
23 know who's the author of that chapter.

24 So once you found that -- you remembered that
25 book existing when you were in med school at GW?

1 A Yes.

2 Q So that's why you went to look for that book?

3 A Yes.

4 Q All right.

5 So once you found the book, what did you do to
6 assert that the chapter you're looking at and the
7 alleged diagnosis that you had was actually the one that
8 this baby had?

9 A I didn't understand your question.

10 Q All right.

11 You earlier had, courtesy of the video computer
12 system, audio -- not audio, visual aid, you had a
13 diagnosis of excessive removal of penile shaft skin;
14 correct?

15 A Yes.

16 Q This is the part that was exhibited by
17 Dr. Wulfsberg when you testified; is that correct?

18 THE HEARING OFFICER: Your question is unclear.

19 DR. MILEIKOWSKY: Okay. Go ahead. Clarify it.

20

21 FURTHER EXAMINATION

22 BY THE HEARING OFFICER:

23 Q At the point at which you retrieved the text,
24 did you have a tentative or certain diagnosis of whether
25 there was a problem with the circumcision?

1 A Yes.

2 Q And what was that diagnosis?

3 A That there was an excessive removal of penile
4 shaft skin.

5 Q How did you determine that? And I'm now just
6 talking about the point in time when you retrieved the
7 text, before you looked at the text.

8 A It would be based on my observation of
9 literally hundreds of circumcisions throughout my
10 career.

11 Q At that point in time -- this is right before
12 you pulled the book out -- had you personally observed
13 the circumcision on this infant?

14 A I was not present at the time it was performed.

15 Q All right.

16 Did you observe the penis of the infant after
17 the circumcision and before you looked in the book?

18 A Yes.

19 Q All right. And was your tentative diagnosis
20 which you've reported now as being excessive removal of
21 penile shaft skin -- was that diagnosis based upon your
22 personal observation of the infant's penis?

23 A Yes.

24 Q Was it based on anything else?

25 A No.

1 Q All right.

2 So then you went and you looked in the book.
3 After you looked in the book, did you change your
4 opinion as to whether that was a problem with the
5 infant; "that" being your original tentative diagnosis
6 that there was excessive removal of penile shaft skin?

7 A It didn't change my assessment.

8 Q All right.

9 Did you do anything else, other than personally
10 observing the penis and referring to the textbook, to
11 determine an opinion as to whether there was a problem
12 with this infant's penis?

13 A Did I do -- sorry.

14 Q Did you conduct any other investigation
15 regarding your opinion?

16 A No.

17 THE HEARING OFFICER: All right. Your witness,
18 Dr. Mileikowsky.

19 DR. MILEIKOWSKY: Thank you very much,
20 Mr. Willick.

21

22 CROSS-EXAMINATION (Continued)

23 BY DR. MILEIKOWSKY:

24 Q Dr. Irani, what is the usual and customary
25 procedure if you find something wrong in your pediatrics

1 division that a pediatrician may have deviated from what
2 would be acceptable quality of care? You write an
3 incident report in the department of pediatrics?

4 A I imagine every department has this practice.

5 Q And then the physician is invited to a peer
6 review committee; correct?

7 A The pathway of those incidents reports can
8 vary.

9 Q Let's go to something a little more
10 fundamental. Since you and I happen to know each other
11 on a personal level, how come you didn't call me that
12 evening at 8:15 p.m., November 5th, 2000?

13 A The answer to that question is easy. It's
14 because the postoperative care of circumcisions in this
15 hospital is always assumed by the pediatrician and not
16 the performing obstetrician.

17 Q That's not my question.

18 DR. WULFSBERG: But that's the answer.

19 DR. MILEIKOWSKY: Well, I know you don't like
20 it, so

21 THE HEARING OFFICER: Well, wait. Let's not
22 have the byplay.

23 DR. MILEIKOWSKY: Ask him not to interrupt.

24 THE HEARING OFFICER: Do you have a follow-up
25 question?

1 DR. MILEIKOWSKY: Yes. This is very important.

2 Q If any physician does any procedure, whether it
3 is surgical or even a medical treatment, that you end up
4 taking care of as a complication thereof -- or that may
5 be a common one; it doesn't necessarily have to be an
6 unusual one -- don't you give a feedback to whoever took
7 care of that patient and say, "Hey, you know, it's
8 strange. That baby had this problem. Does it happen to
9 you in the past? What do you do in those cases?"

10 Have you thought that maybe I may be familiar
11 with what you found; that maybe my diagnosis may be
12 different than yours? And since you or your office is
13 taking care of the follow-up, wouldn't it be appropriate
14 to ask me what I would expect the follow-up to be?
15 Isn't that called continuity of care? Isn't that what
16 it's all about?

17 THE HEARING OFFICER: Those are a lot of
18 questions.

19 DR. MILEIKOWSKY: Correct.

20 THE HEARING OFFICER: That's not one question.
21 May I?

22 DR. MILEIKOWSKY: Be my guest, please.

23 / / /

24 / / /

25 / / /

1 FURTHER EXAMINATION

2 BY THE HEARING OFFICER:

3 Q After you examined the infant and reached a
4 tentative diagnosis, which I believe you reached on
5 November 5th, that there was a potential problem here,
6 did you write an incident report?

7 A No.

8 Q All right.

9 After you examined the infant on November 5th,
10 did you make any attempt to communicate with
11 Dr. Mileikowsky about what you saw regarding this
12 infant?

13 A I made no such attempt.

14 Q Was there a thought process in your mind at
15 that time regarding whether or not to make an attempt to
16 communicate with Dr. Mileikowsky?17 A The thought process in my mind was to have this
18 child examined by a urologist before proceeding any
19 further.20 Q But did you have any thought at that time about
21 whether you should talk to or communicate with
22 Dr. Mileikowsky about the infant?23 A I had no thought in my mind of calling
24 Dr. Mileikowsky.

25 Q Okay. At any point in time before this evening

1 when Dr. Mileikowsky asked you the question about why
2 you didn't call him, did you have any thought process
3 about whether you should have contacted Dr. Mileikowsky
4 about this infant --

5 A No.

6 Q -- and the events of November 5th?

7 A No.

8 THE HEARING OFFICER: All right. Go ahead,
9 Dr. Mileikowsky.

10

11 CROSS-EXAMINATION (Continued)

12 BY DR. MILEIKOWSKY:

13 Q What is your thought process when you have any
14 physician that you continue the care of, whether it's a
15 circumcision or another one? You never communicate with
16 that physician?

17 A My thought process would be to handle each case
18 based on its merits.

19 Q Now let me try to understand something else.
20 If you were that concerned with this alleged
21 complication, why did you discharge the baby?

22 A I discharged the baby because once hemostasis
23 had been achieved, there was no reason to continue to
24 observe the patient as an inpatient.

25 Q How did you achieve hemostasis?

1 A With a pressure dressing applied by me.

2 Q Now, there's something disturbing --

3 DR. WULFSBERG: I object.

4 THE HEARING OFFICER: Sustained.

5 BY DR. MILEIKOWSKY:

6 Q -- we had a nurse testify that there was no
7 bleeding at all -- would you care to look at the
8 original chart -- prior to your arrival?

9 A I found bleeding. I don't know what the nurse
10 found. I wouldn't be able to review her testimony in a
11 cogent way.

12 Q There's another thing disturbing --

13 DR. WULFSBERG: I object again.

14 DR. MILEIKOWSKY: You can object if you want.
15 It will slow us down.

16 THE HEARING OFFICER: Well, Dr. Mileikowsky --

17 DR. WULFSBERG: This is argument. It's
18 argument.

19 THE HEARING OFFICER: That's the basis on
20 which I'm sustaining the objection.

21 Just ask a question.

22 BY DR. MILEIKOWSKY:

23 Q Do you think it is possible that for whatever
24 emotional reasons or intellectual reasons or other
25 reasons that the nurses, by undoing and doing the

1 bandage on the circumcision, could have caused the
2 bleeding?

3 A Your question was is it possible that the
4 nurses were responsible for the bleeding? Of course
5 that would be possible, but not necessarily the case.

6 Q That's right. But now I'd like to stimulate
7 your analytical capabilities, which I know are quite
8 remarkable.

9 Can you please take the nurses notes of the
10 chart, please.

11 A Can I state them?

12 Q No. No. Review them. Just take the chart --
13 they're not very long. It's a very short chart.

14 A Okay.

15 Q And if I'm not mistaken, in ours it's 129B-32.

16 DR. WULFSBERG: We've already had direct
17 testimony from Diane Levinson regarding these nursing
18 notes. Is there a reason why Dr. Irani then should be
19 reading the same nursing notes and making the same
20 judgment?

21 THE HEARING OFFICER: I will allow him to read
22 the notes.

23 DR. MILEIKOWSKY: It's only two pages.

24 Q I don't know what color page it is on your
25 chart, but in the exhibit book it's 129B-30 and 129B-32

1 It starts 8:30 and then postpartum 1708.

2 Do you see 1708, 5:08 in the afternoon on
3 November 5?

4 A Yes.

5 Q Okay. Can you please start reading on the
6 entry of the nurses at 508, please.

7 THE HEARING OFFICER: You're talking about
8 1708?

9 DR. MILEIKOWSKY: Yes, 1708.

10 THE WITNESS: 1708. EMLA cream applied to
11 penis.

12 BY DR. MILEIKOWSKY:

13 Q The next entry is 1845.

14 A 2000. Dr. Mileikowsky here to perform circ.
15 Routine newborn care done. Assessment within normal
16 limit. Sensor to left ankle intact. Circ site with
17 Vaseline gauze intact. Small bleeding noted on one
18 gauze. Cloth diaper intact.

19 Q Stop right there. Anything unusual so far?

20 A Nothing unusual so far.

21 Q Nothing unusual. Thank you.

22 Now, when you go to the next entry -- I'm not
23 sure because there is a hole in the binder, so it has a
24 00; it's probably 2000 or --

25 A 2010.

1 Q 2010. Okay.

2 A Dr. Irani in to examine baby. Circ site
3 checked. Bleeding note. Gauze rewrapped. Cloth
4 diaper in place.

5 Q Now, doesn't it disturb you that there's no
6 entry between this entry and the previous one? There's
7 no entry whatsoever from any nurse indicating any
8 problem?

9 A Well, there's 10 minutes between entries.

10 Q How long does it take to perform a
11 circumcision?

12 A A circumcision can be performed in several
13 minutes.

14 Q So the entry at 8:00 p.m. is how long after --
15 we can reasonably assume that it did not take more than
16 15 minutes after I placed the little bandage with
17 Vaseline over the penis of the little baby. So for
18 practical purposes, the circumcision couldn't have gone
19 longer than 1900; correct?

20 A 1900 would be a reasonable time.

21 Q So there's no entry between 1900 and 2000;
22 correct?

23 A There's no separate entry between.

24 Q There's also no entry between a perfectly
25 benign entry at 2000 and 2010 on the next page, so how

1 do you explain that?

2 A I can't explain it. These are not my notes.

3 Q Of course not.

4 But we physicians inherit charts from other
5 hospitals, from other countries, from other colleagues,
6 and we have to use our analytical capabilities.

7 What is here in the nurse's note that can
8 explain to us that had to be dramatic in order to be
9 calling you, since you already discharged the patient
10 yesterday, the day before, on November 4?

11 Wouldn't you expect the routine, professional
12 nursing staff, which we do have, to enter something
13 prior to your arrival to explain why you were called?

14 A I can't speculate as to what they wrote and why
15 they chose to write what they wrote.

16 Q All right.

17 Have you ever tried to investigate?

18 A No.

19 Q I'm asking you those questions because you're
20 the next chief of staff of this institution; correct?

21 A I am not the next chief of staff of this
22 institution.

23 Q Aren't you the vice chief of staff right now?

24 A I am the vice chief of staff.

25 Q Isn't the vice chief of staff automatically the

1 next chief of staff?

2 A I am not chief of staff-elect. That has
3 happened in the past where there was not a hand-off.

4 Q What does "hand-off" mean?

5 A What you were inferring, that there would be an
6 automatic promotion. It's in the bylaws.

7 Q Well, when is the next shift of the guards of
8 the chief of staff? Next summer?

9 A My term as vice chief ends this summer,
10 June 30.

11 Q 'And you don't -- nobody approached you to ask
12 you whether or not you would want to be chief of staff?

13 DR. WULFSBERG: With all due respect, I thought
14 we were discussing circumcisions now.

15 THE HEARING OFFICER: Sustained. We'll come
16 back to the issue of chiefs of staff and MECs.

17 Go ahead.

18 DR. MILEIKOWSKY: All right.

19 Q What is the next entry? 2025; is that right?

20 A 2025, to mom. Bands checked.

21 Q Stop right there. Did you ever tell the
22 mother that there was anything that concerned you that
23 night?

24 A Yes.

25 Q What did you tell her?

1 A I told the mother that there was excessive
2 bleeding after the procedure, and I wanted the child to
3 be seen in our office in the morning.

4 Q How did the mother react?

5 A She was very calm in receiving the news.

6 Q Didn't frighten her?

7 A I made sure not to have her be frightened.

8 Q And you still at that time thought that you
9 could provide patient of an obstetrician with
10 information that could be alarming to the patient
11 without asking the obstetrician to, maybe, provide the
12 patient with that information simultaneously so that
13 there's some kind of concerted communications between
14 the physicians and the patient?

15 A I missed that in the middle. Sorry. Can you
16 repeat it.

17 DR. MILEIKOWSKY: Do you want to make it more
18 simple?

19 THE HEARING OFFICER: I can't.

20 DR. MILEIKOWSKY: All right.

21 Q How many times have you seen that patient prior
22 to November 5th in the evening?

23 A I examined that boy the day before, on
24 November 4.

25 Q That's the baby. I'm talking about the mother.

1 A The question, then, is how many times was she a
2 patient of mine?

3 Q No.

4 A No.

5 Q How many times have you spoken to her?

6 A I don't know the exact number. She has other
7 children, and it may be possible that I examined one of
8 the other ones in a cross-covering arrangement within
9 the office.

10 Q Years before?

11 A Weeks, years; I don't know.

12 Q Did you recognize her? You said earlier you
13 recognized her in the corridor. Is that because you saw
14 her the day before?

15 A That's right.

16 Q All right.

17 So the day before after you -- did you check
18 the baby when the baby was with her in her room?

19 A I typically examine the babies in the newborn
20 nursery, and I go later and sneak into the room.

21 Q So when you came in the first time during her
22 admission on November 4 to see her, did you remember her
23 face?

24 A I don't recall.

25 Q Did she recognize you --

1 A Yes.

2 Q -- like she has ever seen you before?

3 A I can't specifically answer that "yes" or
4 "no."

5 Q When you communicate with a patient which is
6 not yours, since you stated your patient is the baby, do
7 you feel that it's medically advisable or preferable to
8 include in that communication the physician who is the
9 primary physician attending of that patient?

10 A The word was "advisable." I'm not sure how
11 that related to the rest of it. Can you repeat it.

12 THE HEARING OFFICER: Excuse me. At this point
13 I know that members of the hearing committee have
14 questions to ask about the subject in which we have
15 limited the examination at this point. I'm not going to
16 stop you from asking questions. But if you care --
17 preserving your right to come back, if you care to let
18 the committee members ask their questions at this point,
19 I think it might be appropriate while the examination is
20 fresh in their mind.

21 Do you have any objection to that,
22 Dr. Wulfsberg?

23 DR. WULFSBERG: Absolutely not.

24 THE HEARING OFFICER: Is that okay with you,
25 Dr. Mileikowsky?

1 DR. MILEIKOWSKY: No problem.

2 THE HEARING OFFICER: All right. Let's try to
3 get the hearing committee questions, and then we'll come
4 back to the other examination.

5 Having said that, any questions?

6 Dr. Miyashita.

7

8 EXAMINATION

9 BY DR. MIYASHITA:

10 Q Can you estimate how many patients you've had
11 in common with Dr. Mileikowsky over the years? Would
12 you say many?

13 A I wouldn't say many. I could not give you an
14 exact number. It would be more than 10, but I don't
15 know how many.

16 Q But not many more than 10?

17 A It could be double that. I don't know the
18 number.

19 Q Were there any other problems with the care
20 that he provided?

21 A No.

22 Q Was the problem with the circumcision performed
23 on 11-5-2000 brought up during the MEC meeting of 11-28,
24 and did that influence the decision to suspend in any
25 way his privileges? Did that factor into the decision?

1 A I would have to look at the minutes of the
2 meeting to answer whether or not that specific event was
3 part of that process, and therefore --

4 DR. MILEIKOWSKY: It's available to you. It's
5 Exhibits 135 and 139 in the binder that you have in
6 front of you.

7 DR. WULFSBERG: If we're going down this road,
8 I would just remind --

9 THE HEARING OFFICER: Yeah. We can come back
10 to that, the minutes.

11 DR. MILEIKOWSKY: It's to help, actually,
12 Dr. Irani to refresh his recollection.

13 THE HEARING OFFICER: I understand, but I --

14 DR. MILEIKOWSKY: It's 135.

15 THE HEARING OFFICER: I think my ruling was
16 we're going to look at the issue of going beyond his
17 personal observation of the circumcision because there
18 was an objection pending.

19 So let's try to limit ourself to that, and we
20 may or may not have a chance to come back to whether it
21 was an issue at the MEC meeting.

22 DR. MILEIKOWSKY: It is an issue. We know it's
23 an issue because it's in the charges, and there is an
24 entry in that exhibit.

25 THE HEARING OFFICER: All right.

1 DR. MILEIKOWSKY: Why do we play games? This
2 is an issue.

3 THE HEARING OFFICER: Because --

4 DR. MILEIKOWSKY: Who are we fooling exactly?

5 THE HEARING OFFICER: No. It's not a question
6 of --

7 DR. MILEIKOWSKY: Are you trying to --

8 THE HEARING OFFICER: No, Dr. Mileikowsky. It
9 isn't a question of fooling. It's a question of trying
10 to get the testimony completed about what happened and
11 what Dr. Irani observed regarding the circumcision and
12 the outcome of the circumcision. We'll have a chance to
13 consider that other issue at another point in time.

14 Go ahead.

15 DR. MIYASHITA: That's fine.

16 THE HEARING OFFICER: Dr. Pleet.

17

18 EXAMINATION

19 BY DR. PLEET:

20 Q I want to clarify why you were called. I
21 believe in your earlier testimony this evening you
22 stated that you were called because of bleeding that was
23 noted. The nurse in the previous hearing stated that
24 you were called because of the unusual appearance of the
25 penis; and, in fact, she took photographs of that.

1 And in your note of 11-5 when you saw the
2 child, you state that you were called because of the
3 appearance; that the nurse was concerned about the
4 appearance, and there's no mention that you were called,
5 in your own note, for bleeding.

6 Does that clarify your thinking about why you
7 were called?

8 A Yes.

9 Q So as I understand it, then, you were basically
10 called because of the appearance of the penis and not
11 because of the bleeding?

12 A Yes.

13 Q Then when you got to the baby and you observed
14 the wrapped penis, was there any evidence at that time
15 at that observation of any active bleeding?

16 A Yes.

17 Q Active bleeding?

18 A Yes.

19 Q Can you describe that.

20 A The gauze wrap was blood-saturated through and
21 through. I removed it, and it was bleeding. Not
22 hemorrhaging, but bleeding.

23 Q Was the mother told at any time by you -- or
24 close to the time that the circumcision occurred that
25 there had been excessive skin removed?

1 A No.

2 Q Do you have any knowledge at this time of the
3 status of the penis?

4 A I understand that it's a good cosmetic outcome.

5 Q In terms of natural healing process, or in
6 terms of procedures that were done on the penis?

7 A I'm not aware of any procedure that was
8 necessary. So therefore, it would be a natural healing
9 process.

10 Q And if all the skin of the shaft were removed,
11 how could that be? Do you have any explanation how
12 there would be a good cosmetic result if the full
13 thickness skin was removed from the penis?

14 A I think was partial thickness skin removal.

15 Q Okay. Thank you.

16 THE HEARING OFFICER: Other questions?

17 Dr. Fleisher.

18

19 EXAMINATION

20 BY DR. FLEISHER:

21 Q I'm confused. If you were concerned about the
22 bleeding from the circumcision at quarter after 8:00,
23 you weren't concerned that it might bleed during the
24 night, and you let the baby go home a half-hour later?

25 A I was concerned. We gave the mother her

1 supplies and let her go home. There was no further
2 bleeding once we got it accomplished.

3 THE HEARING OFFICER: Anything else, Doctor?

4 DR. FLEISHER: No. The other question was
5 already asked.

6 THE HEARING OFFICER: Dr. Brooks.

7

8 EXAMINATION

9 BY DR. BROOKS:

10 Q Other pediatricians perform circumcisions here;
11 correct?

12 A Yes.

13 Q And this is just a hypothetical case. If
14 another pediatrician -- if this had happened and you had
15 been in the nursery and the nurses had asked you to
16 observe another pediatrician's circumcision, would you
17 have proceeded differently than you proceeded with an
18 obstetrician? Or what would your steps be?

19 A It is different because the obstetricians don't
20 follow these kids. They don't make rounds on them.
21 They don't write progress notes in postop. They don't
22 even dictate a procedure note in a way of seeing them.

23 The circumcisions are done in a different way
24 in that the postop care gets turned over to the primary
25 care physician for the baby, as if they were a

1 consultation to the baby because they're not the
2 physician of the infant once the infant's born.

3 So it would be different if a colleague of mine
4 who's a pediatrician had something going on, I probably
5 would not be examining the child to begin with.

6 Q I guess if a case came up where the nurse had
7 asked you to see that baby, would you -- I'm trying to
8 get how would you proceed. Would this be brought before
9 a QA committee where you saw this? Or how would this be
10 done in your department, excluding the obstetricians?

11 THE HEARING OFFICER: In other words, if the
12 procedure had been performed by a pediatrician rather
13 than an obstetrician?

14 DR. BROOKS: Right.

15 THE HEARING OFFICER: All right. Go ahead.

16 THE WITNESS: I typically wouldn't go examine
17 another physician's patient at the request of a nurse.
18 So that in a hypothetical way of saying that, I wouldn't
19 have been near that patient.

20 BY DR. BROOKS:

21 Q One more step. Let's just put it this way:
22 Would this case have been brought up in QA committee in
23 the pediatrics department if a pediatrician had
24 performed that circumcision?

25 A Yes. If it was reported, it would have come up

1 to some level of committee.

2 DR. BROOKS: Okay.

3 THE HEARING OFFICER: Dr. Fleisher.

4

5 FURTHER EXAMINATION

6 BY DR. FLEISHER:

7 Q Supposing it was Dr. Zukow's patient and he had
8 performed the circumcision, and you're in partnership
9 with him. Would you have called him about the
10 complication? Or would you have just taken care of it
11 when the nurse said? Because you cover for each other.

12 A We cover for each other routinely.

13 Q Okay. If he did the circumcision and went
14 home, would you tell him about it, or would you take
15 care of the problem?

16 A I would take care of the problem.

17 Q Would you call him about it?

18 A If he needed to be called in the middle of the
19 night, yes. If not, the next time available in the
20 daytime.

21 THE HEARING OFFICER: The next question --
22 were you going to continue to talk about whether it
23 would have come up at QA?

24 DR. BROOKS: He said it would.

25 THE HEARING OFFICER: It would. All right.

1 Are you through, Dr. Fleisher?

2 DR. FLEISHER: Yes.

3 THE HEARING OFFICER: Dr. Pleet, then
4 Dr. Miyashita.

5

6 FURTHER EXAMINATION

7 BY DR. PLEET:

8 Q If you assume there was a partial thickness
9 removed of skin, would you also then assume that the
10 Gomco clamp was not fully engaged, that it was just
11 partly engaged? To my way of thinking, that would be
12 the only way that you could get a partial thickness.

13 A I can envision that being an outcome that
14 would happen from that. I'm not sure if that's the
15 correct way to form an opinion on how that outcome
16 happened.

17 THE HEARING OFFICER: Any other questions?

18 Dr. Miyashita.

19

20 FURTHER EXAMINATION

21 BY DR. MIYASHITA:

22 Q Dr. Irani, you and Dr. Mileikowsky are
23 colleagues. I guess I'm kind of mystified why this was
24 not handled in an informal way. I mean, medicine is not
25 perfect. You know what I mean?

1 Why not just say, "Hey, Gil. You know, what
2 happened here? This looks terrible"? I mean

3 A I think that the answer to that is within the
4 realm of my office colleague would have preferred to be
5 the one to make any call like that. That would have
6 been his practice preference, and I know that.

7 Q Do you have any impression why that wasn't
8 done?

9 A No, I don't know.

10 Q Okay. Thank you.

11 THE HEARING OFFICER: Dr. Ballin.

12

13 EXAMINATION

14 BY DR. BALLIN:

15 Q You testified that you have not seen this type
16 of outcome from a circumcision before; correct?

17 A That's correct.

18 Q Have you seen other complications of
19 circumcisions here in the hospital that included
20 excessive bleeding?

21 A Excessive bleeding is not common.

22 Q Is not common.

23 Have you seen complications from circumcision
24 that involved removal of an excess amount of foreskin,
25 to a lesser degree, in this hospital?

1 A Yes.

2 Q What has been, if you have experience with
3 this, the approach to that patient in that situation?

4 A That one patient, who was my own patient, I
5 arranged for a urologist to see that day in the nursery
6 and had a physician arrive within a half-hour and
7 applied the pressure dressing and wrote a consultation
8 note to watch for bleeding.

9 Q So is it a fair assumption that your
10 observation of the specialist's handling of the patient
11 you had just mentioned is similar to the patient that
12 was raised during this hearing?

13 A Those two times have a different degree of
14 injury by a large amount of difference, but they had
15 similar management.

16 Q You mentioned that bleeding was an uncommon
17 complication of circumcision. Would that, in your best
18 medical judgment, have led to the investigation of any
19 type of concurrent disorder, bleeding diathesis or other
20 preexisting condition, that should be evaluated while
21 the patient was still in the hospital?

22 A Because the bleeding was controlled, the
23 workup was not necessary. But, yes, that would also go
24 through my mind.

25 THE HEARING OFFICER: Any other questions?

1 Dr. Persky.

2 DR. PERSKY: I have a few.

3

4

EXAMINATION

5 BY DR. PERSKY:

6 Q With regard to the patient that you were just
7 discussing with Dr. Ballin, the other complication of
8 excessive skin removal, do you recall who did that
9 circumcision?

10 A No, I don't.

11 Q Do you recall whether it was an OB/GYN?

12 A It would have been an OB/GYN.

13 Q Do you recall whether you spoke to that OB/GYN
14 after it was discovered that there was excessive skin
15 removed?

16 A I did not.

17 Q And the second part of the question is: You
18 stated earlier that on an individual basis is what you
19 base your decision on whether to call a doctor after a
20 complication such as you witnessed on this child with
21 the excessive skin removed from the shaft of the penis.
22 Did your past history with Dr. Mileikowsky factor into
23 your decision-making on this individual case basis
24 whether to call him or not?

25 A I would have to say it did factor in.

1 Q That's all.

2 THE HEARING OFFICER: Aren't you going to ask
3 him --

4 How did it factor in?

5 THE WITNESS: In both situations there was
6 excessive removal, one milder than the other, and
7 bleeding. And bleeding by itself was the thing that at
8 the time needed to be managed. I certainly wasn't going
9 to manage any cosmetic or functional change with regard
10 to the circumcision. That's why I would get a urologist
11 each time.

12 THE HEARING OFFICER: I believe Dr. Persky's
13 last question was whether there was something about your
14 past relationship with Dr. Mileikowsky --

15 THE WITNESS: Oh.

16 THE HEARING OFFICER: -- which caused you not to
17 contact him about this incident on November 5th?

18 THE WITNESS: No. Nothing specific, no.

19 THE HEARING OFFICER: Okay. Dr. Pleet.
20

21 FURTHER EXAMINATION

22 BY DR. PLEET:

23 Q Do you think it might not be a good policy to
24 contact an OB/GYN if he performs a circumcision that has
25 some technical flaw or complication just so as to

1 educate him and possibly prevent him from doing the same
2 thing in the future?

3 A That would be good practice.

4 THE HEARING OFFICER: Any other questions by
5 the hearing committee?

6 It's now 10 o'clock. Dr. Mileikowsky and
7 Dr. Wulfsberg, do you have further questions of this
8 witness regarding the November 5th incident and what
9 occurred immediately thereafter?

10 DR. MILEIKOWSKY: Yes.

11 THE HEARING OFFICER: Dr. Wulfsberg?

12 DR. WULFSBERG: Based on your --

13 THE HEARING OFFICER: No. I'm not asking you
14 to ask the questions at this point. I'm just asking you
15 if you have further questions.

16 DR. WULFSBERG: I apologize. I assumed that
17 was a red light, green light kind of thing.

18 THE HEARING OFFICER: I understand.

19 DR. WULFSBERG: I'm in green light pose here,
20 so

21 THE HEARING OFFICER: Well, do you have further
22 questions, I take it, because you're starting to ask
23 one.

24 The issue is whether we continue with the
25 questioning or whether we request Dr. Irani to appear at

1 the next hearing session.

2 DR. WULFSBERG: I have an extremely small
3 number of questions.

4 THE HEARING OFFICER: Well, we were in the
5 middle of the cross-examination, actually --

6 DR. WULFSBERG: All right.

7 THE HEARING OFFICER: -- and I don't want to
8 interrupt it.

9 And I assume from the way Dr. Mileikowsky is
10 shaking his head he has more than a couple of questions.

11 The next hearing session is --

12 MS. MILLER: Wednesday.

13 THE HEARING OFFICER: -- this Wednesday.

14 Would it be possible for you to come back on
15 Wednesday, Dr. Irani?

16 THE WITNESS: Yes.

17 THE HEARING OFFICER: All right. We would
18 appreciate it.

19 Yes, Dr. Wulfsberg?

20 DR. WULFSBERG: I would like to say, though,
21 that we reserve the right to call witnesses who may have
22 changed their plans in order to be at the next hearing.

23 THE HEARING OFFICER: Yeah. I would like to
24 try and finish the questioning of Dr. Irani. What I
25 would wish to do for next Wednesday is have Dr. Irani

1 back for completion of the questioning about the
2 procedure on November 5. I will then try to parse
3 through with Dr. Wulfsberg and Dr. Mileikowsky in a
4 procedural session whether I'm going to allow
5 Dr. Mileikowsky to question Dr. Irani about what I'll
6 call the Medical Executive Committee issue. And if I
7 rule yes, I think we may have to call Dr. Irani back or
8 request him to come back on a different occasion for
9 that.

10 As to the witnesses that you have scheduled for
11 Wednesday, Dr. Wulfsberg, who have you arranged to have
12 here?

13 DR. WULFSBERG: We have Dori DiNapoli.

14 THE HEARING OFFICER: Dori DiNapoli.

15 DR. WULFSBERG: And I don't know what her
16 schedule is. Some of these witnesses are giving up time
17 to come from a certain distance, and they've made
18 schedule changes to accommodate this hearing.

19 THE HEARING OFFICER: What I would like to do
20 is at the outset of the hearing to complete the
21 questioning of Dr. Irani regarding the November 5th
22 incident and what occurred immediately after that. We
23 will leave open what I will call the MEC issues for
24 Dr. Irani for a subsequent determination.

25 I'm hoping that both of you can complete the

1 questioning about the November 5 incident fairly
2 quickly, and then we would go to Ms. DiNapoli.

3 DR. WULFSBERG: We also have Kim McCullough,
4 and she comes from a great distance to be here. And
5 part of the problem of this whole issue shy of witnesses
6 is --

7 THE HEARING OFFICER: All right. Well, if it's
8 more difficult for her, then why don't we start with her
9 instead of Ms. DiNapoli. We'll start with her after
10 Dr. Irani.

11 I'm assuming, Dr. Mileikowsky, that your
12 questioning of Dr. Irani at the next session on the
13 subjects that I have indicated will be the subjects will
14 be fairly quick.

15 DR. MILEIKOWSKY: Hopefully.

16 THE HEARING OFFICER: And yours, I know, will
17 be fairly quick as well, Dr. Wulfsberg?

18 DR. WULFSBERG: As mine have always been fairly
19 quick. But we still have the same assurance, and I
20 would request --

21 THE HEARING OFFICER: Well, I will exercise
22 control, and that's the reason I'm asking these
23 questions at this point.

24 Then my suggestion is that the witness who
25 comes the greatest distance would be next. I intend to

1 start promptly at 6:30 with Dr. Irani to complete it. I
2 would expect we can complete Dr. Irani by 7:00. In
3 fact, I'm going to put a time limit on it; we will
4 complete it by 7:00. I don't think there's that much
5 more to do about the November 5 incident. I think we've
6 pretty much gone up and down on that.

7 And then why don't we have -- who's the witness
8 coming the greatest distance?

9 MS. MILLER: Kim McCullouch.

10 THE HEARING OFFICER: I don't want to hit your
11 order of witnesses. Do you want to do her --

12 DR. WULFSBERG: Well, we have a certain
13 obligation by our bylaws to present our witnesses in
14 advance of the hearing.

15 THE HEARING OFFICER: Right. And you haven't
16 presented her name at this point.

17 DR. WULFSBERG: And that is one that we're
18 going to present. And if she isn't then going to be
19 there, then we have to reestablish that -- or Dori
20 DiNapoli as well.

21 DR. MILEIKOWSKY: The problem with Dori
22 DiNapoli is that she has a back injury, and that is why
23 she didn't come up last time.

24 THE HEARING OFFICER: Well, wait. Wait.

25 DR. MILEIKOWSKY: Basically, we have no real

1 guarantee she's even going to be healthy enough to come.

2 DR. WULFSBERG: Excuse me. I think that would
3 be our problem.

4 THE HEARING OFFICER: Is there any objection to
5 Kim McCullouch coming? You've gotten your 48 hours'
6 notice now; a little less.

7 DR. MILEIKOWSKY: Nobody told us who she is
8 and what she's going to testify about. Who's Kim
9 McCullouch?

10 DR. FLEISHER: Excuse me. Do we need to be
11 here for your --

12 THE HEARING OFFICER: No. All right. You guys
13 can go.

14 You can go, Dr. Irani, and we'll see you next
15 Wednesday.

16 THE WITNESS: We're talking in two days from
17 now?

18 THE HEARING OFFICER: Yes. 6:30 two days from
19 now.

20 THE WITNESS: Thank you very much.

21

22 (At 10:05 the Hearing Proceedings were
23 adjourned. Proceedings held from 10:05 p.m.
24 to 10:10 p.m. are contained in Procedural Matters
25 Volume XII, pages 6 through 10.)

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STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)

I, Theresa A. Crowley, CSR No. 5513, a
Certified Shorthand Reporter in and for the State of
California, do hereby certify:

That the foregoing proceedings were taken
before me at the place therein set forth;

That the foregoing pages comprise a true
and correct transcript of the proceedings had;

That said transcript contains all the
evidence, acts, and statements of the parties made
during the progress of said proceedings.

In witness whereof, I have subscribed my
name this 20th day of November, 2001.

Theresa A Crowley
Certified Shorthand Reporter
No. 5513