

Abrams, Richard 2021-04-29

Designation List Report



Abrams, Richard

2021-04-29

[Plaintiff Affirmatives](#)

00:25:32

TOTAL RUN TIME

00:25:32



Documents linked to video:

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P145

ABRA2 - Abrams, Richard 2021-04-29

DESIGNATION	SOURCE	DURATION	ID
220:24 - 221:03	Abrams, Richard 2021-04-29 220:24 Q. I was looking for when was the first time, 220:25 if you can give me an approximate year, that you 221:01 first became aware that people were complaining that 221:02 ECT causes permanent memory loss or brain damage. 221:03 A. I would say 1969.	00:00:18	ABRA2.1
222:19 - 223:14	Abrams, Richard 2021-04-29 222:19 Q. What we are going to do is mark this 222:20 document as Exhibit 5, and hopefully it will pop up. 222:21 Doctor, are you able to see my screen? 222:22 A. Yes. I see a logo and then 222:23 "Electroconvulsive Therapy." 222:24 Q. Yes. 222:25 A. Then it says Task Force Report Number 14. 223:01 Q. Yes. Are you familiar with the APA task 223:02 force from 1978, Doctor, on ECT? 223:03 A. I am. 223:04 Q. Okay. And did you read this report at some 223:05 point during your career, Doctor? 223:06 A. I read it and reviewed it at the request of 223:07 one of its editors. 223:08 Q. Would that have been Max Fink who is 223:09 actually listed here? 223:10 A. Yes. 223:11 Q. And from what I understand, you are not 223:12 only professionally friends with Mr. Fink, but also 223:13 personally friends with him? 223:14 A. Yes.	00:00:59	ABRA2.2
	 P90.1		
	 P90.3.1		
	 Clear		
224:03 - 225:07	Abrams, Richard 2021-04-29 224:03 Q. Yeah. I actually had the wrong page. It's 224:04 this page, page 12. And so the APA had asked users 224:05 of ECT about their experience with the devices and 224:06 what adverse events that they were seeing in their 224:07 patients, and this is the results of the survey. 224:08 So the survey came back that permanent 224:09 memory loss -- permanent loss of memory for a period 224:10 of ECT course, there was 27 percent of patients 224:11 experience that. 224:12 That there was permanent loss of memory for 224:13 period immediately prior to ECT, 15 percent of	00:01:41	ABRA2.3
	 P90.6		
	 P90.6.1		

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DESIGNATION	SOURCE	DURATION	ID
	224:14 patients experience that.		
	224:15 And that there was a permanent loss of		
	224:16 distant memories, 1 percent of patients experienced		
	224:17 that.		
	224:18 Were you familiar with those -- that data,		
	224:19 Doctor?		
	224:20 A. I'm not going to call it data because this		
	224:21 was not an experiment. This was just polling, like		
	224:22 a political poll. But I'm familiar with this chart.		
	224:23 Q. Okay. And you certainly would have been		
	224:24 familiar with this long before the year 2000, for		
	224:25 example; correct?		
	225:01 A. I was familiar in 1978 when it came out.		
	225:02 No. This is the 1990 one.		
	225:03 Q. This is the '78 one. You were correct.		
P90.2.1	225:04 A. Let me just see the top.		
	225:05 Q. Sure. I will go -- September 1978.		
	225:06 Do you see that, Doctor?		
Clear	225:07 A. Yes. There it is.		
225:17 - 226:16	Abrams, Richard 2021-04-29	00:01:17	ABRA2.4
	225:17 Q. And we are going to mark this as Exhibit 6		
	225:18 to your deposition.		
	225:19 And, Doctor, this is -- in 1985, the		
	225:20 National Institutes of Health had a -- I guess, a		
	225:21 seminar or a conference on ECT that you, I believe,		
	225:22 participated in.		
	225:23 Do you recall that?		
	225:24 A. I recall attending it. I can't recall		
	225:25 whether I actually presented any information, but I		
	226:01 was there.		
P92.1	226:02 Q. Okay. And these were a publication that		
P92.1.1	226:03 was prepared after -- after the conference. And I		
	226:04 want to draw your attention to a few pages here. In		
P92.3	226:05 the interest of time, I'm just going to go down		
P92.3.1	226:06 here.		
	226:07 I'm going to read this first sentence,		
	226:08 Doctor, where I have kind --		
	226:09 A. Yes.		
	226:10 Q. -- of highlighted with my mouse.		
	226:11 A. Yes.		

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DESIGNATION	SOURCE	DURATION	ID
	226:12 Q. It states:		
	226:13 "It is, however, well established		
	226:14 that ECT produces memory deficits."		
	226:15 Did I read that correctly, Doctor?		
 Clear	226:16 A. You certainly did.		
229:24 - 230:22	Abrams, Richard 2021-04-29	00:01:07	ABRA2.5
 P139.1	229:24 Q. And, Doctor, this appears to be the cover		
 P139.1.1	229:25 of a book written by Dr. Coffey, The Clinical		
	230:01 Science of Electroconvulsive Therapy.		
	230:02 A. Yes.		
	230:03 Q. Do you see this book, Doctor?		
	230:04 A. It was edited by him. He didn't write it.		
	230:05 Q. Edited by him.		
 Clear	230:06 And you actually contributed to a chapter		
	230:07 in this book; is that correct?		
	230:08 A. I did.		
	230:09 Q. All right. Do you know when that was,		
	230:10 Doctor?		
	230:11 A. I really do not know.		
	230:12 Q. Okay. Would it have been before 2000 or		
	230:13 after 2000?		
	230:14 A. I'm quite sure it would have been before		
	230:15 2000.		
	230:16 Q. Before 2000. And do you know, is		
	230:17 Dr. Coffey also a friend of yours, Doctor?		
	230:18 A. Sorry. We are friendly enemies. No. We		
	230:19 have had our disagreements. I consider him a		
	230:20 professional friend, yes.		
	230:21 Q. Okay. How long have you known him?		
	230:22 A. At least 30 years.		
231:09 - 232:13	Abrams, Richard 2021-04-29	00:01:27	ABRA2.6
 P139.2	231:09 Q. All right. I am going to draw your		
	231:10 attention to Chapter 2 of the book that Dr. Coffey		
	231:11 edited --		
	231:12 A. Yes.		
 P139.2.1	231:13 Q. -- entitled "ECT Technique: Electrode		
	231:14 Placement, Stimulus Type, and Treatment Frequency,"		
	231:15 and it has your name "Richard Abrams, M.D."		
	231:16 Do you see that, Doctor?		
	231:17 A. Yes.		

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DESIGNATION	SOURCE	DURATION	ID
	231:18 Q. Is this a chapter that you drafted in 231:19 Dr. Coffey's book? 231:20 A. I wrote it, yes. 231:21 Q. Yes? Okay. All right.		
 P139.3.1	231:22 Can you read for me, please, one of the 231:23 last paragraphs here that you wrote in this book, 231:24 and I've highlighted it, Doctor. 231:25 A. Yes. 232:01 "It is clear, however, that MMECT 232:02 is excessively neurotoxic, frequently 232:03 producing severe confusional states 232:04 (Abrams and Fink '72; Bidder and 232:05 Strain '70), prolonged seizures 232:06 (Bridenbaugh '72; Maletzky '78, '81; 232:07 Strain and Bidder '71), and at least 232:08 one instance of apparently 232:09 irreversible brain damage (Strain and 232:10 Bidder '71)."		
 Clear	232:11 Q. And those were your words; correct, Doctor? 232:12 A. Correct. 232:13 Q. And MMECT is what, Doctor?		
232:14 - 233:02	Abrams, Richard 2021-04-29 232:14 A. It is an abbreviation for multiple 232:15 monitored ECT, a method of administering ECT from 232:16 about '85 or '86 onwards in which instead of giving 232:17 a course of ECT, let us say, for example, six 232:18 treatments administered over two weeks' time, the 232:19 practitioner of MMECT would give all the treatments 232:20 usually spaced over two weeks in one -- in a single 232:21 setting. Let's say six in a row, one right after 232:22 the other. 232:23 Q. And it is your understanding that when you 232:24 do that, there have been instances, or at least one 232:25 instance, of irreversible brain damage; correct? 233:01 A. So it was reported by Strain and Bidder. 233:02 Q. Thank you, Doctor.	00:01:02	ABRA2.21
233:24 - 235:11	Abrams, Richard 2021-04-29 233:24 Q. Yeah. I'm just going to identify the 233:25 document here. This is going to be Exhibit 9, and  P140.1 234:01 it is a page from the journal Nature, Volume 403,	00:01:41	ABRA2.7

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DESIGNATION	SOURCE	DURATION	ID
P140.1.2	234:02	dated January 20th, 2000.	
P140.1.3	234:03	Are you familiar with this publication,	
	234:04	Doctor? Nature?	
	234:05	A. Of course.	
P140.1	234:06	Q. Okay. In this edition, Dr. Sterling, or	
	234:07	Peter Sterling, from the Department of Neuroscience	
	234:08	at the University of Pennsylvania, discusses ECT	
	234:09	and, I'm going to read you what he states here.	
P140.1.4	234:10	"One can be sympathetic to	
	234:11	psychiatry (as I am) and still imagine	
	234:12	that passing 150 volts between the	
	234:13	temples to evoke a grand mal seizure	
	234:14	might cause brain damage. Especially	
	234:15	when you realize that this 'cure' for	
	234:16	depression" -- cure in quotes --	
	234:17	"requires this procedure to be	
	234:18	repeated 10 to 20 times over a week or	
	234:19	so. And when you talk to a friend who	
	234:20	has been so treated and discover that	
	234:21	a year later she is still experiencing	
	234:22	huge gaps in recall of major life	
	234:23	events, you begin to worry. Finally,	
	234:24	you discover that ECT's benefit is	
	234:25	only temporary so that many	
	235:01	psychiatrists administer it	
Clear	235:02	chronically."	
	235:03	Did I read that correctly, Doctor?	
	235:04	A. You did.	
	235:05	Q. Okay. And you had read this when it came	
	235:06	out; correct, Doctor?	
	235:07	A. I had not.	
	235:08	Q. You had not?	
	235:09	A. No.	
	235:10	Q. Let me see if I can refresh your	
	235:11	recollection, Doctor.	
235:17 - 235:22	Abrams, Richard 2021-04-29	00:00:16	ABRA2.17
P141.1	235:17	Q. Doctor, I'm going to draw your attention to	
	235:18	what we are going to mark as Exhibit 10 to your	
	235:19	deposition. And just to identify it, do you see	

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DESIGNATION	SOURCE	DURATION	ID
P141.1.4	235:20 this is a page from the Nature publication dated		
P141.1.5	235:21 February 24th, 2000?		
P141.1.6	235:22 Do you see that, Doctor?		
236:07 - 236:14	Abrams, Richard 2021-04-29	00:00:20	ABRA2.8
	236:07 A. Yes.		
	236:08 Q. Okay. And do you see at the bottom here it		
	236:09 is a page from the Nature publication dated		
	236:10 February 20th, 2000?		
	236:11 A. I do.		
	236:12 Q. Okay. So this is a month after what we had		
	236:13 just looked at in Exhibit 9, and I want to draw your		
	236:14 attention to -- it says "And there's no proof of		
236:14 - 237:21	Abrams, Richard 2021-04-29	00:01:14	ABRA2.18
P141.1.2	236:14 attention to -- it says "And there's no proof of		
Clear	236:15 brain damage" title?		
	236:16 A. Oh, yes. I --		
	236:17 Q. And this is written by you; correct,		
	236:18 Doctor --		
	236:19 A. Yes.		
	236:20 Q. -- Richard Abrams. And you are saying,		
P141.1.7	236:21 "Sir, Peter Sterling asserts..."		
	236:22 So you are responding to the comment that		
	236:23 Dr. Sterling had made the previous month of that we		
	236:24 just looked at in Exhibit 9; correct?		
	236:25 A. Yes.		
	237:01 Q. Okay. Does this refresh your		
	237:02 recollection --		
	237:03 A. Yes, it does.		
	237:04 Q. -- that they did indeed -- please let me		
	237:05 finish.		
	237:06 -- that you had indeed read Dr. Sterling's		
	237:07 publication when it came out?		
Clear	237:08 A. Correct. I don't know if I read it when it		
	237:09 came out, but I read it. I suppose I must have,		
	237:10 yes.		
	237:11 Q. Certainly a month later you are responding		
	237:12 to it in your own publication; correct?		
	237:13 A. Correct.		
	237:14 Q. All right. And you -- fair to say you		

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DESIGNATION	SOURCE	DURATION	ID
	237:15 disagreed with Dr. Sterling's comments; true? 237:16 A. I did. And I do. 237:17 Q. All right. But is it also true that 237:18 Dr. Sterling is not alone in his comments and 237:19 opinions that ECT can cause brain injury and 237:20 permanent memory loss? 237:21 A. He is not alone.		
238:02 - 240:23	Abrams, Richard 2021-04-29	00:03:56	ABRA2.22
	238:02 Q. Doctor, drawing your attention to what we 238:03 are marking as Exhibit 11 to your deposition, this  P142.1 238:04 is a page from a publication called Current  P142.1.3 238:05 Psychiatry. 238:06 Are you familiar with that publication, 238:07 Doctor? 238:08 A. I recall it. I haven't seen it for many 238:09 years.  P142.1.7 238:10 Q. Okay. This is dated October 2006. 238:11 Do you see this at the bottom right here, 238:12 the date, Doctor? 238:13 A. Yeah. 238:14 Q. All right. And this, Doctor, in the  P142.1.8 238:15 interest of time, I'll represent to you appears to 238:16 be kind of a dialogue in written form between you 238:17 and a Dr. -- excuse me, and a Dr. Grant. 238:18 A. All right. 238:19 Q. Do you see it, Doctor? I'll allow you to 238:20 maybe refresh your recollection. 238:21 A. I don't know if it is a dialogue, but these 238:22 are two letters. 238:23 Q. Two letters, okay. So it looked like -- 238:24 well, it appeared from my reading of it that one of 238:25 the editions of this publication, Current 239:01 Psychiatry, had identified a patient that had lost 239:02 about 30 years of her memory -- his or her memory,  P142.1.9 239:03 and you were responding to the publication. 239:04 A. It looks that way. 239:05 Q. Okay. And you found it hard to believe 239:06 that the ECT had caused that prolonged of a memory 239:07 loss; correct? 239:08 A. Correct.		

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DESIGNATION	SOURCE	DURATION	ID
	239:09 Q. Did you do any investigation in terms of		
	239:10 contacting the patient or contacting the patient's		
	239:11 doctor to further find out about the patient's		
	239:12 symptoms?		
	239:13 A. Which patient are you talking about?		
	239:14 Q. The patient that is the subject of this		
	239:15 Current Psychiatry publication.		
	239:16 A. Well, there are two parts to my answer.		
	239:17 One, I did not, and, two, no information is		
	239:18 available for contacting the patient.		
	239:19 Q. You write in this 2006 paper that:		
	239:20 "The claim that 'the patient		
	239:21 suffered severe brain damage and lost		
	239:22 all her memories for the past 30		
	239:23 years' also is unsupported. In fact,		
	239:24 there is no published evidence that		
	239:25 any form of ECT can cause brain damage		
	240:01 or permanent memory loss, a subject I		
	240:02 have reviewed in considerable detail."		
	240:03 Did I read that correctly, Doctor?		
	240:04 A. You did.		
	240:05 Q. And those are your words; correct, Doctor?		
	240:06 A. They were.		
	240:07 Q. Okay. When you say "there is no published		
	240:08 evidence that any form of ECT can cause brain damage		
	240:09 or permanent memory loss," we just looked at two		
	240:10 publications, the 1978 APA task force as well as the		
	240:11 1985 NIH consensus that you participated in, and		
	240:12 both of those discussed the issue of permanent		
	240:13 memory loss, did they not?		
	240:14 A. That does not constitute published		
	240:15 evidence. That is just conversational. No data		
	240:16 were provided. No study was performed. And that		
	240:17 does not constitute, in my view, published evidence.		
	240:18 Q. Let me ask you, as the manufacturer of the		
	240:19 Somatics machine, have you or your company taken any		
	240:20 efforts to conduct a clinical trial that you		
	240:21 believe, in your mind, would answer the question of		
	240:22 whether ECT causes either brain damage or permanent		
	240:23 memory loss?		

 Clear

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DESIGNATION	SOURCE	DURATION	ID
241:04 - 241:04	Abrams, Richard 2021-04-29 241:04 THE WITNESS: No.	00:00:01	ABRA2.25
244:08 - 244:11	Abrams, Richard 2021-04-29 244:08 Q. And Somatics has likewise never conducted 244:09 any clinical trials to determine the safety and 244:10 efficacy of its ECT machines; correct? 244:11 A. It has not. Correct.	00:00:11	ABRA2.23
244:14 - 246:09	Abrams, Richard 2021-04-29 244:14 Q. Okay. I'm drawing your attention back to 244:15 what we had marked as Exhibit 6 to your deposition. 244:16 This is the 1985 NIH consensus. Do you recall 244:17 looking at this document previously today? 244:18 A. I do. 244:19 Q. Okay. I want to draw your attention to 244:20 another page here. This is -- I guess, at the 244:21 bottom is a page -- this is the page number. 2107, 244:22 here. Do you see that? 244:23 A. I do. 244:24 Q. Okay. And this is the -- in this portion 244:25 the NIH consensus was addressing what further 245:01 research should be conducted. 245:02 Do you see here -- 245:03 A. I do. 245:04 Q. -- what are the directions for future 245:05 research? 245:06 A. I do. 245:07 Q. In 1985 you were already a manufacturer -- 245:08 you were already -- had already formed Somatics; 245:09 correct? 245:10 A. Correct. 245:11 Q. And Somatics had already put out its 245:12 initial Thymatron machine into the market; correct? 245:13 A. Correct. 245:14 Q. All right. Here are some of the 245:15 recommendations for research. We see: 245:16 "Initiation of a national survey 245:17 to assemble the basic facts about the 245:18 manner and extent of ECT use as well 245:19 as studies of patient attitudes and 245:20 responses to ECT. Better	00:02:08	ABRA2.24
 P92.1			
 P92.1.2			
 P92.5.5			
 P92.5.6			
 P92.5.7			

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DESIGNATION	SOURCE	DURATION	ID
	245:21 understanding of negative, positive, 245:22 and indifferent responses -- and 245:23 indifferent responses should result in 245:24 improved treatment practices." 245:25 Did Somatics undertake that type of 246:01 research, Doctor? 246:02 A. Somatics has undertaken no type of 246:03 research. 246:04 Q. All right. So then if I were to ask with 246:05 regards to all of the various recommendations P92.5.7 246:06 outlined here about research to be undertaken 246:07 concerning ECT, your response will be that you have Clear 246:08 not undertaken any of those research? 246:09 A. Might I read this?		
246:10 - 246:10	Abrams, Richard 2021-04-29 246:10 Somatics has undertaken no such research.	00:00:05	ABRA2.19
247:06 - 249:20	Abrams, Richard 2021-04-29 247:06 Q. Doctor, we are back on the record. You 247:07 remain under oath. I'm going to draw your attention P143.2 247:08 to what we are identifying as Exhibit 12 to your 247:09 deposition. 247:10 Can you see my screen, Doctor? 247:11 A. I can. P143.2.1 247:12 Q. All right. Doctor, are you familiar with 247:13 the Journal of ECT? 247:14 A. I am an editor of it. 247:15 Q. All right. And are you familiar with a P143.2.4 247:16 Dr. Sackeim? 247:17 A. Yes. 247:18 Q. Yes. All right. P143.2.6 247:19 So this -- in the year 2000, Dr. Sackeim P143.2.7 247:20 wrote this editorial, "Memory and ECT: From 247:21 Polarization to Reconciliation." 247:22 Do you see that, Doctor? 247:23 A. Yes. P143.2.5 247:24 Q. And were you an editor of this journal in 247:25 2000? 248:01 A. I was, but I didn't edit this article. 248:02 Q. Right. But you certainly would have seen 248:03 it; correct, Doctor? You are familiar with this	00:02:19	ABRA2.12

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DESIGNATION	SOURCE	DURATION	ID
	248:04	article?	
	248:05	A. Yes, I am familiar with it.	
	248:06	Q. Okay, Doctor. And in addition, in that	
	248:07	same publication, I believe, there was also a	
 P144.2	248:08	publication by a patient, an Anne Donahue, regarding	
	248:09	her experience with ECT?	
	248:10	A. Yes.	
	248:11	Q. Which I'm marking as Exhibit 13.	
	248:12	(The document referenced above	
 P144.2.1	248:13	was marked Deposition Exhibit 13 for	
	248:14	identification and is appended	
	248:15	hereto.)	
	248:16	BY MR. ESFANDIARI:	
	248:17	Q. Do you see that, Doctor?	
	248:18	A. I do.	
	248:19	Q. And do you recall reading this article when	
 P144.2.2	248:20	it was published, Doctor?	
	248:21	A. I do.	
	248:22	Q. Okay. And do you recall --	
	248:23	MR. POOLE: I just want to make sure, so	
	248:24	you are marking this as a separate exhibit even	
	248:25	though they are the same --	
	249:01	MR. ESFANDIARI: Correct. This is	
	249:02	Exhibit 13, Donahue.	
	249:03	MR. POOLE: Okay. That's great.	
	249:04	BY MR. ESFANDIARI:	
	249:05	Q. And in this article she mentioned that she	
 P144.2.3	249:06	sustained certain memory losses including permanent	
	249:07	memory loss; is that correct, Doctor?	
	249:08	A. Yes.	
	249:09	Q. Did you ever speak with Ms. Donahue,	
	249:10	Doctor?	
	249:11	A. I did not.	
	249:12	Q. Did you ever contact her to find out about	
	249:13	the complaints she was having?	
	249:14	A. I did not.	
	249:15	Q. Did you ever instruct anyone at Somatics to	
	249:16	contact Ms. Donahue to find out about her problems?	
	249:17	A. I did not.	
 Clear	249:18	Q. Did you undertake any effort to find out	
	249:19	what type of ECT machine was used in her procedure?	

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DESIGNATION	SOURCE	DURATION	ID
	249:20 A. I did not.		
258:21 - 259:13	Abrams, Richard 2021-04-29	00:00:54	ABRA2.13
P145.1	258:21 Q. Doctor, this is an article written by		
	258:22 Dr. Sackeim, again, from 2007, in the publication		
P145.1.1	258:23 Neuropsychopharmacology entitled "Cognitive Effects		
	258:24 of Electroconvulsive Therapy in Community Settings."		
	258:25 Do you see this, Doctor?		
	259:01 A. I do.		
	259:02 Q. And did you read this publication at some		
	259:03 point after it came out?		
	259:04 A. I did.		
	259:05 Q. All right.		
	259:06 A. And I may even have commented on it		
	259:07 somewhere in press.		
	259:08 Q. All right. And in this publication, the		
	259:09 authors reviewed the patients of the various		
	259:10 hospitals within their community and found that		
	259:11 certain ECT patients suffered from memory-deficit		
Clear	259:12 issues. Is that correct, Doctor?		
	259:13 A. As -- to the best of my recollection, yes.		
271:11 - 272:05	Abrams, Richard 2021-04-29	00:00:55	ABRA2.14
	271:11 Q. Doctor, do you agree with me that		
	271:12 pharmaceutical manufacturers conduct clinical		
	271:13 studies on their drugs, true or false?		
	271:14 A. I do not. I believe they pay for a		
	271:15 psychiatrist to conduct such studies and the studies		
	271:16 are designed by psychiatrists, never by the drug		
	271:17 manufacturer.		
	271:18 Q. Okay. So your testimony is that a		
	271:19 pharmaceutical manufacturer that makes psychiatric		
	271:20 medication pays other psychiatrists to conduct		
	271:21 clinical trials to determine the safety and efficacy		
	271:22 of their drug; true?		
	271:23 A. That's correct. That's standard.		
	271:24 Q. All right. Did Somatics ever do that with		
	271:25 respect to ECT?		
	272:01 MR. POOLE: Objection. Asked and answered.		
	272:02 Dr. Abrams, you can give a yes or no to		
	272:03 that.		
	272:04 THE WITNESS: As I said before several		

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DESIGNATION	SOURCE	DURATION	ID
	272:05 times, no.		
288:02 - 290:21	Abrams, Richard 2021-04-29	00:03:41	ABRA2.20
	288:02 Q. Doctor, drawing your attention to what we		
	288:03 are going to mark as Exhibit 20, this is a		
 P3.1	288:04 November 15, 2006, email exchange between you and		
	288:05 Dr. Swartz.		
 P3.1.7	288:06 Do you recall seeing this email prior to		
	288:07 your deposition today?		
	288:08 A. I believe this is one of the things I		
	288:09 reviewed. I'd have to -- have to see -- go to the		
	288:10 other end, which would be the part that I -- where I		
 P3.1.12	288:11 talked.		
	288:12 Can you go all the way to the end so I can		
	288:13 make sure this is something that I absolutely saw?		
 P3.1.13	288:14 Okay. Now, go back to -- Conrad. Okay.		
	288:15 Yes. Yes.		
	288:16 Q. Yes.		
	288:17 A. I recall reviewing this document.		
 P3.1.14	288:18 Q. All right. This appears to be in 2006 --		
	288:19 in November of 2006 you and Dr. Swartz were		
	288:20 contemplating adding additional or adding a warning		
	288:21 to the ECT machine; correct?		
	288:22 A. That is correct.		
	288:23 Q. Okay. And what event led you in 2006 to		
	288:24 contemplate adding an additional warning?		
	288:25 A. I don't recall.		
	289:01 Q. And it looked like -- it appears just		
	289:02 reading from the email here that we are seeing that		
 P3.1.16	289:03 there were issues of loss of memory and so forth		
	289:04 that were of concern.		
	289:05 Do you recall what had triggered either you		
	289:06 or Dr. Swartz wanting to add additional information		
	289:07 to the Somatics label for memory loss?		
	289:08 A. 2006, I simply do not recall.		
 P3.1.15	289:09 Q. And here Dr. Swartz writes "Dick," is		
	289:10 that-- he is referring to you; correct, Doctor?		
	289:11 A. That's me.		
	289:12 Q. That's you. And he says:		
 P3.1.17	289:13 "The goals of warning statement		
	289:14 we need to make are (1) to prevent		

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DESIGNATION	SOURCE	DURATION	ID
289:15	lawsuits and (2) not alienate		
289:16	psychiatrists."		
289:17	Do you see that, Doctor?		
289:18	A. Yes.		
289:19	Q. Do you agree with the statements made by		
289:20	Dr. Swartz?		
289:21	MR. POOLE: Referring to those two specific		
289:22	ones; right?		
289:23	MR. ESFANDIARI: Yes. What I just read.		
289:24	THE WITNESS: I think those are two goals		
289:25	of a warning statement and --		
290:01	BY MR. ESFANDIARI:		
290:02	Q. What did you understand --		
290:03	A. I would say those are accurate. I would		
290:04	agree with those.		
290:05	Q. Okay. What was your understanding of not		
290:06	alienating psychiatrists?		
290:07	A. Well, actually, I have no understanding of		
290:08	that. That was Dr. Swartz's term.		
290:09	Q. But you just told me you agreed with it?		
290:10	A. I agreed that those could be goals of a		
290:11	warning statement, but I never said that I agreed		
290:12	that it is necessary not to alienate psychiatrists.		
290:13	I was agreeing with his statement.		
290:14	Q. Right. I mean, if his statement and my		
290:15	question is -- you said you agreed with his		
290:16	statement which includes that we don't alienate		
290:17	psychiatrists, and what is your understanding of not		
290:18	alienating psychiatrists? Do you have an		
290:19	understanding of what he meant by that?		
290:20	A. I misspoke. I do not agree with that		
290:21	statement.		

Plaintiff Affirmatives

00:25:32

TOTAL RUN TIME

00:25:32



Documents linked to video:

P3



P90

P92

P139

P140

P141

P142

P143

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