

MEDICAL HISTORY - HAROLD WEISBERG, 7627 OLD RECEIVER ROAD,  
FREDERICK, MD 21701 - 301/473-8186

Born Philadelphia, PA, 4/18/13. Moved to Wilmington, DE, mid-1920s, Washington, DC, about 1934, Hyattstown, MD, 1948, present address 10/1/67. Reporter, investigative reporter, Senate investigator and editor, World War II intelligence analyst, farmer, author of six books on the investigation of President John F. Kennedy's assassination, one on that of Dr. Martin Luther King, Jr.

Medical care at Group Health Association from World War II until eligible for Medicare, 4/8/76. Last GHA doctor, Raymond Turner. Hospitalized (George Washington University Hospital about 10/10/75, acute thrombophlebitis in both legs and thighs, damage greater in left. Put on coumadin for about 6 months. Consultation with Dr. Robert Segal, New York City, 1/76 resulted in Dr. Turner's prescription of Jobst supports, which I wore until left femoral bypass, 9/80.

Family doctor in Frederick for emergencies while member of GHA and since then, Dr. Timothy F. Hickey, Parkview Medical Center (301/663-3137), associates Dr. Willis Riddick and more recently Dr. Julio Menocal.

Problems with GHA in 1977, used referral from Dr. Segal to see Dr. Charles A. Hufnagel, then chief of surgery, Georgetown University Hospital, about 9/77. Diagnosed subclavian steal. Put back on coumadin. Performed left femoral bypass 9/80. Blood clots broke loose day of discharge, returned next day for removal of those that could be reached. Additional emergency 4/81, total blockage that side, patch to arteries put in at knee. Since then,, with circulation impaired further, have been of limited mobility but fairly vigorous and able to do moderately heavy work.

Records I have consist of my copies of hospital bills. Dr. Hufnagel and/or Georgetown hospital have other records. Dr. Hickey has summaries in Dr. Hufnagel's reports to him.

Daily medications as of 1/1/86 and today, coumadin, usually 15 mg; laxis, was 160 mg, reduced to 80; Slow-K, 2400 mg; Trental, 1200 mg; itamine E, 20,000 units.

Believe I suffered an additional venous thrombophlebitis 9/80 while at Georgetown hospital.

Since the emergency operation of 4/81 I have been examined by Dr. Hufnagel every six weeks. Local medical transportation takes me there since for some years I have not been able to drive safely more than about 20 minutes at a time. Dr. Segal had told me to keep legs elevated when not walking and to get up and walk around a bit every 20 minutes or so and since then, 1/76, I have done this. After this last (4/81) arterial surgery Dr. Hickey prescribed daily walking therapy at a nearby mall where there are no extremes of temperature and I can sit and elevate the left leg as needed. I've

done this diligently, usually for three hours early each morning, beginning end of September reduced to two and a half hours because admittance to mall since then not permitted until 7:30 a.m. Mall opens at 10 and I usually leave about then. Until this January I could walk about a quarter of a mile at a fast pace without claudication pain requiring rest and did for about 2½-3 miles. Until this January I heated us with wood, about 6 cords a winter. Cord weighs 2-3 tons and I handled each piece at least three times. Prior to first surgery I felled our own trees and hauled that wood to and stacked it near our home, then moved and stacked it again at our home after flowers were dormant. Able to carry heavy green logs up steep hill on shoulder, etc., but have used only lighter, electric chain saw since first (1980) surgery. Also used other such tools. Until this season I chopped up and split firewood, often sitting down. Used axe, splitting maul, machete for fairly long periods of time. Able to pull large cart of green firewood up steep hill for stacking, splitting. Somewhat limited in what it was safe for me to do but I was not weak for my age. I'd been fairly vigorous for a man whose life is essentially sedentary. I required little sleep.

Late afternoon Sunday, 1/12/86, not able to urinate. Dr. Riddick returned my call to Dr. Hickey. He told me to go to Frederick Memorial Hospital emergency room where a catheter would be inserted and I'd be sent home, then go to their office next morning. Dr. Romane at the emergency room said I should be hospitalized overnight and I was. Next morning urologist Dr. Mark X. Coyne came to see me. (Office 186 Thomas Johnson Drive, 301/695-6466) He had examined emergency room record. He palpated prostate, told me surgery was necessary and that he would perform it the next morning. I told him I had long been on coumadin, had taken 15 mg the previous morning, and wanted to discuss with Dr. Hickey whether it should be allowed to disappear from my blood or Vitamin K should be injected, that I was inclined to avoid Vitamin K. Dr. Coyne then set this surgery for Monday, 1/20, and I was then discharged, with the catheter. I saw Dr. Hickey who concurred in not injecting Vitamin K. Prior to the prostate surgery I saw Dr. Coyne at least once at his office (trouble with catheter). I identified all my doctors and medications to him and gave him my medical and hospitalization history, including of thrombophlebitis.

When I phoned Dr. Hufnagel to cancel my regular appointment with him, I learned that Dr. Coyne had not called him. (And I now suspect that he did not confer with any of my other doctors but I do not know.) I asked Dr. Hufnagel what Dr. Coyne should know in the event they did not get to speak, he told me, I wrote it down, phoned Dr. Coyne to tell him, he told me to give it to him the day before the surgery and I did, on 1/19, and then discussed it with him.

When I was last (4/81) discharged from Georgetown I was told not to try to cut my toenails again and to find and see a local podiatrist. Since then I've see Dr. Alan Mann (Amber Meadows Professional Building, 694-8880) regularly, averaging more than once a month because of the great sensitivity of the skin of the left foot

and some deformity of the toes. As a precaution in the event of any emergency, Dr. Hufnagel informed Dr. Sherman Kahan (4 W. 7th, 694-9033), local cardiologist, of my history. (No heart problem.)

Transurethra resection 1/20 a.m. apparently successful. Doppler-like examination of bladder 1/22, report clear. Biopsy of prostate negative. Dr. Coyne told me had removed 50 grams but had not removed entire prostate.

Dr. Hickey told me to take my medications with me in the event they might be needed. I took all but the coumadin (last dose the morning of 1/12). After the surgery Dr. Coyne told me to take only the Trental. He said he'd seen Dr. Kahan and Dr. Kahan had recommended this. (Trental is taken with the meals and I never got it in time, often so long after eating I feared taking it because it can irritate my ulcer.) On the way to X-ray 1/22 Dr. Kahan got on the elevator, said he was surprised to see me and looked like he was. He said that if he had known I was in the hospital he'd have stopped in to see me. This directly contradicted Dr. Coyne and made me wonder about him, as other things then also did.

Dr. Hufnagel was emphatic in saying that the antiembolism stockings (TEDs) I've been wearing and always do, around the clock, should not be removed for the surgery and that because of the position in which the body, especially the legs, are when it is performed, the back of the left knee must be padded with a soft padding. When I came out of the anesthesia momentarily after the operation, my TEDs were below the knees and a little bloody. I pulled them up, attached them to the garter belt (Jobst) and dozed off again. When I came to again, a nurse was removing these TEDs. I asked her if she had others with which to replace them and she said she did not, that Dr. Coyne had no such instructions on my chart. I told her they were not to be removed without replacement. When the next nurse came I asked her about this and she, too, told me that Dr. Coyne had not put this on the chart. She, however, on her own, seeing that I did wear them (and Dr. Coyne never saw me without them), went to supply to get replacements. I asked to see them, saw that one was the wrong size, told her the correct size (large, regular or normal length), and when she returned she told me the hospital does not stock them. I was surprised and I wore the bloody TEDs until I was home and replaced them with my second set.

I had discussed this with Dr. Coyne. I'd also shown him that my left heel is so sensitive I must use additional protection on it (a 3x4 surgical pad). I also told him that the skin of that foot is so sensitive Dr. Hickey told me not to use a towel between the toes but to let them air dry after washing. And I told him that my wife was used to helping me get the tight TEDs over that pad without moving it out of place or irritating the skin and that I wanted her to do this at the hospital. He had agreed but this also was not on the chart. From my previous experiences, before this skin-sensitivity problem developed, the nurses are rushed and Dr. Hickey had warned me that if the skin in that area breaks it may never heal and that as a result amputation could be required. I'm sure I told Dr. Coyne this, too, and I am without question on his agreeing to having my wife assist with the changing of the TEDs. I also explained that Medicare and BC/BS pay for TEDs in the hospital

only and those I would be wearing were about to be bloodied. He did tell me he would order them for me but he did not. I'll return to this with regard to the hospital because I was billed for the wrong size one I'd returned.

I had expected to see Dr. Hickey at the hospital. Instead, his newest associate, unknown to me, Dr. Menocal, came. He asked how I felt, I felt fine and so told him, and that was it. In connection with an insurance claim I got his report and attach it.

Dr. Coyne told me when he discharged me on Thursday to take it easy around the house until Monday, when I could resume my walking therapy at the mall. He told me, as Dr. Menocal had, that everything had gone fine. He told me to phone his office for an appointment to see him in two weeks when he would decide whether I could then start taking coumadin again. He said he had agreed to take his wife away the coming week and to make the appointment for the week after that.

When I was home I phoned his office and the assistant who answers the phone, a woman, and the only other person in his office, which he shares with radiologists, told me that Dr. Coyne would be away the second week and could not see me until the third week, for which she made an appointment.

When I tried to resume my walking therapy on Monday I found I could not and when that afternoon I felt no better and feared that I was having another thrombosis, I phoned Dr. Hickey, whose phone stayed busy, so I phoned Dr. Kahan. After speaking to and questioning me, he told me I was having another thrombosis, that it was not necessary for him to come here or for me to go there, that injections of heparin were indicated, and that he'd arrange for nurse (Home Call) to come here for that purpose. This began the next morning (2/4) and lasted for three weeks.

My records of when I saw what doctor are limited to the small diary I keep for prescheduled appointments only. I do have bills and can be more specific with regard to Dr. Hickey. From recollection I saw him the week after the prostate surgery, on 1/31, and then every other week. He told me to have urine analyses twice weekly. My first note on when to take how much coumadin is 2/11 and of first protime is 2/17. Dr. Hickey, who wanted me back on coumadin as soon as he considered that safe, told me he could not do this until Dr. Coyne OKayed it. Dr. Coyne did this when he saw me and said everything was fine on 2/13. Dr. Hickey then told me to start taking 7.5 mg of coumadin to be increased gradually. The Frederick Community Medical Laboratory will have records. We've had a friendly relationship since 1975. I'm there every Monday and Thursday for protimes. Their first urine analysis report to Dr. Hickey was that there were too many pus cells and too many white blood cells to count. He was concerned, told me to see Dr. Coyne with this report, which I did immediately, and Dr. Coyne told me to discontinue the urine analyses, that this was normal and that he would not worry unless that continued into May. I went back to Dr. Hickey, who seemed surprised, shrugged his shoulders and



told me to continue with the urine analyses because to be safe with the coumadin it is necessary to watch for any sign of any bleeding or of white blood cells.

While my recollection is not now certain on this, I believe that Dr. Kahan is the one who first told me to stay off my feet except for going to the bathroom, etc., and to keep them elevated, and to check with Dr. Hickey. I am certain that I did this and that Dr. Hickey gave me the same instructions, until he told me to resume walking around the house and then that I could go to the mall for walking again. I started walking around in the house while the nurse was still coming to inject the heparin.

Friends drove me to my medical appointments for the next two months. I saw Dr. Hickey fairly regularly. I drove for about 15 minutes Monday, 3/17, to have a squamous cancer removed from the right wrist and that driving was too much for me. It was then, I think, I began to realize that I was not as able as I had been. (The cancer had been removed 12/30, got infected, and during hospitalization I could not get the medication prescribed by the dermatologist, Dr. Charles Van Meter, because Dr. Coyne did not have that on the chart,, either.)

On a date I do not remember I got notice from the Maryland Foundation for Health Care, of which I had never heard, that my Medicare claim for this surgery and the hospitalization were both rejected on the ground that when Dr. Coyne filed he had not shown that this could not have been done on an outpatient basis. I was concerned about the hospital's bill so I drove there, intending to speak to the administrator, named Kluttz, about this and about the fact that his hospital does not stock the normal size of TEDs, which are important in preventing thromboses after surgery. In his absence I was seen by a Mrs. Brohawn, titled the patients' representative. I told her about the TEDs, showed her the bills which include them, and told her that while I knew nothing about claims or filing them, I was certain that with my circulatory and hemorrhaging medical history nobody would consider any outpatient surgery for me if it meant any possibility of bleeding. I offered to provide releases or copies of the bills I have, which do identify the surgeries. She said she'd get back to me on the TEDs and that another person would on the bill. She also checked and told me that, despite this notice from MFNC, the bill had been paid and that if I would go to the supply room they'd have the TEDs for me, that it was all a misunderstanding. I made an appointment at the supply room later, got there with what for me is great difficulty and some pain, only to be told by two women there, as I had been by the nurse, that for at least 25 years the hospital has never stocked regular, which is normal, lengths of TEDs. They offered me shorts, which would be counterproductive, and I did not take them. I again phoned Mrs. Brohawn, who called back and again told me it was a misunderstanding and I again went there, this time with much greater pain and difficulty, only to be told all over again that for at least 25 years the normal length has not been stocked and that if and when they were special ordered by a doctor the hospital, in turn, would special order them. (I believe they are shipped by Kendall from Chicago!) I was aghast and outraged, the latter because Mrs. Brohawn had,

in effect, called me a liar, knew I was of limited mobility, that I had suffered another venous thrombosis. That time I just did make it to the supply room, where I was in greater pain and was so exhausted I had almost lost my voice and had trouble breathing.

At home I tried to reach the administrator by phone and could not get through to him. I was indignant and outraged, so angry that I forgot to spell my name and give my phone number. When I called back I was calmer, apologized, and did provide an explanation. I was told to write him and I responded that I believe he is not too important to use the phone to speak to me about the situations about which I complained. When he did not respond I wrote him twice, without response, the second time including a Washington Post account of an NIH panel report on unnecessary post-operative thromboses, one of the means of preventing being the use of these TEDs. I could and can only wonder how many patients had preventable thromboses after surgery there for all those many years. This appeals not to have concerned the hospital. (The last trip I took the wrong size TEDs and the Giant pharmacy, where I usually get them, exchanged them for the correct size.)

Shortly after this surgery my wife recalled that I have several small insurance policies. She got the forms and I sent them to Dr. Coyne, who ignored them. I wrote at least once reminding him and asking for them. When I got a BC/BS check indicating it was for him I sent it to him. I later also got an unexplained Medicare check. When I was finally able to learn that it was for him, I sent that also to him.

The anesthesiologist, Dr. Perez, sent me a bill and I sent him those checks as I received them. When he sent me a notice of a balance due, I responded that I was under the impression that my Medicare and high-option BC/BS were being accepted as full payment, that if this were not true to please let me know, that with my only income \$368 in Social Security paying him more would not be easy, but that I had this small side insurance and would file those claims if Dr. Coyne ever got around to filling them out and returning them. I never heard any more from Dr. Perez but almost by return mail these forms came from Dr. Coyne.

Gradually it has become apparent that my capabilities are being more and more reduced. I cannot usually walk as much or as rapidly as before Dr. Coyne's surgery and I cannot stand still at all. If I stand still long enough to put paste on the toothbrush I can feel my left foot and leg swelling. Previously I did have a standing problem, but nothing like this. I could and did use the urinals regularly when I was at the mall and when we ate out and in taking the Trental one stands for a short time when the pain manifests itself and I then stood for several minutes. Now I cannot stand still at all and the one time I did have to use the urinal at the mall I almost passed out..(From the laxis I had little choice.) I've not used a urinal since.

The length of the mall and back is about a quarter of a mile. I'd been able to do that fairly rapidly and, when I pushed

myself, as rapidly as the younger mall employees who were in a rush. I sometimes used them to pace me and thus push myself. I did 10 or more round trips a morning, resting and elevating the left leg when pain required this and then walking again. Sometimes I was able to do more than a round trip without stopping and with Trental and standing still for a while I was able to do several round trips. Now a single round trip, at a much slower pace, is frequently impossible.

Intermittently I suddenly feel exhausted, for no apparent reason, and sometimes doze off involuntarily while sitting up. I do require more sleep now. I've always gotten along well on little sleep. Immediately after Dr. Coyne's surgery, when the nurse was coming to inject the heparin, I was staying up through the sports section of Channel 5's 10 p.m. news and getting up sometimes by 4 and always by 5 a.m., when I watched the CBS-TV interviews then aired. Now I am usually asleep by the beginning of that news program and not infrequently sleep until 6:30 a.m.

Thursday, 10/2, I swept the pine needles from our paved lane, about 350 feet long, as I've done for years, and since 1980 it has stressed the left leg a little, but that time the stress was so great I was concerned about how utterly worn out I was and I dozed off, breaking into a sweat and did not return to present norm until morning, when I overslept. It scared me, I was that weak.

In our house it is possible for me to talk in a circle so I do not have to stop to turn. When I was told to start walking again, gradually increasing the number of steps I take, I was able to walk more and more rapidly than I can now. There is no doubt about my reduced walking and other physical capacities. I raised this question with Dr. Hufnagel several months ago, he did a Doppler, and he replied that there were changes that are not major. I took this to be intended evasion and did not press him. (On each earlier Dr. Hufnagel had expressed satisfaction and told me to keep up with my successful therapy. That time he told me to lie flat on my back twice a day with my legs elevated about six inches, about an hour at a time. This takes a big hunk out of each day and is an intrusion into what remains of my life, I presume for the rest of my life.)

Moreover, where some of these changes have taken place is obvious to me, behind the left knee, at the ankle, on the outside of the calf and in the thigh. Pain in these areas almost always stops my walking before claudication pain manifests itself in the left calf. The new swellings behind the knee and at the ankle are obvious. (The knee is where Dr. Hufnagel emphasized that it must be padded during the surgery.) When I had so many circulatory problems before, what may in and of itself not be major could, for me, be not at all minor. I don't know what Dr. Hufnagel would say, but he does have printouts of these Dopplers. Georgetown has the most elaborate ones. Dr. Mann, who has done them on the foot and a little above it every year, evaluated only the arterial service after Dr. Coyne's operation. He was reluctant to strap the calf and did not. Dr. Hufnagel did at several points.

I presume that none of these doctors wants any kind of



involvement but I also believe they do have records. The lab also has records, and it can be ruined by a doctors' boycott. My source on a to me extraordinary outburst by Dr. Coyne is the lab's director and I would not do anything to cause him or the lab any problems.

When the earliest beets were available this spring I enjoyed a mess of them. Thereafter my urine was red. I phoned Dr. Hickey, who thought that beets could color the feces but not the urine. He told me to have a urine analysis. By mistake the lab sent that report to Dr. Coyne. He called the director and raised hell, listening to nothing, in what was described to me as a real tirade, an extraordinary emotional and irrational outburst. Dr. Coyne and I have never argued about anything and we've not spoken since he discharged me when he approved my resuming coumadin. I then did tell him that I'd had another thrombosis, nothing more, and he neither asked nor said anything about that. But I did have some trouble getting the insurance forms back and I suspect that he heard from the hospital about the MFHC's rejection claim, that what he filed was inadequate.

A few weeks ago I got an amended copy of his bill, with a credit for the Medicare check and a notation of sending me a bill I did not receive. I wrote him that it was my belief that everyone was accepting Medicare and BC/BS as payment in full. I heard nothing from him but I got a call from his woman assistant denying this. I told her that he had never indicated to me what his fee would be and had made no effort to learn how I would be able to pay except to learn of this insurance, that she, personally, had said "OK" when I gave her those cards, that they have no such notice posted and that with only \$368 coming in monthly from Social Security I'd not have proceeded with him if there had been any doubt or any reason for doubt in my mind. (This had been acceptable on my prior surgeries and hospitalizations.) In the course of this conversation she also told me that she, not he, fixes the charges. I told her there is nothing I can do with a monthly income of only \$368 and she asked about paying \$5 a month. I asked her how she would like to pay anything out of so small an income, and she said she'd turn it over to a collection agency. I've not heard from any agency and I do not expect to. The claimed balance is just under \$500. At 73 I'd be paying for about 10 years.

Dr. Menocal's report is limited to when I was anethetized. I had no prior history of urinary retention. His account of my vascular surgery indicates he had not personally examined the records in his office. Otherwise, he would not have had to conjecture. I am not aware of any swellings of the right knee or leg and the left leg has been an inch larger at the calf for many years. I do not recall that he thereafter examined my extremities for edema. And most assuredly the TEDs were not "in place" when I came to. I think he meant they were on me. He does confirm that Dr. Coyne said I'd be taking coumadin again in two weeks, which Dr. Coyne himself made impossible. He approves Dr. Coyne's orders that I be given low-level injections of 5,000 units of heparin and makes no reference to its administration intravenously. (I recall only one IV, put in place after I came to, and I'd presumed it was heparin, or included it. It was in only a day or less.) He recommends discon-



tinuing the TEDs but he never mentioned this to me or asked why I use them (Dr. Hickey's prescription) or any consultation with other doctors regarding them. He said he would follow me closely and that consisted of asking me how I felt each morning and not since then. I did see Dr. Hickey as indicated above.

With regard to my using TEDs, which I'd been told earlier to sleep in, Dr. Hufnagel told me to stay in them when he told me to stop using the more restrictive Jobst supports. He also told me only last month that to control a problem with the veins on the inside of the left thigh, of which Dr. Hickey is aware, I must use the TEDs.

The first hospital bill states I was admitted 1/13. It was 1/12. It does not say who admitted me. It was the emergency room doctor, Dr. Romane. He knew that Dr. Riddick did not send me there to be admitted. I told him that to begin with. The second bill, for the time of the surgery, states that TEDs were provided on the 19th, which was before the surgery, and that is not correct. It was not before I came to and I believe was for the first time on the 21st, possibly late on the 20th. There is no mention of heparin until the 21st, or the day after the operation. The entries on TEDs are incorrect in another way in that they do not on the 19th entry reflect their length. Medium and large refer to the circumference and "thigh length" distinguishes them from knee length but does not reflect the actual length, which was the problem. This is apparent with the second entry, "Thi med/short." Thigh length style, medium circumference, short length, which is too short for me. (The handwritten notations are those of the hospital by Mrs. Brohawn.) If they had ever provided the correct sizes I'd have been happy about that and would have used them and not worn the bloody ones.

As I look back on this experience I think it is obvious that, save for Dr. Menocal's ex post facto reference to my previous history of circulatory disorders, it was ignored and he was not really familiar with it. He reflected no more than an uncertain recollection of what he had been told.. And that was not until after the surgery. I believe that the timing and amount of heparin indicates no concern for or interest in either my prior history and experiences with it or with the possibility that I might suffer another thrombosis or more than one. There are records, as I told Dr. Coyne before he operated, at George Washington and Georgetown University hospitals and these indicate how long heparin was administered and at what level and without any complication at all. I think it is apparent that the thrombosis was caused by inadequate anticoagulation and that this possibility should at least have been anticipated by Dr. Coyne. And he did know that I was on a high level of coumadin. I do not know whether Dr. Menocal ever examined behind my knee but I'm sure he did not when I was conscious. As soon as I was home and changed the TEDs the swellings at the left ankle and knee were quite visible and that behind the left knee was obvious to the touch. I think this ought to be on the nurse's report to Home Call. She saw and felt them. These swellings were immediate and appear to be permanent and to indicate where there was immediate thrombosis. I do not know whether Dr. Kahan communicated with Dr\$.

Hickey or Coyne after he arranged for the three weeks of heparin injections, but I do know that each time Dr. Hickey has seen me since then he has felt both areas. Dr. Coyne was without comment when I told him I'd had another thrombosis, as was the hospital. I had, in effect, given him Dr. Hufnagel's warning about the left knee and he could not have looked at my legs without seeing the considerable difference in size. I am certain that in giving him my medical history I told him I was told in 1975 that my left calf would forever be an inch larger than the right. Only a doctor can tell whether it is edema but there has not been any time since Dr. Coyne operated on me that there has not been a soft puffiness on the left leg, apparent through the TEDs.

I was surprised, of course, that Dr. Coyne was silent when I told him of the thrombosis and that Dr. Kahan had arranged for the injection of heparin. He didn't ask a question or make any examination himself. If he ever got in touch with any of my other doctors, I am not aware of it and have no reason to believe that he did.

The only question I recall that he asked me the last time he saw me, when he discharged me, is "Who did it?" I asked what he meant and he said, "Who killed Kennedy?" I told him I do not know and that my work has not taken that direction.

Of course I did have more than one thrombosis beginning in 1975 and there is no question but that the complications following my 1980 surgery resulted in limitations on which I am able to do and ought consider doing. But there also is no question but that I am now considerably further limited in what I am able to do. I have no way of knowing whether this newest thrombosis will cause or contribute to earlier death, but it has made a serious difference in the quality of my life, in the medical problems I have and in what I am able to do with what remains of my life. It also is a new and serious limitation on my professional activity. And I think that this could happen only as a result of medical indifference and negligence. It could not have happened through ignorance because I was fully informative. Even if I had not been, the preexisting conditions were obvious and any consultation with my doctors would have disclosed a full history, I am certain in more detail than I provided. I therefore believe that Dr. Coyne and the hospital are responsible for what happened to me and that their subsequent indifference reflects their attitude .

FREDERICK MEMORIAL HOSPITAL  
REQUEST AND REPORT OF CONSULTATION

TO J. MENOCA, MD  
(Consulting Physician)

CONSULTATION:

PATIENT WEISBERG, Harold ROOM 432182

- AND RECOMMENDATION  
 AND CONTINUE TO FOLLOW JOINTLY  
 AND ACCEPT PATIENT IN TRANSFER

The above patient is referred to you for consultation. Please evaluate the following:

DATE \_\_\_\_\_

ATTENDING PHYSICIAN \_\_\_\_\_

M. COYNE, MD

PROBLEM:

This patient is a 71<sup>2</sup> YO patient who comes in with history of urinary retention for TURP. He had been followed by Dr. Hickey for many years. His basic problem has been peripheral vascular disease and apparently having peripheral venous disease as well, mainly consisting of deep vein thrombophlebitis in the past. His medicines include Coumadin, Titrated to a PT level of 22 seconds of clotting ? and Trental 400 mg. po tid. The patient's previous medical history is significant basically for having been seen in the past at Georgetown where he had vascular surgery mainly consisting of what appears to be an iliofemoral bilateral bypass. He has been followed by Dr. Hickey and every so often he gets swelling of the knees and the legs for which he also receives Lasix and Coumadin to keep his PT at the above described level. The patient is otherwise unremarkable. hist

He is seen right at postop. His BP at this time shows that he has a BP of 130/70, pulse of 60, temp. 95.7, resp. 16. He is status post general anesthesia. He is unresponsive at this time. He is breathing spontaneously. Lungs are clear.

Heart is bradycardic without S3 or murmurs.

His ENT within normal limits.

His abdomen is soft. There is a Foley catheter in place.

His extremities show decreased pulses without any edema at this time. Thigh high TED stockings are found in place.

ASSESSMENT:

1. Status post TURP for urinary retention.
2. History of peripheral vascular disease and deep venous thrombosis.

DATE \_\_\_\_\_

FMH 76

CONSULTANT \_\_\_\_\_

Patient: WEISBERG, Harold

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## RECOMMEND:

- 1. Not administering Coumadin until two weeks as per Dr. Coyne
- 2. Agree with Dr. Coyne's orders of giving him 5000 units of subcu Heparin in q12h.
- 3. I would recommend discontinuing thigh high TEDs in this patient. The reason for this is that he has peripheral vascular disease this may make it worse.
4. I would get an EKG in the a.m.
- 5. I will follow this patient closely.

Thank you very much for this consultation.

JULIO MENOCAI, MD/pjw dt 1/23, dd 1/20