

INQUEST INTO THE DEATH OF

L I S A S H O R E

THE EVIDENCE OF DR. LEE ANN GALLANT

TAKEN NOVEMBER 8th, 1999

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 Dr. M. Schily	ANNE POSNO, ESQ.

REPORTING PLUS
(905) 477-0126

1 --- jury is polled
2 --- Court Reporter is sworn
3 --- Coroner's Constable is sworn

4
5 THE CORONER: Ladies and gentlemen of the
6 jury, Section 34.6 of the Coroner's Act
7 states that the presiding Coroner at an
8 inquest may exclude any person from being
9 sworn as a jury member where the Coroner
10 believes that there's a likelihood that the
11 person, because of interest or bias, would be
12 unable to render a verdict in accordance with
13 the evidence.

14 The grounds for disqualification of a
15 jury member could include direct monetary or
16 personal interest in the matter being
17 inquired into; personal hostility to any
18 person or party with standing; personal
19 friendship or family relationship to any
20 witness, person with standing or the
21 deceased; professional or vocational
22 relationship or employer/employee
23 relationship with any company or organization
24 involved in the inquest.

1 During this inquest I anticipate you
2 will hear evidence from individuals
3 affiliated with the Shore family, the
4 deceased, as well as staff members from the
5 Hospital for Sick Children and a number of
6 external expert witnesses, some from the
7 Centre of Forensic Science; one from
8 McMaster, and one from -- Dr. Robin Williams
9 from Niagara.

10 Should any of you feel that you have a
11 conflict of interest or a potential bias for
12 the reasons I've outlined, now is the time to
13 declare it. Also if you feel that you may
14 have been influenced by any press or media
15 coverage which might interfere with your
16 rendering of a true verdict based only on
17 what you will hear at this inquest, please
18 declare that also at this time.

19 What I would like to do, to put it on
20 the record, as well, is to give you a very,
21 very brief summary of what this inquest will
22 be investigating.

23 It is into the death of Lisa Shore, and
24 Lisa died at the Hospital for Sick Kids on
25 the 22nd of October, 1998. She had in

1 February of 1998 suffered a fractured right
2 tibia, or a fractured right lower leg.
3 Subsequent to that injury she started to
4 develop pain in the leg and suffice to say
5 for the purposes of my brief summary, she
6 developed a syndrome called reflex
7 sympathetic dystrophy, which can be defined
8 for this purpose, and you will hear much more
9 about this later, can be defined as continue
10 pain in a portion of an extremity after
11 trauma, which may include, as it does in this
12 case, a fracture, but it is not involving any
13 major nerve and is associated with
14 sympathetic hyperactivity.

15 The pain, in general, is out of
16 proportion to the actual injury, which
17 persists even though the injury itself has
18 healed. So in this case she had a fractured
19 tibia; the fracture healed but the pain
20 persisted.

21 As a result of that she was being
22 monitored by the pain clinic at the Hospital
23 for Sick Children, and on the evening of the
24 21st of October, 1998, she was admitted to
25 the Hospital for Sick Children for the

1 control and management of her pain.

2 She was seen in the Emergency Department
3 by nurses and by a physician who is a member
4 of the pain management team. She was given
5 medication in the Emergency Department and
6 was then transferred to a floor, to a room in
7 a ward in the Hospital for Sick Kids where
8 she remained throughout the night with her
9 mother in the same room as her.

10 You will hear evidence as to the events
11 that happened during that night, and for the
12 purposes of my brief summary, I just want to
13 indicate that the next morning she was found
14 dead in bed at 7:15 when the doctors came to
15 do their routine rounds.

16 The inquest will obviously look into the
17 events that occurred from the time she was
18 admitted to the Emergency Department until
19 the time that she was found dead.

20 The nurses and physicians at the
21 Hospital for Sick Kids who treated her during
22 that period will be giving evidence, as well
23 as other members of staff, both nursing and
24 medical, from the Hospital for Sick Kids who
25 will be explaining various protocols that are

1 related to this case.

2 In addition, there will be pathology
3 evidence, toxicology evidence from the Centre
4 of Forensic Science. There will be some
5 expert evidence from a Dr. Stewart McLeod
6 from McMaster, as well as evidence from a Dr.
7 Robin Williams who's a member of the
8 Pediatric Review Committee.

9 Is there anything in what you have
10 already -- any of my other remarks said to
11 you or anything in those present remarks that
12 I've just given to you that would indicate
13 that any of you feel any bias or conflict and
14 that you cannot feel free to sit on this jury
15 and give us a verdict that's unbiased?

16 There have been no declared conflict of
17 interest or bias by the jury members present.

18 I would now ask the jury if they have
19 selected a foreperson?

20 CORONER'S CONSTABLE: If I may I interject,
21 Mr. Coroner, the jury has selected as
22 foreperson, Ms. Gail Allegri, seated to your
23 immediate left.

24 THE CORONER: Thank you. Is that
25 satisfactory to all the members of the jury?

1 I'll swear in the jury at this time.

2 JURY SWORN:

3
4 THE CORONER: The Coroner's Act states that
5 on application of any person before or during
6 an inquest the Coroner shall designate him or
7 her as a person with standing at the inquest,
8 if the Coroner finds that the person is
9 substantially and directly interested in the
10 inquest. A person so designated may be
11 represented by Counsel or an agent, may call
12 and examine witnesses and present his or her
13 arguments and submissions and conduct cross-
14 examination of witnesses at the inquest
15 relevant to the interest of the person with
16 standing and admissible.

17 Prior to this inquest I have indicated
18 to a number of parties that they may well
19 wish to apply for standing at this inquest.
20 In particular, I have notified Mr. and Mrs.
21 Shore that they may consider they wish to
22 make application for standing. I have
23 indicated that the Hospital for Sick Kids and
24 their employees may wish to make application
25 for standing and that Dr. Schily, who was an

1 anesthetic fellow that night, may wish to
2 make an application for standing.

3 Are there any Counsel or agents present
4 who represent these parties, and if so, would
5 you please identify yourselves, indicate your
6 interest and also who you represent.

7 MR. GOMBERG: Dr. Cairns, my name is Frank
8 Gomberg. I represent Sharon Shore and
9 William Shore, and I'm applying for standing
10 on their behalf. Share Shore is sitting to
11 my left and William Shore is in the body of
12 the courtroom at my far left. Thank you.

13 THE CORONER: I'm familiar enough with the
14 interests that I grant the Shore family
15 standing and you will be representing them.

16 MR. GOMBERG: Thank you, Deputy Chief
17 Coroner.

18 THE CORONER: Any other parties?

19 MR. HAWKINS: Yes, good morning, Dr. Cairns.
20 Patrick Hawkins. I am here on behalf of the
21 Hospital for Sick Children and all of its
22 employees who are to be called as witnesses
23 here at the inquest and I request standing on
24 their behalf. With me is my associate Renee
25 Kopp who will be assisting me at the inquest.

1 THE CORONER: You are requesting standing
2 for both the hospital and all the employees
3 of the hospital that will be testifying; am I
4 correct?

5 MR. HAWKINS: Yes, I am, Dr. Cairns.

6 THE CORONER: And I grant you that standing.

7 MS. POSNO: Good morning, Dr.
8 Cairns. I'm Anne Posno
9 representing Dr. Schily who is
10 to my left and will be
11 requesting standing on his
12 behalf.

13 THE CORONER: I grant that standing to Dr.
14 Schily.

15 MS. POSNO: Thank you.

16 THE CORONER: A person designated as a
17 person with standing may choose not to be
18 represented by Counsel or an agent, and may
19 participate as outlined above.

20 A witness at an inquest is entitled to
21 be advised by his or her Counsel as to their
22 rights, but such Counsel or agent may take no
23 other part in the inquest without leave of
24 the Coroner.

25 I should probably for the record

1 indicate I had commented of the parties that
2 I felt would be interested in standing. Are
3 there any other persons who wish at this time
4 to make an application for standing at this
5 inquest? Let the record reflect that there
6 has been no such request by any other
7 parties.

8 Ladies and gentlemen, the purpose of
9 this inquest is to inquire into and determine
10 the identity of the deceased, and I might say
11 that I don't think there will be any issue
12 that the identity of the deceased is Lisa
13 Shore. The time, place of death, which I do
14 not think there will be any difficulty with;
15 the cause of death, and I think you will hear
16 significant evidence regarding the cause of
17 death; and the manner of death and the
18 circumstances preceding and surrounding the
19 death.

20 By the manner of death, and we will come
21 back to this later, you will have to
22 determine once you've heard all the evidence
23 whether you feel Lisa died of natural causes;
24 whether her death was accidental; in theory,
25 whether it was suicide, but I just mention

1 that because it's one of the five by what
2 means; whether it was homicide or whether on
3 the balance of the evidence you are unable to
4 determine which of those four categories
5 would appropriately fit the circumstances,
6 under which case you would have to classify
7 it as undetermined. Do not worry too much.
8 We will explain a lot of that as we go ahead.

9 I would caution you to disregard
10 anything you have heard or read prior to this
11 inquest with reference to the death and base
12 your verdict and recommendations solely on
13 the evidence that is presented here.

14 A Coroner's Inquest in Ontario is a
15 public inquiry designed to serve three
16 primary functions. First, as a means for
17 public ascertainment of facts relating to
18 deaths. Secondly, as a means of focusing
19 community attention on and initiating
20 community response to preventable deaths.
21 And, thirdly, as a means to satisfy in a
22 community that the circumstances surrounding
23 the death of no one of its members will be
24 overlooked, concealed or ignored.

25 Evidence will be given by duly summonsed

1 witnesses and possibly by witnesses called by
2 the designated persons with standing. If any
3 other person wishes to give relevant evidence
4 pertaining to the death, such evidence will
5 be heard later in the hearing.

6 The strict rules of evidence do not
7 apply at an inquest because no one is on
8 trial. Since all witnesses duly summoned to
9 a Coroner's Inquest are obliged to answer
10 questions put to them and such answers may
11 tend to criminate them, the witness is
12 entitled to ask for and receive the
13 protection of the Canada Evidence Act. Their
14 answers then shall not be receivable against
15 them at any future Court proceedings unless
16 the witness has committed perjury.

17 Where it appears at any stage of an
18 inquest that the evidence that a witness is
19 about to give would tend to criminate them,
20 it is the duty of both myself and the Crown
21 attorney to ensure that the witness is
22 informed of their rights under Section 5 of
23 the Canada Evidence Act. The protection is
24 covered by the Charter of Rights and Freedoms
25 as well.

1 The examination of each witness in the
2 first instance will be done by my Counsel,
3 Ms. Browne. Each person with standing or his
4 or her Counsel or agent will then cross-
5 examine the witness relevant to the interest
6 of the person. Following that, the jury may
7 ask relevant questions and we encourage you
8 to do so.

9 I can assure that there will be a
10 significant amount of medical terms at this
11 inquest. It is important that you understand
12 them. It is important that we break down
13 those medical terms to lay language that you
14 can understand, and obviously, to render a
15 true verdict you will have to have a clear
16 understanding of what that medical evidence
17 is.

18 I have presided over many medical
19 inquests and I find it very, very helpful for
20 juries to ask questions. It helps for me and
21 all of Counsel to be able to determine
22 whether, in fact, we have given detailed
23 enough explanation of some of the evidence.
24 So at any stage, particularly on some of the
25 medical aspects, if you're not sure what's

1 meant, ask questions, but you're not confined
2 to that. You may ask questions that you feel
3 are relevant at any time.

4 I will maintain the right to ask
5 questions at any time, although I will
6 normally wait until all other Counsel and the
7 jury have done so.

8 With those general rules in mind, we
9 will proceed with each witness in an orderly
10 manner. At the conclusion of all the
11 evidence, the arguments and submissions by
12 the persons with standing and finally a
13 summation by myself as the Coroner conducting
14 this inquest, you will be asked to retire and
15 consider your verdict.

16 The exhibits that have been introduced
17 throughout the inquest will be made available
18 for you to study and consider during your
19 deliberations. Your verdict does not have to
20 be unanimous. A majority decision is all
21 that is required. While you are
22 deliberating, no one will enter the jury room
23 except the Coroner's Constable and the
24 Coroner's Constable only to ask you if you've
25 agreed on a verdict.

1 If you require clarification or further
2 evidence on any point during your
3 deliberations, you will so signify to the
4 Coroner's Constable. The inquest will then
5 be reconvened and the appropriate witness or
6 witnesses called or re-called to resolve the
7 matter to your satisfaction.

8 For the convenience of witnesses, I
9 would suggest that if a witness has finished
10 giving their evidence and you're not sure
11 about it when you go back to your jury room
12 at a recess to discuss it, it's probably more
13 appropriate for you to indicate at that time
14 that you would like that witness re-called
15 rather than waiting until later.

16 And I will indicate that there will be
17 one witness that it is critical that you're
18 satisfied that you understand that evidence.

19 The witness will be flying out to Israel
20 tomorrow night and it will not be that simple
21 to just phone them up and ask them to come
22 back next day.

23 The jury is cautioned not to discuss the
24 case with anyone other than among yourselves.

25 Likewise, all witnesses, persons with

1 standing, Counsel or agents, and other
2 persons and the news media are instructed not
3 to approach the jury, and this will apply for
4 each and every recess and adjournment.

5 As I've stated before, you must include
6 in your verdict the name of the deceased and
7 also how, when, where and by what means Lisa
8 came to her death. However, the jury shall
9 not make any finding of legal responsibility
10 or express any conclusion in law in answering
11 these questions.

12 Subject to these restrictions, the jury
13 may make recommendations in respect to any
14 matter arising out of the evidence that is
15 presented at the inquest, and I urge you to
16 do so. This is a positive or preventative
17 aspect of the Coroner's system, which is
18 extremely important inasmuch as your
19 recommendations, providing, number one, they
20 are reasonable and providing, secondly, they
21 are practical, it may help to prevent deaths
22 of a similar nature in the future.

23 I stress you must base your evidence and
24 recommendations on the evidence that is heard
25 in the witness box only. You must disregard

1 all that you may have heard or read in the
2 newspaper, radio, television or in the
3 community.

4 Your verdict and recommendations will be
5 forwarded to the Chief Coroner for Ontario.
6 One of the Chief Coroner's duties is to bring
7 the findings and recommendations of Coroner's
8 juries to the attention of the appropriate
9 persons, agencies and ministries of
10 government, and to have them implemented if
11 possible.

12 For the information of those present,
13 particularly the media, the Chief Coroner has
14 directed that the following rules must be
15 adhered while the inquest is in process, and
16 while persons are entering or leaving the
17 premises following a recess, adjournment or
18 conclusion of the inquest.

19 No cameras will be allowed in the
20 courtroom, lobby or other areas of the
21 Coroner's Courts. Tape recorders can be
22 allowed in court providing they do not
23 disturb the proceedings and providing that
24 the tape is only for the personal use of the
25 person making the recordings. No TV cameras

1 or equipment will be allowed in the
2 courtroom, lobby or other areas of the
3 Coroner's Court.

4 Members of the media will not conduct
5 interviews within the confines of the Court,
6 including the courtroom, lobby or other areas
7 of the Coroner's Court. Any action taken
8 outside of the aforementioned areas of the
9 Coroner's Court by members of the media
10 regarding the taking of pictures or
11 interviews is their business and not that of
12 the Coroner's, but such action within the
13 local court area and surrounding rooms is
14 absolutely forbidden.

15 These rules must be strictly followed in
16 order to maintain the proper dignity of the
17 proceedings and to make sure that the
18 attention of the participants is not
19 diverted.

20 I think I have already given you a
21 sufficient summary at this time of the case,
22 so I'm not going to go into any further
23 proceedings at that time. I wonder, does Ms.
24 Browne have any opening remarks that you wish
25 to make before proceeding with witnesses?

1 MS. BROWNE: Thank you very much, Dr.
2 Cairns. I do have a few.

3 Members of the jury, Counsel, Mrs.
4 Shore, Mr. Shore, I wanted to introduce you
5 to the lady to my left, who was neglected,
6 briefly. This is Detective Fiona Greenaway,
7 who is the other officer in charge.
8 Detective Stowell has not yet arrived and he
9 will be along shortly.

10 Now, as Dr. Cairns has told you, this is
11 a sad occasion. It's always a sad occasion
12 when somebody dies. When a child like Lisa
13 dies before her parents, it is truly tragic.

14 I will be showing you a photograph of Lisa,
15 which will be entered as one of the first
16 exhibits. She was a lovely child. She was
17 ten years old and she was very accomplished
18 for her age.

19 Now, as Dr. Cairns has pointed out to
20 you, you're the community in this. You are
21 going to look at the circumstances of her
22 death. The purpose of inquests is, among
23 other things, to prevent future deaths and to
24 let the community know that nobody dies
25 unnoticed. Nobody.

1 The focus in this inquest will be
2 largely upon, as Dr. Cairns has mentioned,
3 medical treatment and medical terms. You
4 will have to be able to get used to a lot of
5 medical terms that you may not have heard
6 before. I know I didn't, and I've had to go
7 over and over it. However, we will expect
8 you to ask questions. We learn from your
9 questions and you learn from them also.

10 This essentially will -- the inquest
11 will follow the course of Lisa's last
12 hospitalization. The disease she suffered
13 from, which you've already heard mentioned,
14 is reflex sympathetic dystrophy, shortened
15 sometimes when we talk about it to RSD. It's
16 not a very common disease you will hear, and
17 it is characterized by unusual, strong pain.

18 Lisa put up with quite a lot of pain in her
19 short life. On her last admission to the
20 hospital she was suffering greatly. This was
21 October the 21st of 1998.

22 You will hear, first of all, to give you
23 some background, from Lisa's pediatrician,
24 family pediatrician, Dr. Lee Ann Gallant.
25 Now, she was not there on the last

1 hospitalization, but she can give you some
2 background to her pain and the progress of
3 this treatment.

4 When you get to the hospital we first of
5 all will go through the Emergency Department,
6 and you will hear from a number of persons.
7 Slightly out of order will be Dr. Schily, who
8 is present in the back, the second row here.

9 He is now living in Israel. He has a lot of
10 commitments coming up. He has flown back
11 here of his own accord. We can't subpoena
12 people in Israel. And he will be referring
13 to the charts from the hospital as she was
14 admitted on October the 21st of 1998.

15 Because he's out of order I may have to
16 ask him a few things about concepts and
17 machines you will hear later about in this
18 inquest. You will hear everything explained,
19 I tell you, in great detail. But some of the
20 things I will have to ask Dr. Schily involve
21 certain instruments.

22 One is a Corometric monitor, and we have
23 one. We'll just show it to you. It's going
24 to be explained later in some detail. It's
25 essentially a monitor of a child's heart and

1 respiration.

2 You will also hear about something that
3 will become known as a PCA, that's Patient --
4 PCAP, I guess. Patient-Controlled
5 Anaesthesia Pump. I don't know whether
6 you've had any experience of this in the
7 hospital, but pain control is becoming
8 extremely sophisticated and a patient, even a
9 child, is allowed to control the dosage of
10 the medication by pushing a button on a pump
11 which is inserted into her arm. You will
12 find out that she cannot overdose. It is
13 very carefully set up, and it enables the
14 child, or an adult for that matter, to get
15 through the pain and take whatever medication
16 can cut it down.

17 You will hear talk about pain levels, 1
18 to 10. This is a patient-instituted level.
19 If you say, "I'm feeling 8," you're in pain.
20 You're in great pain. If you're 1, you're
21 okay. This will be going on all through the
22 inquest.

23 You will also hear from nurses and
24 doctors who treated her when she moved from
25 the Emergency Department to a ward. She went

1 into 5A; you will hear the purpose of 5A.
2 You will have a little plan of 5A and how
3 it's set up, and you will hear what time she
4 went in, what was done and when she was found
5 dead.

6 Her mother will be testifying. It will
7 be difficult for her, but she was with her
8 daughter during the night. She, I believe,
9 fell asleep at some time during the night
10 next to Lisa's bed, and when she woke up her
11 daughter was dead.

12 You will hear from the pathologist and a
13 toxicologist who will examine the cause of
14 death after the death, and I believe you will
15 hear that there is this troublesome
16 toxicology. We will hear from a toxicologist
17 that it's not very simple what happened; it's
18 not clear.

19 You will finally hear from, as Dr.
20 Cairns has mentioned, experts; one in
21 toxicology and one from the Pediatric Review
22 Committee, which will oversee everything.
23 There is a Pediatric Review Committee at the
24 hospital, and it goes over unexpected deaths.

25 Now, this will be a challenging inquest.

1 There are many concepts to grasp, and if you
2 truly -- I reiterate, if you have any
3 questions at the end of a witness, don't
4 wait, don't get mixed up. Ask.

5 And with that ---

6 THE CORONER: Ms. Browne, perhaps I could
7 just make a slight correction to the record.

8 The Pediatric Death Review Committee is not
9 from the hospital. It is a special committee
10 of the Office of the Chief Coroner, just to
11 put it accurate on the record.

12 MS. BROWNE: Thank you, Dr. Cairns. I mis-
13 spoke.

14 THE CORONER: In addition, at this time I
15 should enter as the first exhibit the
16 Direction from the Chief Coroner giving me
17 the authority and directing me to preside
18 over this inquest. If that could be entered
19 as the first exhibit?

20
21 --- EXHIBIT NO. 1: Letter of Direction from the Chief
22 Coroner authorizing Dr. Cairns to
23 preside over said inquest.

24
25 THE CORONER: And the other comment, ladies

1 and gentlemen of the jury, I would like to
2 make to you at this time, is that
3 unfortunately, I myself have been subpoenaed
4 to a different court proceeding on Wednesday,
5 but I don't have any more jurisdiction over
6 that than anyone that has been subpoenaed
7 here, so the inquest will not be able to sit
8 on Wednesday because of that subpoena.

9 Also, Thursday is Remembrance Day, and
10 the Courts do not open on Remembrance Day.
11 They are closed Remembrance Day, so this
12 inquest will not be sitting on Wednesday of
13 this week or on Thursday of this week. I
14 hope those are the only interruptions that
15 will take place. I apologize for Wednesday's
16 interruption, but it is beyond my control.

17 Would you like to call your first
18 witness?

19 MS. BROWNE: I would. Thank you very much,
20 Dr. Cairns. The first witness is Dr. Lee Ann
21 Gallant, G-A-L-L-A-N-T.

22
23 DR. LEE ANN GALLANT, affirmed:

24 EXAMINATION IN-CHIEF BY MS. BROWNE:

25 Q. Dr. Gallant, I understand that you are a

1 medical doctor; am I right?

2 A. Yes, I am.

3 Q. And can you briefly tell us, is there
4 any speciality that you have?

5 A. I'm a pediatrician.

6 Q. Where were you trained and when did you
7 get your M.D.?

8 A. I was trained in Israel at the
9 University of Tel Aviv and received my M.D. there, and
10 my residency training in the speciality of pediatrics
11 was done at the Hospital for Sick Children here in
12 Toronto.

13 I graduated from medical school in 1980 and
14 finished my residency training at the Hospital for Sick
15 Children at the end of 1985, I believe. '85 or '86.

16 THE CORONER: I wonder if the witness could
17 try, there are a lot of people in the
18 courtroom, and if you could just get a little
19 bit closer to the microphone and speak up a
20 little bit, if you don't mind. Thank you.

21 DR. GALLANT: Okay.

22
23 BY MS. BROWNE:

24 Q. After you finished your residency at
25 Sick Kids, where did you go?

1 A. I remained in Toronto. I worked in the
2 Hematology Oncology Clinic full-time for one year and
3 then started my own pediatric practice here in Toronto,
4 and I remain part-time in my practice and part-time at
5 the Hospital for Sick Children in the Hematology
6 Oncology Clinic.

7 Q. And you're still in practice in Toronto?

8 A. I am.

9 Q. Now, you're acquainted with the Shore
10 family, are you not?

11 A. I am.

12 Q. And when did you first become acquainted
13 with the Shore family?

14 A. I first met Lisa when she was four and a
15 half years old.

16 Q. Have you been her doctor since then?

17 A. Yes.

18 Q. The Shores have two other children?

19 A. Yes. Devon and Aaron, and I continue to
20 see them.

21 Q. May I just have this entered as an
22 exhibit through you, Dr. Gallant. Is this the picture
23 of Lisa?

24 A. Yes. Mm-hmm, this is Lisa.

25 MS. BROWNE: May this be marked as the next

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exhibit?

THE CORONER: Thank you.

CORONER'S CONSTABLE: Exhibit 2.

THE CORONER: Exhibit No. 2.

--- EXHIBIT NO. 2: Photograph of the deceased, Lisa Shore.

BY MS. BROWNE:

Q. Did you become aware at any point in your treatment of Lisa that she had broken her leg?

A. Yes. I found out when Sharon called me and said that she had broken her leg and I believe they went to North York General, had it set and then went for follow-up to the Fracture Clinic at the Hospital for Sick Children.

Q. Did you see Lisa at all between the time she broke her leg until the time of her last hospitalization?

A. I'd seen her a number of times in the hospital just for visits when she was hospitalized on various occasions, either for investigation of the pain or for control of the pain.

Q. Was she constantly in pain?

A. I think there were ups and downs, if I

1 recall correctly. After the first week, after she
2 broke her leg, there was some pain. She had gone to
3 the hospital. The cast was removed. She was seen by
4 the orthopaedic surgeons. They determined that
5 everything was fine at that point. A cast was replaced
6 and I think she was fine for about a week after that,
7 if I'm not wrong, and then afterwards the pain began in
8 a serious way.

9 Q. And did she receive further treatment
10 then for this pain, which was, I presume, mysterious to
11 you?

12 A. Yes. She received symptomatic pain and
13 in order -- you know, just for the pain itself, and as
14 I have written from my notes, I believe she was treated
15 with Naprosyn at one point, which is an anti-
16 inflammatory medication, lorazepam and morphine.

17 Q. She also had a visit to another hospital
18 somewhere in the summer, did she not? Was it in May?
19 She went to Boston?

20 A. In May she was investigated, assessed
21 and treated at Boston's Children's Hospital. I think
22 there was a Dr. Wilder involved.

23 Q. And Boston Children's Hospital is
24 particularly well versed in reflex sympathetic ---

25 A. They have a pain management clinic.

1 They specialize in things like reflex sympathetic
2 dystrophy.

3 Q. When she returned from Boston, did she
4 have a regime of medication to follow?

5 A. She was started on a medication called
6 Gabapentin.

7 Q. Can we just take this slowly?

8 A. Gabapentin, written as it sounds.

9 Q. Yes.

10 A. And then amitriptyline.

11 Q. Yes. And anything else?

12 A. She was treated with a block, a spinal
13 block to try to relieve the pain, and I think it
14 worked, partially, temporarily.

15 Q. What's the function of -- what's the
16 purpose of Gabapentin and amitriptyline?

17 A. Well, I'm not expert in that field, but
18 Gamamenopeturistic (ph.) acid is a neurotransmitter and
19 Gabapentin works on that area of the brain. And
20 amitriptyline, I believe in Lisa, was used more as a
21 sedating effect. It's basically a medication that was
22 originally used as an anti-depressant, but here it was
23 used for its side effect as a sedative effect.

24 Q. And when she was returned to Toronto,
25 was she maintained on this regime?

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A. Yes.

Q. To your knowledge, was her pain controlled?

A. I think not. She did have some days when it was better than others, but when the pain became severe there was very little to do to alleviate it.

Q. Were you aware of when she was hospitalized in October of 1998, the 21st?

A. I was aware, but only the next morning when Sharon called the office and told me what had happened overnight.

MS. BROWNE: Thank you, Dr. Gallant. Those are my questions.

THE WITNESS: Thank you.

THE CORONER: Ms. Posno?

MS. POSNO: We have no questions. Thank you, Dr. Gallant.

THE CORONER: Mr. Hawkins?

MR. HAWKINS: I have no questions, thank you.

THE CORONER: Mr. Gomberg?

MR. GOMBERG: I just have a few, Dr. Cairns.

CROSS-EXAMINATION BY MR. GOMBERG:

1 Q. Dr. Gallant, I take it that Lisa never
2 had any problems with her heart while you were treating
3 her; is that true?

4 A. No. And she never had any. Yes, it's
5 true. No, she didn't.

6 Q. All right. And she never had any
7 problems with her lungs?

8 A. No, she didn't.

9 Q. And she never had any life-threatening
10 conditions?

11 A. No. The only more or less serious
12 things that I'd seen her for was when she had a
13 tonsillectomy at the age of four and a half, and also
14 had an appendectomy for acute appendicitis in 1997.
15 But aside from that, she was a well child.

16 Q. All right. So you'd agree as her
17 treating pediatrician, as her treating doctor, that
18 there was nothing from your perspective in hindsight
19 which would explain her death?

20 A. Absolutely nothing.

21 Q. All right. Now the only other question
22 that I have is, in terms of dealing with the parents,
23 that's Bill Shore and Sharon Shore, did you ever find
24 them to be in any way unusual, overly concerned in any
25 way nuts or anything like that, in terms of the way

1 they were concerned about their children?

2 A. No. I found that this family was very
3 appropriate in regards to when they called the office,
4 if it were for a telephone question or for a visit;
5 there were no inappropriate visits or over-reactive
6 visits. Everything was really quite straightforward.

7 Q. Dr. Gallant, those are my questions on
8 behalf of the family. Thanks for coming down today.

9 A. You're very welcome.

10 THE CORONER: There's just perhaps a few
11 more questions.

12
13 CROSS-EXAMINATION BY THE CORONER:

14 Q. One thing. You mentioned that she was
15 on Gabapentin, and I will accept that the jury will
16 hear more about that. I accept, Doctor, that it's not
17 something you probably consider yourself an expert.
18 She was on amitriptyline. I have a record that she was
19 also on carbamazepine. Does that reflect your memory?

20 If not, that's fine.

21 A. No, no.

22 Q. Although you weren't directly looking
23 after her, were you doing any blood tests on her
24 between the time that she came back from Boston and the
25 time of her final admission to the Hospital for Sick

1 Kids?

2 A. There were blood tests done while she
3 was admitted, and there was one blood test done through
4 my office a few days prior to her death.

5 Q. In terms of that blood test a few days
6 prior to her death, was there anything abnormal about
7 the results of that blood test?

8 A. No, everything was perfect.

9 THE CORONER: Do the jury have any questions
10 of this witness? Are there any other
11 questions from any Counsel that are arising?

12 Thank you, Dr. Gallant. You're free to step
13 down.

14 MS. BROWNE: The next witness is Dr. Markus
15 Schily.

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17 *****

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

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29 Barbara A. Pollard
30 Certified Court Reporter

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