

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

WENDY B. DOLIN Individually and as
Independent Executor of the Estate of
STEWART DOLIN, deceased,

Plaintiff,

vs.

SMITHKLINE BEECHAM CORPORATION
D/B/A GLAXOSMITHKLINE, a Pennsylvania
Corporation,

Defendant.

No. 12 CV 6403

Chicago, Illinois

March 29, 2017

9:20 o'clock a.m.

VOLUME 10 A
TRANSCRIPT OF PROCEEDINGS
BEFORE THE HONORABLE WILLIAM T. HART

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1 (The following proceedings were had out of the
2 presence of the jury in open court:)

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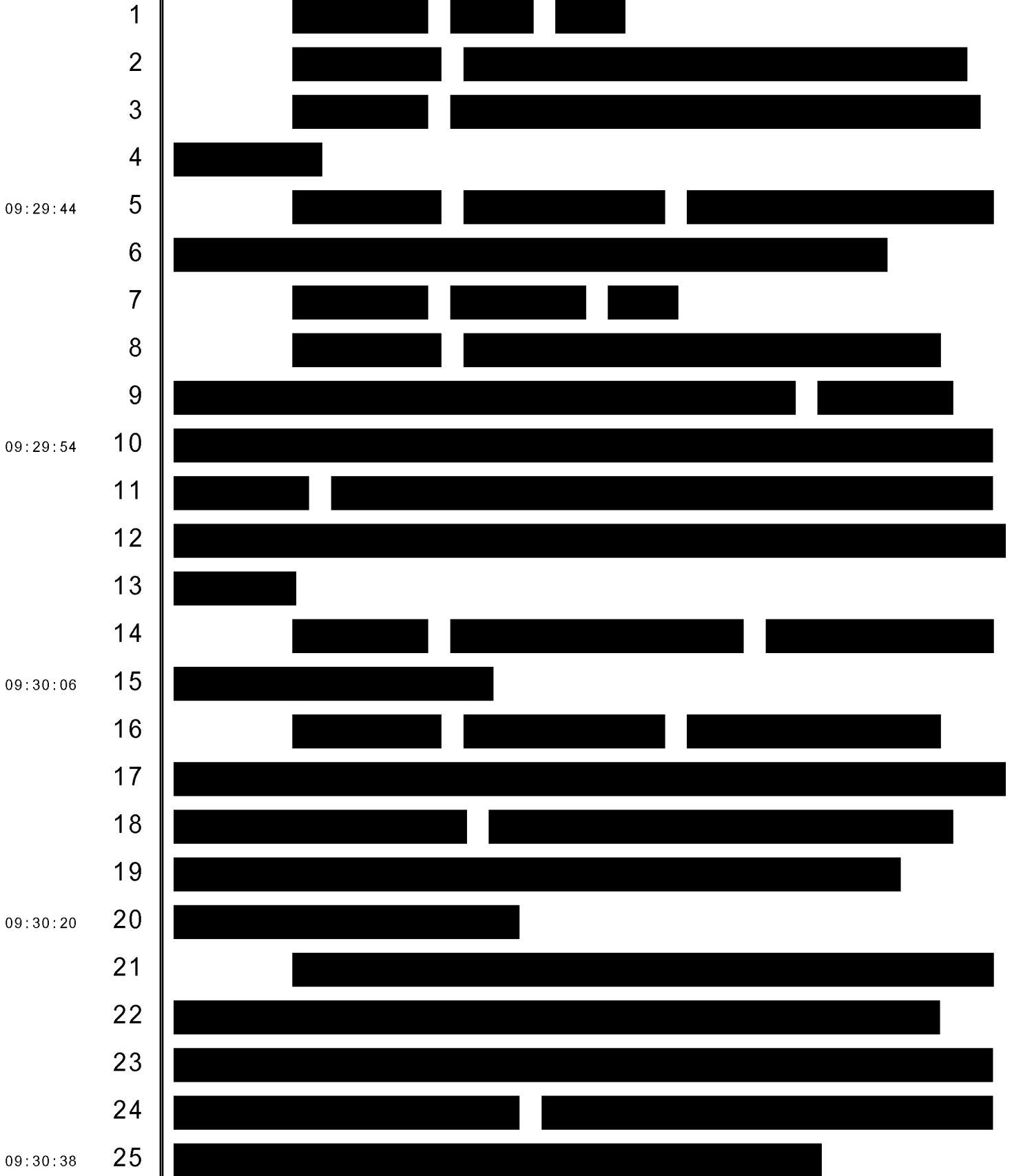
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(The following proceedings were had in the

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presence of the jury in open court:)

21

THE COURT: All right. Thank you very much, ladies and gentlemen. Please be seated. We'll resume.

22

23

We will continue to hear the remainder of this deposition, which I'm told is support.

24

09:32:53

25

Proceed, please.

1 (Audiotaped deposition of Sydney Reed played in
2 open court) .

3 MR. WISNER: There are a couple of monitors out.
4 (Brief interruption).

09:37:34

5 (Continuation of audiotaped deposition of Sydney
6 Reed played in open court) .

7 THE COURT: That concludes the deposition?

8 MR. RAPOPORT: Yes, sir.

9 THE COURT: All right. Proceed, please.

10:33:36

10 MR. RAPOPORT: Thank you, Your Honor. And good
11 morning. Our next witness is Dr. Joe Glenmullen.

12 THE COURT: All right.

13 (Brief pause).

14 MR. RAPOPORT: Oh, there you are.

10:34:17

15 THE COURT: All right, doctor. Step up here, please.
16 Right around there, if you will (indicating).

17 (Brief pause)

18 THE COURT: Please raise your right hand.

19 (Witness duly sworn.)

10:34:31

20 THE COURT: You may take the witness stand.
21 Good morning.

22 THE WITNESS: Good morning.

23 JOSEPH GLENMULLEN, PLAINTIFF'S WITNESS, SWORN

24 DIRECT EXAMINATION

10:34:38

25 BY MR. RAPOPORT:

1 Q. Good morning again. Please state your name.

2 A. Dr. Joe Glenmullen.

3 Q. And what kind of a doctor are you?

10:35:34

4 THE COURT: You may read the doctor's qualifications
5 to the jury.

6 MR. RAPOPORT: Ready to do that, Your Honor.

7 Good morning (reading:)

10:35:51

8 "... Dr. Joseph Glenmullen graduated from
9 Harvard Medical School in 1984. He did his
10 medical internship in psychiatry residency at
11 Cambridge Hospital, a Harvard medical school
12 hospital.

10:36:08

13 Since finishing his training, Dr. Glenmullen
14 has taught and supervised social work interns,
15 psychology fellows, and psychiatry residents at
16 Cambridge Hospital/Harvard Medical School for
17 more than 25 years.

10:36:29

18 Dr. Glenmullen is a lecturer in psychiatry at
19 Harvard Medical School. He earned his Bachelor
20 of Arts, magna cum laude, from Brown University.
21 Dr. Glenmullen is board certified in psychiatry,
22 and he has been since shortly after completing
23 his training.

10:36:42

24 He has been in private clinical practice since
25 1986. And he also served as a psychiatrist for

1 staff, students, and faculty at the Harvard Law
2 School Health Services for 20 years.

10:37:03

3 Dr. Glenmullen is a member and on the board of
4 directors of the New England Division of the
5 American Foundation for Suicide Prevention and a
6 member of the American Association of
7 suicidology.

10:37:20

8 Dr. Glenmullen is the author of two thoroughly
9 researched books on the side effects of
10 antidepressants. The title of one is
11 Prozac/Overcoming the Dangers of Paxil, Zoloft
12 and Other Antidepressants With Safe, Effective
13 Alternatives, published prior to his involvement
14 in any lawsuits involving these.

10:37:36

15 And the second book, the Antidepressant
16 Depressant Solution, a Step-By-Step Guide to
17 Safely Overcoming Antidepressant Withdrawal,
18 Dependence, and Addiction.

10:37:53

19 In his books, Dr. Glenmullen dedicates over 70
20 combined pages of text to describing selective
21 serotonin reuptake inhibitor, SSRI,
22 antidepressant induced suicidality that can
23 occur in patients using an SSRI, including
24 Paxil.

10:38:12

25 Dr. Glenmullen's books are annotated with over

1 900 footnotes from medical journals, textbooks,
2 United States Food and Drug Administration
3 documents, and internal company documents.

10:38:28

4 Dr. Glenmullen has also been an invited speaker
5 in a number of forums on the subject of his
6 books and the material contained therein.

10:38:46

7 In this case, Dr. Glenmullen has prepared a
8 130-page report on specific causation in this
9 case, with 364 footnotes to medical records,
10 deposition testimony, GSK documents, FDA
11 documents, medical literature, and other
12 discovery materials."

13 Thank you.

14 BY MR. RAPOPORT:

10:38:59

15 Q. Is all that true?

16 A. All that is true.

17 Q. Okay. So let's start with how you got involved or what
18 caught your eye or interest about these things that you later
19 wrote books about.

10:39:15

20 A. So, I trained and started practicing before Prozac, Zoloft,
21 Paxil came on the market. So it was a very different
22 environment. There were earlier classes of drugs that primary
23 care doctors, like Dr. Sachman, rarely prescribes. They would
24 refer them to specialists.

10:39:38

25 And when Prozac came in, and then Zoloft, and then

1 Paxil, there was kind of a sea change, which you may have heard
2 about in the last couple of weeks, that, all of a sudden, about
3 80 percent of the prescriptions were being written by primary
4 care doctors for these new allegedly safer drugs.

10:39:59

5 But there was a scare, a pretty big scare. A lot of
6 publicity, academic publications about Prozac making people
7 suicidal, shortly after it was introduced in 1989, 1990, 1991,
8 there was an FDA hearing.

10:40:22

9 It appeared that there wasn't anything to that at the
10 time, and no warning was put in place. You may know that as
11 well now. But I saw several -- and I assumed that was true,
12 but then in the mid '90s I saw several patients have this
13 reaction. You know, people had not been suicidal, suddenly
14 become dramatically worse on the drugs and suicidal. In some
15 instances, I was sharing them with a therapist or with the
16 primary care doctor who also observed this. And as soon as
17 they were taken off the drug, it went away.

10:40:47

18 So once I had seen it, you couldn't talk me out of it.
19 I said, okay, there was something to it. So, I started to
20 research it. I discovered that there was more to the FDA
21 hearing than we had realized. And I discovered there was more
22 research. And I just kept digging and digging. And I
23 eventually was writing a book, and put this -- included this in
24 it as Mr. Rapoport just told you.

10:41:05

10:41:22

25 Q. Now, could you tell us a little bit about the patients that

1 you had in your practice, without, of course, violating any
2 confidentiality, a little bit about, you know, what happened
3 with your patients that caught your eye.

10:41:42

4 A. What happened was, there were people with mild to moderate
5 anxiety and depression, not suicidal. And then they went on
6 the drug, which was supposed to help, and all of a sudden they
7 just took a nosedive. It was like they went off a cliff. And
8 they just became severely anxious, severely depressed,
9 suicidal, all of a sudden, unable to cope, unable to function,
10 distorted in their thinking, not able to cope with things that
11 they would normally be able to cope with. So worrisome, that
12 you'd want to see them every day of a week, which, in one
13 instance, I did.

10:42:06

10:42:20

14 And then sharing with the therapist or the primary
15 care doctor, wow, this was such a dramatic change. You know,
16 the person has just gone off the cliff and you're suicidal.
17 And then the question was, well, you know it's one of these
18 drugs, that's the only thing that's changed.

10:42:37

19 And there was a concern about that. So, okay, fine,
20 let's try taking them off drug, that's technically called
21 de-challenge. The idea where it says the drug is challenging
22 them and you de-challenge them, you take them off.

10:42:54

23 And it just cleared. It just went away. It was very
24 clear. It was very frightening, but it was just like a switch.
25 And there were patients much like Stewart Dolin. And once I

1 had seen that, then I wasn't going to -- you couldn't convince
2 me that there had been nothing to that scare in '89, '90, '91,
3 and I wanted to know more. And now I know a lot more.

10:43:17

4 Q. All right. And let's talk for a minute about that "knowing
5 a lot more."

10:43:36

6 You're aware, of course, that Dr. Healy has testified
7 before this jury, and that they've heard a good deal already
8 about some things that you know about. So my first question
9 about that, because we're not going to go over what he has
10 already done --

11 A. Sure.

12 Q. -- and I'm sure that'll be a relief to everybody here, but
13 what connection, if any, do you have to him or when did you
14 first ever talk to him?

10:43:48

15 A. So this is a little bit of antidote, but I had written that
16 book, I had included my stories of this side effect. I had
17 included the research, additional research that I found. I had
18 included -- I got a hold of the FDA hearing transcript, and it
19 wasn't as simple as there was no problem, so I had put all that
20 in.

10:44:07

21 And someone told me, oh, you know, one of the most
22 dramatic cases, it was a gentleman who took Prozac in
23 Louisville, Kentucky, and he had become psychotic and he
24 murdered --

10:44:21

25 MR. DAVIS: Your Honor, I think we're far afield from

1 where we are and where we need to get. He is also talking
2 about other issues.

3 MR. RAPOPORT: It's your call, Your Honor. I'm not
4 looking to argue --

10:44:34

5 THE COURT: I think we ought to stay with the issue.

6 MR. RAPOPORT: All right.

7 BY MR. RAPOPORT:

10:44:44

8 Q. So, you know, without getting into that particular story,
9 how is it that you got to know or what is your connection with
10 David Healy?

10:45:02

11 A. I just became aware of more information and I contacted him
12 in Wales. And he gave me a declaration. And it had some
13 pretty amazing things in it, pharmaceutical company documents.
14 And I was very quick -- they were in the public domain, so I
15 was very quick to get them. And I asked my editor,
16 essentially, to stop the presses so we could put this stuff in
17 the book, and he did. And that was my first exposure to
18 pharmaceutical-company documents on this subject.

10:45:24

19 Q. At some point in your career, did you get involved in the
20 litigation aspect of this whole problem that you're describing?

21 A. I did.

22 Q. And, roughly, when was that?

10:45:41

23 A. The first book came out in 2000, and I think it was
24 probably -- I resisted doing that for a while. You know, I was
25 seeing a ton of patients, I had young children, I had a busy

1 life, but I think it was probably a year or two later, around
2 2001, 2002.

3 Q. What motivated you to write the book?

10:45:57

4 A. You know, we take a Hippocratic Oath that we won't harm
5 patients. So I felt like that prescription that I had written
6 had made the patient worse. And I wanted to understand that
7 better and make sure that I -- I -- I was better informed about
8 how to treat people with these drugs, which I do to this day,
9 that if they have a severe-enough conditions, that the drugs
10 are warranted. But I thought that I and other doctors and
11 patients should know more about this, and that's why I wrote
12 the book.

10:46:15

13 Q. Didn't you write it in order to become a testifying expert
14 and make a lot of money?

10:46:29

15 A. Absolutely no way. As I say, I resisted this for a couple
16 of years. I was like, huh, you know, there are very, very
17 adversarial situations, why would I want to get in the middle
18 of them. But, then, you know, I was -- I was told that there
19 was cases coming up and I might be able to learn more about
20 what the pharmaceutical company, this one in particular, knew,
21 and I was curious.

10:46:48

22 Q. So you got involved back, it sounds like -- what's the
23 guesstimate, 15?

24 A. Yeah, 15 is a good number.

10:47:03

25 Q. And in the last 15 years, how much medical-legal consulting

1 have you done with respect to the particular problem that we're
2 here on today?

10:47:22

3 A. After the warning that you've probably heard about for
4 children and adolescents and young adults, there were -- that's
5 when I got much more involved in lawsuits.

6 And then, subsequently, it was probably around '08,
7 maybe, that I started to get involved in some really huge
8 lawsuits. So it's kind of steadily grown over the years. It
9 started out slowly.

10:47:39

10 Q. And I don't want to dig too deep, but your medical legal
11 work, I'm sure, people will at least be a little interested in.
12 Have you had any governments bring you in as expert for them?

10:48:10

13 A. Yes. So now I have done some very, very large suits for
14 state Attorney Generals, and for the Department of Justice, and
15 it was actually those lawsuits that kind of were the ones I was
16 referring to as being huge. They take 4 or 5 years. They're
17 very, very time consuming. I have rooms full of documents for
18 those kinds of suits and depositions. They are absolutely
19 enormous for the government.

10:48:27

20 Q. And so, you know, words like "enormous," and all of that,
21 can mean different things to different people, but are you
22 talking about harms that involve hundreds or thousands of
23 people, something like that?

24 MR. DAVIS: Objection, Your Honor; argumentive.

10:48:40

25 THE COURT: Yes. Sustained.

1 BY MR. RAPOPORT:

2 Q. All right. Could you just tell us some of the governmental
3 entities that have brought you in.

10:48:56

4 A. Sure. The Department of Justice, State Attorney General's
5 Offices, U.S. Attorneys.

6 Q. And the Department of Justice would be the United States
7 Department of Justice?

10:49:07

8 A. Correct. That was the largest. They were working with the
9 Texas State Attorney General, and that was the largest suit
10 that I've done.

11 Q. Okay. Now let's get more zeroed in on what brings us here
12 today. So what have you done in this case?

10:49:25

13 A. So, I have read, I think, something like 30 depositions.
14 I've read all the medical records. I interviewed the widow.
15 I've put -- I've been -- gone back and analyzed the case.

16 We're here, in particular, to talk about whether or
17 not Stewart Dolin had this reaction to Paxil or if there was
18 some other cause for his death.

10:49:46

19 And it was my job to analyze these voluminous records,
20 and try to be fair, and balanced, and make a reasonable
21 determination about that.

22 Q. And how do you go about doing something like that?

10:50:00

23 A. So, I have a kind of template in my head. And there's a
24 term for it in medicine, it's called a differential diagnosis.
25 It's the same methodology that your doctor would use if you

1 came in with a set of symptoms and he or she was trying to
2 figure out what the cause of those symptoms were.

3 So you have a list in your head of as many
4 possibilities as you can think of in order to be as thorough
5 and as systematic as you can.

10:50:20

6 And if we have a demonstrative, we can maybe look at
7 what that list is in this particular case.

8 Q. All right. So the one you've referred to, we've marked as
9 Plaintiff's Exhibit 37 and distributed to both counsel for the
10 defense and the Court.

10:50:38

11 Is that something that you have prepared?

12 A. Yes.

13 Q. And do you believe that it would be helpful to the folks in
14 the box here to see this in order to understand your general
15 approach to analyzing?

10:50:51

16 A. Sure.

17 MR. DAVIS: I don't believe I've got Exhibit 37 that
18 -- I don't believe I have Exhibit 37 Mr. Rapoport is
19 referencing.

10:51:03

20 THE COURT: Nor do I.

21 MR. RAPOPORT: Well, I'm sorry.

22 (Brief pause).

23 MR. RAPOPORT: Okay, I was just informed they were
24 renumbered. Forgive me. So it's apparently 51.

10:51:17

25 MR. DAVIS: I don't have 51 either, Your Honor.

1 MR. WISNER: Your Honor, I have a binder for you.

2 THE COURT: All right. Give it to my clerk.

3 He's stronger than I am.

4 (Binder tendered to the Court.)

10:51:40 5 MR. RAPOPORT: Oh, apparently 52; forgive me.

6 So, hopefully, we have 52 and it says "Differential
7 Diagnosis."

8 MR. DAVIS: Your Honor --

9 THE COURT: Is the screen working for the witness on
10:52:01 10 the witness stand?

11 THE WITNESS: I don't see anything yet.

12 MR. WISNER: No, it is working, Your Honor.

13 THE COURT: All right.

14 (Brief pause).

10:52:17 15 BY MR. RAPOPORT:

16 Q. All right. So at this point if everybody has had a chance
17 who needs to see it, I would move to utilize it as a
18 demonstrative exhibit and display it to the jurors.

19 MR. DAVIS: No objection, Your Honor.

10:52:29 20 THE COURT: All right. You may proceed.

21 (Exhibit published to the jury.)

22 BY MR. WISNER:

23 Q. All right. We have what you referred to up now. And I
24 have the ability on your command -- or oops.

10:52:43 25 (Brief pause)

1 BY MR. RAPOPORT:

2 Q. On your command, or my own, to do zooming.

3 So please talk us through what we're looking at here.

10:52:54

4 A. So, this is the template that I was referring to. This is
5 the list for this case.

6 Many of the things on the list would be on the list
7 for any case like this. And a couple of them, you know, are
8 more specific, and I'll point those out as we go through.

9 So, for example, was the person depressed.

10:53:10

10 Is that the reason that they committed suicide.

11 Was the person anxious.

12 Did they have an anxiety disorder.

13 Was it Paxil, that's one of the things that we're
14 considering here.

10:53:21

15 Was it work-related stress. That could be anyone.

16 The next one is more specific to Stewart. You know,
17 his father-in-law's health was deteriorating.

18 The next one is generic. You know, are there marital
19 problems. Are there financial problems.

10:53:37

20 Does the patient have a psychotic disorder.

21 The next two, again, are still generic. Is alcohol
22 involved, is other substance abuse involved.

23 Character disorders are another form of psychiatric
24 diagnosis. And some of them can be pretty bad and be set-ups
25 for being suicidal, so that's on the list.

10:53:57

1 Is there any other psychiatric condition. Do you want
2 to consider everything that appears in the medical records that
3 you review.

10:54:10

4 And then, is there another medication involved. And
5 you want to look at that, as well.

6 Q. All right. I want to jump ahead. You've had an
7 opportunity before sitting down, obviously, to go through your
8 differential diagnosis and come up with what you believe the
9 best answer is, correct?

10:54:28

10 A. For Stewart, yes.

11 Q. Yes. So my question to you, just to get this out early is,
12 do you have an opinion, based on all that you've done in this
13 case and all that you know about this drug and its warnings and
14 everything else, do you have an opinion about whether -- about
15 what the cause of Stewart Dolin's death was?

10:54:47

16 A. I do.

17 Q. What is your opinion, sir?

18 A. That it was Paxil.

19 MR. DAVIS: Your Honor, I object.

10:54:53

20 BY THE WITNESS:

21 A. That this was Paxil --

22 MR. DAVIS: Excuse me, Dr. Glenmullen. I don't mean
23 to interrupt you.

24 But Stewart Dolin did not take Paxil, Your Honor.

10:55:02

25 Stewart Dolin took Paroxetine. And so I would ask that that be

1 clarified with the jury.

2 THE COURT: Yes. Doctor, you want to clarify the
3 difference.

4 MR. DAVIS: Thank you.

10:55:12

5 BY THE WITNESS:

6 A. Sure. All drugs have a brand name and a chemical name. So
7 the chemical name, and you probably heard this, is Paroxetine,
8 the brand name is Paxil. I'm using them interchangeably.

9 MR. DAVIS: Your Honor, I would still object.

10:55:28

10 THE COURT: Use Paroxetine, Doctor.

11 THE WITNESS: I beg your pardon?

12 THE COURT: Would you refer to it as Paroxetine --

13 THE WITNESS: I'll try.

14 MR. DAVIS: -- can you do that?

10:55:36

15 THE WITNESS: I'll try. I'll try.

16 MR. DAVIS: Your Honor, I would still object because
17 that's not accurate either, because of the type of medication
18 that Mr. Dolin actually took.

19 THE COURT: He took a generic drug.

10:55:48

20 THE WITNESS: He took the generic drug, yes.

21 MR. DAVIS: Thank you, Your Honor.

22 MR. RAPOPORT: Sure. We all know that. I guess the
23 problem started with my question. So let me withdraw the
24 question and be more delicate.

10:55:58

25 BY MR. RAPOPORT:

1 Q. Doctor, do you have an opinion about whether Paroxetine
2 killed Mr. Dolin?

3 A. I do.

4 Q. What is that opinion?

10:56:05 5 A. That Paroxetine was responsible for his death.

6 Q. Are you fully prepared to explain all of your reasoning for
7 how you got to that opinion?

8 A. Absolutely.

9 Q. And to discuss all these other possibilities that you
10 considered?

10:56:17

11 A. Yes, sir.

12 Q. Let me ask you a different question. Have you formed an
13 opinion about whether the warning that GSK prepared for Paxil
14 was a cause of Stewart Dolin's death?

10:56:29 15 A. I have.

16 Q. And what is that opinion?

17 A. That that warning was responsible for his death, the lack
18 of a warning for adults over 24 years old.

10:56:41

19 Q. And are you ready to explain all of your reasonings for
20 reasons for reaching that collusion?

21 A. Yes.

22 Q. Great. Okay. Then with that taken care of, let's dig in.

23 A. Sure.

10:56:57

24 Q. So where would you like to begin? Should we begin with
25 your differential diagnosis and just walking through it or

1 where would you like to begin --

2 A. I think we could --

3 THE COURT: I think what we're going to do actually,
4 is take a recess before.

10:57:01

5 THE WITNESS: Sure.

6 THE COURT: Because I can tell we're going to get into
7 some particular material.

8 So we will take our morning recess.

9 MR. RAPOPORT: Thank you, Your Honor.

10:57:18

10 (The following proceedings were had out of the
11 presence of the jury in open court:)

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13 [REDACTED]

14 [REDACTED]

10:57:45

15 [REDACTED]

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10:58:08

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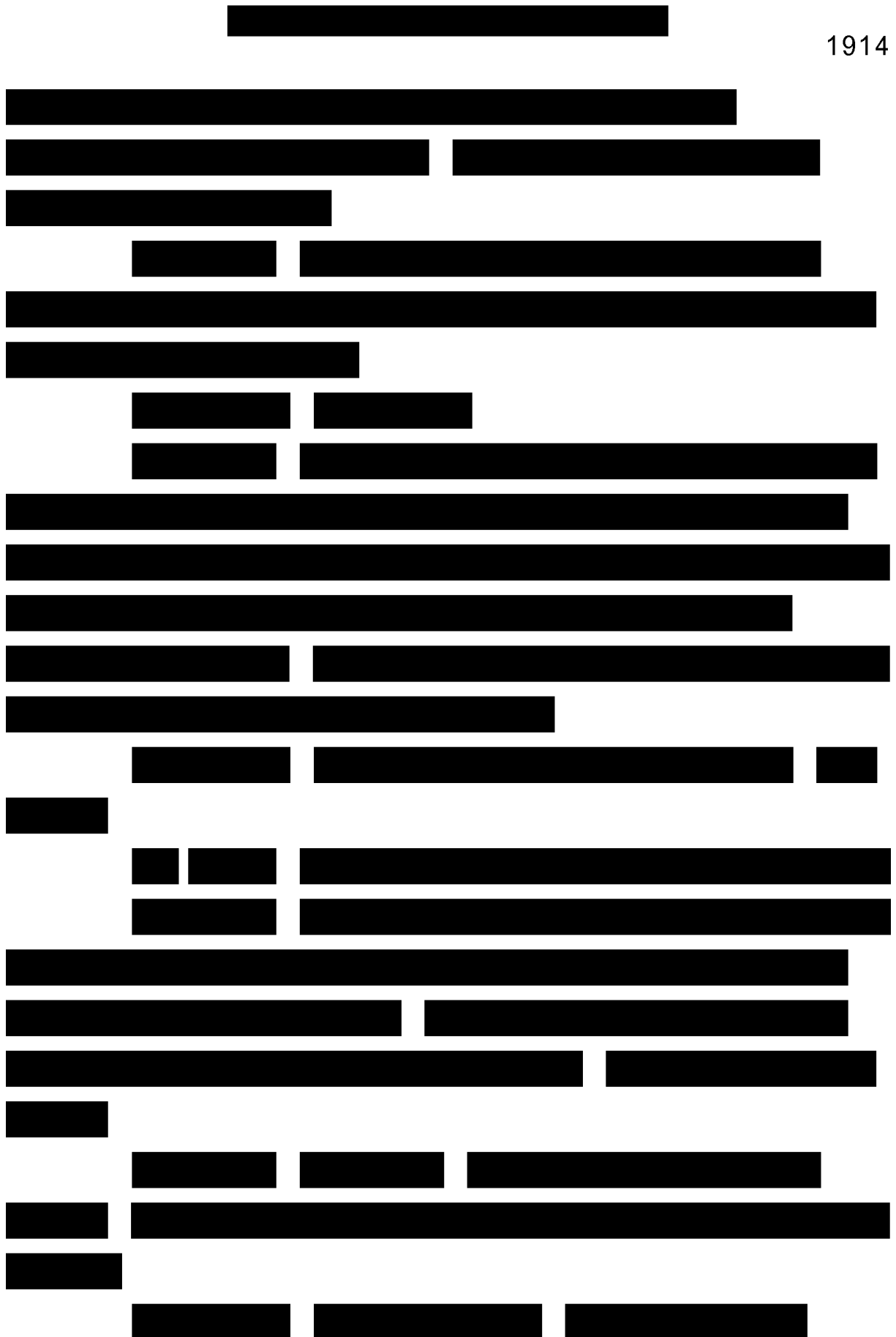
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7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

11:14:58

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

(The following proceedings were had in the presence of the jury in open court:)

11:16:02

THE COURT: All right. Thank you very much, ladies and gentlemen. Please be seated. We will resume.

You may proceed, sir.

MR. RAPOPORT: Thank you very much, Your Honor.

11:16:14

BY MR. RAPOPORT:

Q. All right. Let's begin with discussion about the information in the label about suicide.

A. Sure.

Q. Have you prepared some exhibits that will help the jury understand your point of view when we get into this area?

11:16:33

1 A. Yes.

2 Q. And it's my understanding that we should begin with the one
3 you prepared that highlighted the black box label?

4 A. I think so.

11:16:43

5 Q. Okay. Let me take a moment to get that.

6 (Brief pause).

7 (Exhibit published to the jury.)

8 BY MR. RAPOPORT:

11:17:13

9 Q. Now, here we have that. The folks here have seen this a
10 few times. You some highlighting and want to explain some
11 things about the importance of this information, please do
12 that.

11:17:27

13 A. All right. So what I've highlighted here, and you probably
14 heard before, is that the black box specifically says
15 "children, adolescents, and young adults," and that people
16 under 25 years old is repeated a couple of times.

11:17:50

17 And it says that "short-term studies did not show an
18 increase in the risk of suicidality with antidepressants
19 compared to placebo," which is a sugar pill "... in adults
20 beyond age 24," which is the category that Stewart Dolin would
21 fall into. He was 57.

22 There was a reduction in risk with antidepressants
23 compared to placebo in adults age 65 and older.

11:18:08

24 And then this next sentence is also very important
25 because it goes on to say that "depression and certain other

1 psychiatric disorders are themselves associated with increases
2 in the risk of suicide."

3 So if an adult is over 25 and the drug is not going
4 to -- could not make them suicidal, that last sentence is
5 telling me, as a doctor, it's depression, or whatever their
6 psychiatric condition is, that would make them suicidal, you
7 don't have to worry about the drug. And, of course, the
8 premise in this lawsuit is that that's not true, for
9 Paroxetine, in particular.

10 Q. All right. And you've made some other selections in the
11 label. So I want to be clear which you would like me to
12 display next.

13 A. Why don't we go to the Warnings section.

14 Q. Okay. Great.

15 (Brief pause).

16 (Exhibit published to the jury.)

17 MR. RAPOPORT: What I have now is what we've marked as
18 Plaintiff's Exhibit 59. That is distributed to all who would
19 need to take a look. And my request would be for permission to
20 display this and have the doctor explain what he's highlighted
21 and what significant.

22 MR. DAVIS: If I could just get there real quick, Your
23 Honor.

24 (Brief pause)

25 THE COURT: You may proceed.

1 MR. DAVIS: Thank you.

2 (Exhibit published to the jury.)

3 BY MR. RAPOPORT:

4 Q. Did I get the right one?

11:19:34

5 A. Yeah.

6 Q. Okay. Please go ahead, then. I'll blow it up a little bit
7 and explain.

11:19:47

8 A. So the reason I think it's helpful to look at this is,
9 within the context of the black box for children, adolescents,
10 and young adults, this is going to tell you, in a little more
11 detail, what, as a doctor, to look for that would be of concern
12 leading up to becoming suicidal. It's side effects of the drug
13 that are precursors to becoming suicidal.

11:20:11

14 So again, in this label, and this prescribing
15 information only applies to children and young adults, but I'll
16 explain why it becomes relevant in Stewart' case. So it's the
17 emergence of anxiety, agitation, panic attacks which are
18 really, really awful anxiety of a particular type, insomnia,
19 irritability, hostility, aggressiveness towards others,
20 impulsivity, akathisia, you may have heard about, it's a
21 particular form of drug-induced agitation, hypomania or mania,
22 that's when someone becomes manic. And this is kind of a
23 spectrum, from a little bit of difficulty sleeping, and a
24 little of anxiety, to very agitated, to manic, almost
25 psychotic. Another term for this is the activation side

11:20:39

11:21:02

1 effects of antidepressants.

2 It's also very important, it's right there, the
3 changes may be abrupt. It's like flipping the switch in a lot
4 of patients. And again, it's repeated, "severe, abrupt in
5 onset." And then you say, "symptoms such as these --" you see:

11:21:22

6 "Symptoms such as these may be associated with a
7 increased risk for suicidal thinking and
8 behavior ..."

9 So I analyze in Stewart's case, even though this label
10 tells me that these cannot lead to suicide in someone his age,
11 I don't agree with that. So, those are the same side effects
12 I'm going to look for in Stewart. That's the list, that's the
13 crucial list of warning signs if someone had been warned. If
14 the doctor had been warned in the black box, if Stewart had
15 been forewarned, if his wife had been warned.

11:22:03

16 So those are the crucial side effects. And there is
17 one more list in what's called the medication guide.

18 Q. All right. Then we'll go there next.

19 (Brief pause).

11:22:28

20 BY MR. RAPOPORT:

21 Q. Okay. We have marked what is Plaintiff's Exhibit 63 for
22 purposes of our trial, which is the one that you've just
23 referred to where you have another list in the label.

24 And would it be helpful to the jurors to give the
25 chance to see that while you're talking through it?

11:22:45

1 A. Yes.

2 MR. RAPOPORT: Your Honor --

3 THE COURT: Proceed.

4 MR. DAVIS: Your Honor has previously ruled on this.

11:22:53

5 This has to do with the medication guide. This was previously
6 discussed with Dr. Healy and -- excuse me, Dr. Ross, and Your
7 Honor said that was not at issue in this case. This is the
8 medication guide.

9 Am I wrong?

11:23:08

10 MR. RAPOPORT: Well, you're wrong in a lot of ways,
11 but I'll be happy to speak --

12 THE COURT: Well, frankly, I don't remember it, but
13 I'm going to let him go ahead with it now. So you may proceed.

14 MR. RAPOPORT: Thank you, Your Honor.

11:23:19

15 THE COURT: You can call it to my attention later.

16 MR. DAVIS: All right, Your Honor.

17 (Exhibit published to the jury.)

18 BY MR. WISNER:

11:23:29

19 Q. We have this exhibit that we've just discussed up. And I'm
20 going to go ahead and use the zooming capabilities in order to
21 zoom in on the substance of this.

22 (Brief pause).

23 BY MR. RAPOPORT:

24 Q. What are we looking at here?

11:23:39

25 A. So when the warning for children, adolescents, and young

1 adults was brought in in the mid 2000's, the FDA mandated
2 what's called a medication guide, which is something that can
3 actually be given to patients by the pharmacy.

11:23:59

4 So we're now looking at that same list. Earlier we
5 saw it in the warnings, the precaution sections for doctors.
6 This is how the list -- this is another version of the list for
7 patients.

11:24:17

8 And I want to call your attention, we didn't highlight
9 it, but in the -- in the title here I want you to see, "if they
10 are new or worse." Do you see that? "If they are new or
11 worse."

11:24:38

12 So what's important about that is that sometimes
13 patients do have some anxiety. They do have some depression,
14 but if it gets much worse on the drug, you count that as well.
15 It does not have to be new. "New or worse."

16 Q. And then now?

17 A. Thank you.

11:24:52

18 And this is a similar list. So what can happen is
19 thoughts of suicide, suicide attempts. Again, you see "new or
20 worse depression." "New or worse anxiety." "Feeling very
21 agitated or restless." "Panic attacks," we saw earlier.
22 "Trouble sleeping," again, this would be new or worse. "New or
23 worse irritability." "Acting aggressive, angry, or violent,"
24 which is kind of the flip side of the coin, being suicidal,
25 violence toward yourself or violence towards others. "Acting

11:25:17

11:25:37

1 on dangerous impulses," which, obviously, being violent towards
2 others or yourself would be. "An extreme increase in activity
3 or walking," that's a kind of plain English version of "mania"
4 in parenthesis there. "And other unusual changes in behavior
5 or mood."

11:25:54

6 So this is a really great list. The problem is, we
7 looked at the beginning, it says it only applies to people
8 under 25. But I'm going to use the same list in evaluating
9 whether or not Paroxetine was responsible for Stewart's death
10 as opposed to I'm also wondering about depression, I'm
11 wondering about anxiety, I'm wondering about substance abuse.
12 I'm going to look at everything. But the overall message of
13 this is, a dramatic change shortly after going on the drug.

11:26:14

14 And do we have some of that language? We saw "abrupt"
15 and there's a place where it says in the early months on the
16 drug.

11:26:26

17 Q. Okay. So if you selected it before, we would have it, but
18 I might need to hear more from you to know what I'm looking
19 for.

11:26:48

20 A. There's a particular sentence where it says that people
21 should be observed for these side effects in the early weeks on
22 the drug. And when I say "people," the label says 'children,
23 adolescents, and young adults,' but we're looking at an older
24 person now.

25 Q. Okay. I think I have found that. We have what is

1 Plaintiff's Exhibit 62, which is actually the page preceding
2 the one we're looking at.

3 A. Okay.

4 MR. RAPOPORT: And we would move to display that.

11:27:03

5 THE COURT: Proceed. Proceed.

6 (Exhibit published to the jury.)

7 BY MR. RAPOPORT:

8 Q. I will zoom in and ask you, is this the reference you're
9 looking for?

11:27:10

10 A. Yes. So, actually, this is the page before the one we just
11 looked at.

12 If you go up to the top, counsel, I think it says
13 "medication guide." So this is the beginning of the medication
14 guide. The list we just looked at just comes after this.

11:27:27

15 And then if you blow that up a little bit.

16 "Antidepressant medications may increase
17 suicidal thoughts or actions in children,
18 teenagers, and young adults within the first few
19 months of treatment."

11:27:40

20 MR. DAVIS: Your Honor, may I have a standing
21 objection to this, the medication guide?

22 THE COURT: Let's go to sidebar.

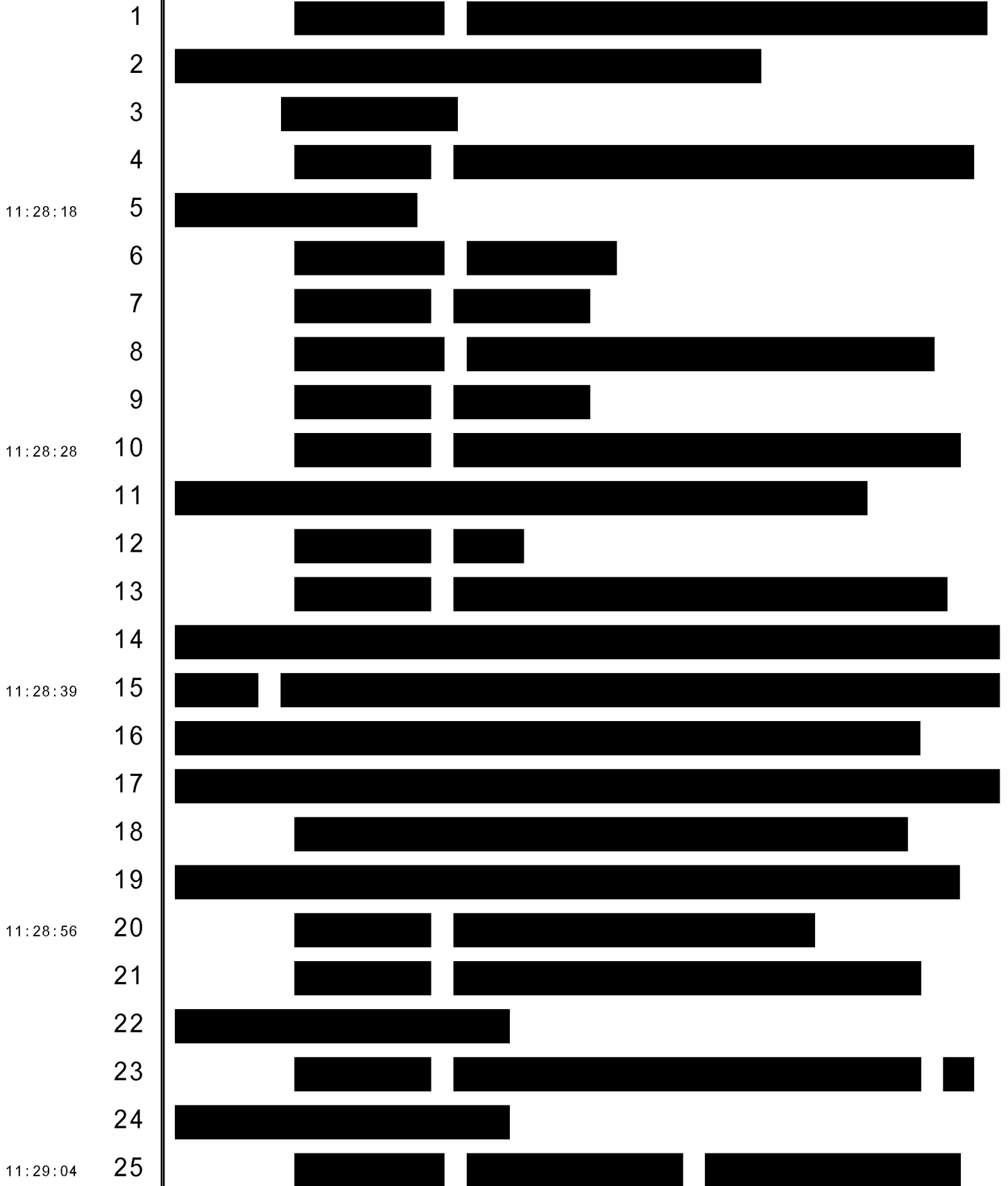
23 MR. DAVIS: Thank you.

24 (Proceedings heard at sidebar on the record.)

25

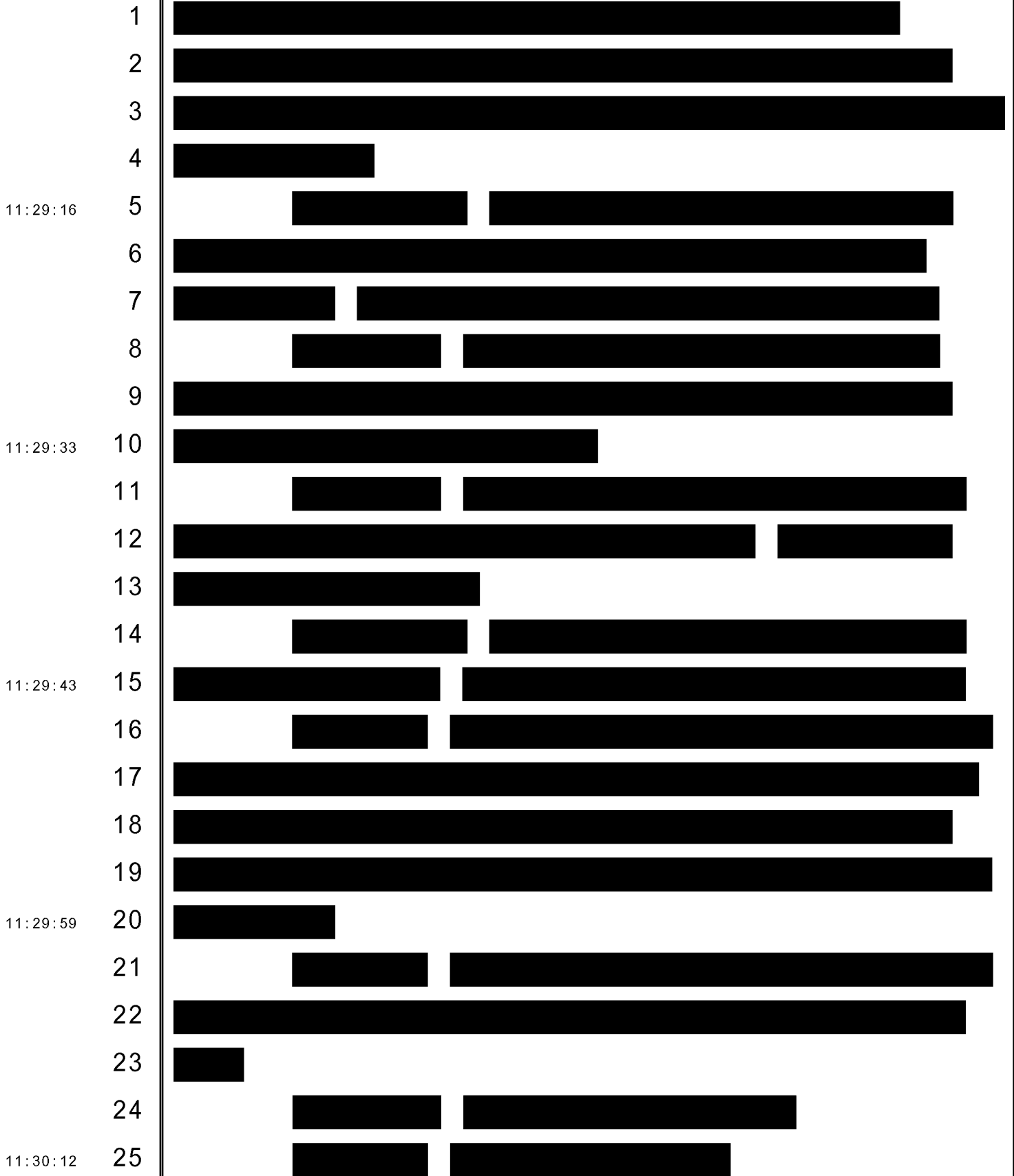
Glenmullen - direct by Rapoport

1924



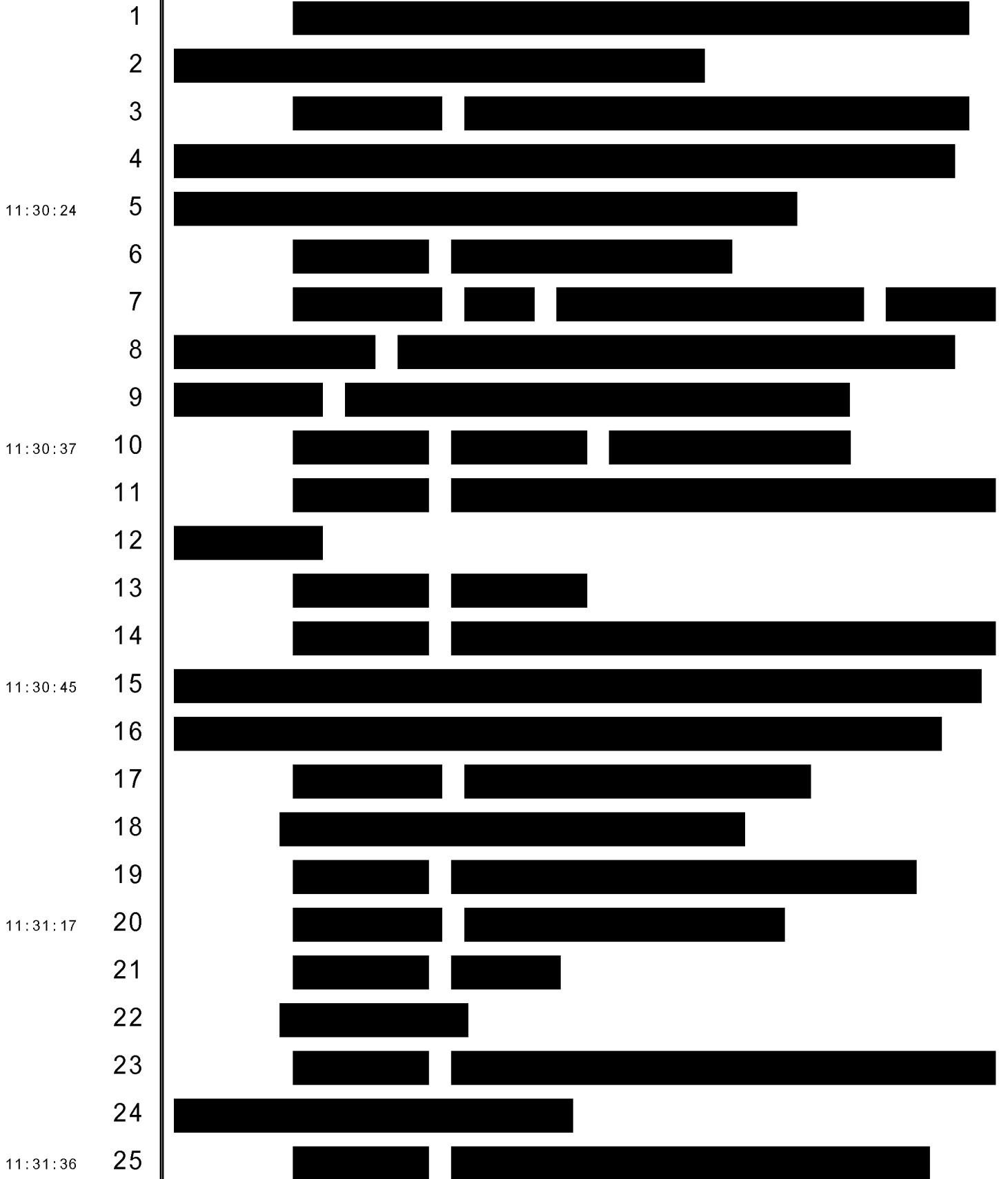
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1925



Glenmullen - direct by Rapoport

1926



1

[REDACTED]

2

[REDACTED]

3

[REDACTED]

4

[REDACTED]

11:31:44

5

[REDACTED]

6

[REDACTED]

7

[REDACTED]

8

[REDACTED]

9

[REDACTED]

11:31:51

10

[REDACTED] [REDACTED]

11

[REDACTED]

12

[REDACTED] [REDACTED]

13

[REDACTED] [REDACTED]

14

[REDACTED]

11:32:02

15

[REDACTED] [REDACTED]

16

[REDACTED]

17

[REDACTED] [REDACTED]

18

(Proceedings resumed within the hearing of the

19

jury).

11:32:35

20

BY MR. RAPOPORT:

21

Q. I don't want to recall if the question was pending, forgive

22

me.

23

Doctor, go ahead and --

24

THE COURT: You want it read back, Doctor?

11:32:46

25

THE WITNESS: Yeah, that would help.

1 THE COURT: Would you read it back, ma'am.

2 (Record read.)

3 BY THE WITNESS:

4 A. Within the first few months of treatment. It's early in
5 treatment, within the first few months.

11:33:34

6 And then, you'll see, there's a little more detail in
7 the next highlighted part, "to pay close attention for any
8 changes, especially sudden changes," that's like the word
9 "abrupt" that we heard, "... in mood, behaviors, thoughts or
10 feelings, this is very important when an antidepressant
11 medicine is started or when the doses change."

11:33:51

12 And one thing that's helpful to know is that this
13 reaction can happen -- it's what's called a dose-dependent
14 reaction. You might not have it to a lower dose, and then it
15 happens when the dose is put up. So either when the drug is
16 started, when the dose is put up, and it can actually even
17 happen when the dose is put down. It's changes in dose, but
18 it's early, early on, "initial months" is what the label says,
19 for children, adolescents, and young adults.

11:34:11

20 But what I think is helpful for you to understand, is
21 that the methodology that I am using to evaluate whether or not
22 in that list of possibilities it might be Paroxetine, is to
23 look for these side effects, they're the classic side effects,
24 and to look if it's the classic timeframe, meaning it started
25 soon after the drug was started or the dose was changed in the

11:34:30

11:34:47

1 early month or two.

2 Q. Now, I know one of the things that you have prepared for
3 the jurors takes the same lists and shows, based on the
4 evidence incident case, which of the things on the lists Mr.

11:35:04

5 Dolin had. Shall we reserve that until a later discussion and
6 go through your differential or shall we do that now?

7 A. We really could do it either way. If you -- we could look
8 at the same list now, and then maybe it will be in your mind as
9 we walk through the information.

11:35:22

10 Q. Okay. Great. And we have two different lists, which one
11 do you want to start with?

12 A. What are the two lists?

13 Q. Well, the med guide had one that was --

14 A. Oh, no, we have one that's highlighted.

11:35:35

15 Q. Yeah, I know. I'm trying to figure out which highlight I
16 should get. The one from suicidal clinical worsening or the --

17 A. Yeah.

18 Q. Okay.

19 A. No, try the other one first. And if it's not adequate,
20 we'll look at the other one.

11:35:48

21 (Brief pause).

22 (Exhibit published to the jury.)

23 BY MR. RAPOPORT:

24 Q. I just want to be clear, because I have them both here.

11:36:04

25 You want clinical worsening or you want one from the med guide?

1 A. The med guide list.

2 Q. The med guide.

3 (Brief pause).

4 MR. RAPOPORT: Okay. That one, Your Honor, would be
5 Plaintiff's Exhibit 61, which we move to display at this time.

11:36:19

6 THE COURT: All right. Proceed.

7 (Exhibit published to the jury.)

8 BY MR. RAPOPORT:

9 Q. All right. Did I put up the right one?

11:36:32

10 A. Yes.

11 Q. Then please explain what is the significance of this one.

12 A. So this is the same list. Now it's highlighted for what
13 after going through all the records, and we'll walk through how
14 I came to this, these are the ones that suit -- that Stewart
15 had.

11:36:48

16 So they're new or worse. He, obviously, became
17 suicidal. He, obviously, made a suicide attempt, sadly. It
18 was what we call a completed suicide.

19 He had worse depression. He had worse anxiety. He
20 became quite agitated. He had worse trouble sleeping. His
21 suicide is, obviously, acting on a dangerous impulse. And
22 we'll see that his colleagues and his client, his therapist, as
23 well as his family, described unusual changes in behavior and
24 mood.

11:37:05

11:37:30

25 So that's kind of an overview to keep in mind. And it

1 was all very abrupt. It's within 6 days of starting Paxil --
2 of starting Paroxetine.

3 Q. All right. Thank you.

4 Then you have a similar list taken from the other --

11:37:45

5 A. This is fine.

6 Q. Okay. Great. Then next topic, I would assume, would be a
7 walk through Stewart's mental care history?

8 A. I think we have a couple of time lines.

9 Q. All right. Shall we do them chronologically?

11:38:02

10 A. Yes, sir.

11 Q. So the first of them dealt with care of Dr. Roth then,
12 would that be correct?

13 A. Correct.

11:38:12

14 Q. And you have imagined, and then had a graphic artist put
15 together a portrayal that actually shows, over the period of
16 time involved, how much Mr. Dolin saw Dr. Roth and how much he
17 didn't?

18 A. Correct.

19 Q. Okay. That one is a --

11:38:31

20 MR. RAPOPORT: Forgive me. My numbers are just --
21 there we go. That one is Plaintiff's Exhibit 53.

22 And -- oops.

23 (Brief pause).

24 MR. DAVIS: I think it's the next 53 in your book.

11:38:51

25 It's a little bit further back.

1 (Brief pause)

11:39:18

2 MR. RAPOPORT: It is Exhibit 53. I have it with a
3 different exhibit number and I'm going to show it in that form
4 so that we don't slow things down here. Exhibits changed,
5 unbeknownst to me, labeling. Sorry about that, Your Honor.

6 In any event, I have what is Plaintiff's Exhibit 53,
7 even though it incorrectly says 38. And I guess I'm ahead of
8 myself, but is it okay to display it.

9 THE COURT: Go ahead.

11:39:36

10 MR. RAPOPORT: Oh, I didn't display it.

11 I have it in front of me and I didn't put it up there.

12 (Exhibit published to the jury.)

13 BY MR. RAPOPORT:

14 Q. So this is a busy little thing.

11:39:44

15 A. Yes.

16 Q. And so what I would like to do is utilize the zooming
17 capability so that we can kind of see together what is on here.

18 So first let's start at the top. And please just
19 explain a little bit of what this exhibit is.

11:39:59

20 A. So, this is over a number of years. I think it's 1989 to
21 1996. It's a psychiatrist here in Chicago who Stewart
22 essentially saw on and off for a relatively mild to moderate
23 symptoms of anxiety or depression.

11:40:24

24 We don't know details, because we don't have detailed
25 medical records from something this far back. We only have

1 billing records that show the individual dates.

2 But it's very helpful because it gives you a flavor
3 for what Stewart's treatment was like over the course of, I
4 guess, it's 6 or 8 years. In the late '80s into the mid '90s.

11:40:47

5 And if we look, maybe you can move it over to 1989
6 when it starts. And if we can get that particular year.

7 (Brief pause).

8 BY THE WITNESS:

11:40:58

9 A. Yeah. So what you see is that he first went to see him in
10 September of that year for 3 visits. And then he skips
11 October, and then he goes back once a week in November.

12 Q. And what does the color mean? I know the key touched upon
13 it, but explain that a little bit.

11:41:18

14 A. So the dates that are in black indicate an individual
15 session. It was just him and the psychiatrist. And we'll see
16 later on, that psychiatrist also had a group therapy, and
17 Stewart had some visits there as well. And we coded them green
18 for group. So that's just the color coding.

11:41:39

19 Q. And we can see, again, the color coding is kind of
20 explained in that box, if anybody wants to look at that later,
21 right?

22 A. And all the blue dots in between are just placeholders
23 marking all the time that he wasn't in treatment.

11:41:53

24 And what you can see, if you look at the whole thing,
25 and we'll look at some more, here is 1990. So he doesn't go

1 again for the end of '89. 4 months he takes off, and then he
2 is in the group now in April. There's one individual session,
3 and five sessions in the group.

4 And then there's another big long gap in September.
5 He goes once. And there's a 2-month gap, he goes to December.

11:42:15

6 I have a lot of patients like this. They come and go.
7 They have mild anxiety, they have mild depressive symptoms,
8 maybe stress related to work, maybe concerns about family, but
9 they just come and go and it's helpful to them. And, you know,
10 there's I'm not worried about any serious risk.

11:42:37

11 And we're going to see in much more detail the year of
12 treatment with Dr. Sydney Reed, which will bear that out for
13 Stewart. But this gives you a flavor of it, over a long period
14 of time in which there wasn't the kind of danger that he was in
15 in July of 2010.

11:42:56

16 Q. Okay. Then let's walk through the other years. We've done
17 '89 and '90. Let's just walk through everything that's on
18 here.

19 And while I display that, feel free to explain
20 anything else that you want to --

11:43:10

21 A. Sure.

22 Q. -- about those timeframes.

23 1991 is up now.

24 A. Yeah. So, again, you could call this sporadic. He's
25 coming and going.

11:43:19

1 By the way, I did read his wife's testimony about
2 this, that she recalled him going, and that he was just going
3 about --

11:43:35

4 MR. DAVIS: Objection, Your Honor. I believe that's
5 hearsay.

6 THE COURT: Yes. That's sustained.

7 THE WITNESS: Okay.

8 THE COURT: Stay with the exhibit, please.

9 THE WITNESS: Sure. Thank you.

11:43:40

10 THE COURT: Finish it up.

11 BY MR. RAPOPORT:

12 Q. So, great. Anything else about the 1991 timeframe or
13 should we move to --

11:43:50

14 A. No, just that it's more evidence of coming and going. You
15 know, not like every week or twice a week, like things were
16 really bad.

11:44:12

17 MR. RAPOPORT: And I should at this time announce for
18 the Court and the jurors that this is data derived from
19 Defendant's Exhibit 3147. And as a matter of good form, I
20 would like to move into evidence Defendant's Exhibit 3147 at
21 this time.

22 MR. DAVIS: No objection.

23 THE COURT: Admitted.

24 (Defendant's Exhibit No. 3147 was received in
25 evidence.)

11:44:22

1 BY MR. RAPOPORT:

2 Q. Now, we go to '92.

11:44:37

3 A. So this entire year, the only time he went was in the
4 summer. And notice now, we partly color-coded this. This is
5 group therapy except for one session. So, you know, again,
6 another indication that it's relatively mild. If you're really
7 worried about someone, you would be holding much closer in
8 individual therapy.

9 Q. And then let's go on to the next year, which is '93.

11:44:54

10 THE COURT: Doctor, I think you're just a little too
11 close to that microphone.

12 THE WITNESS: Oh, thank you, Your Honor.

13 THE COURT: We're getting feedback.

14 THE WITNESS: Okay.

11:45:02

15 BY THE WITNESS:

16 A. So there's a couple of bars in here, because the billing
17 records didn't give the specific dates. We know that he went
18 in January and February of '93. We know he went in April. I
19 think one of those periods looked like it was about 3 sessions,
20 one looked like it was about 5, but it was -- couldn't be
21 determined.

11:45:20

22 And then, again, an isolated month, July, all group
23 therapy.

24 Q. All right. And then let's go on to the next year, 1994.

11:45:36

25 A. Right. So this is a year -- these are all individual

1 meetings. Very sporadic. Just, you know, less than once a
2 month. What is it? 1, 2, 3, 4, 5 meetings in a year, that's
3 roughly every other month, and it isn't even that consistent.

4 Q. And moving forward, then, to 1995.

11:46:02

5 A. So two visits the entire year, one in January, one roughly
6 a month later in February.

7 Q. Let me make sure I caught it all.

8 (Brief pause).

9 MR. WISNER:

11:46:14

10 (Exhibit published to the jury.)

11 BY THE WITNESS:

12 A. Yes.

13 BY MR. RAPOPORT:

14 Q. And the last date of it we have on here is 1996.

11:46:23

15 A. Right. So again, 3 visits the entire year.

16 And the big picture here is, it gives you a flavor of
17 the background level of anxiety and depression that Stewart had
18 in his life. That it's mild to moderate. It's not -- it's
19 treatable with very occasional sessions, with group sessions.

11:46:45

20 And that's important when we come to try and figure out was it
21 his depression or his anxiety that was responsible for his
22 death or was it the Paroxetine.

23 Q. All right. So we've looked at 8 full calendar years --

24 A. Yes.

11:47:02

25 Q. -- of care with Dr. Roth.

1 A. Correct.

2 Q. Now, let me ask you this, the first year was what, again?

3 This '89 to '96?

4 A. Yeah, I think you're right.

11:47:14

5 Is it '89?

6 (Brief pause).

7 BY THE WITNESS:

8 A. Yes, '89 to '96.

9 BY MR. RAPOPORT:

11:47:20

10 Q. Okay. So imagine--and I'll say it loud--imagine that
11 somebody put 1989 where I'm standing, and then they had a big
12 line and a big arrow and ended it at '97 or so, and suggested
13 that somebody was under heavy care of a psychiatrist
14 continuously throughout that time, would that be a true
15 representation of this data?

11:47:47

16 A. No, obviously not. Not at all.

17 Q. So moving forward, then, you have another exhibit showing
18 the next mental health care that Mr. Dolin had, correct?

19 A. Correct.

11:48:10

20 Q. And that covers the care of Sydney Reed, who folks heard
21 from yesterday by videotape.

22 A. Okay.

23 Q. From the start of her care, but ending before the final
24 chapter in the last month or so here, which is the third board
25 that goes into more detail.

11:48:26

1 A. Correct.

2 Q. All right. So let me go ahead and pull that up.

3 MR. RAPOPORT: For our Trial Exhibit number, that
4 would be Exhibit 54, even though the one I have is going to say
5 39 incorrectly, I'm sorry.

11:48:45

6 Permission to display Exhibit 54, Your Honor.

7 THE COURT: Proceed.

8 (Exhibit published to the jury.)

9 BY MR. RAPOPORT:

11:48:55

10 Q. Now, again, we have a lot of data here with zooming
11 capabilities --

12 MR. DAVIS: Your Honor, I have an objection to this.
13 If we could have a sidebar?

14 THE COURT: Let's proceed. We'll talk about it later.

11:49:10

15 MR. DAVIS: Just note my objection and I'll get it on
16 the record later.

17 THE COURT: Right.

18 BY MR. RAPOPORT:

19 Q. I will ask you a few more questions just for background.

11:49:19

20 Have you carefully reviewed this exhibit?

21 A. Yes, sir.

22 Q. And was it your concept to create this exhibit?

23 A. Yes.

24 Q. Is this exhibit based on a summary of the records of Sydney

11:49:34

25 Reed -- excuse me. Does the data in here come from both the

1 records of Sydney Reed and the information about prescriptions?

2 A. Correct. The pharmacy records.

3 Q. Okay. And what is it -- let's talk conceptually and then
4 we'll go through it and you'll show what it is, but what was
5 your concept that you were trying to show here?

11:49:52

6 A. So, if you look at this, if you, for the moment, ignore the
7 color, which is the medications, the timeline, look at the
8 dates, and see how he's coming and going sporadically in 2007
9 and 2008. That's just like what we just looked at over the
10 course of 8 years, from '89 to '96.

11:50:16

11 So, we have much more detailed records for this, but
12 you can just tell right away from looking at it that it's very
13 similar. He's coming and going, using therapy as a support.

14 I think it's important to be aware that between the
15 last timeline, which ended in '96 and 2007, that's 11 years in
16 which there was no treatment, okay.

11:50:37

17 And we'll talk a little bit about why he got into
18 treatment now in 2007 and 2008. But just right away on the
19 face of it, this is very similar. And we're going to have a
20 lot more information to look at, because we have these records
21 in detail.

11:50:58

22 Q. All right. And I'm going to go ahead and just call out the
23 top for a moment and then we'll go through all of this, but
24 that is -- has a similar code about what is no treatment in
25 little blue dots?

11:51:15

1 A. Right.

2 Q. And was there any group therapy involved with Sydney Reed?

3 A. No, these were all individual sessions. And she's a social
4 worker. And I've read her notes. There are handwritten notes,
5 and then a couple of years after his death I think she did a
6 typed-up version of the notes, and then at a later date she
7 typed some more about those last sessions in July just before
8 he died.

9 I've read all of those. And it looked to me like he
10 was getting very good treatment from her from the therapy.

11 Q. All right. Now, you have superimposed certain
12 antidepressant data on here. What data did you choose to place
13 on here, and what, if any, data about SSRIs was not on here and
14 why?

15 A. So, I thought it was important for you to see the
16 relationship between the medications that he's prescribed. And
17 you may have heard, there's two that he was prescribed, Zoloft
18 and Paroxetine. And to see the timeframe of those in relation
19 to the therapy sessions.

20 Those were prescribed by his primary care doctor,
21 Dr. Sachman. And with the different color, you can see Zoloft
22 at 50, and then it was increased to 100, and then it stopped
23 completed. And then there's a long stretch where he's tapered
24 off the therapy after he went off the medication. And then
25 there's a brief period back on medication. And then there's

11:53:13

1 another brief period back on medication. But that's another
2 aspect of his mental health treatment, in 2007 and 2008 --
3 well, all the way to 2010. And this leaves out May to July
4 of 2010, we're going to look at that much more closely, but
5 this is everything up until May 2010.

11:53:32

6 So, again, you can see like the therapy, the
7 medications are coming and going. It's part of treatment for
8 relatively mild to moderate anxiety and depression.

11:53:53

9 Q. Now, before we dig into this exhibit a little bit deeper, I
10 just want to focus on, the jurors have already heard that in
11 Dr. Sachman's records, the first prescription of Paxil, when
12 that was, but that did not occur when he was under Sydney
13 Reed's care, correct?

11:54:09

14 A. Sorry, can you ask the question again?

15 Q. Yeah. Sure. Well, let me just do it with a little more
16 precision.

11:54:20

17 You have seen the exhibit utilized during Dr.
18 Sachman's testimony that summarizes the exhibit of his medical
19 records showing when he was on which medications, right?

20 A. Yes. Yes.

21 Q. And so if you have that in your mind's eye, we don't
22 necessarily have to pull that up, but you remember that he had
23 a prescription of Paxil that preceded the Zoloft that we're
24 looking at here?

25 A. Yes. And there's also -- there's like a 2003 that's just

1 briefly mentioned when he went to see a doctor, I think, for
2 gout in his toe, she recorded that he was on Paxil in 2003, but
3 we have no records for that. So, yes, there's an '03
4 prescription, and then there's an earlier one from Dr. Sachman.

11:54:43

5 Q. All right. So, this exhibit, and obviously we'll be
6 talking about those other two instances of Paxil, the one that
7 is fully documented and the jurors have already heard about --

8 A. Right.

9 Q. -- and the one you just told them about for the first time.

11:54:58

10 A. Right.

11 Q. Okay. So we'll get to that. So I don't want anybody to
12 think that that's left off.

13 A. Yeah.

14 Q. This is showing when Sydney Reed was --

11:55:07

15 A. Exactly.

16 Q. Okay. So, now let's go ahead and go through this, you
17 know, half -- kind of taking the same amount of space. This is
18 covering less time, so we have -- it's not one year -- it's not
19 2 years per line here.

11:55:22

20 A. Right.

21 Q. So I'm going to walk you through those in a similar way and
22 have you narrate what we're looking at here and correlate this
23 data with respect to whatever is important about what you're
24 going to be explaining.

11:55:35

25 A. Okay.

1 Q. So, here's the first which is governing, roughly, the first
2 half of 2007.

3 A. So, Mr. Dolin was a very competent and successful attorney.
4 He worked for a Chicago law firm called Sachnoff, Weaver.

11:55:56

5 Q. Sachnoff --

6 MR. DAVIS: Your Honor, can we do this by question and
7 answer versus the witness just talking about whatever topic is
8 presented?

11:56:07

9 THE COURT: Let's stay with the exhibit, at the
10 moment.

11 MR. RAPOPORT: Sure. He was, respectfully, because
12 he's explaining circumstances of this therapy.

13 BY MR. RAPOPORT:

11:56:23

14 Q. But, go ahead. I'll ask you a new question, and also share
15 that that law firm was called Sachnoff.

16 A. Thank you.

11:56:40

17 Q. So, anyway, we're looking at the first half of '07 here.
18 And I think everybody has already learned that what we're
19 looking at are two visits with Sydney Reed in February, none in
20 January, none in March, none in April, 3 in May, and 4 in June,
21 right?

22 A. Right.

23 Q. Then we have a little blue line under June. What are we
24 looking at there?

11:56:53

25 A. Can you go back? I can only see the beginning of the line.

1 I assume that's a Zoloft prescription.

2 (Brief pause).

3 MR. RAPOPORT: Let me just go ahead and call out that
4 portion so you can see it better.

11:57:12

5 (Brief pause)

6 BY THE WITNESS:

7 A. Right.

8 BY MR. RAPOPORT:

11:57:18

9 Q. So, are you familiar with the records that were generated
10 by Sydney Reed concerning her care and treatment of Mr. Dolin?

11 A. Yes.

12 Q. And are you familiar with the records generated by Dr.
13 Sachman concerning his care and treatment of Mr. Dolin?

14 A. Yes.

11:57:30

15 Q. Are you also familiar with the deposition testimony of both
16 of those people?

17 A. Yes.

18 Q. As well as Wendy Dolin and anybody else that knew things
19 about Stewart's life?

11:57:43

20 A. I think there were 30 depositions.

21 Q. So there were these --

22 THE COURT: We've already heard him say that. So
23 let's not go over that again. Let's assume that and get on.

24 MR. RAPOPORT: I'm trying to get to Sachnoff, Your

11:57:58

25 Honor.

1

2 BY MR. RAPOPORT:

3 Q. The bottom line is, why was he in therapy? That's what
4 we're talking about.

11:58:07

5 A. So he's in therapy, you may have heard some of this,
6 because his law firm is going to merge with a big international
7 law firm. And he's part of the committee or board that's going
8 to make that decision.

11:58:26

9 They deliberate for a couple of years. The testimony
10 is he was in favor of it. He was running a very large group
11 within the Chicago law firm. And when they merged with a big
12 one, he took over a much, much larger group nationally, maybe
13 it was even internationally.

11:58:46

14 So bottom line, it's a time of transition. It's a
15 time of stress. And so he comes to see the new therapist.16 Q. Okay. So let's move forward. I'm going to call out the
17 rest of that first line, and ask you to please explain the data
18 that you see on that first line.

19 A. The first line, you mean the dates?

11:59:12

20 Q. We're picking up -- we've been discussing the year of 2007.

21 A. Right.

22 Q. Let me just get us back here.

11:59:27

23 We're talking about 2007 -- oh, I'm sorry. Now see
24 the confusion, which is, I was looking at the data but nobody
25 else was.

1 (Brief pause.

2 BY THE WITNESS:

3 A. So, what I think is important is that, like a lot of the
4 patients that I treat, he was very high functioning and
5 appeared to be fine to most people, but in the therapist's
6 office he was very open and honest about insecurities and
7 feeling very nervous about, could I cut it in a law firm this
8 big, am I going to make it, will I -- can I supervise all these
9 people.

10 And I want to give you a flavor for this because it's
11 important. He actually told the therapist that he was worried
12 about becoming a bag lady. He was worried about, you know, not
13 cutting it and ending up penniless.

14 So the anxieties are -- he's being very honest with
15 her. And if you heard some of her testimony yesterday and her
16 records, you probably heard some of that.

17 But I have treated a lot of people who are very high
18 functioning and no one would ever guess that they had those
19 kind of private insecurities, but they manage them just fine,
20 and they're very high functioning. It does not impair their
21 ability to function.

22 This had been true of Stewart for all this period that
23 we're looking at. And that's, again, an important context for
24 what we want to look at in 2010, okay.

25 So this went on and off for the year. And within, by

1 the summer, he was already starting to turn the corner and feel
2 better, according to the records.

3 Q. All right. Now, please explain what we're looking at with
4 the blue line turning red.

12:01:21

5 A. Uh-huh. So what I want to call your attention to is that
6 in mid October, the dose of the Zoloft is increased. And when
7 I went through the medical records of Dr. Reed in detail, what
8 I saw in June, July, August, September, he's doing much better.
9 He's coming in, you know, fairly infrequently. And then

12:01:48

10 there's one visit that's completely different, it's on
11 December 1 of that year, and he had suicidal thoughts.

12 We can talk a little bit about what that means, the
13 term "suicidal ideation," but it really stands out because it
14 was in contrast to him already improving quite a lot.

12:02:09

15 And what's remarkable, in light of what happens to him
16 in 2010 is, look, at 6 weeks after the Zoloft dose was
17 increased. So he has some kind of sensitivity to
18 antidepressants making him worse. He had gotten worse insomnia
19 in the early weeks, typically after starting medications, and
20 on this one prior occasion he had expressed some suicidal
21 thoughts, and, they too, coincide with the medication of this
22 kind.

12:02:30

23 Q. Do you have an opinion, based on a reasonable degree of
24 medical and scientific certainty, about whether there was a
25 connection, causally, between the increased dosage of Zoloft in

12:02:51

1 October of '07, that we're looking at, and this one incident of
2 recorded suicidal ideation?

3 A. I do. I do have an opinion.

4 Q. And to be clear, we're talking about December '1 of '07.

12:03:05

5 What is that opinion?

6 A. My opinion is, in the totality of everything, the fact that
7 he -- when he would go on these drugs he would have worse
8 insomnia, which is one of the side effects we saw, and that he
9 had such a bad reaction when it comes to Zoloft later, and then

12:03:22

10 Paxil, that this is another one of those incidents showing that
11 he had this sensitivity to these kinds of drugs.

12 Q. Why did the dose double?

13 A. So that's a good question. He was actually doing better.
14 Dr. Sachman, for whatever reason, must have thought, well,

12:03:39

15 maybe he could do even more better, you know, if I gave him a
16 little bit more, not knowing, you know, that this was a risk.

17 Q. Now, when it comes to Zoloft, are dosages of 50 and 100,
18 you know, the types of dosages that would be given?

19 A. These are relatively modest doses. These are not huge
20 doses.

12:03:59

21 Q. Okay. So let's talk a little bit, first generally, about
22 suicidal ideation, and then in more detail about what occurred
23 here on December 1st of '07.

24 A. Sure.

12:04:10

25 Q. Okay.

1 A. So suicidal ideation is a technical term for suicidal
2 thoughts, that's all it means, but what's important to
3 understand is that there's a range of what we call suicidality.

12:04:26

4 So someone can have what we call passive suicidal
5 thoughts, which are like, "I wish I could fall asleep and not
6 wake up in the morning." And we call that passive, because
7 they wouldn't actively -- they don't have any desire or intent
8 to do something active. They just wish they could get away
9 from what's going on. That's probably the most classic one, "I
10 wish I could fall sleep and not wake up."

12:04:47

11 If you go along the spectrum to more severe, it's
12 like, you know, "I really like to be dead," but still passive,
13 "I wouldn't do anything," okay.

12:05:02

14 Go a little further along the spectrum and it's like,
15 "I'm feeling like harming myself," okay, "now I'm having
16 suicidal thoughts in the sense that I might actually want to
17 take my own life."

12:05:18

18 You can go further along the spectrum, we call it
19 "preparatory acts," this is now more serious. A patient went
20 and bought a bottle of Tylenol that could be used in an
21 overdose. The patient went to Home Depot and bought a rope
22 that could be used in hanging.

12:05:35

23 And then we evaluate what's called "intent." "Okay,
24 you've got that rope, you've got that bottle of Tylenol, do you
25 think you're going to do it?" "No, I'm confident I'm not."

1 "Are you sure?" "Yes." So they don't intend to do it. "Can
2 you promise me, as your therapist, that you would call me if
3 that changed?" "Yes."

12:05:52

4 Okay, and then we get to the most severe situation,
5 the person is in your office and they're telling you they have
6 a plan, and they have the tools, and they're not sure they can
7 stop themselves, that's the most serious, and then you
8 hospitalize them. You try to get them to agree to it, if they
9 won't, you do it involuntarily.

12:06:07

10 There's more to the spectrum. They actually make an
11 attempt. They come and tell you that they took a whole bunch
12 of pills and they didn't die, okay.

12:06:26

13 So it's this whole spectrum from very mild thoughts
14 of, "I wish I could fall asleep and not wake up," to
15 preparatory acts, to plans, to intend to actually making a
16 suicide attempt.

12:06:44

17 So this suicidal thought was at the very mild end of
18 that. It just said he had suicidal thoughts. And the
19 therapist was not particularly worried about him. She sent him
20 home. And it does not appear in later notes. He habituated to
21 the side effect. His system adjusted, and the suicidal
22 thoughts went away in this particular instance.

23 Q. So let me ask a couple of basic questions about this.

12:07:05

24 If someone is seeing a therapist and they say nothing
25 more than, you know, "sometimes I don't even want to wake up,"

1 that they may be labeled in the therapist's records as having
2 suicidal ideation?

3 A. Yes. And hopefully that's not confusing. Suicidal
4 ideation covers this whole thing, and it can be very, very mild
5 and not worrisome at all.

12:07:25

6 Q. So bottom line, on December 1st of 2007, is there any
7 evidence that Stewart Dolin said to Sydney Reed, "I want to
8 kill myself"?

9 A. Oh, no, absolutely not. She testified that she was not
10 worried about him, that this was very mild.

12:07:42

11 Q. Is there any evidence that she ever told him that she wrote
12 down in his records that he had suicidal ideation?

13 A. No, there is not. It's not clear that whatever he told her
14 she even said back to him, "that's suicidal." He could have
15 said something like, "ah, I wish I could go to bed and not wake
16 up" and he wouldn't even have thought of that as suicidal
17 because it's --

12:08:02

18 MR. DAVIS: Your Honor, I think we're in the realm of
19 speculation --

12:08:15

20 THE COURT: Yeah. The jury has heard all this
21 testimony, Doctor, from here. Try to confine yourself to your
22 analysis, but not to speculate about what might have been
23 written down or not written down. We heard that at great
24 length.

12:08:30

25 MR. RAPOPORT: Forgive my absence for that yesterday.

1 BY MR. RAPOPORT:

2 Q. So, there we go.

3 Now let's proceed beyond where we were and discuss a
4 bit more of this.

12:08:43

5 What are we looking at here?

6 A. So you can see he did habituate to the Zoloft. And by the
7 beginning of 2008, he's essentially coming once a month. He's
8 really tapering off of the treatment, the therapy.

12:09:22

9 MR. RAPOPORT: And let me just ask my colleague one
10 question.

11 (Brief pause).

12 BY MR. RAPOPORT:

13 Q. Okay. Anyway, so with respect to this -- forgive me.

14 (Brief pause).

12:09:39

15 MR. RAPOPORT: I'm going to try to blow up a good bit
16 of this.

17 BY THE WITNESS:

18 A. That's good.

19 BY MR. RAPOPORT:

12:09:45

20 Q. I would tell you, the reason for the shuffling is, there's
21 been some question about whether he might've been on Zoloft a
22 little longer than what appears here in 2008.

23 A. Well, I think it is an important point. The dates were
24 taken out of the pharmacy record. So whatever is the last date
25 would've been a one-month supply. I don't know if the visual

12:10:02

1 artist included that month.

2 Q. Yes. Okay. So, in any event, what was happening,
3 therapy-wise, during 2008 with Mr. Dolin?

12:10:20

4 A. So, he's doing much better. You would've heard, you know,
5 he feels much better. He sees success an opportunity, meaning
6 the merger. He's getting great feedback for the leadership.
7 He's having to travel all over the country to supervise people.
8 And his anxiety is way down. And he's not feeling the need to
9 come very frequently and eventually stops.

12:10:42

10 Q. Okay. Now, let's look over the record with respect to
11 visits and just see at what frequency he is going. I kind of
12 left off the details.

13 In this second half of 2008, how many visits do you
14 see there?

12:11:01

15 A. So, he's -- the last one is in June 2008.

16 Q. So, basically, one or none in the second half --

17 A. Right.

18 Q. Yeah.

12:11:20

19 And then when we look at 2009, how many visits with
20 Sydney Reed did he have going on there?

21 A. None at all.

22 Q. And we're looking at from January into July, and then we
23 kind of get the other part, the second half. Anymore visits in
24 the second part of the year there in 2009?

12:11:35

25 A. No, no visits the rest of that year.

12:11:59

1 Q. And we can take a look at 2010. And this ends around
2 April 30th of 2010, because we're going to go into more detail
3 about everything that happened after April 30th of 2010. But
4 we see what looks like one visit, and it had been the first
5 visit in a long time. What was that about?

12:12:16

6 A. Stewart is was having a Super Bowl party and he had some
7 concerns about someone who was invited to the party who had in
8 the past drank too much and caused a problem. And he was
9 concerned about how to handle this. And he came in and had an
10 appointment with her and kind of talked it out, and that's all
11 it was.

12:12:41

12 Q. From a diagnostic perspective, taking all of the
13 information that you know about with respect to Stewart Dolin's
14 mental health condition, from the time he first had any care
15 until and through April of 2010, do you have an opinion about
16 what his diagnosis would be?

17 A. Yes.

18 Q. What is that?

12:12:49

19 A. That he had mild to moderate symptoms of anxiety and
20 depression.

21 Q. Okay. And let's then move forward to the more granular --
22 is that your word, "granular review"?

23 A. Sure. Sure.

24 Q. Okay. Thanks.

12:13:04

25 (Brief pause).

1 BY MR. RAPOPORT:

2 Q. For our trial record, we have what is plaintiff's Trial
3 Exhibit 55, covering the Reed and Sahlstrom care from
4 April 30th of 2010 through the end of Mr. Dolin's life.

12:13:33

5 Have you carefully reviewed this exhibit,
6 mistake-free?

7 A. Yes.

8 Q. I'm not saying there is a mistake in the other one, I'm
9 just raising the possibility.

12:13:43

10 A. Well, I remember looking through the pharmacy records just
11 last night to confirm it. So it should be relatively accurate.

12 Q. So, in any event, will Exhibit 55 aid the jury in
13 understanding this case --

14 A. Yes.

12:13:53

15 Q. -- in your opinion.

16 MR. RAPOPORT: Your Honor, at this time I move --

17 THE COURT: Proceed. Proceed.

18 MR. RAPOPORT: All right. Thanks.

19 (Exhibit published to the jury.)

12:14:02

20 BY MR. RAPOPORT:

21 Q. Here we go. So first let's look at the different kinds of
22 data that we have on here before we actually get into the data.

23 Please explain kind of what we're going to see here.

24 A. So, in the late spring and early summer of 2010, before he
25 dies, he goes back to see the therapist whose visits we looked

12:14:20

12:14:49

1 at in 2007 and 2008, that's Ms. Reed, the social worker. And
2 he additionally consulted three times with Dr. Sahlstrom who
3 offered a different kind of therapy, and we can talk a little
4 bit about that cognitive behavioral therapy. And then the
5 third piece of his mental health treatment is that he is
6 started on Paxil.

12:15:06

7 Q. All right. So, let's walk through this timeline, then,
8 starting with the first therapy session after April 30th, whose
9 session was that?

12:15:38

10 A. So that's Mrs. Reed. And he's coming back for essentially
11 similar reasons. This time it's that his administrative
12 responsibilities in the law firm had gotten so big that he was
13 doing less with clients and billing less. So his pay was going
14 to decrease some. It was projected to decrease some.

12:15:58

15 He made the decision that he would reverse that
16 balance, and get his work back up, which he did in the first
17 half of this year, 2010. He billed more than the entire year,
18 2009. So, he was going to make up that projected, he was
19 expecting to make up that projected drop.

12:16:18

20 And also, his father-in-law was dying. And, actually,
21 we didn't mention that in '07 and '08. It was both the work
22 stress with the merger and his parents-in-law were moving back
23 from Florida to Chicago because of their health.

24 So, now he's got those two issues again, some work
25 stress and concern that his father-in-law is -- is dying.

1 Q. Now, up until this point in Mr. Dolin's life, have you seen
2 any evidence that he ever missed a day from work because of a
3 mental health condition?

4 A. No.

12:16:35

5 Q. Have you seen any evidence that he was ever hospitalized
6 for a mental health condition?

7 A. No.

8 Q. Have you seen any evidence of any suicidal behavior?

9 A. No.

12:16:48

10 Q. Have you seen any evidence that he ever said to anyone, "I
11 want to kill myself?"

12 A. No.

13 Q. Let's go on then to this next part, which, as we can all
14 see, I've zoomed in on a period of this exhibit that covers
15 June of 2010.

12:17:15

16 And it has certain things on it, 6 to be exact, plus a
17 label. Please explain what we're looking at.

18 A. So, these visits are color coded. The three pink ones are
19 appointments with Mrs. Reed on June 3, 22, and 30. He had seen
20 her I think it was May. So there's a gap. And then here he is
21 in June. I can't remember exactly what the date was in May.

12:17:37

22 The green appointment is the first of 3 appointments
23 with the psychologist, Dr. Sahlstrom. And the red arrows, his
24 primary care doctor again, Dr. Sachman, gave him a prescription
25 for a low dose of Zoloft.

12:18:04

1 And the arrows are in there because we've been able to
2 identify about a ten-day period in which he might've taken it,
3 but Dr. Sachman's position was that he only took it for a few
4 days --

12:18:18

5 MR. DAVIS: Objection, Your Honor, in terms of what
6 Dr. Sachman's position was. I think it's hearsay.

7 THE COURT: Well, to some extent, you're right, it is
8 hearsay, but he is relying on what he understands the record
9 show. To that extent, I will permit him to testify.

12:18:35

10 MR. DAVIS: Thank you, Your Honor.

11 BY THE WITNESS:

12 A. So it appears he only took it for a few days. And that's
13 important because now you see someone who, in December 1, 2007,
14 we looked at when the Zoloft dose was increased, that coincided
15 6 weeks later with a note in the therapy records that he had
16 some suicidal thoughts.

12:18:52

17 Now you see in June 2010, he's put on a lower dose,
18 actually, of Zoloft, and he has a much worse reaction. We
19 don't know the details of that, except that it was so bad that
20 he stopped the drug.

12:19:09

21 So, again, in the total picture, it appears that he
22 was -- he's much more sensitive now to these bad reactions.

23 Mrs. Reed did say, in her notes -- was it in her notes
24 or -- I don't remember if it was the handwritten notes, the
25 typed notes, or her testimony that Stewart said the drug made

12:19:29

12:19:51

1 him feel worse. He attributed feeling worse to the drug. And
2 we have a term called behavioral toxicity for these kind of
3 side effects. So, in my opinion, it's evidence that he
4 experienced behavioral toxicity now to a relatively low dose of
5 the Zoloft.

6 Q. All right. You mentioned earlier a difference in a lower
7 dose of Zoloft. We were looking at 100 milligrams of Zoloft
8 earlier, or a couple of years earlier, whenever it was.

9 A. Right.

12:20:05

10 Q. Do you recall what the dosage was? How much lower here?

11 A. So, in December of 2007 he went from 50 to 100, if you
12 remember, and I'm pretty sure this is only 25. So very, very
13 sensitive now.

12:20:24

14 Q. Okay. Then let's go ahead and look -- I should say before
15 we move forward, obviously we're going to talk in further
16 detail about these visits, right? We're not just skipping past
17 this, but I want to see the rest of the picture here.

18 A. Okay.

19 Q. What are we looking at here?

12:20:50

20 A. So, you see a visit on July 6th with Mrs. Reed. We know
21 from Dr. Sahlstrom's note that he started Paxil on July 10th.
22 He has one more visit with -- I'm sorry, July 6th, in green, is
23 Dr. Sahlstrom. And he goes on the Paxil. And her note on the
24 12th says that he started the drug, Paxil, on the 10th, that's
25 how we can date it. And then he has one final visit with Mrs.

12:21:25

1 Reed on the 14th and dies the next day on the 15th.

2 Q. All right. And you did place on this exhibit, and I want
3 to show it now, your ultimate conclusion about what happened
4 July 15th, right?

12:21:48

5 A. Right. So we have a remarkable amount of information in
6 this case, because of all the depositions, and the medical
7 records. We have 3 visits, you know, one just before and two
8 afterwards. So we have a lot of information we're going to be
9 able to walk through to find out what happened in these

12:22:07

10 six days.

11 Q. And are we pretty much at that moment where we're about
12 ready to walk through a lot of that information?

13 A. I think so. I think we should just take a quick look at
14 the first visit with Dr. Sahlstrom.

12:22:19

15 Q. Okay. So when you say take a quick look, you want me to
16 pull up --

17 A. Just show it on this timeline, June 30.

18 (Brief pause).

19 BY THE WITNESS:

12:22:33

20 A. So, that June 29th. So you see that green June 29? One of
21 the most important things in Dr. Sahlstrom's note was that
22 Stewart was not suicidal, okay. That's an important benchmark,
23 that he's not suicidal, before going on Paxil. So then I think
24 we can go to those six days -- to the little compacted piece at

12:23:01

25 the end.

1 Q. Why is -- why did you just say what you just say, not about
2 "go to the end" but about the importance.

3 A. Sure. Good question.

12:23:14

4 So, obviously, a very important question here is, was
5 Stewart suicidal before he went on Paxil, but I want to clarify
6 that. Remember --

7 MR. DAVIS: Your Honor, could we again be clear about
8 the medication that Mr. Dolin --

9 THE WITNESS: Oh, I apologize.

12:23:29

10 THE COURT: It's covered, sir.

11 MR. DAVIS: Thank you.

12 BY THE WITNESS:

12:23:43

13 A. So we want to know what his condition was before he went on
14 the Paroxetine. So the fact that there's a note in the medical
15 record documenting that he was not suicidal on June 29th is
16 very important.

12:24:00

17 And I want to clarify that, that remember when we
18 looked at the list, it was "new or worse." So even if someone
19 had had a little bit of suicidal thoughts, we would be looking
20 for, "did it get a lot worse."

21 So it's very helpful that we have that note saying he
22 didn't, but I want to put it in that context.

23 BY MR. RAPOPORT:

12:24:12

24 Q. All right. One question I have about that note, and I'm
25 pretty much folks have seen that note already, so is it fair to

1 characterize it as he denied ever having suicidal thoughts?

2 A. Oh, we could look at it, actually.

3 Do you want to looked at it? The note?

4 Q. Yeah, we can. Let me make sure I have that easily
5 accessible.

12:24:37

6 (Brief pause)

7 BY MR. RAPOPORT:

8 Q. Well, let's just talk a little bit and then we'll return to
9 that, because I know it's going to be lunch hour pretty soon.

12:24:58

10 A. Okay. So there's a sentence in the record that says
11 something like, "he doesn't have a history of.

12 I think it's depression or suicidal ideation, right?

13 Q. I think it's words that effect.

14 A. Yeah. So that would cover the present or potentially the
15 past. So clearly, Stewart didn't think of himself as having
16 had a serious depression. And I think that's consistent with
17 what Mrs. Reed said. He typically would go in and tell
18 therapists, "I'm very anxious." So I think that's a fine thing
19 in the record.

12:25:13

20 And I think that he either forgot the --

12:25:32

21 MR. DAVIS: Objection, Your Honor. It's pure
22 speculation about what Stewart Dolin forgot.

23 THE COURT: Overruled. He may testify.

24 BY THE WITNESS:

12:25:46

25 A. So it says, "no history of suicidal thoughts." So, you

12:26:12

1 know, he could've forgotten. We don't know how she asked the
2 question. We don't know how he interpreted the question. It
3 may be that -- and we talked a little bit about this earlier,
4 that, you know, therapists and doctors use suicidal thoughts in
5 a different kind of way than the general public. And he may
6 have said something back in December 2007 like, "I'd like to
7 fall asleep and not wake up" and didn't even realize that
8 somebody would consider that suicidal.

12:26:25

9 So, I don't have a problem with the fact that he said
10 -- that her note says, "no history of depression or suicidal
11 thoughts," because the important thing is, he wasn't suicidal
12 on the 29th, that's what we really need to know.

12:26:48

13 Q. We, in the meantime, have found the record that you were
14 looking for. And I'm going to go ahead and put the portion.
15 Up.

16 MR. RAPOPORT: It is Joint Exhibit 10, page 13.

17 I hope you can see that.

18 (Exhibit published to the jury.)

19 BY MR. RAPOPORT:

12:26:57

20 Q. So, we're looking at something that was written in that
21 said that the client denied thoughts of hurting himself, right?

22 A. Yeah. There's actually, maybe it's in the type. There's
23 another note from that day, it may be the sentence I was
24 thinking of, but it's -- well, this is even better in terms of
25 the 29th, he's got no thoughts then.

12:27:16

1 Q. So --

2 A. But I thought you might've also been asking me about that
3 other sentence.

12:27:30

4 THE COURT: All right. We'll break now for the
5 luncheon break. And we will resume, ladies and gentlemen, at
6 1:30.

7 (The following proceedings were had out of the
8 presence of the jury in open court:)

12:27:48

9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED]

12:28:29

16 [REDACTED]
17 [REDACTED]
18 [REDACTED]
19 [REDACTED]

12:28:49

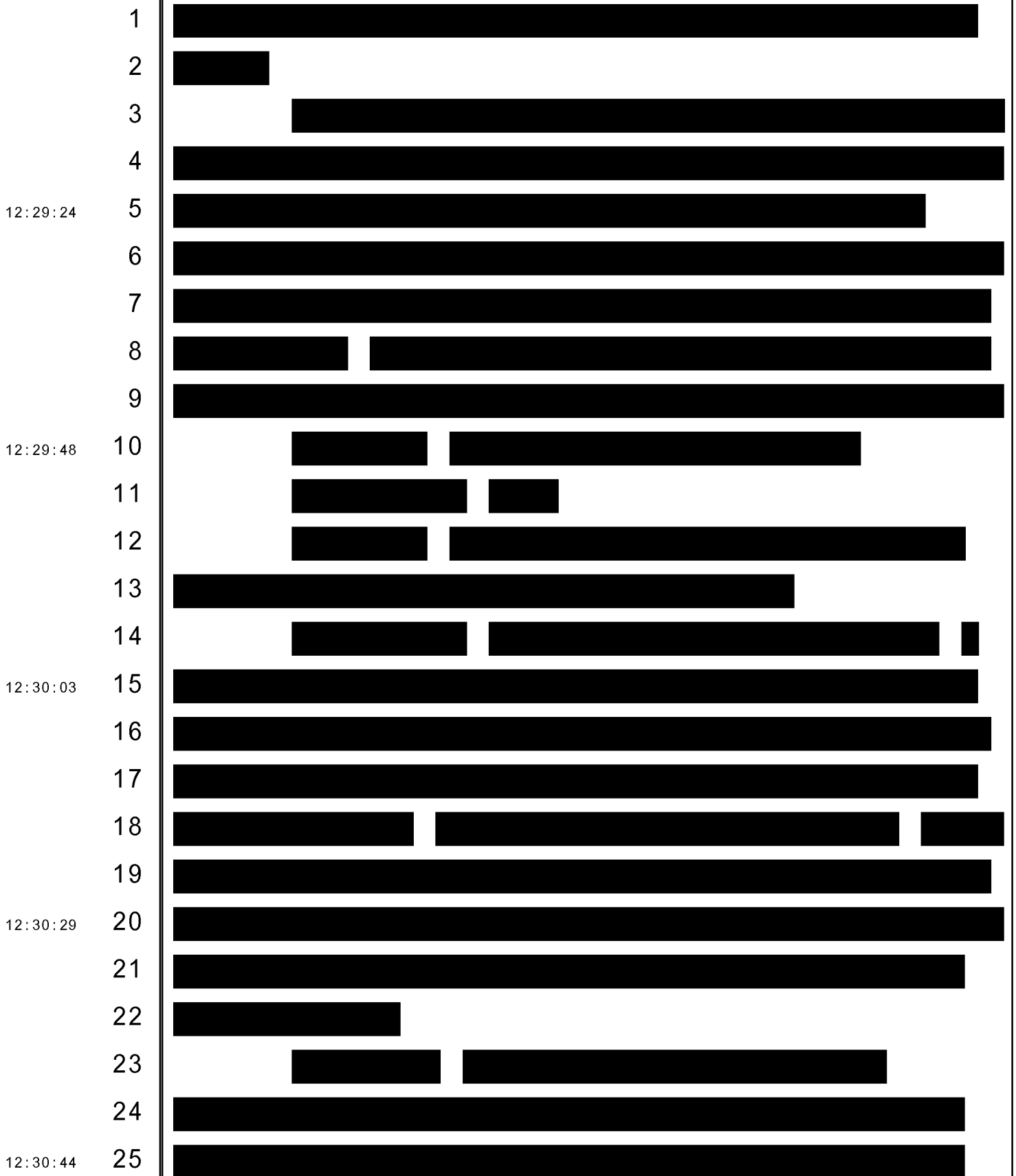
20 [REDACTED]
21 [REDACTED]
22 [REDACTED]
23 [REDACTED]
24 [REDACTED]

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25 [REDACTED]

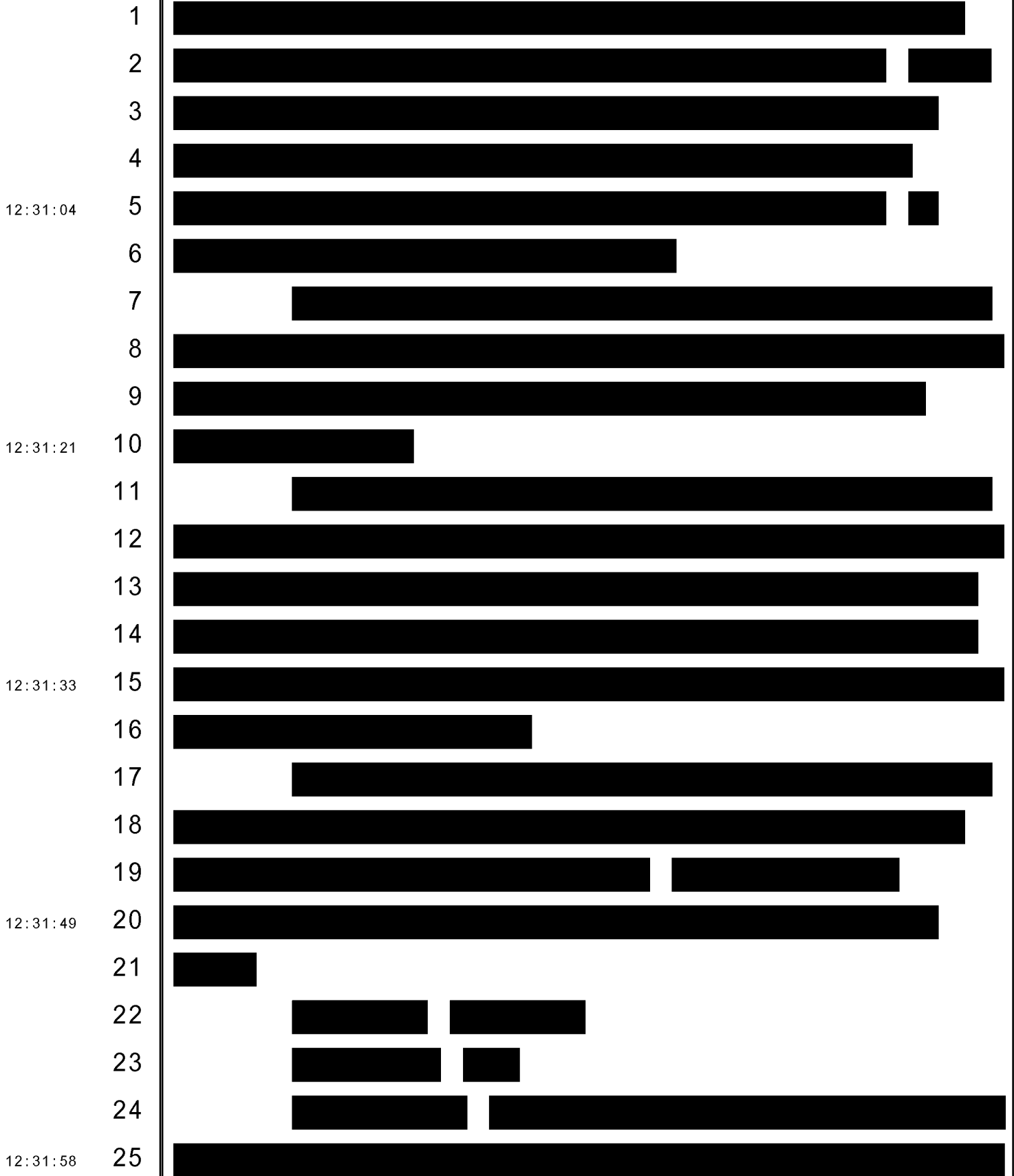
Glenmullen - direct by Rapoport

1966



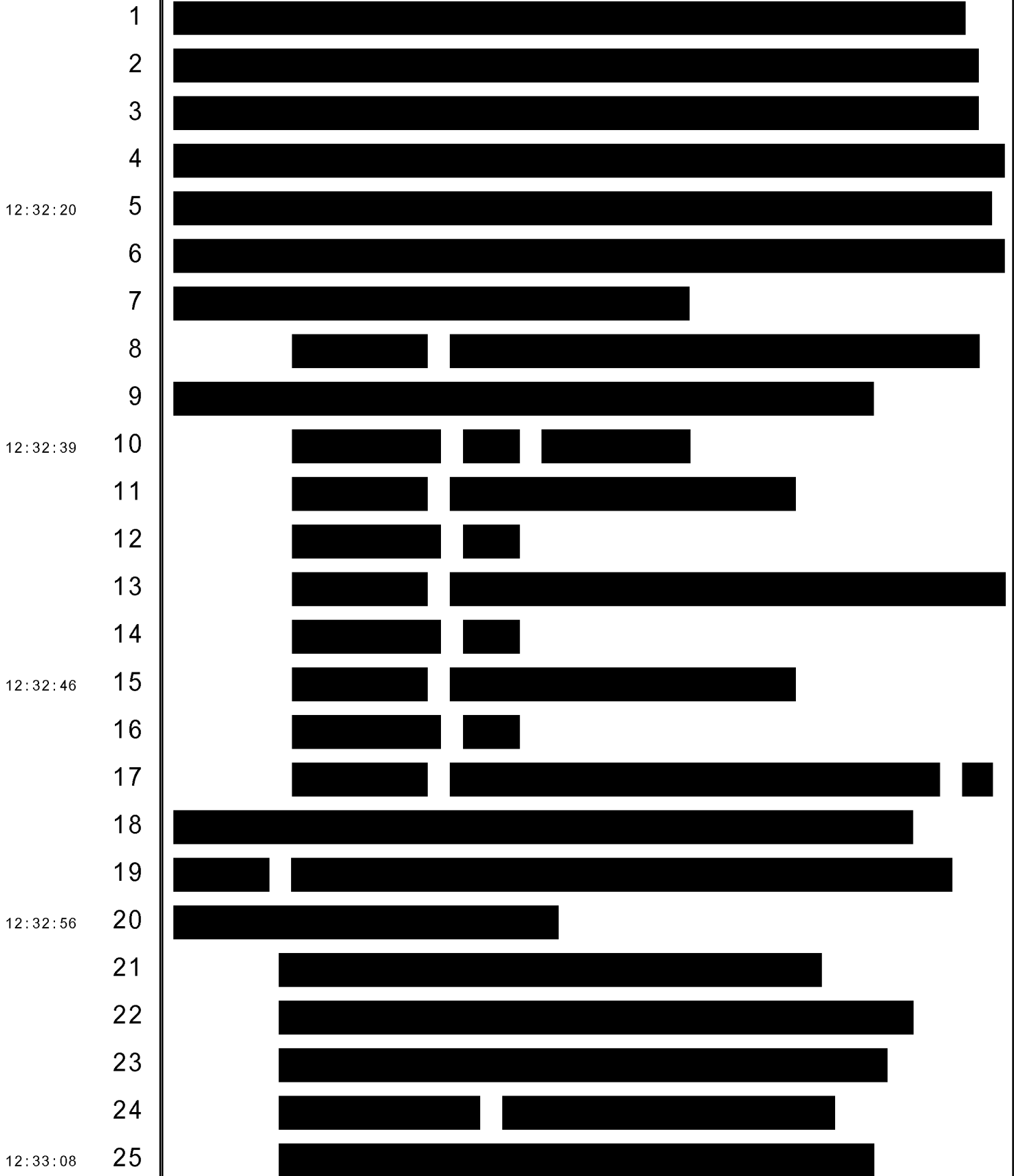
Glenmullen - direct by Rapoport

1967



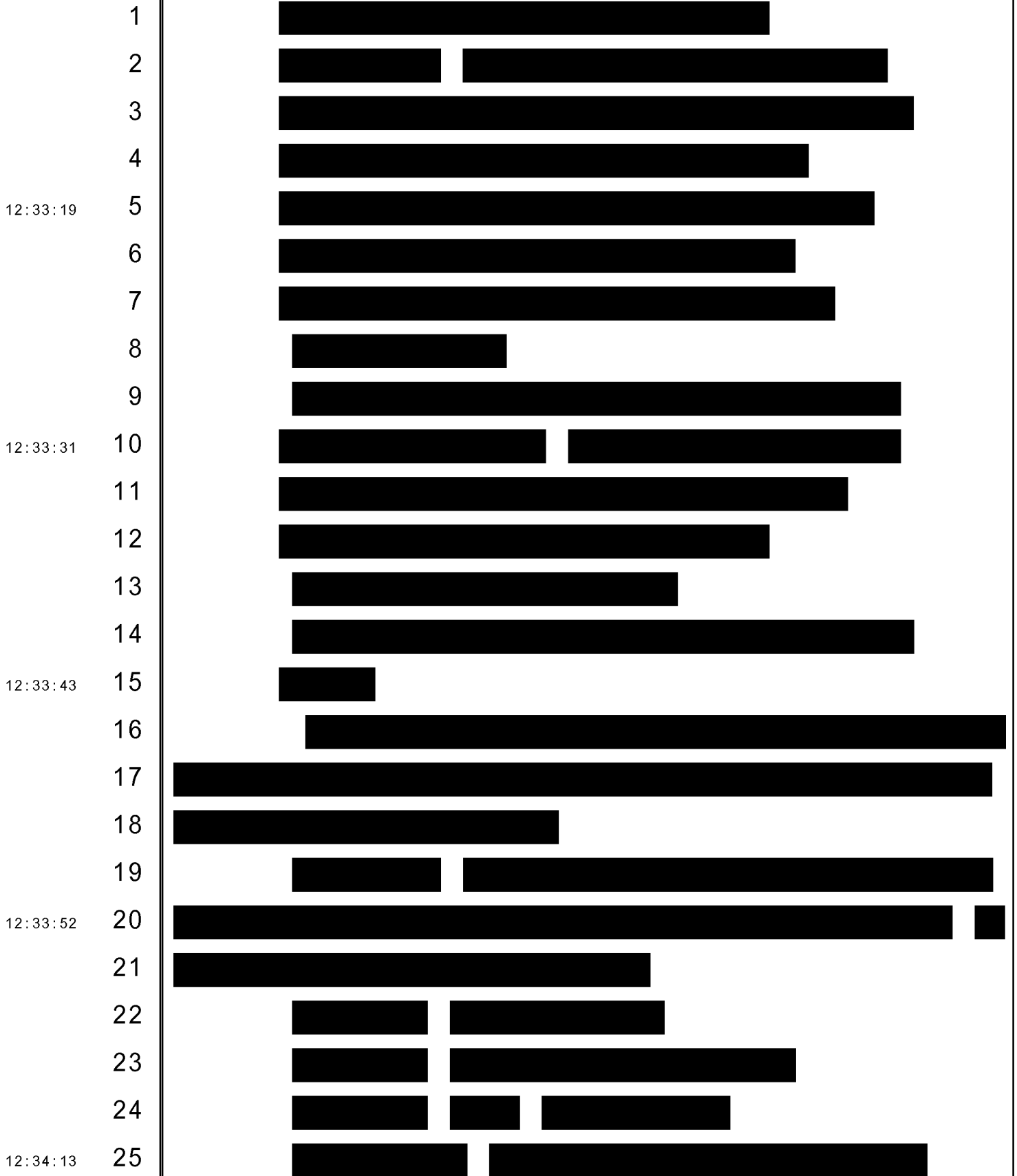
Glenmullen - direct by Rapoport

1968



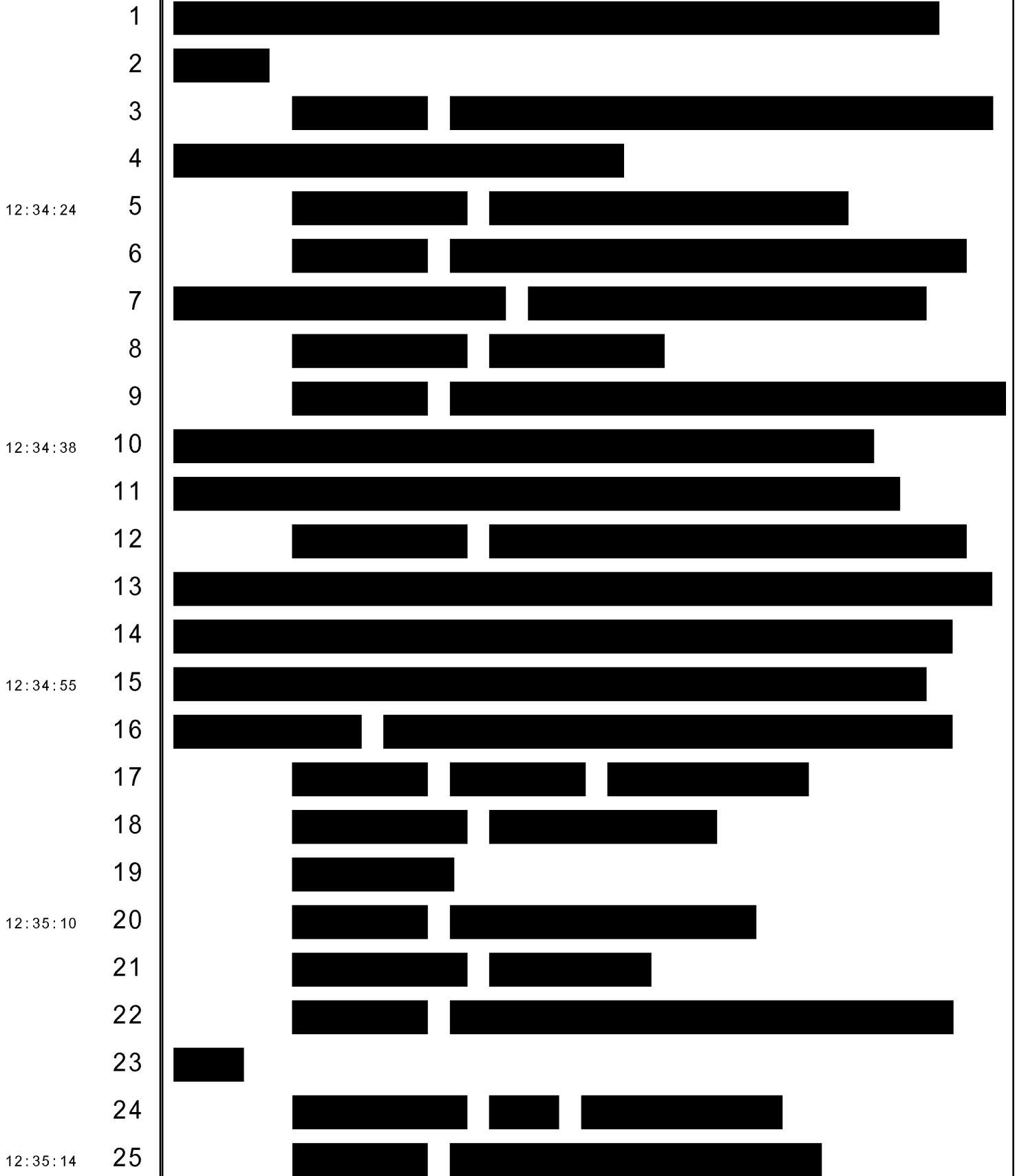
Glenmullen - direct by Rapoport

1969



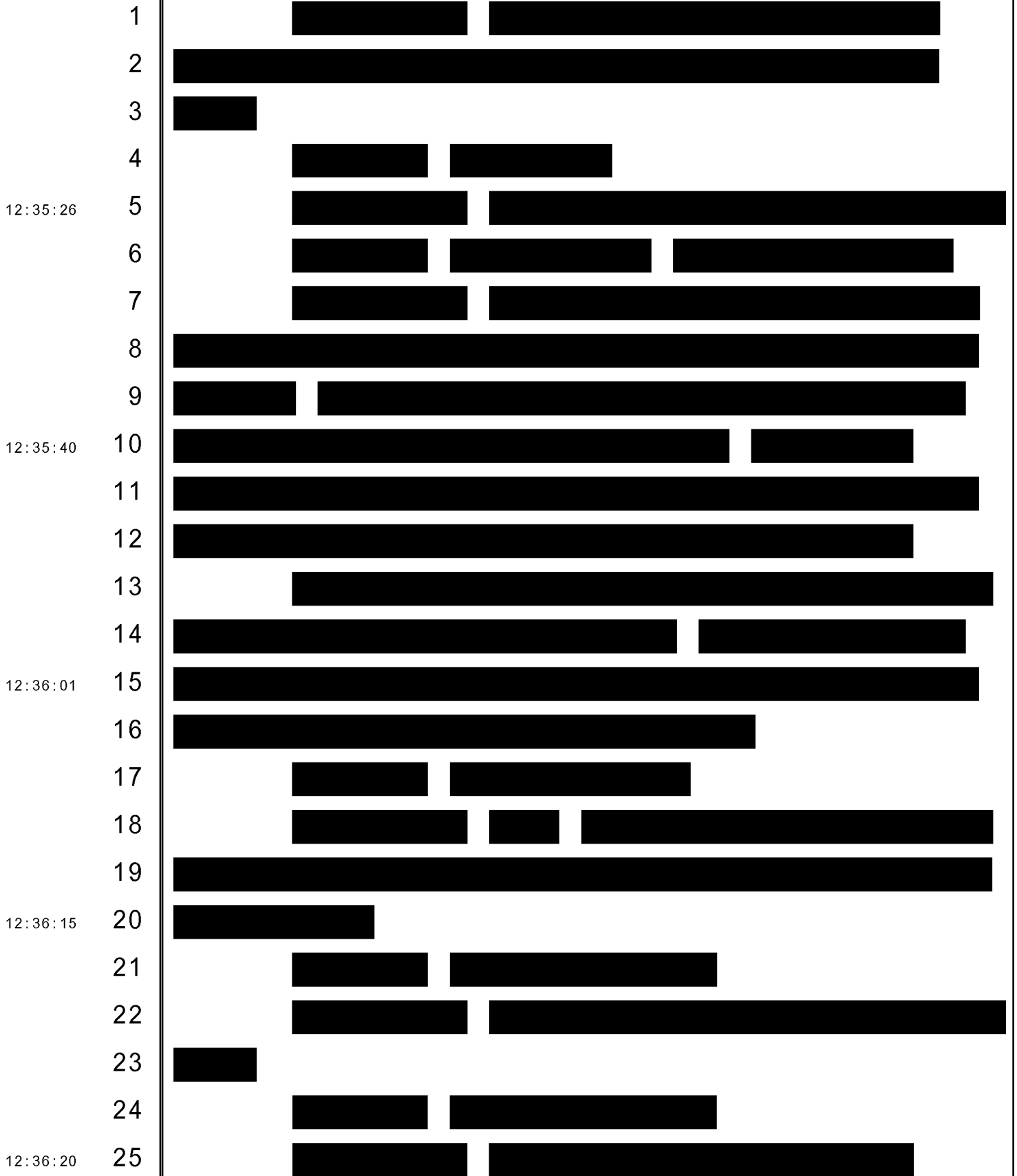
Glenmullen - direct by Rapoport

1970



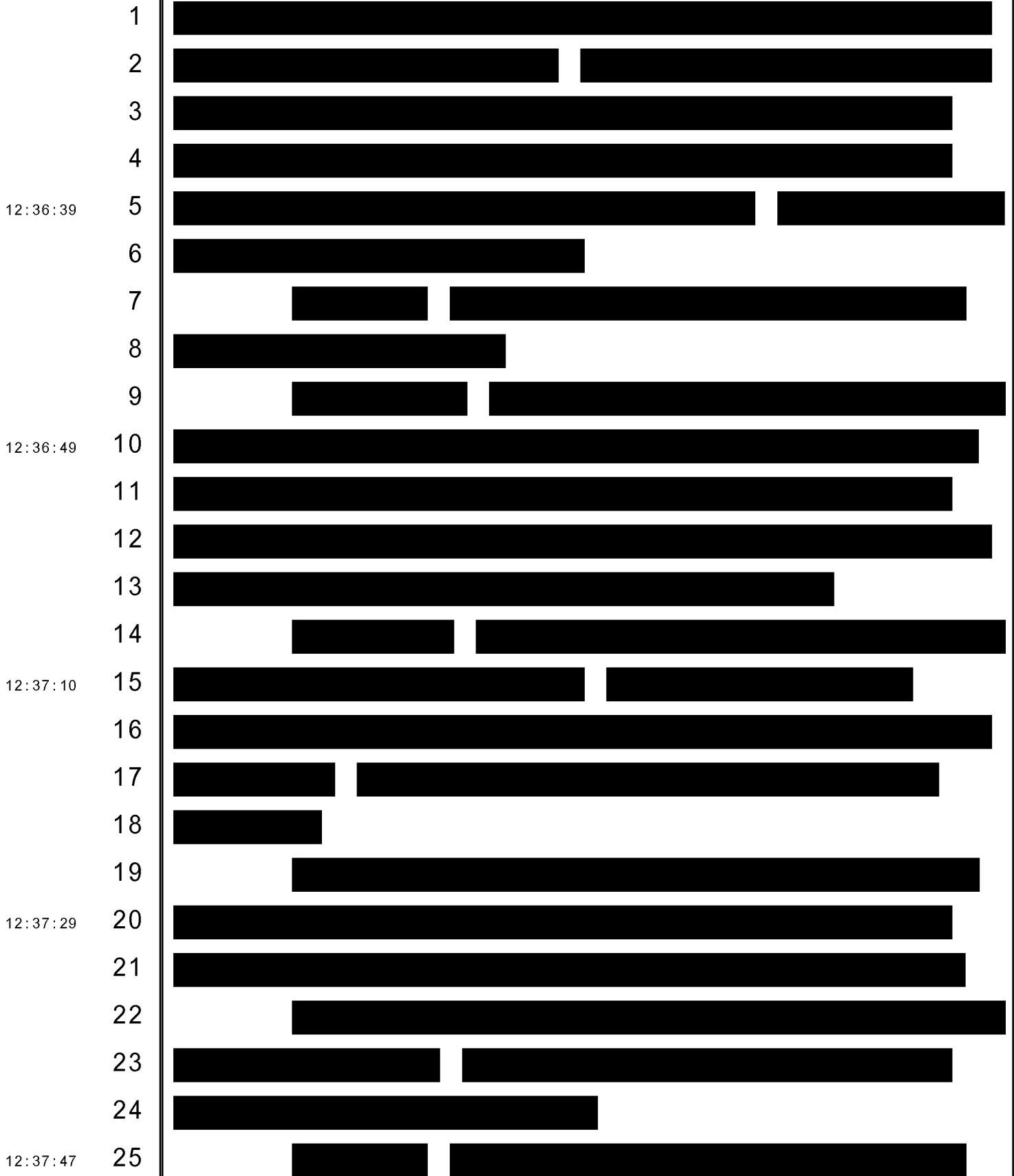
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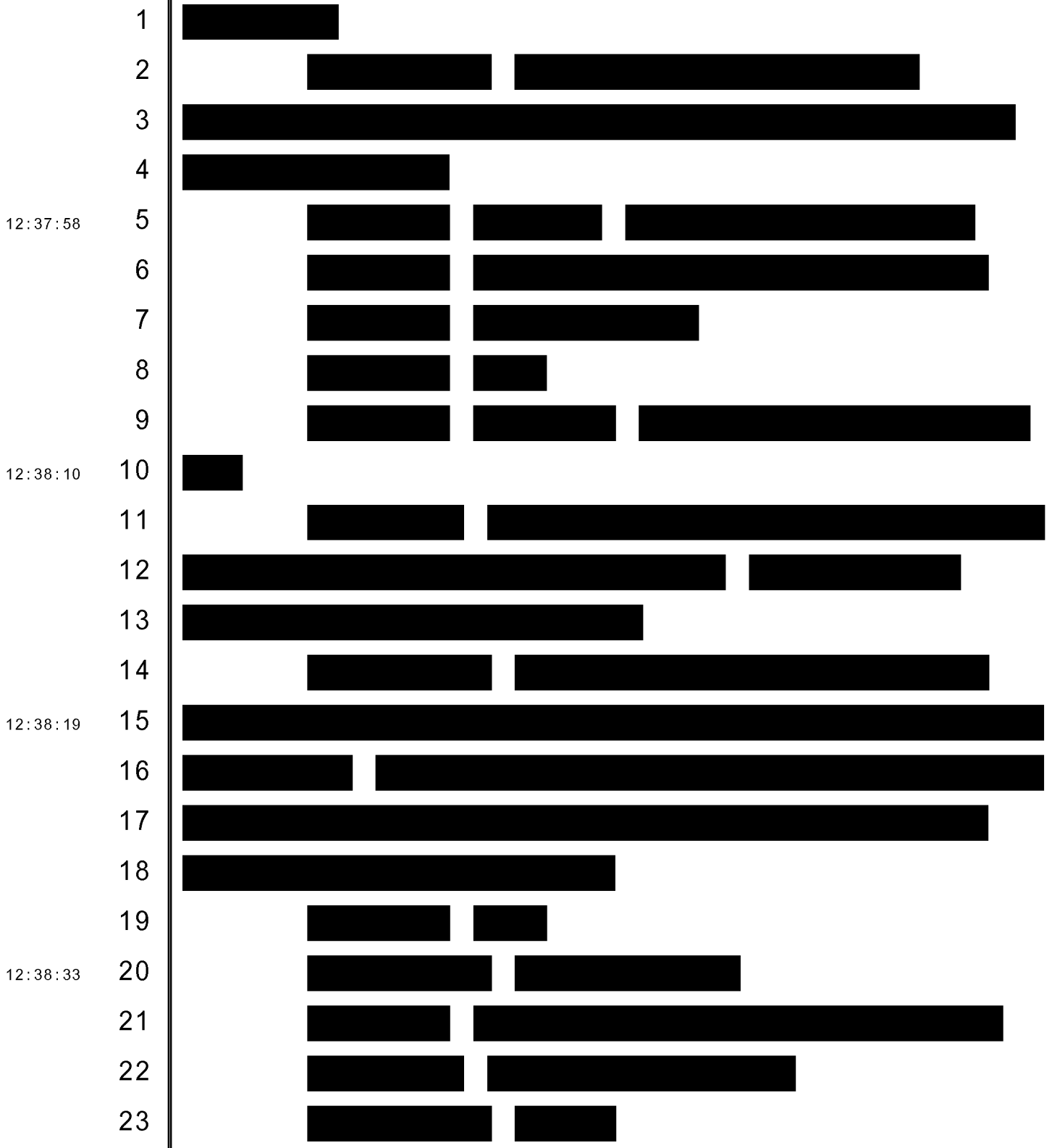
1971



Glenmullen - direct by Rapoport

1972





(Luncheon recess taken from 12:38 o'clock p.m.)

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to 1:30 o'clock p.m.)

* * * * *

I CERTIFY THAT THE FOREGOING IS A CORRECT
TRANSCRIPT FROM THE RECORD OF PROCEEDINGS IN THE
ABOVE-ENTITLED MATTER

/s/Blanca I. Lara

March 29, 2017