

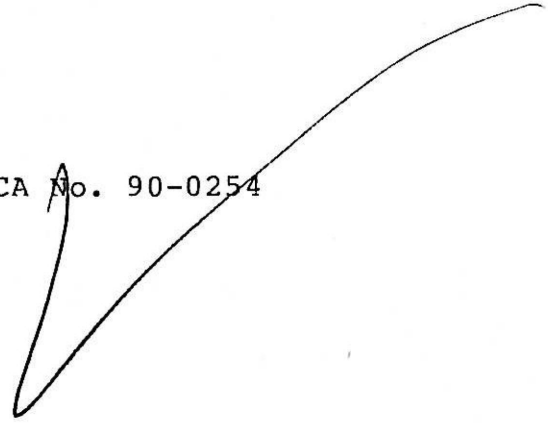
File's ECT's Rates at Johns Hopkins

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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, :  
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 vs. : HCA No. 90-0254  
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 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