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IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, STATE OF FLORIDA

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STATE ATTORNEY'S INVESTIGATION
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IN RE: LISA MCPHERSON.
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:
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SWORN
STATEMENT OF: JOAN WOOD, M.D.

TAKEN BY: DOUGLAS E. CROW, ESQUIRE
Assistant State Attorney
Criminal Justice Center
14250 - 49th Street North #1000
Clearwater, Florida 33762

DATE: June 1, 2000

TIME: 10:15 a.m. to 12:30 p.m.

PLACE: Office of the State Attorney
14250 - 49th Street North, #1000
Clearwater, Florida 33762

REPORTED BY: Carla Jessal, RPR
Notary Public, State of
Florida at Large

ORIGINAL

Pages 1 through 68

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1 APPEARANCES:

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DOUGLAS E. CROW, ESQUIRE
JAMES A. HELICKSON, ESQUIRE
Assistant State Attorneys
14250 - 49th Street North, #1000
Clearwater, Florida 33762
Counsel for the State

DIANE BAILEY, ESQUIRE
Bailey & Eckert, P.A.
200 Central Avenue, Suite 2200
St. Petersburg, Florida 33701
Counsel for Dr. Wood

JAMES B. THOMPSON, JR., ESQUIRE
JEFFREY M. GOODIS, ESQUIRE
Thompson, Goodis & Thompson, P.A.
333 Third Avenue North
St. Petersburg, Florida 33701
Counsel for Pinellas County
Medical Examiner's Office

P R O C E E D I N G S

1
2 Thereupon,

3 JOAN WOOD, M.D.,
4 the witness herein, being first duly sworn on oath, was
5 examined and deposed as follows:

6 EXAMINATION

7 BY MR. CROW:

8 Q. Would you state your name for the record?

9 A. Joan Wood.

10 Q. And, Dr. Wood, you're the Chief Medical Examiner
11 for Fifth District?

12 A. Sixth.

13 Q. Sixth district. I should know that by now. And
14 how long have you been Chief Medical Examiner?

15 A. Since August of 1982.

16 Q. I recall reading, I think from Bant's deposition,
17 Mr. Weinberg representing that you had no board
18 certifications. So let's clear that up right away. As I
19 recall, you're board certified in clinical and anatomical,
20 but you don't have a board certification in forensic?

21 A. That's correct.

22 Q. But you've been practicing in forensic for how
23 many years now?

24 A. 25 years plus.

25 Q. We're here taking an investigative statement;

1 discovery hasn't been invoked. Jim Hellickson is working
2 with me on the forensic issues in the Lisa McPherson case,
3 and I want to talk to you about the changes in the autopsy
4 report, get some explanations, and discuss that with you.
5 And we also want to talk a little bit about the original
6 autopsy and the original death certificate. I think I'll
7 start out there to try to get a little chronology to it.

8 Let's start out talking about Dr. Robert Davis.
9 He was employed by your office for several years?

10 A. Yes.

11 Q. And in reviewing his personnel file, it appears
12 that there was a fairly constant series of difficulties with
13 him.

14 A. Yes.

15 Q. Including at least one point where he is arrested
16 for trespass at I think an American Legion or a bar?

17 A. A place like that. I can't say the name of it.

18 Q. And I don't want to try to characterize it in too
19 much detail, but there was at least in his personnel file a
20 fairly detailed list of events from Larry detailing problems
21 with him getting along with other people, him getting along
22 with people outside the office, his interpersonal skills,
23 and there was some, it looked like, unresolved concerns over
24 alcohol use.

25 A. Yes.

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1 Q. And at some point in 1995 was there a decision to
2 terminate him or ask him to resign?

3 A. Yes.

4 Q. Now, that did not occur, apparently. It looked
5 like that you retained Bob Walker --

6 A. Yes.

7 Q. -- who, I guess, specializes in employee relations
8 cases, and Dr. Davis retained a lawyer, and there was some
9 indication from Dr. Davis' lawyer that he might have a claim
10 under the ADA because he had been diagnosed with bipolar
11 disorder or I guess what we used to call manic depression.

12 A. Yes, that's what he stated.

13 Q. And that resulted in a decision to have him stay
14 on for almost another year.

15 A. I don't have the file in front of me.

16 Q. Okay.

17 A. I don't recall it being that long. The decision
18 was that rather than have a lawsuit from him, rather than go
19 through an ADA action, that we would work out a situation.

20 He had a daughter; he was divorced; he had three
21 children. His youngest child was a girl with some type of
22 learning and/or emotional problems who was attending a
23 special school and living with him.

24 We agreed to allow him to stay on for what I
25 recall to be a short period of time, say from March until

1 the end of the school year. That could be wrong. I don't
2 have the paperwork in front of me.

3 Q. Okay.

4 A. And that he would leave at the end of that time.

5 Q. Well, my recollection is a little bit -- I don't
6 know the time -- that the initial discussions about firing
7 started in '95, and then maybe in August or September is
8 when this agreement was reached, and he stayed until the end
9 of the school year.

10 A. If you have the paperwork, your recollection may
11 be better than mine.

12 Q. Well, at any point --

13 A. Well, he -- well, that's possible, yes.

14 Q. Well, let me see. This is a copy of the personnel
15 file. Here is -- this is just one date that kind of
16 references it. That's the, I think, detailed memo from Bob
17 Walker that kind of sets forth some of this. August '95 is
18 the date on that. You can look at anything you want in
19 there.

20 He actually left in May of '96. Does that sound
21 approximately right?

22 A. Yes.

23 Q. And the point I was getting at is that it was in
24 this interim period after the problems had come to a head --
25 there had been a decision to terminate him and an agreement

1 to keep him on -- that he was assigned this case and did the
2 Lisa McPherson autopsy in December of 1995.

3 A. Yes.

4 Q. And, again, my recollection is -- I may be off by
5 a week or so -- he left in approximately May of 1996, and he
6 had, according to his testimony, 24 or 25 autopsies at the
7 time he left that had not been signed out, had not been
8 finalized -- I'm not sure I'm using the correct term
9 there -- and that Lisa McPherson would have been one of
10 them. Does that sound approximately right?

11 A. Yes.

12 Q. Okay.

13 A. I'm not certain.

14 Q. The exact number is not particularly important to
15 me.

16 A. Then the answer is yes.

17 Q. He made a number of accusations initially in the
18 deposition and now at least one affidavit that I have -- I
19 think he signed multiple affidavits -- that are inconsistent
20 with some of the things you told me and inconsistent with
21 some of the things that Larry DeBore documented in the file.

22 So we have some substantive and some
23 non-substantive disputes between you and Dr. Davis, and I'm
24 just trying to resolve that, if it can be resolved, or if
25 he's just absolutely wrong, then make that decision.

1 I want to ask a little bit about how this initial
2 autopsy report got done and what your procedures were for
3 the autopsy that he had outstanding. My recollection is
4 that you signed out Lisa McPherson -- and signed out, again,
5 may be the wrong term, but you signed out the autopsy on
6 October 30th of 1996.

7 A. Yes.

8 Q. And there was a mistake, a miscommunication
9 between you and Wayne Andrews, that resulted in that being
10 released publicly.

11 A. Yes.

12 Q. Between Dr. Davis' leaving in the spring of that
13 year and your signing it out, what discussions, if any, had
14 you had with him about resolving that autopsy report, about
15 him making a final -- well, what was left for Dr. Davis to
16 do or not do in that case to finalize that case?

17 A. I made the decision to finalize the case. I
18 reviewed everything; I reached my conclusions; I called him;
19 I told him what my conclusions were. He told me he agreed,
20 and I signed out the case.

21 Q. When you say you reviewed everything, that would
22 mean the slides and the photos?

23 A. Yes.

24 Q. And your recollection is you were present during
25 the autopsy and actually saw Lisa's body. Prior to autopsy,

1 during autopsy, or --

2 A. I was present during portions of the autopsy. I
3 was not there for the entire autopsy.

4 Q. Okay. I guess what my general question is, is you
5 didn't sign out any of his other cases; this is the only one
6 that you signed -- or did you?

7 A. No, not that I recall.

8 Q. And why did you do that in this particular case?
9 Was it that he was not finalizing, was he failing to do
10 something, or what was the reason that this was handled, at
11 least superficially, different than the others?

12 A. He had been gone several months. Significant, I
13 felt, additional information had come in that had not
14 available to him when he left. And as to specifically why I
15 didn't send it to him, I cannot tell you. I just made a
16 decision he's been gone several months now; I have
17 everything here; I will take care of this.

18 Q. Okay. And the additional information would be, in
19 general terms, what?

20 A. The additional information from the police as far
21 as what information had been gathered about what had
22 occurred during the time between the accident and her death.

23 Q. Okay. Did you actually have police reports at
24 that time or just oral reports from some of the detectives,
25 or do you recall?

1 A. I'm not certain. I think police reports, but I'm
2 not certain.

3 Q. It's my recollection -- and the reason I preface
4 that is because after three years in the case, you know,
5 Mark was involved early on and some of the early stuff I
6 wasn't involved in detail -- that it was not until probably
7 several months after the autopsy was signed that we knew of
8 the existence of the caretaker notes and we knew some of the
9 details of what we now believe happened to Lisa in her care.

10 Just in general, what types of information did you
11 have that would be pertinent to making a decision that there
12 was bed rest and dehydration, or did that really not affect
13 the conclusion?

14 A. I do not recall.

15 Q. Okay.

16 A. I felt the case had been outstanding a year. It
17 may have been, as I think back now, that we were getting no
18 more information, that it appeared we had a blank slate in
19 terms of information, and I made a decision, Look, you know,
20 this has been sitting here long enough. We're just going to
21 go ahead and sign it out because who knows what else we will
22 get.

23 I'd have to look at the file to see what came in
24 and when.

25 Q. Okay.

1 A. It may well be that that was the case.

2 Q. Okay. But it sounds like from what you're telling
3 me, other than this conversation on the day or approximately
4 the day you signed it out in which he acquiesced or agreed
5 with your conclusions, you really didn't have any detailed
6 discussions with Davis about what the cause of death was or
7 what new facts had come in. There weren't any
8 discussions -- nor did you say, "Can you finish this up?"
9 This is something that you took on yourself?

10 A. No, I know I didn't say, "Can you finish this up,"
11 and I don't recall any other conversations.

12 Q. Okay. He has indicated in affidavit and also, I
13 believe, in his sworn testimony -- you've read it, so I'm
14 not going to try to quote it exactly -- that you never
15 contacted him prior to signing out the case. And I think in
16 his affidavit he even says that's a violation of the
17 administrative rules because you didn't do that.

18 Is that an inaccurate statement on his part?

19 A. Yes, it is.

20 Q. You are confident -- as I recall, you showed me a
21 phone toll of October 30th from your office to his office
22 that represented the phone call that you're talking about.

23 A. I don't recall that.

24 Q. Okay. But you're not saying --

25 A. But I know I spoke with him.

1 Q. One of the things that was confusing to me --
2 there's no question in your mind that that conversation
3 occurred?

4 A. Absolutely none.

5 Q. One of the things in going over at some point in
6 time -- and I'll have to see if I can find it -- that public
7 records deposition, and I know that was kind of an arduous
8 process, but my recollection from that is that at that time,
9 which would have only been a couple months after it, you
10 indicated that you hadn't talked to him. Let me get that
11 and have you read it. I don't know if that was just a
12 mistake or I'm misreading it. So let me see if I can find
13 that.

14 I've got it on page 82 and 83, and if you want to
15 read a little before that and a little after. I don't think
16 I've taken it out of context.

17 I have Mr. Weinberg asking you: "Did you discuss
18 the conclusions on the first page of your autopsy report it
19 says severe dehydration and bed rest with Dr. Davis prior to
20 issuing that?

21 And your response being: "Not immediately prior
22 to issuing it, but prior to his leaving our office, yes."

23 A. I don't understand because he had left the office
24 months before I issued it.

25 Q. Well, I didn't understand it either. That's why

1 I'm asking you about it.

2 A. I don't understand it. I know I spoke with him
3 before I finalized that front page of the autopsy and the
4 death certificate.

5 Q. Okay.

6 A. And I would have to go through the rest of this to
7 see if there is any other reference.

8 Q. So his recollection -- his indication that you
9 didn't talk to him prior to signing out is absolutely
10 incorrect?

11 A. Absolutely incorrect.

12 Q. He also in the latest affidavit -- and I've got it
13 here if you need to review that because I'm paraphrasing --
14 indicates, as I read it, that he made repeated requests to
15 have access to the Lisa McPherson file after he left and was
16 told by the head secretary, Well, that's locked up in
17 Mr. Bedore's office. Is that true?

18 A. To the best of my knowledge, not only is that not
19 true, but the file, the microscopic slides, and his
20 personnel file were sent to him via Fed Ex in the fall of
21 the year after he left.

22 Q. Actually, I believe the time frame on that is
23 probably in either December or January after the autopsy
24 report becomes public, according to --

25 A. Yes, it is after that time.

1 Q. And in the affidavit, as I read it, he is talking
2 about before you signed it out he is trying to get access to
3 it, and he's either denied or told the file is in Bedore's
4 office. That's how I read it. Do you want to look at that
5 affidavit?

6 A. There is no reason for anyone in my office to have
7 told him he could not have access to that file before it was
8 signed out.

9 Q. Okay. So, as far as you know, there is no basis
10 for that statement?

11 A. No basis.

12 Q. Okay. He also indicates that -- you mention
13 that -- and I have a copy of Larry Bedore's notations in the
14 M.E. file if you need to review that for time frame or
15 anything.

16 A. That might be helpful.

17 Q. These are copies that were provided to us.
18 Indicated in your file is investigative follow-up notes,
19 which I assume that Larry -- those almost all appear to be
20 his notes.

21 MR. THOMPSON: I'm not sure what the question is.

22 MR. CROW: Well, I haven't asked one yet. She
23 said she wanted to review it, so I thought I'd let her
24 review it before I asked it.

25 THE WITNESS: Go ahead.

1 BY MR. CROW:

2 Q. My recollection is that you had thought it was the
3 fall after he left in '96, but I believe, if you check,
4 you'll find that Larry's notes indicated that you got a call
5 December 21st of '96 from Dr. Davis indicating that he -- as
6 a matter of fact, that orange tab there may be where it
7 starts.

8 A. 0819 hours, yes.

9 Q. Indicating an investigator for the Church of
10 Scientology showed up at his house over the weekend, and he
11 was very distraught about it.

12 A. Yes.

13 Q. And according to Debores's notes, he requests the
14 histological files and -- actually, I think he initially
15 requests the information from the file and is faxed about 30
16 pages, and then he later requests the histological files be
17 sent.

18 A. The histological slides, slides, and if there are
19 more hospital records. We told him -- and they spoke to him
20 again, told him what slides we had. I told him about the
21 visit we had had from a private investigator and agreed to
22 work out a method to Fed Ex everything to him.

23 Q. Okay. The reason I was letting you review that,
24 he says in his affidavit that you contacted him -- and he's
25 also told me this personally in my one meeting with him --

1 unsolicited and sent the file to him for him to review and
2 for his comments. Is that true?

3 A. No.

4 Q. Are Mr. Bedore's notes accurate?

5 A. Mr. Bedore's notes are accurate. There was a call
6 from me back to Dr. Davis later on the morning of the phone
7 call from Dr. Davis to Mr. Bedore regarding the
8 investigator.

9 Q. Uh-huh. (Indicates affirmatively).

10 A. And I made an unsolicited call back to him that
11 day to talk with him further.

12 Q. Okay. What I'm getting at is he says -- I know
13 that you, according to Larry's notes and your previous
14 discussions with me, that you suggested he might want to
15 review his own personnel file. There had been public
16 records requests made of it, and he should know what's in
17 there.

18 A. Yes.

19 Q. But other than the personnel file, the request for
20 information came from him and it wasn't something that you
21 thrust upon him or sent to him. So his recollection is
22 wrong in that regard?

23 A. That's correct.

24 Q. He also -- and this is not something that you
25 would know other than me telling you, so you're going to

1 have to assume it for purposes of my question. He related
2 to me -- well, let me strike that. Let me go on.

3 He also in the latest affidavit -- and, again,
4 I've got it and you can review it if you need to -- said
5 that after you sent the stuff to him in what he thought was
6 a very unusual fashion, which you've said is untrue, that
7 you insisted that the items be returned by giving them to a
8 taxicab and driving them over immediately. In looking at
9 Mr. Bedore's notes, it seems like you had Fed Ex'd the stuff
10 over and assumed that they would be Fed Ex'd back?

11 A. Yes.

12 Q. Did you insist that it be courier'd by taxicab
13 back to your office?

14 A. No, they did.

15 Q. So, obviously, there is some substantial problems
16 with Dr. Davis' memory from your perspective?

17 A. Yes.

18 Q. In his most recent affidavit, Dr. Davis has
19 indicated -- and I don't know the technical terms -- that
20 there was no stickiness of the internal organs and I think
21 no interosseus wasting or some similar term that would be
22 indicative of dehydration. My recollection is at least part
23 of that is inconsistent with his initial testimony in the
24 deposition in the civil case, but that's in his most recent
25 affidavit.

1 Were you in a position during the autopsy to note
2 the condition of the internal organs or contradict what his
3 current testimony is?

4 A. Not with regard to stickiness of organs. I looked
5 at her body carefully, and I looked very carefully at skin
6 lesions that were on her forearms, hands and primarily
7 somewhat similar ones or exactly similar ones appeared to be
8 on her legs. I put on gloves. I spent the majority of my
9 time looking at these injuries. I did not examine the
10 internal organs by touching them or picking them up or in
11 any way manipulating them.

12 Q. Did you actually see the internal organs? Do you
13 recall that?

14 A. Yes, I saw them, but I didn't touch them.

15 Q. Do you recall whether you saw the popliteal area
16 and actually saw the thrombus itself, as opposed to looking
17 at it later in photographs?

18 A. No, I do not.

19 Q. Do you recall whether you looked at the embolus at
20 the time the chest was opened up?

21 A. I believe that I did.

22 Q. And did you examine those items in the Gross cup
23 prior to signing out the autopsy?

24 A. I didn't examine them in the Gross cup. I
25 examined the slides.

1 Q. And you looked at the photographs?

2 A. Yes, and the photographs.

3 Q. Let's -- I may go back to some of those questions
4 on Dr. Davis and some of his accusations, but let's go
5 forward and get to the primary reason that I need to talk to
6 you today, and that's the changes in the autopsy.

7 You had initially signed it out, Lisa McPherson's
8 death, that is, as being a -- as a result of the pulmonary
9 embolism that you said indicated resulted from dehydration
10 and bed rest.

11 A. Yes.

12 Q. After the filing of criminal charges, the Church
13 of Scientology, I guess through Mr. Goodis, submitted a
14 large amount of material to you under your own
15 administrative record relations to review the cause of death
16 and to try to seek a change in that opinion, and you spent
17 several months reviewing that. We also had retesting done
18 of the vitreous and serum fluids during that period of time.
19 And, ultimately, in February I believe you changed the death
20 certificate.

21 A. Yes.

22 Q. Just tell me, and start out in narrative fashion,
23 how that occurred and why you made the changes that you
24 made.

25 A. The case was a difficult case from the beginning.

1 I reviewed everything I had available to me at the time I
2 originally signed out the case. Of course, between that
3 time and the time I changed the death certificate, large
4 amounts of material became available to me that I had not
5 previously had in the form of care-giver or taker records,
6 in the form of scientific information from experts I had
7 consulted, from experts that had provided information to the
8 church, that had provided information to the State, and that
9 had provided information to the civil attorneys.

10 So I had a large volume of information to review.
11 I reviewed all of that information, and I felt that there
12 were several things that -- I was simply no longer
13 comfortable. The volume of scientific information had
14 become massive.

15 I decided to seek the counsel of an individual
16 who's been of great aid to me in the past, and that's Dr.
17 Joseph Davis. I had shown him the autopsy report and the
18 photographs. I was at a point where I felt I had to make a
19 decision. I had reviewed all of the information. I still
20 was not quite clear what decision I felt was the best
21 decision in light of all of the facts, taking them all into
22 account, because there were so many different factors --

23 Q. Hang on a second.

24 (Brief recess taken.)

25 BY MR. CROW:

1 Q. I had the court reporter read back your response,
2 and I think you were at the point of contacting Joe Davis,
3 who is somebody you had relied on in the past for advice.

4 A. Right. I spoke to Dr. Davis for about an hour and
5 a half. We went over the facts of the case. Together he
6 and I made a decision as to how -- well, he aided me in
7 making a decision as to how I would change the death
8 certificate. I did that. That is something that I do on
9 occasion, and I'm comfortable with the fact that I did it
10 based on my conversation with him and the information I had.

11 Q. Okay. What changes did you make and why?

12 A. I changed the death certificate to read acute
13 pulmonary embolus, as it had before, due to trauma to the
14 popliteal fossa because the slides showed hemorrhage
15 indicating injury that was recent in that area. And under
16 Part II, other significant conditions, I put down psychosis
17 because the care-giver records indicated she was psychotic.
18 And I put down the fact that she had been in a car accident
19 because that is what started the chain of events that got
20 her to the hospital and then to the Fort Harrison.

21 Part II of the death certificate says factors
22 related to death but unrelated to those in Part I. So it's
23 a separation in the death certificate.

24 Q. So psychosis and accident didn't contribute to the
25 thromboembolism?

1 A. No. I think one could make an argument, perhaps,
2 that the psychosis did because she was fighting and flailing
3 about. Clearly, absolutely, the car accident had nothing
4 whatsoever to do with the fact that Lisa McPherson developed
5 a pulmonary embolus.

6 Q. And why was the traffic accident included as a
7 cause?

8 A. Because it was that event which set about the
9 chain of factors, as I saw them, the accident, Morton Plant
10 Hospital, Fort Harrison Hotel, and then to Pasco when she
11 was pronounced dead.

12 Q. But that information was known to you when you
13 initially signed it out, and it had certainly been known at
14 the time we filed the charges and you gave sworn testimony.

15 A. Yes.

16 Q. So I'm asking did Dr. Davis have a specific reason
17 for advising you to include that?

18 A. I don't recall regarding the car accident. He had
19 very specific input regarding the psychosis.

20 Q. And what was that?

21 A. That she was clearly psychotic, that her psychosis
22 was probably the precipitating factor for everything else
23 that had happened to her, and that, indeed, she was
24 psychotic when she had the car accident.

25 Q. Let's go back to the evidence of trauma. You

1 referred to the histological slides. When we talked to you
2 previously, you said there was also evidence of trauma in
3 the photograph of the popliteal area that's opened up.

4 A. Yes.

5 Q. You had reviewed those slides a number of times
6 before and reviewed those photographs a number of times
7 before.

8 A. Yes.

9 Q. And you reviewed them before you signed it out.

10 A. Yes.

11 Q. And you and I discussed that a number of times,
12 and you had indicated there was no evidence of trauma either
13 in the slides or in the photographs.

14 A. I don't recall that. I recall our discussions
15 being along the lines of trauma that could be related to a
16 car accident 17 days prior playing a role in the formation
17 of a thrombus. And my answers were directed towards that
18 car accident and that there was nothing to indicate the car
19 accident played any role in what happened.

20 Q. So at the time you initially signed the death
21 certificate, did you decide that trauma wasn't a factor?

22 A. I did not feel that trauma from a car accident was
23 a factor.

24 Q. Let me rephrase that. I'm talking about the death
25 certificate of October 30th, 1996. You don't list trauma as

1 a factor in that. You do list dehydration and bed rest. I
2 assume to determine that dehydration and bed rest were the
3 only causes of the thromboembolism, you had to exclude
4 trauma.

5 A. I had to excluded trauma that was related to the
6 car accident. With specificity, trauma to the popliteal
7 fossa itself, I don't recall one way or the other. But I
8 wasn't thinking in those terms at that time. I was thinking
9 about the car accident, and that's where my sights were set.

10 Q. Well, do you recall looking for evidence of red
11 blood cells in the histological slides and indicating to me
12 that you didn't see any evidence of that?

13 A. No, I don't recall that.

14 Q. Okay. When did you first realize that there was
15 evidence of trauma?

16 A. When I went over the slides very shortly before I
17 signed the case out and the day or two, I would guess,
18 before when I went over them with Dr. Laura Hare in our
19 office.

20 Q. And why had you not seen that or noticed that
21 before in the previous four years?

22 A. I can't answer that. I didn't notice it. I don't
23 know why.

24 Q. So, I take it you were surprised to find that?

25 A. I -- surprised --

1 Q. Let me rephrase it.

2 A. I hadn't recalled it was there, and seeing it was
3 an unexpected finding to me.

4 Q. Is that one of the precipitating factors that
5 caused you to change the death certificate?

6 A. Yes.

7 Q. So --

8 A. That, along with all of the other information I
9 had, and my conversation with Dr. Davis.

10 Q. What other information did you have to indicate
11 that trauma was the cause of the thromboembolism other than
12 the histological slides and the pictures?

13 A. Nothing --

14 Q. We're focusing on that change.

15 A. With trauma, nothing.

16 Q. So in terms of changing the cause of the
17 thromboembolism to trauma, that was the only factor?

18 A. What I could see in the photographs when I went
19 back and reviewed them and then looking at the autopsy
20 slides, yes.

21 Q. And what I'm a little unclear of is wouldn't that
22 be something that you would obviously look for back when you
23 signed it out in October of '96 as being due not to trauma
24 but to bed rest and dehydration? Isn't that something you
25 would have to routinely eliminate if you're going to

1 contribute it to dehydration and bed rest?

2 A. Yes, but, as I indicate, my thinking was more
3 directed towards the car accident of 17 days prior, and
4 there was no evidence of trauma from that car accident that
5 could have caused the thromboembolus. That's where my
6 sights were set, looking for any trauma from that accident.

7 Q. Why? Why were you focused on that trauma as
8 opposed to any other kind of trauma?

9 A. Because I felt it might be raised as an issue as
10 to a cause, that because she had been in the car accident.
11 I didn't have a lot of detail about the accident. I thought
12 it was low speed, but I wanted to be sure that she had no
13 injury that one could argue could precipitate the thrombus
14 as a result of trauma from the accident.

15 Q. I'm still a little unclear. Maybe it's my
16 question. You didn't eliminate -- when you signed out the
17 autopsy on October 30th, 1996, you hadn't eliminated trauma
18 other than the accident as a cause of the thromboembolism?

19 A. That's correct.

20 Q. And you just -- there is no explanation; you just
21 missed the evidence in the slide and the photograph?

22 A. I just didn't see it.

23 Q. Okay. Why did you take dehydration out and bed
24 rest out?

25 A. I took bed rest out because the care-giver notes

1 were not indicating a long period of coma, as one of my
2 consultants had indicated would have been present, at least
3 in terms that on Saturday she was attempting to move.

4 Dehydration I had felt very comfortable with based on
5 our initial analyses, but with all of the additional
6 analyses that had been done and with the questions that had
7 been raised about the analyses and in my consultation with
8 Dr. Davis and in the advice he gave me, I made a decision to
9 remove it. I do feel that it is a factor, but I removed it
10 as a cause listed on the death certificate.

11 Q. Okay. Why did you eliminate it as a cause or
12 contributing factor if you feel it is a cause or
13 contributing factor? Why did you talk it off the death
14 certificate if you think it does, in fact, fall in one of
15 those categories?

16 A. Because it may or may not have played a role in
17 this case because of the trauma to the popliteal fossa and
18 also because of the advice that was given to me by
19 Dr. Davis.

20 Q. So you're not sure if it played a role?

21 A. That's correct.

22 Q. And what exactly was the advice given by Dr. Davis
23 concerning dehydration and bed rest or both?

24 A. I don't recall discussing bed rest with him.

25 Regarding dehydration, his advice was that there had been a

1 number of different tests performed at this time, that
2 dehydration was clearly an issue that would be one of a very
3 significant battleground, and it would be his advice that it
4 would be in everyone's best interest not to list it on the
5 death certificate.

6 Q. Okay. I understood what you said. I'm not sure I
7 follow the logic of why it's in everyone's best interest.
8 Could you elucidate that a little bit further as far as why
9 the fact that it was an issue or was going to be an issue or
10 be a contested issue, it would be better it was not in the
11 death certificate. Was there some uncertainty as to whether
12 it was, correct?

13 A. A, whether it was correct; B, whether it in and of
14 itself was clearly a precipitating injury or issue in the
15 face of injury. And for further elucidation, I have
16 forgotten the details. You'd have to ask Dr. Davis.

17 Q. Well, let's go back for a second to the bed rest.
18 You're indicating the reason you removed that is because of
19 the care-giver notes or caretaker notes, the documents that
20 were allegedly contemporaneously made by the people who were
21 watching Lisa?

22 A. In part, and in part because, while one of my
23 consultants was quite vehement that she had been comatose
24 for 24 to 48 hours, I was not finding other consultants who
25 were willing to accept that as a fact that with her lab

1 values, if they were true, she would have been comatose.

2 Q. Okay. And who did you consult with between the
3 filing of the Information and the change in the death
4 certificate that didn't confirm that?

5 A. Well, Dr. Pickering did not definitely confirm
6 that.

7 Q. Did you talk with Dr. Pickering between the filing
8 of the Information and your decision to change the death
9 certificate?

10 A. We talked with him, and I think it was after the
11 timing of the Information. I didn't make a specific
12 separate phone call to him. I also had access to the
13 depositions of Dr. Coe and Dr. Bant, and Dr. Bant was
14 particularly firm that she would not necessarily be
15 comatose, but --

16 Q. Excuse me. I don't think you had that until the
17 last couple weeks, at least I didn't. I don't think it was
18 taken until April of this year.

19 A. No, but I was well aware of Dr. Bant's opinions
20 before that time.

21 Q. From who? Because I wasn't, so I don't -- I mean,
22 I talked to him a couple years ago.

23 A. I can't answer that. I don't know.

24 Q. And I don't recall Coe indicating that -- and I
25 wasn't anticipating -- I don't recall you listing Dr. Coe as

1 somebody that you relied on to change the death certificate
2 in our previous conversation. So I didn't specifically
3 review his deposition, but my recollection is he thought she
4 was incapacitated for a significantly longer period of time.
5 Your recollection is that it was shorter?

6 A. That's my recollection. It's, perhaps, incorrect.

7 MR. THOMPSON: It's your recollection.

8 BY MR. CROW:

9 Q. Do you recall I took sworn testimony from you
10 prior to filing the Information?

11 A. Yes.

12 Q. And you confirmed the finding in the autopsy,
13 including the fact that the thromboembolism resulted from
14 bed rest and dehydration.

15 A. Yes.

16 Q. And do you recall that prior to us filing the
17 response that we filed on December 6th, that I had you read
18 over the forensic sections in that response that contained
19 your conclusions that the thrombus and embolus resulted from
20 dehydration and bed rest. And I asked you before I filed
21 it, "Do I need to change this? Is this still your opinion?"

22 Does that ring a bell?

23 A. Yes.

24 Q. And you confirmed it did, and that would have been
25 as of December of 1999.

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1 A. That's correct.

2 Q. And, certainly, you had the care-giver notes years
3 prior to that, at least a year prior to that.

4 A. Yes.

5 Q. And you talked to Pickering prior to that.

6 A. Yes.

7 Q. So what has changed in terms of bed rest between
8 those conversations -- what new information caused you to
9 abandon bed rest as a cause of the thromboembolism? Was it
10 just that you -- it doesn't necessarily have to be new
11 information that can change your mind; that's your
12 prerogative. I'm trying to find out how the care-giver
13 notes or how Dr. Pickering's testimony can be a basis for
14 that.

15 A. Perhaps that was a poor answer. It's the totality
16 of the evidence that I've been given and that I've reviewed
17 that has caused me to change my opinion.

18 Q. And I'm trying to focus on what evidence relates
19 to bed rest in the totality of stuff you were given, and I'm
20 not -- because I've reviewed all that stuff at the ME's
21 Office, and I thought -- correct me if I'm wrong -- we
22 talked the day that you changed the death certificate and
23 we've talked several times since then, including one time
24 with Mr. Hellickson here, and I thought you continued to
25 reaffirm to me that your conclusions concerning how long she

1 had been incapacitated had not changed.

2 A. I do think that she was dehydrated and that she
3 was in a coma for a period of time, but I'm not sure exactly
4 how long based on everything that I've now read, and I have
5 to add in the fact that there's trauma in the popliteal
6 fossa and weigh that in the decision-making process.

7 I reached a point where I no longer felt I could
8 say the thromboembolus was as a result only of dehydration
9 and bed rest. Perhaps immobility would have been a better
10 word. I didn't feel I could say that anymore. I felt there
11 was trauma in that region. And I still say she was
12 incapacitated for a period of time and she was dehydrated
13 for a period of time, but I no longer felt I could use those
14 as an underlying cause on the death certificate. I changed
15 my mind.

16 Q. Well, I guess what I'm confused on is -- what is
17 it in any of the submissions -- let me rephrase that.

18 Has, in fact, your opinion changed between the
19 time that I took sworn testimony from you prior to filing
20 the Information, the time that we filed the response on
21 December 6th, has your opinion changed as to the severity of
22 dehydration that existed or the degree of incapacitation or
23 the length of incapacitation?

24 A. No, not in a significant fashion.

25 Q. Okay. Then why -- my question was not why -- I

1 understand why you say that since you found trauma, the
2 dehydration and bed rest can no longer be the sole cause of
3 the thromboembolism. But my question is not that, but why
4 have they been removed as contributing factors if, in fact,
5 you feel they are contributing factors? Why were they
6 removed from the death certificate?

7 A. That was based upon the advice of Dr. Joe Davis.

8 Q. I know that it was based on his advice, but why
9 did you decide to do it? Because you're the one who made
10 the decision, not Dr. Davis. Is it based upon a --

11 A. He gave me advice, as I've already indicated to
12 you, and I gave that advice great weight. His advice was to
13 remove it from the death certificate, and I took that
14 advice.

15 Q. Well, I --

16 A. And I can't go into great detail because at the
17 moment I can't recall in great detail.

18 Q. Okay. Was there a concern that leaving
19 dehydration and bed rest or immobility in the death
20 certificate would leave your opinions subject to impeachment
21 or attack?

22 A. No, that wasn't my concern.

23 Q. Was there a -- did Dr. Davis indicate that in
24 controversial cases that he always likes to choose the
25 middle ground?

1 A. Yes, he did.

2 Q. What does that mean?

3 A. You understand the words as well as I do.

4 Q. Well, I wasn't there.

5 A. When there is a difficult course, that the best
6 course is the middle ground, the sure ground, the most firm
7 ground.

8 Q. And I guess that's what I'm getting at. Did you
9 feel that the questions of dehydration and bed rest were
10 more subject to dispute and less firm than the other
11 conclusions that you left in?

12 A. Yes.

13 Q. So there was some concern about the correctness of
14 those conclusions or whether they were defensible?

15 A. Yes, there was a concern about that. I wasn't
16 concerned about my impeachment, but, yes, there was concern
17 about it.

18 Q. And, of course, you understand that the burden of
19 proof that we have in a criminal case is beyond and to the
20 exclusion of every reasonable doubt.

21 A. Yes.

22 Q. Is there a greater standard than that for
23 including stuff in a death certificate or a lesser standard?

24 A. It depends upon one's philosophy.

25 Q. What's your philosophy on that?

1 A. Mine's probably to a higher standard than that.

2 Q. And if in fact -- well, do you believe that -- at
3 the time you changed the death certificate, were you
4 confident in your decision or did you vacillate in your
5 decision?

6 A. I vacillated because there was a great deal of
7 information, but I became confident as time went on that I
8 had made the correct decision.

9 Q. Did you consider changing it?

10 A. Yes.

11 Q. And how did you consider changing it?

12 A. I considered changing it back. I decided that I
13 had -- that was not the correct thing to do, that I had
14 spent months evaluating this case and that my decision had
15 been made based upon the best information and the best
16 experts with whom I could make contact, and that to go back
17 now and second guess myself was incorrect.

18 Q. Did you consider changing it to homicide?

19 A. I did, yes. I decided not to because I feel this
20 is a case of medical malpractice, and medical malpractice is
21 not homicide.

22 Q. But you're ambivalent on that?

23 A. Yes.

24 Q. Even after you initially made the changes?

25 A. Yes. It was not an easy decision to make this

1 change. And I didn't make it, put it in a drawer, shut the
2 drawer, and never think about it again.

3 Q. When did you become comfortable that -- or are you
4 comfortable now that, in fact, dehydration and bed rest were
5 causative factors in the death?

6 A. I think that it is reasonable to believe that they
7 played a role in what occurred with Lisa and were part and
8 parcel of what her clinical status was, which impacted what
9 happened to her and ultimately what caused her death.

10 (Whereupon, Mr. Goodis leaves the room.)

11 BY MR. CROW:

12 Q. Were they causative factors?

13 A. I can't say because of the evidence of injury to
14 the popliteal fossa. Absent that injury, they certainly
15 would fall into the range of a reasonable belief that they
16 were causative factors. I think they are associated. When
17 you get to causative, I become -- I have difficulty with
18 that word.

19 Q. Okay. Well, describe what you mean by
20 association, then. Maybe that's a --

21 A. They are present at the same time. They can have
22 an affect and they may have had an affect. Causative, on
23 the other hand, which you didn't ask but I assume is next,
24 means one caused the other, and I can't state that.

25 Q. Well, I mean causation in the sense that it was

1 one contributing factor, not necessarily a sole contributing
2 factor, but a contributing factor to the death.

3 A. If you use causation in that definition then, yes,
4 I would say it is.

5 Q. And by what mechanism would it have contributed to
6 the death?

7 A. Dehydration is associated with sludging of the
8 blood, and blood flow slows. There's inadequate fluid in
9 the blood vessels to keep blood flow adequate. And as blood
10 slows down, there is a tendency for clots to form in blood
11 vessels, as there is in injured blood vessels. And all
12 textbooks indicate that too many red blood cells in
13 comparison to -- or too many cells in comparison to liquid
14 portion of the blood are associated with the formation of
15 emboli -- or can be associated, to be more correct in my
16 quote.

17 Q. Well, I'm guess I'm asking how did it, in your
18 opinion, contribute in this case? Did it contribute to the
19 formation of a thrombus? Did it contribute to her death
20 from the embolus after the embolus was thrown? What is the
21 mechanism that you believe contributed to Lisa McPherson's
22 death, if you believe that?

23 A. I believe it contributed to her death after the
24 thrombus was thrown.

25 Q. Okay. And when did you reach that conclusion?

1 A. Extremely recently in the reading in its entirety
2 of Dr. Bant's deposition.

3 Q. So at the time you made the change in the death
4 certificate, you did not necessarily hold firmly to the
5 opinion that it was a contributing cause to the cause of
6 death. That's something that you recently concluded?

7 A. Yes.

8 Q. You haven't mentioned the issue of ketones being a
9 factor in your decision so far. Was it an issue?

10 A. Yes, it was.

11 Q. And maybe I just didn't ask the right question,
12 but how was that a factor and what did that relate to?

13 A. In speaking with my clinical associates and
14 talking about someone who was, if we believe the vitreous,
15 severely dehydrated, how did we then justify the absence of
16 ketones? And no one at that time was able to give me an
17 answer. There was a single answer provided in a textbook
18 called Guyton -- G-u-y-t-o-n -- but it talks about the
19 absence of ketones after failure to eat and presumably
20 become dehydrated for weeks, not for 17 days.

21 So I didn't have an answer for how a woman could
22 become this dehydrated and, presumably, therefore, consume
23 no significant nourishment and yet not have ketones. One
24 would expect ketones in someone losing weight and not eating
25 adequately and not drinking adequately.

1 Q. Okay. Well, my question is how did that affect
2 the change in the death certificate?

3 A. I felt it made it more difficult to support the
4 diagnosis of the dehydration. It made it more subject to
5 attack, and I couldn't explain it. It was going to be a
6 mountain in the information regarding dehydration to which I
7 couldn't find an answer, despite hours of attempting, and it
8 made me less certain of my ability to sustain the certainty
9 of the degree of dehydration she had.

10 Q. Did you have doubts about the degree of
11 dehydration because of the ketone issue?

12 A. Yes.

13 MR. CROW: Let's take a break.

14 (Brief recess taken.)

15 BY MR. CROW:

16 Q. I'm a little concerned because my recollection of
17 things is significantly different from yours, and I'm not
18 sure how do deal with that. So I guess the best way is to
19 just ask you directly.

20 A. Sure.

21 Q. This is kind of in response to the last couple of
22 answers. My recollection is that we talked on the day you
23 decided to change the death certificate, and you told me the
24 changes you were going to make.

25 I asked you, "Do ketones have any affect on your

1 finding of severe dehydration?"

2 You told me no, and that your opinion that she had
3 severe dehydration had not changed and that the change in
4 the autopsy report would not reflect that.

5 It seems to me that what you just said is kind of
6 completely inconsistent with that conversation as I recall
7 it. Do you recall that conversation with me and my --

8 A. As well as I can, yes, I recall it. I do recall
9 giving you that answer. I do still feel she was severely
10 dehydrated, but I cannot answer the ketone question. And I
11 told you this time after time and I told you also time after
12 time how much it bothered me. We couldn't get an answer
13 from any of our various consultants, including one with whom
14 you spoke with on multiple times who sent a resident off for
15 two days to look for the answer for this, and we couldn't
16 find the answer.

17 And, yes, I felt that she was dehydrated and, yes,
18 I'd still say that even though the ketones weren't present,
19 but I didn't have any explanation for why the ketones
20 weren't present and I couldn't find an explanation for why
21 they weren't present. So perhaps over time, the fact that I
22 have not been able to find an answer is more significant in
23 my mind than it was that day when you asked that question.
24 That may be the difference. I don't know.

25 Q. Well, other than the letter to the editor in the

1 one journal that the Church of Scientology provided you
2 concerning a Malaysian study on ketones and dehydration, I
3 have not found any literature that suggests that dehydration
4 alone results in the presence of ketones. The individual
5 that you're referring to that you talked to and I talked to,
6 Dr. Whitworth, is not concerned about the absence of
7 ketones, at least from what my conversation with him
8 yesterday was.

9 I have done some research, and I do have some
10 articles that might relate to that, but I guess my confusion
11 is are ketones a result of malnutrition or are ketones a
12 result of dehydration? And since we have someone who is fed
13 intermittently and so we don't really know what that status
14 is, how would that affect the presence or absence of severe
15 dehydration and its inclusion on the death certificate
16 versus malnutrition?

17 A. Well, as Dr. Whitworth has indicated to you and to
18 me -- and, by the way, the last time I spoke to him he was
19 very concerned because he couldn't explain the absence of
20 ketones.

21 Q. Okay.

22 A. That was after the two day resident's search. We
23 have long explained the dehydration in this case,
24 particularly with regard to the urea nitrogen as being the
25 result of pre-renal azotemia and protein catabolism, meaning

1 that she was losing weight, and the giving to her of a high
2 urea nitrogen source protein, namely, soy protein, in the
3 drinks that she was given. Everything indicated that to get
4 to urea nitrogen of 300, she had to undergo significant
5 catabolism. She had to undergo significant weight loss.

6 So once we get to the point where we say we
7 explain the urea nitrogen by these three factors, one of
8 which is severe weight loss, and we kick out the peg from
9 underneath it by saying she doesn't have any ketones, then
10 I've lost one of the three legs that hold up that triangle,
11 and that's what his conversations and mine have been about
12 time and again.

13 That's why my concern, because I don't think that
14 Lisa McPherson, based on the information we have, is a woman
15 who was adequately nourished but dehydrated. She was
16 dehydrated and severely malnourished. And once I say that,
17 then the absence of ketones does concern me. Dr. Whitworth
18 has never conveyed to me that the absence of ketones does
19 not concern him. I believe you did.

20 Q. Of course, I --

21 A. But I made reference to Guyton and I looked at
22 Guyton, and it's talking about six weeks or something.
23 We're talking about 17 days. I can't compare apples and
24 oranges.

25 Q. Okay. Well, is the ketone issue resolved in your

1 mind now, or is it still a source of doubt?

2 A. It's still a question.

3 Q. Source of doubt?

4 A. Source of doubt. I --

5 Q. So -- go ahead.

6 A. I need to add that if we believe Dr. Whitworth,
7 she is comatose for a couple days. So they can't feed her.
8 So she should have ketones. So there's another problem.

9 Q. Well, I guess let's talk about that. I don't
10 pretend to have your medical expertise, but I spent a lot of
11 time in the library trying to find the same articles that
12 everybody else has. I haven't found anything definitive
13 that deals with the presence or absence of ketones in an
14 agonal process when someone is very close to death.

15 All of the studies are basically with healthy
16 people, mainly obese people, some lean, but the fasting or
17 situations where they are really in very good health, and
18 the metabolic process that are reflected in ketosis are
19 there. I haven't seen anything or been able to find
20 anything that would suggest what would occur in someone in
21 Lisa's situation who is close to death and when we don't
22 know exactly the nutritional status because of the absence
23 of records and inconclusive testimony.

24 Are there any studies that are really definitive
25 in that area or textbooks that are definitive in that area

1 or is that really beyond medical knowledge at this point in
2 time?

3 A. If it's available, it's probably available in the
4 Nazi concentration camp records, which I have not been able
5 to get. But there is no reason to believe that Lisa, who at
6 her death was still of reasonable weight -- she was not
7 cachectic; she was not a concentration camp looking
8 individual -- would be that different from you or from me in
9 terms of her production of ketone, from everything I know.

10 Q. Okay. I guess the bottom line is, if you can't
11 explain ketones, how can you conclude beyond and to the
12 exclusion of a reasonable doubt that Lisa was severely
13 dehydrated and the severe dehydration was a causative factor
14 in her death?

15 A. Exactly.

16 Q. Well, I need a yes or a no, or can you conclude
17 that or can you not conclude that?

18 A. That wasn't a question. That was a statement.

19 Q. Okay. Let me make sure I phrase it in terms of a
20 question. If, in fact, you can't explain the absence of
21 ketones, how can you conclude beyond and to the exclusion of
22 a reasonable doubt that Lisa was as severely dehydrated as
23 the test results suggest and that that dehydration was a
24 causative factor of her death?

25 A. I believe the medical evidence indicates that. I

1 do feel that the absence of ketones is a weakness. I do
2 feel that it's one good reason to leave it off the death
3 certificate, but it was not sufficient reason for me to
4 leave it off the list of diagnoses on the autopsy report.
5 But I do think it's a significant factor that has to be
6 dealt with in this case.

7 Q. Well, I guess my conclusion, and to some degree
8 it's legal terminology, but if you felt that it was a
9 weakness, sufficient weakness that it would be better not to
10 include it on the death certificate, how do we explain that
11 to the jury that that's not a reasonable doubt? How do I
12 suggest to the jury that they should be convinced to the
13 exclusion of a reasonable doubt when you felt there is a
14 sufficient weakness there that would cause you to remove it
15 from the death certificate?

16 A. I don't know.

17 Q. I did do some more research on ketones, I've got
18 copies of stuff here, and I'd like to discuss a couple
19 things with you. I may have actually found the article that
20 Whitworth was looking for. I'm not sure.

21 In researching the issue, I found a series of
22 articles dealing with non-ketotic hyperosmolar diabetic
23 coma. They, essentially, relate a situation in which people
24 become hyperglycemic, their blood osmolarity skyrockets, and
25 they go into coma because of that, yet they don't develop

1 ketosis. In most of these situations the people are mildly
2 diabetic and severe dehydration is a precipitating factor
3 and condition.

4 In researching that -- I haven't asked the
5 question yet. Again, I'm giving my layman's uneducated view
6 of that. So feel free to correct me in any conclusions that
7 I've got that are suppositions to the question.

8 It appears in the follow-up research on that in
9 some animal and human studies there is a belief on the part
10 of the researchers -- and I don't know if this is still a
11 current belief or if it's dated at this point, so that's why
12 I'm asking you -- that hyperosmolarity suppresses ketone
13 production and that severe dehydration suppresses ketone
14 production. I'm not sure if it's -- I'm not medically
15 knowledgeable enough to tell from the studies whether it's a
16 result of the body not breaking down the adipose tissues or
17 a result of the liver not making the ketone bodies. I think
18 the latter, but I'm not sure.

19 Are you familiar with that condition, and is that
20 something in your effort to resolve the ketone issues that
21 you ran across and considered or is that something that you
22 haven't really considered yet?

23 A. I ran across those articles. I considered them.
24 They are not germane because there is no evidence that Lisa
25 was diabetic. Diabetes is a special entity with its own

1 special metabolism, and one cannot use those articles and
2 compare them to Lisa.

3 Q. Okay.

4 A. And that was one of the problems in trying to find
5 articles, because they do all have diabetes in them.

6 Q. And some of the diabetes, for instance, in animal
7 studies was artificially induced with dextrose, and the
8 studies suggest -- I don't know if they are valid
9 conclusions or not -- that the hyperosmolarity doesn't have
10 to come from the glucose and it will still suppress those
11 things. I discussed that with Dr. Whitworth. But you don't
12 feel that's a solution?

13 A. You need to Dr. Whitworth. My only answer would
14 be she's not diabetic, she has not been artificially induced
15 to be diabetic, and I don't believe they apply to her.

16 Q. But she is hyperosmolar?

17 A. Yes, she is.

18 Q. And she is severely dehydrated, you think?

19 A. Yes.

20 Q. Except for the doubts created by the absence of
21 ketones.

22 A. Yes.

23 Q. I also ran across a study indicating that
24 intermittent glucose feedings, if you provide enough
25 carbohydrate to supply the brain's needs for carbohydrates,

1 that ketones drop dramatically in a relatively short time.

2 A. That's true.

3 Q. And we know that Lisa was fed intermittently, but
4 we don't know the situation of the last couple days.

5 A. No, except that Dr. Whitworth says she was
6 comatose.

7 Q. Did he use that term or did he unresponsive?

8 A. He told me comatose.

9 Q. And was that before you signed the autopsy or was
10 that before your interview with -- was it Inside Edition
11 or --

12 A. It was before the interview with Inside Edition.

13 Q. So you did not confer with him before you signed
14 the autopsy off?

15 A. Not again specifically, no.

16 Q. Let me rephrase that. I'm talking about the
17 original autopsy report.

18 A. No, I didn't, because I had no reason to. I don't
19 understand what you want.

20 Q. Well, prior to signing the autopsy and the death
21 certificate for Dr. Davis on October 30th of 1996 -- I think
22 that's the correct date, but you know what I'm talking
23 about, the first one -- did you confer with Dr. Whitworth?

24 A. No, I did not.

25 Q. How did you determine, then, that bed rest was a

1 causative factor?

2 A. I based it upon my own experience and knowledge
3 and as a clinical pathologist and the laboratory values
4 based on the vitreous. I then went on to confirm that with
5 Dr. Whitworth, who gave me a period of time of 24 to 48
6 hours.

7 Q. But that was after you had already made the
8 conclusion.

9 A. Yes, but I felt I could make the conclusion
10 myself. He confirmed it.

11 Q. Okay.

12 A. I couldn't have said a number of hours.

13 Q. Well, how long are you thinking bed rest was -- if
14 you couldn't say a number of hours, how was bed rest or
15 immobility did you determine to be a factor in the
16 thromboembolism if you couldn't quantify it?

17 A. I couldn't give a number of hours, but I knew that
18 it couldn't occur in a few hours. So I knew, you know, that
19 she probably wasn't moving around for at least a couple of
20 days. I had no knowledge regarding coma.

21 Q. Okay. Going back a second to Dr. Davis' autopsy,
22 did he order the vitreous testing or did you do that?

23 A. I did. I told him that day to do it.

24 Q. "That day" being the day of the autopsy?

25 A. Yes.

1 Q. And I assume you found out at some later point
2 that it hadn't been done?

3 A. That's correct.

4 Q. So you ordered it?

5 A. Yes.

6 Q. So, if I'm understanding you correctly, was that
7 normally the -- even though you told him to do it, was that
8 normally a decision -- absent your instructions to him as
9 the chief medical examiner, would that normally be a
10 decision that would be up to the associate performing the
11 autopsy?

12 A. Yes.

13 Q. As to which test to order and whether to order
14 vitreous testing beyond the alcohol testing that you
15 routinely do?

16 A. Yes.

17 Q. So the delay in the testing from the time of the
18 autopsy until I guess it was in late January or late
19 February, that was a result of Dr. Davis not pursuing what
20 you directed him to do?

21 A. True.

22 Q. Do you know of any reason why he didn't do that or
23 wouldn't have pursued that?

24 A. No.

25 Q. Do you recall having any discussions with him

1 about why he failed to do that? I realize we're going back
2 four or five years and it may be difficult.

3 A. No, I don't.

4 Q. He's indicated, and I don't think it's in the
5 affidavit, but -- I think it's alluded to maybe in the
6 affidavit, and I discussed this with you previously -- he is
7 suggesting the language in the autopsy report, not the cause
8 of death sheet but in the substance of the protocol, if
9 that's the correct word, has been changed. Not necessarily
10 substantively, but someone has gone and changed his wording.
11 Can you respond to that?

12 A. I did not change one word of any page of that
13 autopsy protocol other than the front sheet.

14 Q. So, again, that's another situation in which
15 Dr. Davis is completely in error?

16 A. Completely.

17 Q. Do you recall when Davis was there did he seem
18 to -- after the time that you became aware that he had been
19 diagnosed with bipolar disorder, were you aware if he was on
20 medication, whether his demeanor changed? Did he have
21 memory problems? And that's as a lay person, as supervisor.
22 I'm not asking for a diagnosis, even though you're a
23 physician.

24 Did you perceive the same type of memory problems
25 while he was there that seem to be contributing to the

1 differences in testimony between what he is saying happened
2 and what your recollection and what Mr. Bedore's, as
3 documented, occurred?

4 A. Not -- no, not really. Not at all. There might
5 have been a minor thing or two, but certainly nothing
6 like --

7 Q. As apparent now?

8 A. Nothing like this.

9 Q. Are there -- did you ever discuss with Dr. Davis
10 whether there was trauma in the popliteal area or not?

11 A. No. Dr. Robert Davis?

12 Q. I'm sorry, Dr. Robert Davis. We have two
13 Dr. Davises.

14 A. No, I haven't spoken to him.

15 Q. I didn't see where you made any finding of that in
16 the autopsy or any reference to that in the autopsy that he
17 believed there was trauma to the popliteal area.

18 A. No, he didn't.

19 Q. Now, the histological slides, I assume that you
20 can view those as easily as Dr. Robert Davis or any other
21 expert; that there is not really any difference between the
22 person who performs the autopsy and the person who views the
23 slides later. Is that --

24 A. One can do each or both.

25 Q. It's not an advantage having been the autopsy

1 doctor when you're looking at the slides. The slides are
2 pretty much going to look the same to any expert looking
3 through a microscope.

4 A. To me, yes.

5 Q. Is the same true with the photographs? In other
6 words, is it easier looking at the photographs to -- and
7 what I'm referring to is you know Dr. Nelson and Dr. Joseph
8 Davis do not feel that the photographs clearly reflect the
9 trauma that you see there. I think they've probably
10 communicated that to you.

11 A. Dr. Nelson has.

12 Q. At least that they may be more ambiguous, and
13 where you at this point are seeing fairly clear evidence of
14 trauma in the photograph. Is it easy looking at the
15 photograph to determine what is a result of dissection
16 versus what is preexisting trauma? And is Davis in a better
17 position to do that, Robert Davis, would you be in an equal
18 position, or --

19 A. He's probably in the best possession because he
20 saw it originally. The photographs document it.

21 Q. So you feel at this point confident that there is
22 trauma there reflected in the photographs?

23 A. I see trauma in the photo.

24 Q. Were there any -- obviously, Robert Davis didn't
25 note that trauma in the autopsy report, and we would have

1 expected him to do that; would we not?

2 A. We would have hoped he would have.

3 Q. So are there any other inadequacies in hindsight,
4 you think, in Dr. Davis' autopsy?

5 A. Yes.

6 Q. Would you tell me what you think they are?

7 A. It would have been better to section all of the
8 injuries that were present on the body, to further open the
9 veins of the legs. I'm sure you're aware of the criticisms
10 made by Dr. Joseph Davis about the autopsy, and my
11 criticisms don't differ from his.

12 Q. Well, go ahead and relate those, if you will.

13 A. I'm trying to think what the rest of them are.

14 More than one section of the popliteal fossa, particular
15 sectioning with reference to the depth of hemorrhage of the
16 bruise of the lateral superior left leg.

17 Q. The lateral superior left leg, that's below the
18 knee we're talking about?

19 A. I meant knee, the lateral superior left knee, the
20 region we talked about so many times.

21 Q. Is that the bruise on the side of the thigh that
22 we're talking about?

23 A. Yes, the lower thigh, just above the knee.

24 Q. And that was not sectioned?

25 A. No.

1 Q. The only bruises that he sectioned were actually,
2 in lay terms, the one on the calf area or down in the lower
3 leg?

4 A. As I recall, yes.

5 Q. Okay.

6 A. The failure to send the vitreous off at that time.
7 That's what I recall right now.

8 Q. Okay. He says in the affidavit, the latest
9 affidavit, that he repeatedly questioned the validity of the
10 vitreous results. What do you recall about any discussions
11 you had with him?

12 A. We never discussed it.

13 Q. If I've accurately stated what's in the affidavit,
14 that recollection would be in error?

15 A. Yes. We never discussed the validity of vitreous
16 electrolytes in Lisa McPherson.

17 Q. What I'm referring to is they were -- the 300 urea
18 nitrogen was so high, was he suggesting to you it was
19 artificial, it was a mistake, and couldn't be correct?

20 A. He never suggested that. We never had such a
21 conversation.

22 Q. Okay. Why did you change it from undetermined to
23 accident on the death certificate?

24 A. Because there was no evidence in any record that I
25 could find that suggested anyone wished this woman's harm,

1 number one; and, number two, far more importantly, I felt
2 this was a case of medical malpractice. Cases of medical
3 malpractice are not called homicides. They are called
4 accidents.

5 Q. And what had changed? Didn't you always feel it
6 was a situation of medical neglect?

7 A. Yes, but when I had signed the original death
8 certificate back 11 months after her death or ten months,
9 don't forget I had almost no information as to what had
10 happened to her.

11 Q. Okay.

12 A. I didn't have much.

13 Q. That's true, but prior to the review of the case,
14 for the three years since then you did have all that
15 information and you didn't change the death certificate. So
16 why change it to accident at the point in time that you did
17 rather than before the filing of charges?

18 A. I changed it at that point in time when I had
19 reviewed all of the information provided to me by the civil
20 attorneys, the State Attorney's Office, the Church
21 attorneys, and following my consultation with Dr. Davis.

22 Q. Let me rephrase it again. I think all the
23 information concerning -- at least that we had concerning
24 caretaker testimony, caretaker notes, was provided to you
25 well before we filed the Information. And, again, we talked

1 to you about your findings and you confirmed your findings
2 prior to filing the Information.

3 My question is why, since you had that
4 information, decided not to change it at that point and to
5 leave it undetermined, why did you conclude at some later
6 time -- what new information came in that caused you to
7 change it to accident?

8 A. I reviewed the entire autopsy along with all of
9 the evidence; I consulted with Dr. Davis; I discussed with
10 him the possibility of homicide versus the possibility
11 accident. After long discussion and the consideration that
12 we felt this was medical malpractice, we came to a joint
13 conclusion that the death certificate should read accident,
14 and it was at that point that I changed it to read that way.

15 Q. Had there been -- in initiating the review
16 process, did the representatives of the Church of
17 Scientology suggest that there were certain prerequisites in
18 terms of the change in the death certificate that had to be
19 made to avoid litigation? In other words, that it should
20 say accident rather than undetermined or homicide, that it
21 had to list the traffic accident, that dehydration could not
22 be in there as a cause of death?

23 A. No.

24 Q. So you don't recall them indicating that unless
25 you change the death certificate in that fashion that there

1 was a possibility of litigation or there was a possibility
2 that they would attempt to impeach or attack you throughout
3 the course of the civil or criminal case?

4 A. Only in the sense that they attacked me in the
5 media, they attacked both on telephone and in print. They
6 provided information. They certainly let me know that they
7 were not happy with my conclusions. They certainly
8 pressured me, as did the civil side, as did the State in
9 terms of providing of all types of documents. I certainly
10 knew that they were not happy about the death certificate,
11 but the opinion of the Church of Scientology as to what was
12 on that death certificate had absolutely nothing to do with
13 my decision to change it. I changed it based on my
14 scientific and medical and ethical opinions.

15 Q. I didn't ask you if it caused you to change it. I
16 asked you did they indicate what their expectations were,
17 what they wanted?

18 A. No. I think they may have -- no.

19 MR. CROW: Can we go off the record for a second.

20 (Discussion had off the record.)

21 BY MR. CROW:

22 Q. Concerning the elevated urea nitrogen and
23 pre-renal azotemia, I did find an article from probably the
24 late sixties documenting the psychiatric consequences of
25 azotemia, and there are like 90 subjects that had azotemia

1 and had the confusion, the delirium, the various symptoms
2 that azotemia causes psychologically.

3 The article divided people up into their BUN
4 readings, and half the group was over 250 and the other half
5 was under it, and it also related to older studies back in
6 the forties where -- obviously pre-dialysis -- 400 and above
7 readings occurred.

8 I mention that just so -- you had suggested, I
9 think, that you were concerned about explaining the high
10 reading and catabolism being necessary to show that. I'm
11 not sure other experts have necessarily confirmed that, but
12 I understand that's what your initial conversations were
13 with Whitworth. That's what you were talking about, really.

14 A. Yes.

15 Q. That that and the protein feeding may have caused
16 that to escalate and get out of sync with the creatine
17 reading.

18 A. The loss of weight, the pre-renal azotemia, and
19 the feeding of protein high in urea nitrogen.

20 Q. On the ketone issue, was there a point in time
21 after the changing of the death certificate that you felt
22 you had that resolved and then decided that it wasn't
23 resolved? You made a reference to Guyton. Was there a
24 point where you thought Guyton explained it and then in
25 further consideration decided that Guyton wasn't a complete

1 explanation?

2 A. That's correct.

3 Q. A possible, but not a complete explanation.

4 A. Not complete because of the time period.

5 Q. So even since changing of the death certificate,

6 you've kind of changed your opinion going back and forth.

7 It's a difficult position for you. Would that be a --

8 A. I think it's fair to say that prior to changing
9 the death certificate, I couldn't explain the ketones. I
10 changed the death certificate. The information that Guyton
11 might offer the answer was provided. I looked at it. I did
12 not feel it provided the answer because of the six weeks as
13 the ordinate on the graph.

14 Q. So there wasn't a point in time where you felt you
15 had it explained and --

16 A. There was a point in time when Dr. Nelson called
17 me and told me he thought he had found the answer in Guyton.
18 I got Guyton out, I looked at it, and I began to look at the
19 graph.

20 I said, "Wait a minute. This doesn't fit. You
21 know, this is six weeks. We're talking about 17 days. It
22 doesn't fit."

23 Q. The e-mail that you sent to Dr. Whitworth,
24 although that's been made public, no one else knows that it
25 was really to him. That hasn't been publicly released.

1 That reflects not only concern with ketones, but it reflects
2 that you feel like your career is in jeopardy as a result of
3 the proceedings. What did you mean by that?

4 A. I met that I felt that I was under extreme
5 pressure from the civil side, from the Church, and from the
6 State Attorney's Office; that in my 25-and-a-half years, I
7 had been someone who worked closely with and had put a lot
8 of time in with and spent a lot of time working together on
9 cases with people in the State Attorney's Office; that I no
10 longer felt that there was a level of cooperation or that my
11 prior level of respect and judgment was present; that the
12 situation had simply changed and I no longer knew where I
13 stood.

14 Q. Are you suggesting the State Attorney's Office put
15 pressure on you?

16 A. Only from the standpoint of the deposition today,
17 which certainly puts pressure on me, and --

18 Q. Well, that's after you changed the autopsy report.
19 I'm talking about --

20 A. But I had a right to do that. I'm talking about
21 the information you provided me, the information the church
22 provided, the information the civil side provided, that
23 there's been tremendous pressure on me for over four years.

24 Q. Okay. Well, I want to know what you're suggesting
25 that either I or the State Attorney's Office put pressure on

1 you to do, because I obviously disagree with that
2 characterization.

3 So, if you're going to paint with a broad brush,
4 let's be specific. I don't recall telling you anything
5 other than do what's scientifically accurate.

6 MR. THOMPSON: Let me just interject. I don't
7 think she said what you said. I think she said she felt
8 like she was under pressure. I don't think she said the
9 State Attorney's Office put pressure on her.

10 MR. CROW: I thought she did.

11 BY MR. CROW:

12 Q. You can clarify if that's not what you said.

13 A. You know, there have been weeks when we've spoken
14 every day, sometimes two or three times a day, about
15 experts, about various experts, about various articles,
16 about read this, about call this person, see if you can find
17 out about this, try to do that.

18 I'm not saying they weren't justifiable parts of
19 this case, but they've put a tremendous amount of pressure
20 on me and kept me away from other things in my office that I
21 needed to do.

22 I no longer felt the sense of camaraderie that I
23 felt.

24 Q. This is before you changed the death certificate?

25 A. Yeah.

1 Q. And how does that relate to what was going on in
2 this case? I mean, you're talking about --

3 A. I just --

4 Q. Were you dealing with anyone other than me
5 concerning this case?

6 A. No, but I'm not speaking just toward you. I'm
7 saying -- I'm using the broad brush of the office. I just
8 feel like my position is different. My position is
9 different with you; it's different with Bernie. It's just
10 different.

11 Q. Are you talking about before you changed the
12 autopsy certificate?

13 A. Yes.

14 Q. Okay.

15 A. And probably for four years now, and during which
16 time I have not been sure on a day-to-day basis what my
17 future is going to be.

18 Q. And did anybody suggest anything to you in terms
19 of changing or not changing the death certificate?

20 A. No.

21 Q. Did I try to do anything other than be supportive
22 in terms of getting whatever information you needed from us,
23 whatever you needed to make a decision?

24 A. No.

25 Q. Did I try to suggest in any way that we wanted a

1 specific result?

2 A. No.

3 Q. In fact, in all our conversations, even though I
4 didn't ask you, didn't you up until the end repeatedly tell
5 me that you had no intent on changing the death certificate?

6 A. That's true.

7 Q. And that's because that was your opinion. I
8 wasn't asking you that.

9 I was telling, "Wait. You got to look at the
10 stuff. Take your time."

11 A. Right, and I was telling you I wasn't going to.
12 And then I reviewed everything, I went over it for weeks and
13 then consulted with Dr. Davis, and then I made a decision
14 that was different from what I had thought I was going to
15 do, and that was to change the death certificate.

16 Q. I understand that. I'm just clarifying that you
17 weren't dealing with anyone else but me from our office, and
18 I never suggested to you in any way that we wanted any
19 particular result.

20 A. No, you did not.

21 Q. And, certainly, we had disagreements concerning
22 your appearance on Inside Edition.

23 A. Certainly, understandably.

24 Q. That was not something we were happy with and that
25 affected your relationship with the office to some degree.

1 A. Yes, and I think that's understandable. I
2 understand that completely.

3 Q. There are probably other things that will pop into
4 my head that I haven't asked that we may need to follow-up
5 with. I know you're tired, so I don't want to take up
6 anymore time.

7 If there is something else that, you know, that I
8 haven't asked that you feel needs explanation or that you
9 want to say -- you know, there's been a number of
10 criticisms, not necessarily from me, but in the public
11 sector, certainly some criticism by Davis and in the latest
12 pleadings by the Church of Scientology. If there is
13 something that you feel I haven't given you the opportunity
14 to respond to that you want to, I'll give you that
15 opportunity now. I may have overlooked something that you
16 feel need speaking to.

17 A. Thank you. No.

18 MR. CROW: Thank you.

19 THE WITNESS: I'll read.

20 (Thereupon, the sworn statement concluded at
21 12:35 p.m.)

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WITNESSES' SIGNATURE PAGE

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I have read the foregoing pages, and,
except for any changes or
amendments I have indicated on the
sheet attached for such purposes,
I hereby subscribe to the accuracy
of this transcript.

Joan Wood, M.D.

DATE

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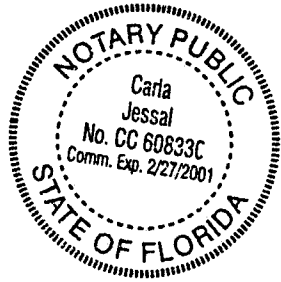
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STATE OF FLORIDA

COUNTY OF PINELLAS

I, the undersigned authority, certify that Joan Wood,
M.D., personally appeared before me and was duly sworn.

WITNESS my hand and official seal this 2nd day of June,
2000.



Carla Jessal

Carla Jessal, RPR
Notary Public - State of Florida
My Commission Expires: 2/27/01
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STATE OF FLORIDA

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I, Carla Jessal, Registered Professional Reporter, certify that I was authorized to and did stenographically report the sworn statement of Joan Wood, M.D.; that a review of the transcript was requested; and that the transcript is a true and complete record of my stenographic notes.

I further certify that I am not a relative, employee, attorney, or counsel of any of the parties, nor attorney or counsel connected with the action, nor am I financially interested in the action.

Dated this 2nd day of June, 2000.



Carla Jessal, RPR

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