

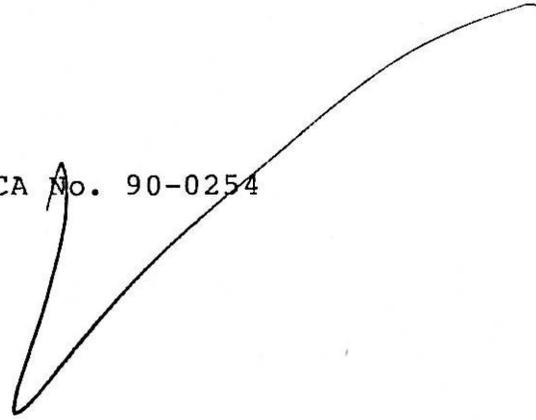
File's ECT's Rates at Johns Hopkins

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IN THE HEALTH CLAIMS ARBITRATION OFFICE

KAREN J. AUBREY, :
:
Claimant, :
:
vs. :
:
THE JOHNS HOPKINS HOSPITAL, :
et al., :
Health Care Providers. :

HCA No. 90-0254



*"Hundreds" of ECT's
per year*

July 19, 1991
Baltimore, Maryland

Deposition of:

JAMES WIRTH, M. D.

called for examination by counsel for the Plaintiff, pursuant
to Notice, taken at the offices of The Johns Hopkins
Hospital, 600 N. Wolfe Street, Baltimore, Maryland, before
Barbara A. Carlo, C.S R., Notary Public in and for the State
of Maryland, commencing at 11:30 a.m., when were present on
behalf of the respective parties:

WHITMAN & SZCZEPKOWSKI
966 Hungerford Drive, Suite 32
Rockville, Maryland 20850
(301) 279-9133

1 A Well Sheppard Pratt used to. I think they
2 probably still do.

3 Q Do you have any idea as to on a yearly basis how
4 many patients receive ECT here at Hopkins?

5 A I don't know exactly but it's in the hundreds.

6 Q Is it fair to say that that's probably more than
7 University Hospital, Sheppard Pratt?

8 A Well I would think we probably do, but I can't
9 say for sure. I just don't know. I don't know what
10 University does. I think it's very likely more than Sheppard
11 Pratt, but I don't know that either.

12 Q Did you take any part in training residents as to
13 what they needed to tell patients to obtain informed consent
14 before ECT was administered?

15 A I think John Lipsey does that sort of thing.

16 Q You don't personally recall ever having any
17 discussions with Dr. McSloy regarding what a patient needed
18 to be told prior to administration of ECT?

19 A I don't remember anything.

20 Q Would that be unusual for you to have such a
21 conversation with a resident?

22 A Uh hum.

P R O C E E D I N G S

1
2 Whereupon,

3 JAMES WIRTH, M. D.

4 was called as a witness and, after being first duly sworn by
5 the Notary Public, was examined and testified as follows:

6 EXAMINATION BY COUNSEL FOR THE PLAINTIFF

7 BY MS. CASEY:

8 Q Would you state your full name, please?

9 A James Bernan Wirth.

10 Q Your profession?

11 A Psychiatry.

12 Q Your present position?

13 A Clinical Director of Inpatient Services.

14 Q How long have you been in that position?

15 A Since 1984.

16 Q And prior to that position what were you doing?

17 A I was an attending physician on inpatient
18 services.

19 Q Here at Johns Hopkins?

20 A Yes.

21 Q What period of time did you have that position?

22 A Probably since about 1976, I'm not quite sure.

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IN THE HEALTH CLAIMS ARBITRATION OFFICE

KAREN J. AUBREY, :

Claimant, :

vs. : HCA No. 90-0254

THE JOHNS HOPKINS HOSPITAL, :
et al., :

Health Care Providers. :

Director Est

*go to time's
get out John Harley*

August 20, 1991

Baltimore, Maryland

Deposition of:

JOHN RICHARD LIPSEY, M. D.

called for examination by counsel for the Plaintiff, pursuant to Notice, taken at the offices of The Johns Hopkins Hospital, 600 N. Wolfe Street, Baltimore, Maryland, before Barbara A. Carlo, C.S R., Notary Public in and for the State of Maryland, commencing at 2:35 p.m., when were present on behalf of the respective parties:

1 or major depressive, how many would you have ordered
2 electroconvulsive therapy for?

3 A That certainly depends on the setting. On the
4 inpatient service we see tremendous number of people who have
5 failed all other treatments or are so seriously ill that
6 further pharmacological treatments would not be warranted.
7 Thus on the inpatient service as a whole there are times when
8 perhaps 20 percent of the patients on the whole inpatient
9 service on all the floors are getting ECT.

10 But if I look at my outpatient clinic and
11 patients in general and patients who I see in consultation,
12 ECT is something that in fact is very uncommonly recommended
13 because most people with mood disorders don't need it. It's
14 the seriously ill who need it. The seriously ill come to our
15 inpatient service.

16 Q Can you identify for me certain factors or
17 criteria that a patient must exhibit before they would be
18 appropriate candidates for electroconvulsive therapy?

19 A Yes. I think they would want to be patients
20 with, they should be patients with major depression who have
21 either recurrent major depression or manic depressive illness
22 by and large. Those people would need to be seriously

1 A No, there are no written guidelines. There by
2 ~~the way are no written guidelines on how to give which~~
3 medications to give for a whole series of conditions. Those
4 guidelines invariably turn out to be useful in some
5 situations and useless in others. Because you're essentially
6 trying to make a cook book and then it doesn't apply to a
7 particular patient.

8 Q Is it fair to say it's completely up to the
9 judgment of the attending psychiatrist as to whether a
10 particular patient is an appropriate candidate for electro
11 therapy?

12 A Yes, that's right. Unless that psychiatrist says
13 ~~he would like to have another opinion. But it's up to the~~
14 ~~judgment of the individual doctor.~~

15 Q Are you called upon on occasion to give your
16 opinion as to whether or not a person is a candidate?

17 A Yes. Intermittently. It doesn't happen very
18 frequently. I would say that maybe up to a few times a year
19 I'm called in to give an opinion formally or informally by
20 which I mean in writing or not in writing about whether a
21 particular patient is appropriate for ECT. But it usually
22 doesn't hinge upon whether I think that ECT is indicated

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1 A I'm a member of the faculty in the Department of
2 Psychiatry and Behavioral Sciences. I'm an assistant
3 professor in the department. I was the director of
4 electroconvulsive therapy up until the beginning of this
5 year. There's a transition over to another person who's
6 taking over that job currently, but it's kind of
7 transitional. I still have some of the responsibilities for
8 education and consultation and things of that nature.

9 Q And who is that that would be taking over?

10 A Dr. Elsa Correa. C O R R E A.

11 Q Could you tell me what your responsibilities
12 included as director of the electroconvulsive therapy
13 department?

14 A It was my responsibility to train the residents
15 on how to do ECT, to orient them to the standard sorts of ECT
16 procedures that we used, and to personally supervise them in
17 the administration of ECT, initially when they first joined
18 the department until such time as I thought that they were
19 capable of continuing the treatment effectively and
20 efficiently on their own.

21 Q Could you just explain for me, I see you've
22 listed your various positions with Johns Hopkins on your