

INQUEST INTO THE DEATH OF

L I S A   S H O R E

THE RECALLED EVIDENCE OF RUTH DOERKSEN

TAKEN FEBRUARY 7th, 2000

BEFORE DR. JAMES CAIRNS, DEPUTY CHIEF CORONER

CORONER'S COURT, TORONTO

A P P E A R A N C E S:

Counsel for the Coroner	MARGARET BROWNE, MS.
Counsel for the Shore Family	FRANK K. GOMBERG, ESQ.
Counsel for the Hospital for Sick Children, et al	PATRICK HAWKINS, ESQ. RENEE A. KOPP, MS.
Counsel for Drs. Schily, Catre and Wright	ANNE POSNO, MS.
Counsel for Corometric	VAN KRKACHOVSKI, MS.

REPORTING PLUS  
(905) 477-0126

1 THE CORONER: Ms. Browne, your next witness,  
2 please?

3 MS. BROWNE: Ruth Doerksen again, please?

4 THE CORONER: Ms. Doerksen was sworn in  
5 earlier, so she does not need to be resworn.

6

7 RUTH DOERKSEN, PREVIOUSLY SWORN

8 RE-EXAMINATION BY MS. BROWNE:

9 Q. Ms. Doerksen, perhaps we can go to that  
10 last point first; can you tell us who was on the day  
11 shift the day of October the 22nd?

12 A. I know now Sian was on.

13 Q. Yes, Ms. Phillibert, right?

14 A. Right.

15 Q. Anybody else?

16 A. Other than that, I don't know who was on  
17 for sure.

18 Q. You can't confirm or deny whether or not  
19 Ms. Villela or the other lady, Mr. Strati were on?

20 A. I don't recall seeing Bruna. I might  
21 have seen Lori, I don't know. I don't know for certain  
22 if she was on or not.

23 Q. Well, this is the first time we've heard  
24 about this tape report. Perhaps you could indicate to

1 us what your awareness was of it that night?

2 A. Of the tape?

3 Q. Yeah. Did you use it, how did you use  
4 it, when did you use it, where did you use it?

5 A. I did tape, probably somewhere after  
6 6:00. I would normally tape after I see my patients  
7 for 6:00, so that you have more or less the whole  
8 night, so you can report on it.

9 Q. You wouldn't tape as things happened?

10 A. No.

11 Q. You wouldn't tape at 6:00 with a view to  
12 making things clear for the person who is coming on?

13 A. No, I generally taped everything  
14 together at one time.

15 Q. All right. And do you recollect  
16 specifically, in this case, is that when you taped?

17 A. I'm sorry?

18 Q. Specifically in the case of Lisa, was it  
19 at 6:00 that you taped?

20 A. Some time after 6:00, after I did my  
21 6:00 rounds.

22 Q. So you would have had to do your 6:00  
23 rounds and then come in and tape?

24 A. Right.

25 Q. Do you remember how long you took to

1 tape?

2 A. Usually not very long; five minutes at  
3 the most.

4 Q. Was it the same on that day?

5 A. I can't tell you for sure, but I think  
6 it would have been about the same.

7 Q. Do you recollect whether Ms. Soriano  
8 taped?

9 A. I don't recall. She would have, but I  
10 don't ---

11 Q. She would have, but you don't remember?

12 A. Yeah, I don't remember when.

13 Q. And was she there when you were taping?

14 A. No.

15 Q. And what would you use to refresh your  
16 memory as you taped? What would you have in front of  
17 you to refresh your memory?

18 A. I usually had my worksheet with me or --  
19 I would always have my worksheet, actually, and  
20 sometimes if there were things on a flow sheet that I  
21 needed to record or tell about, then I would have those  
22 with me.

23 Q. You're talking about what you usually  
24 do?

25 A. Yes.

1 Q. Do you specifically recollect what you  
2 did on this day?

3 A. No.

4 Q. Well, as you're aware, we've heard that  
5 the patient care summary came out at 6:15 and somebody  
6 left it on a desk and you saw it, is that correct?

7 A. Yeah.

8 Q. Do you remember who left it for you, who  
9 else was there?

10 A. No, I imagine whoever was putting them  
11 together, I don't know who it was.

12 Q. Well, it had to be either you, Ms.  
13 Soriano, the Constant Care nurse; 5B wouldn't have any  
14 reason to go and check yours, would they?

15 A. It could be any one of the nurses that  
16 were coming on days who would have done it.

17 Q. Right.

18 A. Or could have done it.

19 Q. Let's add to that you, Ms. Soriano, the  
20 Constant Care nurse, Ms. Fitzsimmons, who it was  
21 indicated had nothing to do with any of this, or the  
22 two or three people who were coming on?

23 A. Right.

24 Q. And the Charge Nurse that day was Ms.  
25 Phillibert?

1 A. Sian, yes.

2 Q. Did you hear from her or anybody that  
3 there was going to be a sick call, that there was a  
4 sick call?

5 A. I got the sick call, I took the sick  
6 call.

7 Q. You got the sick call?

8 A. Yes.

9 Q. When was that?

10 A. Sometime before 6:00, I would imagine,  
11 because we have to call in before 6:00.

12 Q. Do you remember who it was who called in  
13 sick?

14 A. Who it was? I think it was the person  
15 who was supposed to be in charge that day, that's why  
16 Sian ended up being in charge.

17 Q. You don't remember who ---

18 A. No, I don't.

19 Q. --- that was scheduled to be?

20 A. I don't know.

21 Q. By the way, did you badge in that day?

22 A. I usually badge in when I first come in,  
23 when I first ---

24 Q. Do you remember that you badged in on  
25 that day or that night?

1 A. I can't remember for sure.

2 Q. It was the sick call meant that Ms.  
3 Phillibert was in charge and there were going to be --  
4 do you know who else was coming on?

5 A. No, I don't know. I don't know who was  
6 on.

7 Q. The tape recording that you made took  
8 five minutes, about?

9 A. Yeah.

10 Q. Then what was done with it?

11 A. It was left in the room, it was left in  
12 the conference room where all the other day nurses  
13 would go and listen to it.

14 Q. Within the tape recording machine?

15 A. Yes.

16 Q. You just pressed the stop button?

17 A. Yes.

18 Q. What normally happens to that after  
19 they're listened to?

20 A. They're just left there and when the  
21 next shift goes to tape, they rewind it and start from  
22 the beginning.

23 Q. How long was it before, if you can  
24 remember, you left the hospital that day? When was it  
25 you left?

1           A.    Somewhere between 9:00 and 10:00, I  
2           don't remember.

3           Q.    And that was after the traumatic  
4           experience of Lisa's death?

5           A.    That's right.

6           Q.    Would that tape have been sitting there  
7           in that machine all day?

8           A.    I think so.

9           Q.    Did it occur to you to perhaps preserve  
10          that tape?

11          A.    No.

12          Q.    Did you have any conversations with Ms.  
13          Phillibert or any of the other day nurses about what  
14          went on that night?

15          A.    That morning, no.  No.

16          Q.    Did you record onto the tape anything  
17          you learned from the patient care summary?

18          A.    No, I did not.

19          Q.    You saw the patient care summary, didn't  
20          you?

21          A.    No, I did not.

22          Q.    When did you see it?

23          A.    I saw it after, after Lisa ---

24          Q.    When did you see it?

25          A.    Sometime after Lisa died.

1 Q. And at that point, there was still a  
2 tape sitting in the machine?

3 A. Yes.

4 Q. Did you take the patient care summary,  
5 which we have as Exhibit 41, and go over it and add it  
6 to the machine?

7 A. No.

8 Q. Did you take the patient care summary  
9 and give it to one of the day nurses so they could add  
10 it to the machine?

11 A. No.

12 Q. Is there any reason that you didn't?

13 A. It wouldn't be normal, something that I  
14 would do or anybody would do.

15 Q. Well, it wouldn't be normal that a child  
16 die, would it?

17 A. That's right.

18 Q. Would you not then, as it's not normal,  
19 save this tape recording?

20 A. It simply did not occur to me.

21 Q. All right, those are my questions, but  
22 I'm certain that there's others.

23 THE CORONER: Mr. Krkachovski?

24 MR. KRKACHOVSKI: I think Mr. Gomberg's  
25 going first.

1 THE CORONER: Okay, Mr. Gomberg?

2 MR. GOMBERG: Yes.

3

4 RE-EXAMINATION BY MR. GOMBERG:

5 Q. Nurse Doerksen, I suggest to you that  
6 you saw that patient care summary sometime between 6:15  
7 and 7:00 in the morning?

8 A. Mr. Gomberg, you may suggest whatever  
9 you wish. I told you I saw it after Lisa died, and  
10 that's when I saw it.

11 Q. Is your answer to my question "No"?

12 A. I saw it after Lisa died.

13 Q. I suggest that at some time after you  
14 saw that summary, you went into Lisa's room and saw her  
15 dead?

16 A. You may suggest whatever you wish.

17 Q. I suggest ---

18 A. I have told you the truth.

19 Q. I suggest that you turned around, walked  
20 out of the room, got a Corometric monitor, walked back  
21 in the room and put in on a shelf.

22 A. Mr. Gomberg, you may suggest whatever  
23 you wish.

24 Q. Is that a "No"?

25 A. I've told you the truth.

1 Q. Those are my questions.

2 THE CORONER: Mr. Krkachovski.

3 MR. KRKACHOVSKI: Thank you.

4

5 RE-EXAMINATION BY MR. KRKACHOVSKI:

6 Q. You mentioned, Nurse Doerksen, that  
7 typically when you do your taped report, you would have  
8 the worksheet in front of you. Are you referring to  
9 the patient care summary?

10 A. No, it's the worksheet of a list of  
11 patients and what needs to be done for the day, or for  
12 our shift. It's generally the information from the  
13 patient care summaries that we would just put in very  
14 short form, we can fold it up and put it in our  
15 pockets.

16 Q. Is this a worksheet that you would  
17 prepare yourself?

18 A. Yes.

19 Q. All right. I gather from your evidence,  
20 at the time you did the tape summary, at least for  
21 Lisa, you didn't have a patient care summary to work  
22 from?

23 A. No, I didn't.

24 Q. Is there a reason you wouldn't have  
25 waited until you got the patient summary sometime  
26 between 6:15 and 6:30 to make your recording for Lisa?

27 A. No, I would have all the information  
28 that I would put in the recording on my worksheet or  
29 she came through the night, it would be fresh in my  
30 mind what happened through the night.

1 Q. You were comfortable, I gather, that the  
2 patient care summary would not tell you anything new or  
3 different that you would have to put on the recording?

4 A. No.

5 Q. Thank you.

6 THE CORONER: Ms. Posno?

7  
8 RE-EXAMINATION BY MS. POSNO:

9 Q. Could we please put the flow sheet or at  
10 least the chart to Nurse Doerksen? Nurse Doerksen, if  
11 you could turn to the flow sheet which is page 11 for  
12 Counsel and 48 for the jury and the witness. Looking  
13 at the flow sheet, can you tell us what you dictated  
14 about Lisa Shore that night, to the best of your  
15 recollection, using specific words, if you can?

16 A. Right. I don't remember what I said  
17 exactly, but I would have given her reason for coming  
18 in, the time that she would have come in.

19 JUROR #2: I'm sorry, I can't hear.

20 THE WITNESS: I'm sorry. I would have given  
21 her vital signs coming in and what happened  
22 from Anagaile's report, I would have given a  
23 short synopsis of what happened then, and  
24 what needed to be done for the remainder of  
25 the day, the day shift.

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BY MS. POSNO:

Q. To assist all of us, I understand what you would have done, can you try to describe it for us here, the way it would have sounded when you did it? I mean, take your time and look at whatever you need to.

A. Okay.

Q. If you can just give us, and we all understand these aren't the specific words, but just so we understand what it would have sounded like.

A. Okay. I would have said that Lisa, her age and her name and what time she came in through the night and that she came in through Emerg. I would have given her her initial vital signs when she came in, perhaps that she was on a PCA and that she was getting the PCA overnight and would have had an epidural start in the morning and that's the reason that we had admitted her for the night.

I may have said something about the doctors, the confusion through the night. I would have said, like I said, what Anagaile would have reported to me when she -- when I came back on from break, that she would call the doctor, perhaps, and that she had a decrease in respirations and that she was okay at 5:00 and 6:00 and then I would have said -- I already said

1 that she would have had the epidural starting in the  
2 morning through anaesthesia.

3 Q. Now, this is difficult, because we don't  
4 know exactly what you did say, but do you know if you  
5 referred to specific vital sign numbers?

6 A. Usually in the tape report, I wouldn't  
7 do that.

8 Q. You give more of a global description?

9 A. Yeah.

10 Q. As she was okay at 5:00 or 6:00?

11 A. Yeah.

12 Q. Those are my questions, thank you.

13  
14 RE-EXAMINATION BY THE CORONER:

15 Q. Can you remember, Nurse, would you have  
16 commented on the fact that you had put on a Corometric  
17 monitor and because it had alarmed, you'd had to switch  
18 the apnea part off?

19 A. I don't think I taped anything about  
20 that.

21 Q. Would that be something that would not  
22 be unreasonable to tape?

23 A. Generally about the Corometric, no, but  
24 if I turned off the apnea monitor, I perhaps should  
25 have, if I turned off the apnea monitor.

1 Q. Yeah, that's the part I'm talking about.  
2 Your evidence is that she was a Corometric monitor,  
3 with the apnea part turned off.

4 A. I don't recall if I did or not, I may  
5 have, I'm not sure.

6 Q. But would -- obviously the nurse taking  
7 over during the day, if Lisa had lived, would certainly  
8 need to know whether the apnea alarm was on or off.

9 A. Yeah.

10 Q. There's nothing on the machine itself,  
11 when it's on, since you do get a respiratory rate,  
12 there'd be nothing to tell her that the alarm was off?

13 A. I may have, I don't know if I did or  
14 not.

15 THE CORONER: Mr. Hawkins?

16 MR. HAWKINS: One moment, please? I don't  
17 have any questions, thank you.

18 THE CORONER: Does the jury have questions?  
19  
20  
21

22 RE-EXAMINATION BY THE JURY:

23 BY JUROR #1:

24 Q. Yes, Mr. Doerksen, could you tell me  
25 what time you taped into that recording?

1 A. Sometime after 6:00.

2 Q. Sometime after 6:00 p.m.?

3 A. Yeah.

4 THE CORONER: 6:00 a.m.

5 THE WITNESS: 6:00 a.m.

6

7 BY JUROR #1:

8 Q. Sorry, 6:00 a.m. And you would have  
9 taped into that recording incidences regarding Lisa?

10 A. Right.

11 Q. Would the fact that you were taping it  
12 after the 6:00 rounds, did you check Lisa at 6:00?

13 A. Yes, I did.

14 Q. You did check Lisa at 6:00, so you taped  
15 prior to your 7:00 rounds?

16 A. Right.

17 Q. And it didn't occur to you when you  
18 taped into the tape recording between 6:00 and 7:00  
19 that you had been operating without doctor's orders all  
20 night?

21 A. No, I didn't have the care plan in front  
22 of me or the -- my summary.

23 Q. You didn't have the care plan or the  
24 summary?

25 A. No.

1 Q. But I understand that's very useful?  
2 A. Yeah, it is useful to have.  
3 Q. But you chose not to use the care plan  
4 or the summary?  
5 A. I generally don't use them.  
6 Q. Mm-hmm. And ---  
7 A. If I may, the tape recording is supposed  
8 to be just an adjunct to what the treatment is for the  
9 child for the day, just general information that we  
10 could give that might add to the patient care plan?  
11 Q. But isn't it absolutely necessary in  
12 your responsibility to either verbally speak with the  
13 next nurse on shift that will be caring for your  
14 patients, if you do not make that recording?  
15 A. That's right.  
16 Q. Yes, so it's a little more than -- I  
17 mean, to say it's just an adjunct makes it sound as  
18 though it's unimportant or perhaps unnecessary when ---  
19 A. No, no, it's not unimportant.  
20 Q. --- in fact, it is necessary, isn't it,  
21 that ---  
22 A. Yeah.  
23 Q. --- you communicate with the next  
24 nurse ---  
25 A. Yes.

1 Q. --- either verbally or through this  
2 recording?

3 A. Right.

4 Q. And did you say in your earlier  
5 testimony that you wanted to do everything you possibly  
6 could to help the investigation?

7 A. Sure, I would have done anything that  
8 was ---

9 Q. And yet you didn't mention that you  
10 recorded into that and it sat there for 12 hours.

11 A. I had no idea this was something that  
12 would have been needed in an investigation, I had no  
13 idea.

14 Q. Wouldn't every, every little thing ---

15 A. Everything was there, nothing was  
16 removed.

17 Q. --- regarding Lisa ---

18 A. Everything was there.

19 Q. --- everything that was said and done  
20 and reported and kept and not kept ---

21 A. Everything was left where it was.

22 Q. --- wouldn't it all be useful?

23 A. It would have been left the way it was  
24 for whoever wanted it or needed it.

25 Q. Well, who would be responsible, then, if

1 it was left? It's always left for someone else and  
2 it's very hard to key in who that next someone else is  
3 that would be responsible?

4 A. I couldn't have stayed there for another  
5 12 hours to make sure everything was done. I didn't  
6 know what needed to be done.

7 Q. No, but you -- you haven't mentioned it,  
8 have you, until this day, there was a recording done?

9 A. Actually, we don't do the tape reports  
10 anymore; it's about over a year that we stopped doing  
11 it, so ...

12 Q. It wasn't in your notes. Also, I  
13 believe you said that you left the hospital between  
14 9:00 and 10:00 a.m.?

15 A. Right.

16 Q. And no one asked if you would see the  
17 Coroner that day?

18 A. No one asked me to see the Coroner.

19 Q. No one called, and the Coroner didn't  
20 request that you stay and speak with him?

21 A. Well, I don't think he was there, so he  
22 couldn't request it.

23 Q. I think the Coroner arrived there around  
24 9:00 a.m.

25 A. I didn't see the Coroner. The Coroner

1           didn't ask for me to stay.

2           Q.    The Coroner didn't make a specific ---

3           A.    I was told I could go home.

4           THE CORONER:    I think, to be fair to all,  
5           there's going to be some confusion and  
6           perhaps Mr. Hawkins, I'm aware that you have  
7           a letter that would be worth putting it in so  
8           we can clarify ---

9           MR. HAWKINS:    Perhaps if we can clarify that  
10          now.

11          THE CORONER:    Yes.

12          MR. HAWKINS:    I know Dr. Reingold, I think,  
13          when he first testified, suggested it was  
14          about 10:00, then he said it might have been  
15          later than that, he wasn't sure.  Nurse  
16          Phillibert testified that after the Coroner  
17          arrived, the body went down to pathology.  
18          What I have got is a letter from Dr. Taylor,  
19          who is the pathologist, confirming when the  
20          body arrived in pathology, and so Dr. Taylor  
21          indicates that the body arrived in pathology  
22          at 12:45, which based on that timing, and  
23          that's the timing shown on the post-mortem  
24          report, as well, would put the Coroner's  
25          arrival significantly after 10:00.

1 THE CORONER: If that could be entered as  
2 the next exhibit?

3 CONSTABLE CULLETON: Exhibit 64.

4

5 --- EXHIBIT NO. 64: Letter from Dr. Taylor dated  
6 February 2, 2000, confirming  
7 arrival time of body in pathology

8

9 MR. HAWKINS: I think there was some  
10 confusion created by Dr. Reingold's evidence  
11 as to timing, which I think the sequence of  
12 events we now know is likely well after  
13 10:00.

14 THE CORONER: I think that's a fair  
15 statement. Sorry to interrupt the jury.

16 JUROR #1: That's okay, sir.

17

18 BY JUROR #1:

19 Q. I wonder if you spoke with Dr. Wright  
20 that night -- in that morning, rather?

21 A. Yes, I did.

22 Q. You did speak with Dr. Wright. And did  
23 Dr. Wright tell you that Lisa had been on that ward on  
24 an earlier admission?

25 A. No, I don't think Dr. Wright knew.

1 Q. But you knew that Lisa had been a  
2 patient on that ward on an earlier admission?

3 A. I don't -- I didn't know that she was on  
4 our ward, but I knew that she was a patient at Sick  
5 Kids, and I guess since she was an orthopedic patient,  
6 I might have assumed that she was on our ward.

7 Q. Mm-hmm. But you did ask Ms. Phillibert  
8 if she knew Lisa from a previous admission?

9 A. I don't know if that was me or Anagaile,  
10 I don't know. I don't recall Sian even -- seeing Sian  
11 that morning, so I don't know if it was me who had that  
12 conversation with her or Anagaile.

13 Q. Is Sian Ms. Phillibert?

14 A. Yes.

15 Q. Yeah, okay. Well, she recalls having  
16 some conversation with you. So Dr. Wright didn't say  
17 that Lisa had been on the ward before?

18 A. No, I don't think Dr. Wright knew.

19 Q. And that she had once upon a time been  
20 refused admittance?

21 A. He didn't say anything like that to me.

22 Q. No. Has any doctor in that hospital  
23 ever told you that Lisa was refused admittance in  
24 February of 1998?

25 A. No, no one has ever told me that.

1 Q. Okay, and when the Coroner was asking  
2 you a question, you said to him if you had turned the  
3 apnea -- if you had turned off the apnea monitor, did  
4 you turn off the apnea monitor?

5 A. The apnea part underneath, yes.

6 Q. You did turn that off?

7 A. Yes.

8 Q. I'll leave the rest to my fellow jurors,  
9 thank you.

10  
11 BY JUROR #2:

12 Q. I just have one question. It seems  
13 unrelated, but when you're on shift, you're three days  
14 on and four days off?

15 A. We do what's called "self-scheduling,"  
16 so we could work three days and one day off, one day  
17 on, one day off, as long as we work our seven shifts in  
18 two weeks, we make up our own schedule.

19 Q. So you can't determine by that who is on  
20 the next shift? I'm just trying to figure out why it's  
21 so difficult to remember a few (inaudible).

22 A. Well, no, we don't work three days with  
23 one set of people and then the next set come on, it's  
24 different people.

25 Q. When you badge in, that's for

1 administrative purposes?

2 A. Yes.

3 Q. Such as payroll, because it's so  
4 confusing?

5 A. Yes, so we get paid, yes.

6 Q. So payroll would need to know when  
7 you've been in and when you're not in?

8 A. Yes.

9 Q. But you don't badge out?

10 A. No, we don't badge out.

11 THE CORONER: Any other questions?

12 MR. HAWKINS: If I can assist on that point,  
13 as was explained to me at the break, you  
14 badge in to log your attendance there that  
15 day, to say that you were there that day.  
16 It's not a time card system, time in and time  
17 out. It's just to log that you were there  
18 that day.

19 THE CORONER: Thank you, Mr. Hawkins.

20

21

22 BY JUROR #5:

23 Q. So you could have worked four hours and  
24 you get paid for 12, is that what you're saying? Is  
25 that what you're saying?

1                   A.    No, we generally work 12 hours, we all  
2 work 12-hour shifts.

3                   Q.    But would it be on the Kidcom the last  
4 time you signed out (inaudible)?

5                   A.    No.  You mean when we leave at night?  I  
6 don't -- there's no record of when we leave.

7                   Q.    In the Kidcom, no?

8                   A.    No.

9                   THE CORONER:  Any further questions of the  
10 witness?  Thank you, Nurse Doerksen.  It's a  
11 reasonable time to break for lunch.  I know  
12 that I do want as far as possible to have  
13 some of the day shift nurses called to  
14 testify to clarify about the tape and to  
15 clarify, to the best of their recollection,  
16 what they did or did not hear on the tape, so  
17 we will be making efforts to get those  
18 nurses.  They obviously will not be able to  
19 be brought this afternoon, and Mr. Hawkins,  
20 it's my understanding, and Counsel can  
21 correct me if I'm wrong, that with the  
22 exception of those nurses, then you were  
23 going to be having Dr. Reeder testify?

24                   MR. HAWKINS:  Yes.

25                   THE CORONER:  And I'm wondering, do you want

1 to start this afternoon with Dr. Reeder for  
2 the extent of keeping the inquest going and  
3 the flow, or is it your choice to leave Dr.  
4 Reeder until after these nurses have  
5 testified?

6 MR. HAWKINS: Well, quite some time ago,  
7 Dr. Reeder had been suggested as a witness as  
8 part of the Coroner's case or as part of the  
9 case called by the Crown, which is what we're  
10 still in now. That suggestion by me was  
11 declined, so it would my intention to call  
12 her as part of, you know, as part of my case  
13 or as part of the Hospital's case, which  
14 would ordinarily be after the Crown's case is  
15 concluded.

16 THE CORONER: I'm not going to disagree with  
17 you, I'm just -- I know that some Counsel and  
18 the jury, some Counsel have got other trials  
19 next week so I think the general consensus  
20 was we should try and have all the evidence  
21 in and summations done by the end of this  
22 week, and pure and simply for the purposes of  
23 keeping to as close a time frame or not,  
24 that's my only reason for discussing it.

25 At the same time, you may well have work

1 cut out for you this afternoon to try and  
2 find who the nurses were on the day shift, so  
3 I can also understand that what we may gain  
4 and what we may lose on the other. What is  
5 your preference? Would your preference be to  
6 be able to talk to the hospital this  
7 afternoon and try and see who was on the day  
8 shift so that we can have those nurses come  
9 and testify?

10 MR. HAWKINS: My preference would be to try  
11 to do that so that we can have them for  
12 tomorrow morning, if that's possible.

13 THE CORONER: Okay, I think that's  
14 reasonable. We do know some of the nurses  
15 that were on, I think, (inaudible), Lori  
16 Strati, and I don't know if anybody else,  
17 other Counsel can help, I'm prepared to write  
18 subpoenas for those that we do know about and  
19 I'll obviously have to leave the rest to you.

20 MR. HAWKINS: Well, Lori Strati has been  
21 identified as one, Bruna Villela is a name  
22 mentioned by Mr. Gomberg, but neither of the  
23 two nurses could -- and I don't remember if  
24 Ms. Phillibert, but I don't think any of the  
25 three nurses could specifically remember one

1 way or the other whether she was there or  
2 not, so I will certainly ---

3 THE CORONER: The best thing would be  
4 hospital records of the attendance.

5 MR. HAWKINS: Yes.

6 THE CORONER: Fine. Well, we'll leave that,  
7 then for that to be done, and if that's the  
8 case, then we'll adjourn today until 9:30  
9 tomorrow morning, when we'll see if we can  
10 hear from those nurses and following that, it  
11 would be to hear from Dr. Reeder. Is that  
12 the intention of most Counsel at this stage?

13 MR. GOMBERG: Just so I understand the  
14 timing, does that mean if everything sort of  
15 goes favourably, that we will be finished the  
16 evidence by the end of the day tomorrow?

17 THE CORONER: I would anticipate that the  
18 nurses that are going to be called will be  
19 very brief, it will be pure and simply with  
20 regard to the tape and I will anticipate we  
21 could be finished the evidence tomorrow  
22 afternoon.

23 MR. GOMBERG: Right, and then we would close  
24 to the jury on Wednesday?

25 THE CORONER: Close to the jury on

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Wednesday. We'll adjourn until 9:30 tomorrow morning.

--- ADJOURNED

THIS IS TO CERTIFY that the foregoing is a true and accurate transcription of my recordings and notes, to the best of my skill and ability.

Barbara A. Pollard  
Certified Court Reporter