

INQUEST INTO THE DEATH OF

L I S A S H O R E

THE TESTIMONY OF MRS. SHARON SHORE

TAKEN FEBRUARY 1, 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 Dr. M. Schily and Dr. M. Catre	ANNE POSNO, MS.
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REPORTING PLUS
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1 SHARON SHORE, SWORN

2 EXAMINATION IN-CHIEF BY MS. BROWNE:

3 Q. I appreciate this will be difficult for
4 you; if you want a break, just let me know.

5 A. Thank you.

6 Q. My condolences for the loss of Lisa, to
7 begin with, and I'm just going to briefly, if you don't
8 mind, go through the history as to why Lisa was in the
9 hospital on that night and for what reason, all right?

10 A. Okay. In February of 1998, she broke
11 her leg in the school yard and we think she must have
12 had some kind of nerve damage or something. She
13 developed what was apparently this rare condition
14 called "reflex sympathetic dystrophy." And, basically,
15 it's just burning, ongoing pain in the area -- in her
16 leg. And we had a couple of admissions to the hospital
17 in February and March. For the most part, the -- they
18 called in the psychiatrists and particularly the
19 orthopedic ward, the surgeon, orthopedic surgeons, were
20 quite adamant, as a matter of fact, one doctor
21 specifically told me that there was nothing wrong with
22 her, it was all in her head. And ---

23 Q. Can I just jump you, Mrs. Shore, to
24 after you got the diagnosis ---

25 A. Okay. We -- I'm sorry.

1 Q. --- of reflex sympathetic dystrophy?

2 A. Yes, we had gone to Boston and had
3 obtained this diagnosis and it was my understanding
4 that the doctors in Boston had spoken to the doctors at
5 the pain service at Sick Kids so that we, from that
6 point on, had communication with Sick Kids, but
7 strictly with pain service.

8 Q. As I understand it from what you said
9 before, by the time she was back at home and after
10 Boston and after liaising with Sick Kids, a regimen of
11 medication had been established for her?

12 A. That's correct.

13 Q. She was on amitriptyline, cloro -- I'm
14 sorry.

15 A. Carbamazepine.

16 Q. Carbamazepine.

17 A. I think that's it.

18 Q. And gabapentin?

19 A. Gabapentin, that's correct.

20 Q. And that was to continue until further
21 notice?

22 A. Yeah, that, for the most part,
23 controlled her pain certainly well enough that she was
24 able to go to school and go to camp and that sort of
25 thing. She was still in -- she would be in discomfort

1 at night and that was difficult, but certainly her days
2 were okay and she was pretty much living a normal life.

3 Q. I understand she took physical therapy,
4 too, and she went to exercise in a pool?

5 A. Well, she was taking physio on an
6 ongoing basis and Bloorview MacMillan Centre has a
7 program for kids that, I guess, have things like
8 rheumatoid arthritis and it consists of exercise and
9 physio and working in the pool and that was set up. It
10 only started -- I think they were doing some
11 renovations to their pool, so they were only able to
12 start it in October, and -- the week, and Lisa went on
13 Monday night and she spent a lot of time in the pool
14 and we had thought she would just be swimming in the
15 pool, but it turned out that they were trying to, I
16 guess, strengthen her leg and she was walking back and
17 forth a lot, I guess, for probably close to an hour and
18 it's our feeling that this is what triggered an acute
19 onset. And when I say an "acute onset," she always had
20 some pain and her nights were bad, but she woke up
21 Tuesday morning and it hurt her a lot more and she went
22 to school anyway. Tuesday night was worse.

23 Wednesday morning, you know, it was --
24 the nature of the pain when she had an acute onset, she
25 would get stabbing pains, almost like an electric shock

1 and every time she would get this shock, she would cry
2 out or grunt or groan or something to the effect, and
3 it was getting -- it was very bad on Wednesday and it
4 was relentless, like, from when she opened her eyes in
5 the morning.

6 Q. That's the Wednesday, October the
7 21st ----

8 A. That's right.

9 Q. --- that you eventually took her into
10 Sick Kids?

11 A. That's right.

12 Q. So she wasn't -- the pain was not
13 controlled at all by her medication or ---

14 A. No, no, not at all.

15 Q. Was it constant, or did it come and go?

16 A. There was always an underlying constant
17 pain, but that was -- I kind of liken it to somebody
18 who has a headache and after a while, you kind of
19 forget about it. So between the -- I call them
20 "electric shocks." I don't know another term for them.
21 Between electric shocks, she would be herself and I
22 kind of -- I liken it to a woman who is perhaps in
23 labour, in between contractions, you know, we would be
24 able to talk with her and all that, but these stabbing
25 pains, these shocks would happen fairly frequently and,

1 I mean, the child was in terrible distress.

2 Q. All right. So on Wednesday, you and
3 your husband decided that it was time that she had to
4 be treated for this particular attack and what
5 arrangements did you make to bring her into the
6 hospital?

7 A. I contact the hospital. A pain service
8 nurse at the hospital who I had been in contact with
9 before, and I spoke to her several times during the day
10 and we discussed the situation and she said that if we
11 thought that we needed to, that we could bring her in
12 that night, that we should go in through the emergency
13 department and that she would speak in advance to the
14 -- whoever was on call or whoever was working there for
15 pain service that night, so that they would be aware
16 that she was coming in.

17 Q. And I take it that you had been to the
18 hospital for treatment with Lisa on times previous to
19 this? You were familiar with the hospital.

20 A. Yes. As I said, there were a couple of
21 earlier admissions in February and March specifically
22 for this. Besides that, we had very minimal contact
23 with Sick Kids.

24 Q. Were you particularly familiar with the
25 floor that Lisa ended up on, as we'll hear later?

1 A. As a matter of fact, I was. One of her
2 admissions, I believe it was the second admission,
3 probably in March, she was on -- we were in for
4 probably close to two weeks and she was in 5A and 5B
5 because after a few days, I take it that they move
6 patients around, depending on how many beds are taken,
7 so we kind of said, okay, you've got to move over. I
8 couldn't tell you which one we were on longer, but I
9 know we were on 5A and 5B.

10 Q. Now what time do you remember getting to
11 the hospital that night, Wednesday, October 21st?
12 Roughly, I don't expect you to ...

13 A. I know that -- I've made notes that we
14 left about 8:30, so it -- when she was in such pain, it
15 was difficult even to get her to the car because she
16 couldn't bear anything touching her leg, so, you know,
17 she was 85 pounds or so and we had to carry her out to
18 the car and so ---

19 Q. This was October, so how was she dressed
20 then?

21 A. To tell you the truth, I don't remember
22 exactly. The only thing that I can state with
23 certainty is that whatever she was wearing would have
24 been rolled up above her leg -- above her knee, because
25 she couldn't bear even the touch of -- when the pain

1 was so bad, not a touch of any clothes or blanket or
2 anything. So if she was wearing sweatpants, which was
3 her usual dress, we would have rolled it up above her
4 knee, but other than that, I can't really tell you what
5 she was wearing.

6 Q. So you remember you leaving about 8:30
7 and you're coming from Thornhill, right?

8 A. That's right.

9 Q. So approximately, about 9:30, 10:00?

10 A. Yeah, 9:30, in that time frame.

11 Q. And where did you go when you got there
12 and who did you see?

13 A. We went into emergency, we went through
14 the regular emergency procedure. I think we see, I
15 think it's called a "triage nurse" or whatever and they
16 did know that we were coming and Lisa was taken into
17 one of those examination rooms fairly quickly. You
18 know, we've been through emerg before and sometimes you
19 can wait a while, but it was fairly quickly and she was
20 seen. Certainly the nurse came in and talked to us and
21 Dr. Schily came in. I couldn't tell you exact times,
22 but I do have the impression that all things
23 considered, it was fairly quick.

24 Q. And you were in a separate room, you
25 weren't in an open ward?

1 A. That's right.

2 Q. You were in a separate room that had a
3 door and everything?

4 A. Right, Lisa, my husband and I.

5 Q. And was she still in pain?

6 A. Oh, very much so. You know, that's why
7 we came to the hospital. You know, she was -- again,
8 she would get these stabbing pains and she would be
9 grunting or moaning with each pain and then in between
10 the pain, in between these stabbing pains, we would be
11 able to have a conversation with her of sorts.

12 Q. You say Dr. Schily, it wasn't too long
13 before he got there?

14 A. No, no. As a matter of fact he was ---

15 Q. Have you ever dealt with Dr. Schily
16 before or did you know him?

17 A. No, I did not.

18 Q. All right. And what did he do and what
19 examination did he conduct?

20 A. He did the same examination that I guess
21 everybody else does, asked a lot of questions, looked
22 at her, tried to touch her leg, you know, that sort of
23 thing, went through the history. We talked about the
24 medications that she was on.

25 Q. And just to be clear, had she had any of

1 those medications that day?

2 A. She was taking three medications and she
3 had been -- she had been given two of the three
4 medications, her evening doses of two of them. The
5 third medication, the one, the amitriptyline, I
6 deliberately -- I normally would have given it to her
7 by that time, but I didn't give it to her because I
8 knew it, at least on Lisa, it had a very, very sedating
9 effect; it basically knocked her out. I mean, that was
10 one of the reasons why she was taking it, so she could
11 get a good night's sleep, and I didn't give it to her.
12 And as I said to Dr. Schily, the reason I didn't give
13 it to her because I was -- I didn't want it to conflict
14 with anything that he might give her, so I wanted to
15 make sure it was okay with him to give it to her, and
16 he said, you know, by all means do, that that was fine
17 and at that point, I gave it to her.

18 Q. Did he -- we've heard from other
19 witnesses and you've been here and you've heard the
20 evidence of him setting up a Patient Controlled
21 Analgesic pump. Had you ever seen one of those before?

22 A. Lisa had been on a PCA morphine pump, I
23 think it was one other time at Sick Kids somewhere
24 during the course of the February/March admissions and
25 it was an attempt, again, at that time to control her

1 pain. She wasn't, to my recollection, she wasn't on it
2 for very long because it didn't have much of an effect
3 and it was taken away, we asked that it be taken away
4 because, you know, it wasn't serving any purpose. But,
5 yes, she had been on a PCA pump once before.

6 Q. Did Dr. Schily explain to her and to
7 you how it worked and how she had to push the button
8 and ---

9 A. Yes, and only the child can push the
10 button and so on and so forth.

11 Q. Everything that we heard him say?

12 A. That's right.

13 Q. He explained that nobody else was
14 allowed to push it, you knew that?

15 A. I knew that; it was common sense.

16 Q. Now, did she have any other monitoring
17 on her while she was in emergency? Anything else.

18 A. There was a point that the nurse in
19 emergency did put her on a pulse oximeter. I know, I
20 did hear her testimony and I do concur with her.
21 Certainly Lisa had -- it gives a red light and, you
22 know, the three of us were kind of joking, you know, we
23 were holding the light up and you could see through and
24 all that, so yes, I definitely -- she was on a pulse
25 oximeter in emergency.

1 Q. And she had been on one of those in the
2 past so you knew what it was for?

3 A. Yes, I did.

4 Q. I don't know whether anybody knows who I
5 am being joined by. This is not Detective Greenaway,
6 this is Detective Stowell, and he has just popped in to
7 help out. Sorry, Mrs. Shore. And you knew what the
8 pulse oximeter was, you knew what it was there to
9 measure, oxygen in the blood and so on and so forth, in
10 the emergency room?

11 A. To a degree. You know, I sort of take
12 this information in. As long as I'm, you know, I look
13 around and Lisa was awake, there was no concern. You
14 know, in the past, if she has been hooked up to things
15 and she's asleep, I sit there and I pay a lot of
16 attention because I want to make sure that the numbers
17 don't go up or down and I ask a lot of questions, but I
18 wasn't particularly concerned. She was up, she was in
19 pain, we were playing with the little button.

20 Q. All right. About when did she get
21 moved? About how long had you been there when you got
22 moved to a ward?

23 A. We had been in emerg for a long time.
24 We found out, I would say approximately midnight that
25 she was going to be accepted. We had been told that

1 pain service didn't have admitting privileges so they
2 couldn't absolutely guarantee that she would be
3 admitted, that we had to wait until they were able to
4 contact orthopedics and find out if there was a bed
5 available for her and I believe it was around midnight
6 that we did find out that she was going to go up to
7 orthopedics and it was around that time when I told my
8 husband, you know, you might as well go home now and,
9 you know, we had somebody watching the kids and we were
10 in emerg for some time after that. I asked the nurse,
11 I believe, when we would be able to go upstairs and she
12 said that Dr. Schily had left instructions not to send
13 her upstairs until her pain level, on the score of, I
14 guess, 1 to 10, until it went down to a 5.

15 And I told the nurse that the morphine
16 didn't really help very much and that the best thing
17 for her would be to be upstairs sleeping and that we
18 would be in the -- I think I probably said something
19 like we'd be in the emerg all night otherwise and she
20 went out and came back a while later and said that she
21 had spoken to Dr. Schily and he said that was fine,
22 that we could go upstairs.

23 Q. (inaudible) and that he had gone away?
24 She was still able to contact him and maintain
25 (inaudible) treatment?

1 A. Well, the nurse did say that when she
2 came back in that she had called Dr. Schily.

3 Q. And what would you say her pain was on a
4 level of 1 to 10 at that point?

5 A. It was still -- it was unrelieved by the
6 morphine, basically, you know; there was no significant
7 change.

8 Q. So Dr. Schily agreed that it might be
9 best to send her up and let her sleep?

10 A. I didn't speak directly with Dr. Schily.
11 The nurse came in and said that Dr. Schily had said
12 that it would be okay to go up to the ward, and I guess
13 at some point, they called transport and we went up to
14 the ward.

15 Q. And did you go with her?

16 A. Yes. There was a woman from transport
17 and me and I remember trying to help push the bed and
18 not doing a very good job of it, but, you know, we got
19 her up there.

20 Q. Now, when you got upstairs to the ward
21 to 5A and 5B, tell me where you were taken, where you
22 went and what happened? Slowly, okay?

23 A. Okay. The transport person, obviously,
24 knew what room we were going into, because to my
25 recollection we went right there and I also believe

1 that there were two nurses in the room at that time. I
2 can show you how -- well, I guess people can figure out
3 how sort of the bed wheels in and sort of standing on
4 the far side and the nurses are closer to where her bed
5 was and the nurses transferred her over from the
6 stretcher onto the bed in the room.

7 Q. Was she sleeping at this time?

8 A. Oh, she was asleep. She fell asleep in
9 emergency, she was -- she had been doing, trying to do
10 a puzzle book and she was like that, I mean, with the
11 pencil in her hand and she says, "No, no, I want to
12 finish the puzzle," like that. So she was ---

13 Q. After she got the amitriptyline?

14 A. Oh, yes, that was shortly -- well, I
15 don't know the exact time.

16 Q. Now, the nurses who were in the room
17 that you were taken to, I take it was room 47, had you
18 seen them before, met them before?

19 A. No. I did know the faces of a lot of
20 the nurses on 5A and 5B because we had spent close to
21 three weeks or about three weeks previously and I do
22 remember the thought very quickly that I had never seen
23 either of these nurses, that they had never been Lisa's
24 nurses before, so my thought was that I did not know
25 them.

1 Q. And these nurses where who?

2 A. Well, I know who they are now,
3 obviously. I didn't know their names. Neither of the
4 nurses spoke to me at all, so they were, you know,
5 checking Lisa, doing whatever it is, they moved her
6 over. They were undressing her and I remember -- one
7 of the things that I very clearly remember was being
8 very "put out," I guess is the right word, because it
9 was very quiet, there were no beeps, alarms, anything,
10 it was the middle of the night and it was dead quiet
11 and there were two nurses in the room and they were
12 doing their thing and nobody talked to me. Nobody
13 said, "I'm so and so, I'm Lisa's nurse," nobody asked
14 me anything. I didn't exist. And that's why I
15 remember so clearly, because to tell you the truth, a
16 normal conversation, I wouldn't have remembered.

17 I know that one of the nurses went to
18 pull the blanket up over Lisa as part of what they were
19 doing to get her ready and I said, "Don't do that,
20 don't cover that leg because it's painful for her," and
21 that was fine. It wasn't a conversation, it was my
22 statement to the nurse.

23 Q. Was there any conversation at all about
24 Lisa's medication?

25 A. No, there was no conversation about

1 Lisa's medication.

2 Q. What about pillows? We've heard various
3 mentions of pillows.

4 A. Well, what happened is because I was so
5 perturbed that I wasn't being given the time of day by
6 either of these two nurses, I said to myself, I better
7 have some small talk so that they know that I'm a real
8 person, that I'm here, that, you know, I'm aware, so I
9 deliberately made what I thought was small talk. I had
10 brought some pillows from home knowing that Lisa would
11 probably be admitted, knowing that it's often hard for
12 the mother to get a pillow. I mean, the child always
13 does but the mother sometimes doesn't, so we brought
14 some pillows from home and I said, "Oh, no, don't take
15 that pillow, that's for me," and it was my attempt at
16 making chitchat, basically. And I may have made
17 another comment or two, another attempt at
18 conversation.

19 The person that spoke to me was the
20 person who I now know is Anagaile Soriano. The reason
21 that I know that the person was Anagaile Soriano is,
22 again, I remember very distinctly looking at this
23 person and saying, "This person doesn't look old enough
24 to be a nurse." I mean, my thought was she looked 16
25 years old and I said, well, obviously -- and I also

1 remember thinking well, she must be new and -- but
2 she's obviously a registered nurse and everything's
3 fine. And that's why I'm absolutely convinced that I
4 had no conversation with the person who I know now is
5 Ruth Doerksen. Until she got up on the stand, I didn't
6 know what she looked like because I had no contact with
7 her. I know Anagaile -- I mean, I know her face.

8 To tell you the truth, until not very
9 long ago, the person who I remembered, I thought that
10 was Ruth Doerksen because I knew from the medical
11 records that Ruth Doerksen was Lisa's nurse, so I
12 thought that this little, young nurse was Ruth
13 Doerksen. I now know differently, but I am absolutely
14 -- the only person I had any conversation with was
15 Anagaile Soriano and it was a very little chitchat kind
16 of thing, a very innocuous conversation. Nobody asked
17 me about medications or allergies or any other comments
18 like that.

19 Q. Now, I just want to ask you at this
20 point, had anyone, either in emergency or up there on
21 the ward, put the stickers we've heard about on Lisa's
22 chest?

23 A. To tell you the truth, I can't answer
24 that. I don't know. It may have been put on in
25 emergency, I've been told that that's frequently done

1 in emergency. It may have been done by the nurses, I
2 was sort of standing away, letting them do their thing.

3 It may not have been done at all; I honestly can't
4 tell you.

5 Q. So what they did, you're saying were
6 they undressing her?

7 A. Yes.

8 Q. Or getting her ready for bed. And were
9 you helping at all?

10 A. No. As a matter of fact, when they
11 moved her over to the stretcher, I asked if I could
12 help because she was so out of it, basically, she was
13 pretty much a sack of potatoes, so I thought that they
14 would need some help and they said no, no, you know,
15 and they did it themselves.

16 Q. All right. After they moved her to the
17 bed, what did they do next that you saw?

18 A. They did, to my mind, whatever nurses
19 do, you know. Now I know specifically, I would say
20 they took her vital signs and did an assessment. They
21 did, you know, those sort of things. Exactly what they
22 did, you know, I wouldn't even have paid attention
23 because that was the normal thing that they did.

24 Q. At that point, had Lisa got the oximeter
25 on or was that taken off and left in emergency?

1 A. No, no, that was taken off.

2 Q. Did you see any monitors being brought
3 in, anything at all?

4 A. No, there were absolutely no monitors
5 brought in.

6 Q. You mentioned just briefly that it was
7 quiet there. Do you mean it was a quiet evening all
8 around there?

9 A. Yes, that's what I was, you know,
10 thinking to myself. And as I said, that was one of the
11 reasons why I was so annoyed by these nurses, because
12 it was quiet, it wasn't like they were running around
13 and answering bells and all that, it was quiet.

14 Q. How much time passed by the time they
15 got her settled down and into the bed? Do you know
16 approximately?

17 A. Hard to say; five minutes, ten minutes.
18 It doesn't take very long to do the things that they
19 were doing. You know, I would say maybe five, ten
20 minutes.

21 Q. And what did you do while they were
22 settling her?

23 A. I stood there.

24 Q. And after she was settled down, what
25 happened next?

1 A. After she was settled down, I started to
2 get ready for bed. I do believe that someone brought
3 me linens. I believe that it was Anagaile Soriano but
4 I can't swear to it. It's just my impression that I
5 never saw Ruth Doerksen again, not while I was
6 sleeping, or while I was awake, rather. I got the
7 linens, I set up the bed, brushed my teeth, went to the
8 bathroom, that sort of thing, checked on Lisa again
9 because that's what I do and went to bed.

10 Q. Was the door open to the room when you
11 went to bed?

12 A. Oh, no, I'll always close the door.

13 Q. And were you able to see Lisa sleeping
14 or did you close the curtain, or ---

15 A. I drewed (sic) the curtain just a
16 little, enough to hide the, like, the couch where I am
17 so in case I sleep funny or, you know, part of me
18 sticks out, that the nurses won't see as they walk in.
19 I can show you on a diagram exactly how I had drawn
20 the curtain, if you like.

21 Q. I was just going to say, could we have
22 the diagram please and perhaps the board with the
23 photographs on it behind that and ... Thank you,
24 that's Exhibit 10. And the one at the bottom that we
25 will move up in a moment, that's Exhibit No. 19.

1 A. I don't know how well you can see it or
2 if I should bring it over, but there's a couch back
3 here, which is, you know, where you make up the bed, so
4 I would draw the curtain just to the end over there,
5 just so that when a nurse comes in, they don't see most
6 of you. I mean, I presume they could probably see my
7 feet, but that most of me is kind of covered up and
8 that's how the curtain would be drawn.

9 Q. Would you just turn that around so that
10 Counsel could see what you just showed to the jury?

11 A. Sure. There's the bed, the couch back
12 here, and I drew (sic) to the end here just to hide
13 the couch, the head of the couch or whatever, that
14 view.

15 Q. Okay. You can put that down; thank you
16 very much. Now, at that time, what happened next? You
17 went to sleep?

18 A. I went to sleep, that's right. And
19 nothing happened.

20 Q. What's the next thing you remember?

21 A. The next thing that I remember was
22 waking up in the morning.

23 Q. What was it that woke you?

24 A. I heard the doctors out in the hall
25 talking and so I woke up.

1 Q. Do you remember what time it was? Did
2 you have any watch or clock in the room?

3 A. There's a clock in the room and they
4 walked in the room and that clock said 7:18.

5 Q. And at that time, had you slept well?

6 A. As well as you can sleep in one of those
7 couches.

8 Q. Did you wake up at all during the night?

9 A. No, I didn't and as a matter of fact,
10 that was one of the first thoughts that I had when --
11 the first thought because I hadn't seen Lisa and the
12 doctors hadn't walked in the room, but the first
13 thought that I had when I woke up was wow, this is the
14 first time after the three weeks that I had spent
15 previously, this was the very first time that there
16 were no alarms, there were no -- like, the intercom
17 always goes off and always the nurses are asking for
18 the keys, where are the keys, I need the keys, who has
19 got the keys? And there were no intercoms and there
20 were no alarms and there was nothing and I was amazed
21 that that had happened, it was the first time.

22 Q. And the doctors came in?

23 A. The doctors came in. I was trying ---

24 Q. Do you know how many there were?

25 A. I believe there were three doctors.

1 Q. Three doctors. And what happened?

2 A. Well, I had been trying to get dressed
3 as quickly as I could. I was wearing a long T-shirt
4 and I was trying to get dressed before they came in, so
5 I had my jeans on, and I pulled the curtains back and
6 they went to Lisa as, you know, I -- somebody started
7 to talk to me. There was no time for conversation
8 because one was talking to me and one had walked over
9 to Lisa and said, "Call a code." And that was it.

10 Q. All right. What did you see at that
11 time? I know you probably weren't thinking of anything
12 but what was happening; did you see any monitor, any
13 Corometric monitor?

14 A. The truth is that I didn't look at that
15 time for a monitor, so I don't recollect seeing one but
16 that doesn't mean anything. I wasn't looking for a
17 monitor.

18 Q. And you have no idea what happened
19 between the time you went to sleep around 2:00 and the
20 time that you were awakened by the doctor's voices in
21 the hall?

22 A. I certainly couldn't tell you what
23 happened in the room. I was sleeping. About the only
24 thing that I can state absolutely is that there was no
25 noise in the room and by "noise" I would say the

1 cycling of the machine, I mean, an alarm from one of
2 those monitors is so ridiculous that it doesn't even --
3 it's not even worth talking about; not even a
4 conversation. Nobody in the room said, "Lisa wake up."

5 There was no talking. Whatever was done in the room,
6 I couldn't tell you, but it was done in virtual
7 silence.

8 Q. And then I'm gathering the rest of the
9 time of that day you don't remember very clearly?

10 A. Fragments.

11 Q. All right. Thank you, Mrs. Shore.
12 Those are my questions. I'm sure there will be others.

13 THE CORONER: Mr. Krkachovski.

14 MR. KRKACHOVSKI: Thank you, Mr. Coroner.

15
16 BY MR. KRKACHOVSKI:

17 Q. Mrs. Shore, had Lisa attended at
18 emergency on prior occasions as distinct from a ward?

19 A. Had she been -- I'm sorry, I couldn't
20 hear you.

21 Q. I apologize. Had Lisa attended at
22 emergency before as opposed to a ward?

23 A. "Attended," could you explain what you
24 mean by the word "attended"? I'm sorry.

25 Q. Where she simply went -- you took her to

1 emergency for treatment, she was treated and released?

2 A. Yes.

3 Q. All right. And I gather ---

4 A. Well, "treatment" is kind of a moot --
5 is kind of maybe a question, but we had been to
6 emergency with Lisa before.

7 Q. Had there been prior occasions where she
8 was admitted from emergency onto a ward?

9 A. Yes, as a matter of fact, of the two
10 hospital admissions that she had, the -- no, the first
11 one was through the orthopedic clinic, the second
12 admission that she had in February and March directly
13 because of the leg problems, we brought her through
14 emergency.

15 Q. All right. And was it similar to this
16 instance where she received some treatment in emergency
17 and was (inaudible) to a ward?

18 A. At that time, they did start her on
19 morphine in emergency. Again, it didn't help and it
20 was taken away fairly quickly and it was fairly late, I
21 seem to recall; it was 3:00 a.m. or something by the
22 time we got through, but she was admitted and that's
23 when I believe she went up to 5A or 5B.

24 Q. And are you able to say anything as to
25 whether the nurses had orders to work from on that

1 previous occasion? Do you know?

2 A. I honestly couldn't tell you.

3 Q. Fair enough. Okay, and in total, prior
4 to this occasion, how many times had Lisa been taken to
5 emergency?

6 A. We're talking specifically about
7 problems to do with her leg, we're not talking about
8 the baseball in the nose or anything?

9 Q. Only the leg.

10 A. Okay, she would have been taken just
11 prior to the -- well, she was taken a couple of days
12 after she broke her leg and she was in pain when the
13 cast had been put on, that was through emerg. She
14 wasn't admitted, that was just they did their work in
15 emerg. She was taken -- for her second hospital
16 admission we went through emerg and as I said, she was
17 given some morphine there and taken up to 5A or 5B.
18 There was another instance where we went to emergency
19 when she was in the pain and the orthopedic fellow,
20 through the resident, said that she was a psychiatric
21 problem, not an orthopedic problem and that he wouldn't
22 have her taking up a bed on the orthopedic ward and
23 told us to go home and so we did until that admission
24 in October.

25 Q. I think it was the second admission to

1 the ward where she spent two weeks, am I right?

2 A. It was close to two weeks. It might
3 have been 12 days or something thereabouts.

4 Q. And how long was the first admission?

5 A. Also about the same time.

6 Q. You mentioned that -- and I'm sorry to
7 be jumping around a little bit -- but you mentioned on
8 this particular occasion while in emergency, Lisa was
9 put on a pulse oximeter?

10 A. That's right.

11 Q. Was she on any other type of monitoring
12 equipment while in emergency?

13 A. No.

14 Q. And then on the prior occasions while
15 she was in emergency, had the hospital made use of any
16 type of monitoring equipment?

17 A. I don't recall the previous admission
18 when she was given morphine that she was on any
19 monitoring in emergency, and I don't -- but she wasn't
20 in emergency for very long before she was brought up to
21 the ward.

22 Q. All right. And then the first instance
23 where she's admitted to the ward, that would have been
24 roughly February, is that what we're talking about?

25 A. The first admission which wasn't

1 directly from emergency, yeah, that was late February.

2 Q. And what sort of equipment, if any, was
3 she on during that stay?

4 A. She wasn't on anything because they were
5 trying various pain, you know, they were giving her
6 lorazepam and then they were giving her ibuprofen and
7 they were giving her various things and I think they
8 gave her some oral morphine as well, but she wasn't
9 initially on anything that required, to my knowledge or
10 based on what I know now, any real monitoring. Towards
11 the end of that admission, she was given a continuous
12 epidural and while she had that continuous epidural,
13 she was on what I now know is called a Corometric
14 monitor and a pulse oximeter.

15 Q. And for what period of time was she on
16 both machines?

17 A. It wasn't ---

18 Q. Are we talking hours or days?

19 A. More than a few hours, less than --
20 well, I don't know what in an emergency, but she wasn't
21 -- she had some difficulties with the epidural. It
22 caused pain in her back and -- it relieved the pain in
23 her leg, it caused pain elsewhere in her body, so she
24 was only on that for a few hours and it was removed.

25 Q. And then with respect to the second

1 attendance on the ward -- I should ask you, the first
2 attendance, was she on 5A on that occasion, as well?

3 A. No, the first attendance, I believe she
4 was on 8, I think it might have been 8C, I'm not sure.
5 I think it's -- it was the burn unit.

6 Q. And on the second attendance at the
7 hospital where she's into a ward, was she put on any
8 type of monitoring equipment then?

9 A. She was on at one time and I'm under the
10 impression that it was while she was receiving this
11 morphine she was on a Corometric monitor and a pulse
12 oximeter.

13 Q. And can you give us an indication of the
14 length of time that she was on the machines?

15 A. Again, not very long because the
16 morphine didn't help, so once they removed the
17 morphine, she didn't need to be monitored.

18 Q. Now, you made the comment that on this
19 particular night when you woke up the following
20 morning, you thought to yourself, wow, there were no
21 alarms like you had heard before. What sort of alarms
22 had you heard on the prior visits to the hospital?

23 A. Certainly the alarms in Lisa's room,
24 that would be her IV, it would often occlude, it would
25 I guess get blocked up or something and that would

1 happen fairly frequently, that would be one thing. I
2 have -- the times that she was on the Corometric
3 monitor, I did not hear it alarm, but the pulse
4 oximeter did alarm and I understand that it had
5 something to do with the way she would move her finger
6 or something and then it would be fine, you know, it
7 wasn't a problem, so I did hear that alarm several
8 times, I couldn't give you a number. Not often, but
9 certainly several times; enough that I knew what was
10 happening. As far as other alarms, I had heard them.
11 Certainly you can hear the alarms fairly clearly if
12 they are in rooms near yours, but I would not have paid
13 attention or tried to guess what kind of machine or
14 whether there was an IV or a, you know, a new kind of
15 monitor.

16 Q. Did you hear the Corometric monitor,
17 prior to this occasion, go through it's cycle?

18 A. I can't say that I did because I
19 wouldn't have been paying attention because the times
20 that she was put on monitors, she was awake, so I
21 probably wouldn't have paid attention.

22 Q. Do you know if you had heard a
23 Corometric alarm before that night from another
24 patient?

25 A. I have heard alarms and never thought

1 about what kind of machine or whatever. I presume that
2 some of the alarms that I had heard would have been
3 those kind of alarms.

4 Q. Okay. On any of the prior occasions
5 that Lisa was in emergency, did the staff attach
6 stickers to her chest?

7 A. I don't recall, I'm sorry.

8 Q. And correct me if I'm wrong, I took you
9 to say that -- I think your evidence was you heard that
10 there are times -- let me just finish to make sure I
11 understand what you said correctly -- there are times
12 when the staff in emergency put stickers on a patient?

13 A. I have been -- that information has been
14 conveyed to me by other employees at Sick Kids who are
15 not, you know, here or involved but that information
16 has been given to me. I can't confirm it, I can't tell
17 you specifically whether -- what was done or wasn't
18 done.

19 Q. All right, that's fine. I'm just trying
20 to understand what information was conveyed to you that
21 a patient has stickers put on them in preparation for
22 transfer to a ward?

23 A. I was told that it is a frequent
24 practice of emergency room nurses to put stickers and
25 leads on patients. My guess would be if they are going

1 to be up there in -- for something that would require
2 some sort of monitoring, but I'm really not qualified
3 to answer that as to why.

4 Q. As of the night that Lisa was admitted
5 onto 5A, the night that we're concerned with, I just
6 want to be clear; were you familiar enough with the
7 Corometric monitor that if one had been in the room,
8 you would have recognized it as such?

9 A. I would have recognized it to the extent
10 that I had seen it before. What my usual practice is I
11 don't sort of keep in mind for future reference, I
12 don't try and become an expert. What my typical
13 practice is if there's something there that I haven't
14 seen before, I ask what it is, I ask what I should
15 expect to see or if, you know -- I know I've asked
16 somebody on a pulse oximeter when the numbers seem to
17 be going down and I was told no, no, it's fine, it's
18 normal. If there's any medication given, I say what is
19 it and I go write it down and I read about it and check
20 it so I'm -- you know, I tend to want to know exactly
21 what's going on, you know, concerning my children.

22 Q. And I gather on this evening, there was
23 no such discussion with either Nurse Doerksen or
24 Soriano?

25 A. Absolutely not.

1 Q. All right. And are you able to say that
2 as of when you went to bed there was no Corometric
3 monitor in the room?

4 A. With complete and utter certainty there
5 was no Corometric monitor in the room when I went to
6 bed.

7 Q. And I don't think you were asked; can
8 you help us at all in terms of what time you went to
9 bed?

10 A. My guess would be 15 minutes after
11 arrival, in that neighbourhood. I mean certainly it
12 was late, the nurses did what they had to do, there was
13 no ongoing conversation, they didn't come back in to
14 have conversations with me, so I would have washed up
15 and gotten ready for bed, set the bed up, checked on
16 Lisa and gone to bed and, you know, within not that
17 long a period of time after that, would have fallen
18 asleep presumably, so ...

19 Q. We've heard about conversations that
20 took place between the staff in emergency and the staff
21 on the ward. Did you happen to overhear any of those
22 conversations?

23 A. No, I wasn't involved in -- nothing was
24 made from -- directly from the room.

25 Q. You talked about an "attitude," and

1 that's my word, that you'd experienced from the
2 hospital staff on prior occasions towards Lisa. Did
3 you experience that same attitude on this evening?

4 A. No, I can't say that I experienced an
5 attitude towards Lisa. In fact, I didn't experience
6 anything, which is, as I said, why I was a little put
7 out, so was it an attitude where they just didn't care,
8 where they just -- was it just their personalities? I
9 can't tell you, but I certainly can say that it was an
10 attitude.

11 Q. I'd like to refer to Lisa's medical
12 chart, if we can have that put before Mrs. Shore, and
13 for the jury's benefit, I'm looking at page 14. If you
14 can turn to page 14 ---

15 THE CORONER: I think it's page 38 of
16 the ...

17 THE WITNESS: Okay, I've got it.

18
19 BY MR. KRKACHOVSKI:

20 Q. You've got it?

21 A. These are the suspended orders?

22 Q. Right, and this is the first of what I
23 gather to be two pages. If you look under what is
24 order 232, it reads:

25 "... Pain control to be managed entirely

1 by anaesthesia pain service. Please
2 call anaesthesia pain service for pain
3 management issues, not orthopedics ..."
4 And there's an exclamation mark after
5 "orthopedics." Did you encounter that type of attitude
6 previously at the hospital, that it wasn't an
7 orthopedic problem?

8 A. Oh, most definitely, most definitely.

9 Q. But when you arrived on this occasion,
10 you didn't face that same attitude when you were seen
11 in emergency?

12 A. No, because we bypassed, I guess, the
13 regular admitting procedures because they knew we were
14 coming and we were dealing with pain service and we
15 were seen directly by pain service.

16 Q. Did you take note at all when you
17 arrived to the ward and you were met by the two nurses
18 as to what was done or what became of Lisa's chart from
19 emergency?

20 A. I know that it came up with us, you
21 know, it was placed on her bed as she was wheeled
22 upstairs. I don't know what happens, I just know that
23 in general it's pretty closely guarded; the patient or
24 the patient's mother isn't encouraged to look at it.

25 Q. When you ultimately laid down to go to

1 sleep, I think you said you closed the door leading
2 into the room?

3 A. Yes, that's so I wouldn't hear -- I
4 would be woken or as little as possible by the noises
5 of people talking in the corridor or things like that.

6 Q. Was that completely shut?

7 A. Yes.

8 Q. Were there any lights on in the room?

9 A. No, definitely not.

10 Q. You were here for Nurse Doerksen's
11 testimony indicating there were three, possibly as many
12 as four alarms from the monitor which required her
13 attention. Now I gather you disagree with that,
14 because you said that there was no monitor in the room?

15 A. I most definitely disagree with that.

16 Q. All right. Assuming her evidence was
17 correct, I gather you would have asked some questions
18 of her as to why this machine was alarming?

19 A. Not only would I have asked some
20 questions of her as to why this machine was alarming, I
21 would have been in the hallway screaming for a nurse
22 long before anybody made it to the room.

23 Q. Nurse Soriano testified that she helped
24 Nurse Doerksen put the leads on Lisa. Now I realize
25 from your evidence earlier that you're not sure whether

1 they put the leads on, either way. Do you recall Nurse
2 Soriano doing anything specifically in that way?

3 A. No. I can recall that certainly that
4 two nurses were doing the things that they do, as
5 nurses, to Lisa, and I was standing quite a distance,
6 like, closer to the door.

7 Q. And I gather from your evidence Lisa did
8 not waken during the course of the night?

9 A. No, it was -- even if you leave out the
10 morphine, the purpose of the amitriptyline was to let
11 her sleep. Prior to starting -- prior to her taking
12 the amitriptyline at a fairly significant dosage, you
13 know, she would be up until 2:00, 3:00 in the morning
14 and, you know, just crying in pain and the
15 amitriptyline was started at a lower dosage and
16 gradually increased until it got to the point where we
17 would give it to her at, for example, 9:00 and by 9:30,
18 that would be it, and she would fall asleep. Once she
19 fell asleep, she would sleep through the night and you
20 wouldn't be able to wake her up. As a matter of fact,
21 I should probably clarify that; even before the
22 amitriptyline, you could put an alarm clock next to her
23 and the alarm clock could go off and she wouldn't wake
24 up, which is why she wasn't allowed to have an alarm
25 clock in her room because it would wake me up.

1 Q. Were there prior occasions that you
2 spent the night with Lisa in the hospital?

3 A. Yes, her previous admissions for her leg
4 pain. In September of 1997, she had her appendix out
5 at Sick Kids and she was there for about a week and I
6 was with her every night except for one or two, which I
7 got my husband to give me a break.

8 Q. And did she awake during the night on
9 any of those occasions?

10 A. Lisa never awoke during the night.
11 There was one night that she was sick, she was nauseous
12 and she wasn't feeling well and I couldn't tell you if
13 she awoke that night -- no, you know, I would say that
14 she never awoke. The reason that I can be so sure,
15 thinking about it, is because she was up very, very
16 late with her pain and she would often be up at 2:00
17 and 3:00 and, you know, I know we would be, when we
18 were on the A floor, the room had a VCR and we'd be
19 watching -- we brought tapes in and I'd be watching
20 these movies with her and I would be trying to fall
21 asleep, I would be exhausted and she would still be
22 crying in pain and, you know, often it would be 2:00,
23 3:00, there were even a couple of days where it 4:00
24 a.m. that she would fall asleep, so, you know, once
25 that child slept, she slept.

1 Q. Did she have any peculiar tendencies as
2 to what she did if she woke up in the middle of the
3 night?

4 A. She never woke up. The only time --
5 it's -- my husband would confirm it -- of our three
6 children, if any of them wakes up in the night, it's
7 because they're sick and other than that, I have three
8 very -- three sound sleepers.

9 Q. And then the following morning when the
10 doctors came into the room, and I appreciate time moves
11 slowly when something like this happens, do you have
12 any impression as to how long you were in the room
13 before you were left or you were asked to leave?

14 A. I was -- somebody tried several times --
15 several people, I believe, tried to get me out of the
16 room fairly quickly and I certainly remember saying,
17 "No, no, I want to stay, I want to stay" because I kept
18 waiting for them to fix things. And then eventually I
19 needed to get out of the room and I couldn't get out of
20 the room, there were so many people and there was a big
21 cart and I was, as more people came in, I was being
22 pushed closer to the window and at the point that I
23 wanted to get out, I couldn't get out and I guess a
24 nurse finally noticed me and moved the machine and got
25 the people out of the way and got me out of the room

1 eventually.

2 It would be -- I could not tell you
3 anything about time except that the only thing is to me
4 it was sort of like a movie where I saw them put the
5 defibrillator paddles on her, because people stood back
6 which is why I could see what they were doing, that was
7 the only time I could see anything and it would be
8 shortly after that. I don't know how long that was.

9 Q. Did anyone say anything about the
10 Corometric monitor that morning?

11 A. No.

12 Q. And ---

13 A. Not in the room, no.

14 Q. And I recognize your answer in response
15 to one of Ms. Browne's questions, things started to get
16 fuzzy after that. Do you recall any mention of the
17 monitor that morning or that day?

18 A. There was no mention of a monitor in my
19 presence. The -- no. The only comments that I
20 remember was somebody, it was a doctor, I presume a
21 doctor -- I shouldn't presume -- somebody asking
22 somebody else what happened, and the person who
23 responded, and again I couldn't tell you specifically
24 who was responding, "I checked her at 6:00, she was
25 fine. What happened?" And that's what I told my

1 family, that they didn't know what happened, she was
2 fine at 6:00 and then they found her like this and, you
3 know, certainly that was the only thing we had to go
4 on.

5 Q. When was it that you first learned of a
6 monitor allegedly being in the room?

7 A. The first time we learned of a monitor
8 allegedly being in the room was when we got Lisa's
9 medical records and we saw the 09:00 added nursing
10 notes by Ruth Doerksen that mentioned a Corometric
11 monitor.

12 Q. Can you help at all in terms of when
13 that would have been?

14 A. When we got the medical records, that
15 would have been sometime in November '98.

16 Q. That's all I have. Thank you, Mrs.
17 Shore.

18 THE CORONER: Ms. Crain?

19 MS. CRAIN: Yes, I just have a few
20 questions, thank you.

21
22 CROSS-EXAMINATION BY MS. CRAIN:

23 Q. I just want to ask you a couple of
24 things about the care provided by Dr. Schily. Now,
25 first, my understanding is and please correct me if I'm

1 wrong, you consented to the use of morphine that night,
2 with the understanding that it would be administered to
3 relieve Lisa's pain until such time as the full pain
4 service team in the morning could consult and perhaps
5 administer an epidural block?

6 A. Definitely.

7 Q. Yes. And my only other question is
8 overall, were you satisfied with the care provided by
9 Dr. Schily?

10 A. I have no complaints about the care
11 provided by Dr. Schily.

12 Q. Thank you.

13 THE CORONER: Mr. Hawkins?

14 MR. HAWKINS: Might I suggest we take a
15 brief recess?

16 THE CORONER: That's fine. We'll recess for
17 20 minutes.

18
19 --- A BRIEF RECESS

20
21 THE CORONER: Mr. Hawkins?

22
23 CROSS-EXAMINATION BY MR. HAWKINS:

24 Q. Mrs. Shore, as you know, I represent the
25 hospital and the nursing staff and I do have some

1 questions for you. I apologize up front, I may be a
2 little long and I know this is difficult for you, but I
3 do have some questions to ask. Before I get going and
4 talking about some of the events of that night, I'd
5 just like to make sure that in terms of the pieces of
6 paper, the notes that were created, we're working from
7 the same documents. Your lawyer provided us with a
8 couple of pages of typewritten notes that have
9 handwriting at the top, notes probably made in late
10 November or early December, 1998. Is that ---

11 A. That would be correct.

12 Q. And were those made directly onto a
13 computer?

14 A. Yes, I use a computer.

15 Q. Okay. Because I had read somewhere in
16 the material that you had kept a detailed diary of all
17 of Lisa's visits to hospitals and things like that?

18 A. That's true, yes.

19 Q. Is that these notes, or ---

20 A. No, I have -- when it began in February
21 to be clear that we were not being -- Lisa was not
22 being treated as if she had a real illness, I started
23 documenting everything that was done, everything that
24 was said. I did not -- and I certainly did keep it up
25 to date, but I was not -- in that time period, I did

1 not -- you'll understand why I got a little behind and
2 it was not until several months later that I was able
3 to continue the story, so to speak, and it was done
4 separately.

5 Q. Okay. Then that -- I just wanted to be
6 sure, because I had read that you kept a diary but for
7 the events October 21, 22 ---

8 A. No, there is no note.

9 Q. --- the only note you made was on the
10 computer?

11 A. No, that diary is not related to this.

12 Q. Okay. And these notes certainly were
13 provided to Counsel in the course of this inquest in
14 November of 1999?

15 A. That's right.

16 Q. After we took the first break in the
17 inquest, back in November?

18 A. They were -- it is my understanding that
19 they were provided to you immediately after they were
20 provided -- I gave them to Mr. Gomberg.

21 Q. Okay. And had these notes which we got
22 in November '99, had those previously been given to the
23 Coroner's office?

24 A. No.

25 Q. And the reason I ask that question is I

1 know you were interviewed by the police in August of
2 '99 respecting the inquest?

3 A. That's right.

4 Q. And in there and part way through, you
5 indicate you are reading from your notes?

6 A. I did not -- I haven't re-read those,
7 but during the course of the interview, at the
8 beginning of the interview, I was asked to talk about
9 Lisa and it was -- and still is very difficult for me
10 so what I did, I had set up a web site and I had
11 information on there, her eulogy and some information
12 about her and what I did is I had that printed off and
13 I was reading from that in an attempt to answer the
14 questions or talk about my daughter to the person
15 interviewing me.

16 Q. Right, okay. And at that stage, the
17 police officer who was interviewing you didn't ask you
18 for those notes and you didn't give them to her?

19 A. I may have given them to her; I don't
20 recall.

21 Q. Okay. And again and maybe I misheard it
22 this morning when we talked, is you indicated that when
23 your daughter got medication or something was set up on
24 her, you always wrote it down and looked it up
25 afterwards. Did you write down what was going on in

1 emerg that night?

2 A. I made no notes about what happened
3 October 21st, 22nd until the document that I presume
4 you are referring to.

5 Q. Okay. Now, looking at -- just talking
6 briefly, I guess, first about the emergency department
7 care and your assessment by Dr. Schily, was he the
8 first doctor in to see you?

9 A. He was the only doctor in to see us,
10 yes.

11 Q. Okay. You weren't seen by the
12 orthopedic service?

13 A. No.

14 Q. By Dr. Lobo?

15 A. No.

16 Q. So Dr. Lobo, who has noted orders on the
17 chart and we've seen those orders, he didn't actually
18 see Lisa prior to making those orders?

19 A. No, that's right.

20 Q. And Dr. Schily came in and I guess he
21 talked to you and Lisa?

22 A. Me and Lisa and my husband, yes.

23 Q. And he did an assessment of Lisa?

24 A. Yeah, he asked her history and nothing
25 unusual to my recollection.

1 Q. All right. Was he making any notes as
2 he took this history or did this assessment?

3 A. I really can't say with certainty. I
4 would be guessing.

5 Q. Okay. And Dr. Schily said that you
6 could give the amitriptyline in the emergency
7 department?

8 A. Yes.

9 Q. And then after that, you gave the
10 amitriptyline?

11 A. That's right.

12 Q. Would it surprise you that -- I've
13 looked through the chart and I can't see it noted that
14 the amitriptyline was given.

15 A. I can't tell you why it was or it wasn't
16 charted. My guess would be, if you're asking me, is
17 that when we came in and talked to the nurses, she
18 hadn't had it, so it wasn't indicated. Certainly I
19 gave her the amitriptyline and -- in my husband's
20 presence. Certainly, in my husband's presence, I made
21 this remark to Dr. Schily about whether it was
22 appropriate or not to take it. Presumably we didn't
23 tell a nurse to make a note of it.

24 Q. Okay, but that's something that, you
25 know, as you look at this as a parent, that you've

1 given amitriptyline on Dr. Schily's instructions in the
2 emergency department; you'd hope that that would get
3 written down somewhere?

4 A. It is my understanding that it is
5 written down. I have seen the emergency records and I
6 believe I could indicate to you where it is written
7 down, not specifically that I gave it to her at a
8 particular time, but that this was the medication that
9 she was taking, that she was on.

10 Q. Sorry, no, the emerg record does say and
11 maybe we can turn that up, if I can show you the chart,
12 which is Exhibit 3.

13 MR. GOMBERG: There's also a blow up of
14 that.

15
16 BY MR. HAWKINS:

17 Q. Page 3 of Exhibit 3.

18 A. Is it my page 3?

19 Q. Your page 3. Sorry, no, your page 14.

20 It says there, "amitriptyline, 75 milligrams, last
21 pm."

22 A. Right.

23 Q. Would that be what you told the triage
24 nurse or the first nurse that you saw?

25 A. I probably would have told her that she

1 takes amitriptyline, 75 milligrams, a night, and then I
2 would presume I would have been asked when did she last
3 have it and I probably would have said she hasn't had
4 it tonight yet.

5 Q. Okay, so that would mean she had it last
6 night?

7 A. That's right.

8 Q. Okay. Then I guess my question was, I
9 don't see it noted elsewhere in the records, that she
10 actually took the amitriptyline in the emergency
11 department and would you agree with me that that's
12 something you'd hope would be noted somewhere?

13 A. I believe it is also noted on Dr.
14 Schily's handwritten orders. Correct me if I'm wrong,
15 or if somebody could tell me the page.

16 Q. Page 36.

17 A. In my documents? No, I apologize ...

18 Q. Sorry, in your page 7.

19 A. No, I apologize, it is not here.

20 Q. Okay.

21 A. The morphine is here, I apologize. No,
22 you are correct.

23 Q. So if it's not noted, again, that would
24 be something you'd hope would have been noted
25 somewhere?

1 A. Sure, yeah.

2 Q. And the PCA was started in the emergency
3 department that night?

4 A. Yes.

5 Q. And that was -- was that set up by Dr.
6 Schily in the room where Lisa was?

7 A. There were Dr. Schily and the nurse who
8 I now know as Pauline Matthews, the two of them.

9 Q. Okay, they did it together in Lisa's
10 room?

11 A. No, in the emergency, in the examination
12 room.

13 Q. Oh, sorry, yeah, in the room that Lisa
14 was in, in the emergency, the two of them set it up
15 together?

16 A. Right, that's right.

17 Q. And then Dr. Schily explained it to you?

18 A. Right.

19 Q. And in terms of the monitoring that Lisa
20 -- or that was provided to Lisa in the emergency
21 department, Ms. Matthews has not noted that she did an
22 oxygen saturation on Lisa but you remember her taking
23 an oxygen saturation?

24 A. I remember Lisa having the oxygen
25 oximeter on her, yes.

1 Q. Okay, and that goes on the end of her
2 finger?

3 A. That's right.

4 Q. Okay. And you commented about some
5 other nurses suggesting to you that sometimes they put
6 stickers on in the emergency department?

7 A. I've heard leads, but I really am not
8 100 percent clear on what is meant by "leads" versus
9 "stickers." But yes, I have heard that statement.

10 Q. Right, okay. But that night in the
11 emergency department, did you ever observe Nurse
12 Matthews putting stickers or leads on Lisa's chest?

13 A. I cannot recall.

14 Q. And were you in the room most of the
15 time with Lisa when she was in the emergency
16 department?

17 A. I was in the room, I believe, the entire
18 time. If I had left to go to the bathroom, my husband
19 would have been there, but once he left, I was
20 certainly in the room with her the entire time.

21 Q. And so if Nurse Matthews tells us that
22 she didn't put stickers or leads on Lisa's chest while
23 she was in emerg, you couldn't disagree with that
24 evidence?

25 A. No.

1 Q. Okay. Then when the time came after Dr.
2 Schily had left and the PCA pump is set up, Lisa stayed
3 in the emergency department for about another hour and
4 a half?

5 A. I couldn't tell you the exact time, but
6 it was quite -- it seemed like quite a while, yes.

7 Q. And then you've recounted your
8 conversation with Nurse Matthews about her pain scale?

9 A. Mm-hmm.

10 Q. And that she needed to get up to the
11 floor, in your opinion?

12 A. Right.

13 Q. Okay. And maybe if I can just read the
14 note that you wrote and let me know if that's sort of a
15 good summary of what happened:

16 "... The nurse came in to tell me that
17 Dr. Schily had left orders for Lisa to
18 be moved up to the ward as soon as her
19 pain score went down to a 5. I told the
20 nurse that the morphine did not do
21 anything to relieve her pain and that it
22 would not go down below what it was at
23 the moment, an 8. I said that the only
24 thing that would help her would be to
25 get up to the ward and let her sleep.

1 The nurse said she couldn't do anything
2 about it, that these were the doctor's
3 orders. I responded something to the
4 effect that she's going to stay here all
5 night, then.

6 She left and came back a while
7 later and told me that she had called
8 the doctor and that he had said it was
9 all right to move her to the ward ..."

10 A. I agree with that.

11 Q. Okay, and that's as you remember that
12 discussion?

13 A. Yes.

14 Q. And maybe at this stage, it would
15 probably help -- do you have extra copies?

16 MR. GOMBERG: To confess, I don't even have
17 my copy. That's what I was just looking for.

18 THE WITNESS: I have a copy in my purse if
19 you want that.

20 MR. HAWKINS: I have a copy that could be
21 photocopied if we take two minutes and
22 photocopy it.

23 MR. GOMBERG: Well, why don't we do that?

24 THE CORONER: Well, can we get the Constable
25 to go out and photocopy it while we're

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continuing?

MR. GOMBERG: Can I entreat the Constable while he's doing that to make a copy for me?

MR. HAWKINS: Are we allowed to continue ---

THE CORONER: Yes.

MR. HAWKINS: --- when the Constable's not here?

THE CORONER: No, that's fine, I'll allow you to continue.

BY MR. HAWKINS:

Q. Okay, just so that I understand the sequence, at the time that that discussion took place, Lisa was still awake?

A. The discussion about her having to go upstairs?

Q. Yes.

A. Yes.

Q. Okay. And then was it some time after that that she fell asleep in the emergency department?

A. She fell asleep -- yes, it was some time after that. Are you asking me specifically?

Q. Not in -- because you had indicated that she was awake for a lot of the time and then at some point, she fell asleep and was that before or after you

1 had the discussion with the nurse about transferring
2 Lisa to the floor?

3 A. Oh, it definitely would have been
4 before, while she was awake. I wouldn't have -- if she
5 had been asleep, I'm assuming that they would have
6 transferred her without a problem.

7 Q. Okay. So she fell asleep after you had
8 that discussion and then she's transferred up to the
9 floor?

10 A. Yes. It took a while for transport to
11 come, but yes.

12 Q. Okay. And you went to the floor, it was
13 yourself and a woman from transport?

14 A. Transport, yes.

15 Q. Okay. Now, what I'd like to do, and I
16 know we have some substantial disagreement about some
17 of the events on the floor. Rather than start at 2:00
18 a.m., I'd like to start at 7:15 and then work backwards
19 from there and see where we have agreement and probably
20 where we can agree to disagree. At 7:15, and I
21 appreciate that many of these details may not be clear
22 in your mind, we've heard Dr. Catre testify that there
23 was a monitor in the room and that there were leads and
24 patches on Lisa's chest when he arrived?

25 A. I believe Dr. Catre testified that he

1 didn't recall a monitor when he came in, that he
2 recalled seeing one later.

3 Q. Okay. Well, Dr. Catre then testified
4 that when he came into the room, there were leads and
5 patches or leads on Lisa's chest attached to patches or
6 electrodes; do you remember hearing that?

7 A. I believe he testified that he remembers
8 -- he recalled taking patches off of her chest, yes.

9 Q. Okay. Well, he indicated that he
10 recalled taking leads off her chest?

11 A. I don't remember the exact words.

12 Q. Okay. Assuming Dr. Catre then has
13 testified that there were electrodes or patches on
14 Lisa's chest and that there were leads attached to
15 those patches ---

16 A. Mm-hmm.

17 Q. --- you can't disagree with that
18 evidence?

19 A. No, I can't.

20 Q. And we have Dr. Catre and Nurse Matthews
21 who have indicated that at some point in the arrest,
22 there was a monitor in the room, a Corometric monitor
23 in the room; you can't disagree with that?

24 A. I can't agree or disagree, that's right,
25 I don't know.

1 Q. Okay, so it's possible you just don't
2 know?

3 A. That's right.

4 Q. Okay. And we've heard Nurse Douglas
5 testify that there was a monitor in the room after the
6 arrest was over and again I take it you can't disagree
7 with that?

8 A. I wasn't there.

9 Q. Okay. I understand that as the arrest
10 was going on, one of the people you called was your
11 sister?

12 A. That's right.

13 Q. And she is a physician or a resident
14 physician?

15 A. She is a 5th year resident, that's
16 correct.

17 Q. And my understanding, and this is a
18 statement that Mr. Gomberg gave us a couple of weeks
19 ago, she came to the hospital but she arrived before
20 the resuscitation was over?

21 A. Whenever she arrived, I was no longer in
22 the room, so I really can't answer that.

23 Q. Okay. But then maybe my question is --
24 we've heard evidence in terms of leads and patches and
25 monitors during and after the resuscitation. I take it

1 your sister is not in a position to agree or disagree
2 with that, she doesn't know either as far as you know?

3 A. I doubt it. No, I'm sure she's not in a
4 position to agree or disagree.

5 Q. Okay. And you're, sort of, from your
6 position and from your knowledge of the other family
7 members who were there that morning, I take it that
8 nobody else is in a position to confirm or deny whether
9 there was a monitor in the room after the arrest?

10 A. No -- no.

11 Q. And so you'll agree that in terms of
12 what Dr. Catre had told us, what Nurse Matthews had
13 told us, what Nurse Douglas had told us, from the
14 family's perspective, from your perspective, it's
15 possible that that was there, you simply don't know.

16 A. I would agree with that.

17 Q. Okay. Then going backwards to, I guess,
18 the next time frame, you fell asleep or you went to bed
19 and fell asleep 15 minutes or so after you arrived on
20 the floor?

21 A. Fifteen minutes or -- yeah, that would
22 be reasonable; probably about that.

23 Q. And you were asleep until just before
24 the orthopedic team came into the room?

25 A. That's right.

1 Q. And during that time, you heard nothing
2 in the room or any other noises that were going on on
3 the floor?

4 A. I wouldn't be qualified to answer on the
5 floor. All I could tell you is in my immediate
6 vicinity, any rooms beside me, across from me, and that
7 would be probably it. You know, after a while, after
8 spending some time in the hospital, you learn to tune
9 out things like doors opening and closing and things
10 off in a distance.

11 Q. So certainly you heard nothing from 2:00
12 to 7:15?

13 A. I heard nothing from the time that I got
14 up to that floor until 7:15.

15 Q. Okay. And during the time that you were
16 asleep specifically you heard no noises from -- or no
17 noises woke you up from your daughter's room?

18 A. That's right.

19 Q. I know you've examined the flow sheet
20 and we've heard from the nurses, as I count it, from
21 2:30 to 6:00, the nurses indicate that they were in the
22 room ten times?

23 A. Mm-hmm.

24 Q. I take it you didn't hear them on these
25 ten occasions?

1 A. The first week in the earlier admission,
2 February, every single time a nurse came into the room,
3 I would wake up and after a while of not getting very
4 good sleep, you sort of mentally learn to tune it out,
5 so, you know, I certainly couldn't dispute -- I
6 probably would not have woken up if a nurse came in the
7 room, if a door opened or closed, that sort of thing,
8 no, I would have been able to tune that out.

9 Q. Okay. So, yeah, and that's maybe what
10 -- you've jumped one step ahead of me just to confirm
11 that the nurses have indicated that they were in and
12 they've made notes that they were in ten times. I take
13 it you're not disagreeing that they were in to perform
14 those assessments as noted?

15 A. I'm not disagreeing, no.

16 Q. Okay. And you're certainly agreeing
17 that it's possible they came in and you didn't wake up
18 when they came in?

19 A. Oh, I think that would be likely.

20 Q. Okay. Then if I can then go back one
21 more time frame to when you arrive on the ward, you
22 indicated that two nurses received you and you now know
23 those nurses to be Ruth and Anagaile?

24 A. Right.

25 Q. Okay. And they assisted Lisa in

1 transferring from the stretcher to the bed?

2 A. No, they did the transferring.

3 Q. I understood, certainly listening to
4 their evidence, that Lisa woke up enough to assist in
5 transferring herself over?

6 A. I would say that Lisa allowed herself to
7 be moved over to that extent rather than being
8 completely as if she was unconscious, I would say that
9 she let herself be moved, but she certainly was not
10 awake or aware at any time. And that is specifically
11 why I asked the nurses if they needed my help because
12 she was so out of it.

13 Q. Okay. And I'm looking at the statement
14 that you gave to the police and we're probably saying
15 the same thing, but it says there:

16 "... I think she might have been, you
17 know, helped us sort of roll her over
18 kind of thing but she never really --
19 but she certainly never opened her eyes
20 or anything like that ..."

21 Is that, sort of -- Lisa did help with
22 the movement to get from stretcher to bed?

23 A. That's exactly what I said, yes.

24 Q. Okay. And on arrival or within the
25 first few minutes of the arrival, you recall both

1 nurses doing something or doing things to Lisa on the
2 bed?

3 A. That's right.

4 Q. And you weren't participating in
5 whatever they were doing?

6 A. No, it was quite clear that they didn't
7 need my help.

8 Q. Okay. And you're not precisely sure
9 what they were doing?

10 A. That's right.

11 Q. And one of the things and just, again,
12 so we know where we agree, one of the things I think
13 you said in the questioning by Ms. Browne is in what's
14 going on there; if the nurses say they put electrodes
15 on Lisa's chest and attached leads to the electrodes,
16 you're not in a position to confirm or deny whether
17 they did that?

18 A. That's correct.

19 Q. And again Nurse Doerksen has indicated
20 that she took your daughter's vital signs at that time
21 and she's noted them in the chart. Is that something
22 that you observed?

23 A. No. It -- I was aware of what was going
24 on, but specifically what they did or they didn't, it
25 didn't strike me as unusual and at the time, I was not

1 quite as aware of the sort of things that nurses do,
2 so, no I can't really tell you.

3 Q. It was the usual nursing routine,
4 whatever that is?

5 A. Exactly.

6 Q. Okay. And in terms of what they were
7 doing, it just struck you as what nurses usually do ---

8 A. Yes.

9 Q. --- when someone arrives?

10 A. Yes.

11 Q. Okay. And Ms. Doerksen has indicated in
12 her testimony that she and you assisted in changing
13 Lisa or undressing Lisa or getting her ready for sleep?

14 A. Yes, I guess she did.

15 Q. What you would agree with is that the
16 nurses changed Lisa or undressed her ---

17 A. Yes.

18 Q. --- before she went to sleep?

19 A. Yes.

20 Q. But you didn't participate in that?

21 A. I don't believe I did.

22 Q. Okay. Now, you say there you don't
23 believe that you did. Is it possible that you helped
24 out with changing Lisa or is it something that from
25 your perspective didn't happen?

1 A. I would say that it is very highly
2 unlikely that I did, given that they really weren't
3 communicating with me in any way.

4 Q. But certainly it's possible?

5 A. I won't swear to it.

6 Q. Okay. No, that's fair enough, but I do
7 need to sort out where we agree and disagree. So it's
8 possible you helped in the process of changing Lisa and
9 getting her ready to sleep for the night?

10 A. Extremely unlikely, but possible, yes.

11 Q. Okay. Then the next thing that we've
12 had some evidence on is arranging the pillows for Lisa
13 and you've confirmed that you brought a pillow or
14 pillows from home for Lisa?

15 A. We brought a number of pillows. I don't
16 specifically remember if they were pillows for Lisa or
17 pillows for me. I would suspect that if we brought
18 more than one, one of them was intended for me and the
19 other for her.

20 Q. Okay. So it was one for each of you, in
21 a sense?

22 A. Right.

23 Q. Okay. And you had some discussion with
24 the nurses about whose pillow was whose or where the
25 pillows went?

1 A. If you would call it a discussion; I
2 would call it a monologue, but yes, we did.

3 Q. But that was when Ruth has testified
4 that there was, call it a monologue or call it a
5 discussion, but there was a statement about pillows and
6 whose pillow was whose. She's right that that was said
7 in the room?

8 A. Yes.

9 Q. And that that happened at the time?

10 A. Yes, she is.

11 Q. Okay. And then the next thing, and
12 again, just to confirm that we're in agreement on that
13 point, is Ruth has indicated that she went to put the
14 blankets over Lisa's leg and at that stage, you said,
15 "Don't do that" or "You can't do that, she can't
16 tolerate anything on her leg."

17 A. Right.

18 Q. Okay. And so again we're in agreement
19 that that statement was said in the room at that time?

20 A. Yes.

21 Q. Ruth has also testified that she went
22 out to get the bed linens for you and brought those
23 back?

24 A. It is my recollection that it was
25 Anagaile that brought the linens back, specifically,

1 because, as I said, I remember that the only nurse that
2 spoke to me was the person who I know as Anagaile, so I
3 believe that it was Anagaile, but again, I will not
4 testify, I will not swear that it was.

5 Q. Okay. So when Ruth says it was her and
6 Anagaile says it wasn't her, you can't -- you think it
7 was the other way around, but you're not absolutely
8 sure?

9 A. Well, I think whoever gave me the
10 linens, brought the linens in, didn't have a
11 conversation with me and walked out, so, yes, it could
12 have been Ruth.

13 Q. Okay. Now, the next discussion or
14 issue, I guess, that comes up relates to the
15 medications that Lisa was on and if I can ask you, it's
16 page 16 in the record that you have, page 34 that the
17 jury has.

18 A. Okay.

19 Q. If you see at the bottom of the first
20 section there, Ruth has made an entry in the computer
21 about gabapentin, carbamazepine and amitriptyline.

22 A. Right.

23 Q. Gabapentin, the dose is broken down
24 there at 400, 400, 600, TID, which I understand to be
25 three times daily. Is that the dose that Lisa was on?

1 A. Yes, it is.

2 Q. Okay. And carbamazepine is broken down
3 as 200 BID, twice a day. Is that the dose that she was
4 on?

5 A. Yes.

6 Q. Okay. So for carbamazepine, she was on
7 400 milligrams a day, twice times 200?

8 A. Yes.

9 Q. And for gabapentin, she was on 1400
10 milligrams a day in the three doses we've seen there,
11 400, 400 and 600?

12 A. Yes.

13 Q. Now, again, I have looked through the
14 chart or the information that would have been available
15 to the nurses that night on the floor and I can't see
16 those doses are recorded anywhere else. So would you
17 agree with me that the nurse must have got that
18 information from you?

19 A. Well, let me give you an answer that
20 you've probably heard before: I don't recollect.

21 Q. Okay.

22 A. I don't know.

23 Q. So ---

24 A. I don't believe I had a conversation
25 about medications. If I had a conversation about

1 medications, it would have been with Anagaile Soriano.

2 Q. Okay. So you'll agree with me that you
3 don't recall a conversation, but it's certainly
4 possible that you had a conversation about medications?

5 A. It could be possible.

6 Q. Okay, and particularly if we've got
7 doses recorded there for gabapentin and carbamazepine
8 that aren't elsewhere in that form, would you agree
9 with me that it makes it more likely that you had a
10 conversation about the medications?

11 A. I would agree with you that it makes it
12 more likely, yes.

13 Q. Thank you. And the other thing, and
14 again Ms. Doerksen testified that she was aware that
15 Lisa had -- or that Lisa had taken her amitriptyline in
16 the emergency department?

17 A. If she testified, then yes, that would
18 be reasonable.

19 Q. I checked my note on that point and I do
20 recall Ruth saying she was aware that Lisa had taken
21 her amitriptyline in the emergency department. Again,
22 if we can't find that written anywhere in the chart,
23 would you agree with me that it's likely she got that
24 information through you?

25 A. I would say, in fact, that she didn't

1 get that information from me, that it's far more likely
2 that she got it from the emergency room nurse or that
3 Anagaile got it from the emergency room nurse, and very
4 possibly including these dosages.

5 Q. Okay. Well, as I understood it, when we
6 were talking a little bit earlier, Dr. Schily indicated
7 that you could give Lisa the amitriptyline.

8 A. Yes.

9 Q. And then after Dr. Schily gave Lisa --
10 or after Dr. Schily said you could do that, with you
11 and your husband in the room, you gave Lisa the
12 amitriptyline?

13 A. Yes.

14 Q. I didn't think you said when we talked
15 about it earlier that Pauline Matthews was in the room
16 when you gave Lisa the amitriptyline?

17 A. No.

18 Q. And I didn't think you said earlier that
19 Pauline Matthews would have known that you had given
20 Lisa the amitriptyline?

21 A. Not at that very moment. She could well
22 have known, I would imagine Dr. Schily would have given
23 her that information, I would have thought it was
24 essential information that the doctor would have given
25 the emergency room nurse.

1 Q. Okay, but if, again, Pauline -- if
2 Pauline Matthews indicates that that's not part of the
3 information that she conveyed verbally to the floor
4 staff, be it Anagaile or Ruth, would you agree with me
5 that it's likely that Ruth got that information through
6 you?

7 A. No, I would agree that unless Pauline
8 Matthews made very detailed notes, she would not
9 remember specifically what she said 15 months ago.

10 Q. Would you agree with me that on that
11 information about the amitriptyline, it's possible that
12 Ruth or Anagaile got that information from you?

13 A. It is possible.

14 Q. Then we've heard Ruth and Anagaile
15 testify about setting up the Corometric and you've
16 agreed with me that it's possible, and you're not going
17 to disagree with them if they say they put leads and
18 patches on Lisa's chest?

19 A. That's right.

20 Q. But would you agree with me, as well,
21 and what they've said is that they brought a Corometric
22 monitor into the room and hooked it up to Lisa?

23 A. I would say that they are wrong, to be
24 charitable.

25 Q. You've heard the -- or you've seen and

1 you've heard the demonstration of the Corometric
2 monitor when it cycles or when it turns on. My
3 recollection is that there is a single beep?

4 A. That seems to last for several seconds,
5 but yes, you're right.

6 Q. Is it possible that you would miss or
7 you would forget in the confusion after your daughter's
8 death hearing that single beep?

9 A. You were talking about the confusion
10 after my daughter's death referring to the beep at 1:45
11 a.m.? No.

12 Q. Is it possible that the machine did beep
13 once as we know it does when the machine is turned on
14 and that's simply a detail that you've forgotten?

15 A. Mr. Hawkins, there was no machine in the
16 room therefore there could be no beeps.

17 Q. No beeps from your perspective; you're
18 saying there were no beeps at any time at all?

19 A. That's correct.

20 Q. But you will or you have indicated that
21 you can't disagree with the evidence from the time of
22 the arrest about leads and patches and the monitor in
23 the room?

24 A. That is correct.

25 Q. If I can turn, and I want to talk a

1 little bit about the events and investigations after
2 Lisa's death, that morning I understand from reading
3 the chart that two of the people who were involved with
4 you and your family, there was a Jewish chaplain and a
5 social worker?

6 A. I don't know if the social worker was
7 Jewish. There was a chaplain, yes. She wore too much
8 perfume, I remember that well.

9 Q. Sorry?

10 A. Nothing. I'm sorry, she wore a lot of
11 perfume, it was quite overpowering.

12 Q. Okay. I didn't hear what you said,
13 maybe I shouldn't have said "sorry" and asked you to
14 repeat it. And now one of the social workers, and her
15 name is Shelley Barnett, she indicates that she was
16 there trying to help out as she could?

17 A. I seem to recall that there was a
18 person, a social worker, there.

19 Q. And her note from the chart indicates
20 that a couple of weeks later, on the 5th of November,
21 she called and left a message for you offering any
22 assistance that she could?

23 A. Yes.

24 Q. And she then, and I understand there was
25 no, sort of, further contact between you and her?

1 A. That's right.

2 Q. And now I understand that your lawyer,
3 Mr. Gomberg, is related to Lisa but at some point
4 shortly after the death, you formally retained him to
5 assist you in looking into the death?

6 A. It was rather informal, actually, but
7 yes.

8 Q. So in the immediate aftermath of ---

9 A. And let me just correct you, technically
10 he is not related. He is a relative of a relative.

11 Q. Okay. And in the sort of aftermath of
12 the death on an informal basis, Mr. Gomberg agreed to
13 assist you and did assist you in trying to get some
14 answers in looking into the death?

15 A. Right.

16 Q. Now, he wrote a letter to Dr. Lucas, who
17 is the Regional Coroner and I think that that's been
18 marked as Exhibit 39. I don't know that you need to
19 turn it up and I'm not sure if that's something that
20 has been given to the jury, but that letter is written
21 on your behalf by Mr. Gomberg to Dr. Lucas on the 11th
22 of December.

23 A. Right.

24 Q. In there, and I've never seen this, but
25 he refers to a letter that he wrote on your behalf on

1 November 11, about a month prior?

2 A. He -- a letter on my behalf a month
3 prior? Could you please read me the appropriate ...

4 Q. Yeah, the top line of Mr. Gomberg's
5 letter of December 11th to Dr. Lucas says: "Further to
6 my letter of November 11, '98, I met with Sharon Shore
7 on December 9, '98."

8 A. I would guess that you're referring to
9 correspondence or discussion between Mr. Gomberg and
10 the Coroner's office.

11 Q. And you didn't -- you weren't part of
12 those?

13 A. No.

14 Q. Okay. But I take it from -- you weren't
15 aware of that conversation going on, but if Mr. Gomberg
16 wrote on November 11, I take it you weren't aware of
17 any response from the Coroner's office before you sent
18 your December 11th letter?

19 A. It is my understanding that before the
20 letter was written that we felt that there were
21 irregularities in the medical records that we had
22 obtained and that there -- that we were requesting an
23 inquest and it is certainly possible that Mr. Gomberg
24 had some communication with the Coroner's office about
25 investigation, about autopsy. It is my memory,

1 actually, that we were waiting for toxicology results,
2 probably a number of things, so, you know, I couldn't
3 tell you specifically unless I looked at my records and
4 then I'm sure I could.

5 Q. Okay. And Mr. Gomberg wrote, sort of,
6 on your behalf a fairly detailed letter to the Coroner,
7 then, on December 11, 1998?

8 A. Yes.

9 Q. And that was asking for answers to some,
10 I guess, 24 questions and asking if there would be a
11 Coroner's inquest into the Lisa's death?

12 A. Mm-hmm, yes.

13 Q. Would it surprise you that at the time
14 that that letter was sent to the Coroner's office on
15 the 11th of December, the Coroner's office had not yet
16 even requested a copy of Lisa's chart?

17 A. It would surprise me, but I'm not sure I
18 understand ---

19 Q. You can't comment on that?

20 A. No.

21 Q. Okay. And the letter or the
22 communication is written by your lawyer to Dr. Lucas,
23 it's not a communication directly to the hospital?

24 A. No, it's written to Dr. Lucas, that's
25 right.

1 Q. And, again, would it surprise you that
2 that letter to Dr. Lucas is not, in fact, forwarded to
3 the hospital until January?

4 A. I have been told that, yes.

5 Q. Okay, so you're aware that that did
6 happen, or that there was a delay in getting the letter
7 from Dr. Lucas to the hospital?

8 A. Yes.

9 Q. Okay. And I understand on this matter
10 you had -- were you always dealing with Dr. Lucas?

11 A. We were dealing with Dr. Reingold,
12 initially.

13 Q. Okay. Then why did Mr. Gomberg write to
14 Dr. Lucas on the 11th of December?

15 A. I suggest you ask Mr. Gomberg.

16 Q. That wasn't something that was discussed
17 with you?

18 A. Up until -- or at that time, I was not
19 familiar with how the Coroner's office worked.

20 Q. Okay. And then sometime after dealing
21 with Dr. Lucas, you subsequently dealt with Dr. Cairns?

22 A. I'm -- are you asking if I personally
23 had any dealings?

24 Q. Right.

25 A. No, I don't -- I never spoke to --

1 directly to Dr. Lucas. Again, if you're trying to get
2 the chronology, you would be better off speaking to Mr.
3 Gomberg or having me come back tomorrow and bring my
4 files.

5 Q. Right, okay. Then maybe just so that
6 we're clear, that from the time that you retained Mr.
7 Gomberg, whenever that specifically was, you let him
8 deal with the Coroner's office?

9 A. Yes.

10 Q. And the investigation and what was going
11 on?

12 A. You are correct.

13 Q. Okay. Just one moment, please? Thank
14 you, Dr. Cairns, thank you, ma'am, those are my
15 questions.

16 THE CORONER: Perhaps I can put on the
17 record, initially Dr. Reingold was involved,
18 then Dr. Lucas was involved. For a number of
19 reasons, there was dissatisfaction expressed
20 with regard to the answers that were not
21 coming and the speed of the investigation and
22 at a certain stage, sometime early in 1999, I
23 was personally requested by the Chief Coroner
24 to take over the investigation.

25

1 CROSS-EXAMINATION BY MR. GOMBERG:

2 Q. I just have one question, Dr. Cairns.
3 When you were interviewed by the police, did you give
4 the police everything that they asked for?

5 A. I don't recall that they asked for much,
6 but certainly.

7 Q. You didn't hide anything from the
8 police?

9 A. No, not at all. As a matter of fact, I,
10 you know, showed them the information, the web site and
11 stuff that I had on it, so yes.

12 Q. As I understand it, you've been sitting
13 here since we started in November and heard all of the
14 evidence given by all of the witnesses up to now, is
15 that right?

16 A. Yes.

17 Q. And as I understand it, you and your
18 husband both gave audio taped interviews to the police,
19 which have been transcribed?

20 A. Yes.

21 Q. Do you know of any other witnesses in
22 this case who have given audio taped or any statements
23 to the police?

24 A. No.

25 Q. Thank you. Those are my questions.

1 THE CORONER: Does the jury have questions
2 for Mrs. Shore?

3 JUROR #1: Mr. Coroner, might we have a
4 recess?

5 THE CORONER: Yes, 15 minutes?

6 JUROR #1: Thank you.

7 THE CORONER: We'll recess for 15 minutes.
8

9 --- A BRIEF RECESS
10

11 THE CORONER: Are the jury ready to ask Mrs.
12 Shore some questions? Please, go ahead.
13

14 CROSS-EXAMINATION BY THE JURY:

15 JUROR #1:

16 Q. Mrs. Shore, I wonder if you, forgive me
17 for asking this, but did you take any sedatives that
18 night?

19 A. No. The only time in my life I've taken
20 sedatives is since Lisa has died, not before.

21 Q. I can understand that. When Mr. Hawkins
22 asked you if Lisa was being moved, helped with the
23 movement from the bed, would you say that Lisa helped
24 with the movement or that she didn't resist the
25 movement?

1 A. I would say that she allowed herself to
2 be moved, that she didn't resist, but "helped" is
3 definitely too strong.

4 Q. Yes. I wonder, Mrs. Shore, if you have
5 any interest with the drug gabapentin, if you have
6 concerns and interest with that drug, just generally
7 speaking?

8 A. That's a very good question. As a
9 matter of fact, and I honestly couldn't tell you when,
10 but certainly before Lisa died, I contacted the drug
11 company to find out about -- more about the drug and I
12 was told I -- they put me through to a number of people
13 and I was told that the drug was not officially used
14 for pain relief, it's an epileptic drug and even though
15 hundreds of thousands of people use it for pain relief,
16 it's not the official use and therefore they would not
17 give me any information, or not the kind of information
18 that I was looking for.

19 Q. And was this the Canadian drug company
20 that manufactures this, or the American one? I
21 understand it's produced in both countries.

22 A. No, I believe it would have been the US,
23 because I would have looked for it on the internet to
24 find the manufacturer and I would have gone right to
25 the source.

1 Q. And as a matter of interest to the jury,
2 would you know if gabapentin has an antagonistic -- or
3 an antidote, if there is an antidote for it?

4 A. I'm not aware of it, but my
5 understanding is that it has been taken by people in
6 significantly larger doses and it's not a toxic drug in
7 that sense and certainly Lisa never had any side
8 effects.

9 Q. Lisa had taken gabapentin prior to this
10 night with morphine, had she?

11 A. Oh, no, no, no, she had never had ---

12 Q. No.

13 A. No, I'm sorry, I misunderstood.

14 Q. I just wondered if gabapentin in and of
15 itself had an antidote or an antagonist?

16 A. I'm not aware of it.

17 Q. Okay, so that would be something you
18 would be quite interested in, would you not, then,
19 learning more about that drug as research is done?

20 A. Yes.

21 Q. I don't think I have any more questions
22 for you, Mrs. Shore. I offer you my profound, and that
23 of all of us, regrets for the loss of your little girl.

24 A. Thank you very much.

25 THE CORONER: Any other questions from the

1 jury? Are there any other questions of Mrs.
2 Shore? Thank you, Mrs. Shore. We'll recess
3 for lunch until 2:30. I think there is some
4 possibility at 2:30, we have run out of
5 witnesses for today, but we have an
6 opportunity, perhaps, to have someone here by
7 2:30. In addition, there may be some other
8 announcements that we can make. It is our
9 intention to have you over at the Hospital
10 for Sick Children tomorrow to conduct the
11 inquest there with regard to the computer
12 system. We cannot bring it over here and
13 demonstrate it, so we will have to go over
14 there. We will be making some arrangements
15 and we'll have some details of that when we
16 come back at 2:30. That is with the
17 intention that we will be having the inquest
18 there, so the court reporter would be there,
19 the jury would be there, the lawyers would be
20 there. The room, obviously, will not hold
21 all members of the public, but there have
22 been a number of press following this inquest
23 and we would be allowing them as the press to
24 be there, but obviously no cameras. It would
25 be as if we were in a courtroom. And I will

1 probably try and give you a little more
2 details of that when we come back at 2:30.

3
4 --- LUNCHEON RECESS

5
6 MR. GOMBERG: Dr. Cairns, just before we
7 resume, Mrs. Shore wanted to introduce a
8 couple of exhibits, if I may do that. I
9 really have no questions that arise from
10 those, but I'd like to put the exhibits in,
11 if I may?

12 THE CORONER: That's fine.

13 MR. GOMBERG: I suppose she should retake
14 the witness stand.

15
16 SHARON SHORE, PREVIOUSLY SWORN

17 RE-EXAMINATION BY MR. GOMBERG:

18 Q. Sharon, when we were talking last night,
19 I asked you and you readily agreed to bring down a
20 photograph of Lisa, and I'm showing you that photograph
21 now of Lisa, with her two brothers. Is that the
22 photograph you brought down?

23 A. Yes, it is.

24 MR. GOMBERG: Dr. Cairns, may that be the
25 next exhibit?

1 THE CORONER: Yes.

2 CONSTABLE CULLETON: Exhibit 46.

3 THE WITNESS: But I get it back, right?

4 THE CORONER: Yes, you will get it back.

5

6 EXHIBIT NO. 46: Photograph of Lisa Shore and her
7 two brothers

8

9 BY MR. GOMBERG:

10 Q. I understand that Lisa was an artist of
11 sorts and that you were proud of that and she was proud
12 of it, too, and I asked you to bring down a sample of
13 her art. Is that something that she did?

14 A. Yes, that's a silk painting she did the
15 year before she died.

16 MR. GOMBERG: Dr. Cairns, may that be the
17 next exhibit?

18 THE CORONER: It certainly may.

19 CONSTABLE CULLETON: Exhibit 47.

20

21 EXHIBIT NO. 47: Framed silk painting of Noah's
22 Ark by Lisa Shore

23

24 BY MR. GOMBERG:

25 Q. All right, unless there's something you

1 want to add, Sharon, those are the questions that I
2 have.

3 A. I'll be really brief. I have been
4 hoping to try and get a chance to talk to you about
5 Lisa, the child, rather than the subject of a Coroner's
6 inquest. I don't think I'm really up to it, but I
7 would just like to let you know that she was a very
8 lovely child and we were very proud of her. I'm
9 sorry ...

10 THE CORONER: That's fine, Mrs. Shore, we
11 understand. Thank you very much.

12 MR. GOMBERG: Thank you, Doctor.

13

14

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18

19

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

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Barbara A. Pollard
Certified Court Reporter

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