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Case	:	JAMES AND KATHY LAND vs. FREDERICK L. CARRINGTON M.D., WOMENS HEALTH ASSOCIATION
Testimony Date	:	March 28, 2003
Expert Witness	:	RUSSELL JELSEMA M.D.
Expert Type	:	Obstetrics / Gynecology
Court	:	State: Texas County: Tarrant
Pages	:	216

1 CAUSE NO. 236-185163-00
2 JAMES AND KATHY LAND,) IN THE DISTRICT COURT
INDIVIDUALLY AND AS PARENTS)
3 AND NEXT FRIENDS OF HUNTER)
LAND, A MINOR CHILD,)
4)
Plaintiffs,)
5)
vs.) 236th JUDICIAL DISTRICT
6)
FREDERICK L. CARRINGTON, M.D.,)
7 WOMEN'S HEALTH ASSOCIATION,)
HARRIS METHODIST SOUTHWEST)
8 HOSPITAL AND DOUGLAS JONES,)
M.D., SAMUEL R. JULIAO, M.D.;)
9 AND PEDIATRIX MEDICAL GROUP)
OF TEXAS, P.A.)
10)
Defendants.) TARRANT COUNTY, TEXAS

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ORAL DEPOSITION OF
RUSSELL JELSEMA, M.D.
MARCH 28, 2003

21 ORAL DEPOSITION of RUSSELL JELSEMA, M.D., produced as a
witness at the instance of the Defendant, and duly sworn, was
22 taken in the above-styled and numbered cause on the 28th Day
of March, 2003, from 10:09 a.m. to 4:37 p.m., before Melissa
23 Cook, CSR, in and for the State of Texas, reported by
stenographic means at the Marriott Residence Inn, 3451
24 Rivertown Parkway, Grandville, Michigan, pursuant to the
Texas Rules of Civil Procedure and the provisions stated on
25 the record or attached hereto.

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1 APPEARANCES
 2 FOR THE PLAINTIFFS:
 3 MS. GEORGE ANN HARPOLE MAIXNER
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 9 FOR THE DEFENDANT, HARRIS METHODIST SOUTHWEST HOSPITAL:
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 22 FOR THE DEFENDANT, SAMUEL R. JULIAO, M.D. AND
 23 PEDIATRIX MEDICAL GROUP OF TEXAS, P.A.:
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1 PROCEEDINGS
 2 (Proceedings commenced at 10:09 a.m.)
 3 RUSSELL JELSEMA, M.D.,
 4 having been first duly sworn, testified as follows:
 5 EXAMINATION
 6 BY MR. FREEMAN:
 7 Q. Good morning.
 8 A. Good morning.
 9 Q. This patient didn't have oligohydramnios, did she,
 10 sir?
 11 A. I do not believe she did, but I don't have an
 12 ultrasound that was performed the day before her admission
 13 that would tell me that she had no fluid; but based on the
 14 clinical findings and everything else, my impression is that
 15 she did not.
 16 Q. Thank you.
 17 And clinical findings are something that an
 18 obstetrician can make when he is then and there taking care
 19 of a patient; isn't that true?
 20 A. The clinical findings are what the obstetrician
 21 will encounter, yes, in caring for a patient; yes, sir.
 22 Q. That's what obstetricians do?
 23 A. Yes.
 24 Q. They look at patients; they make clinical
 25 assessments; they make clinical diagnoses, and they act as

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 22 relevance, in Dr. Jelsema's
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 26 regardless of relevance, in
 27 Dr. Jelsema's possession
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1 they feel is in the patient's best interest as they're down
 2 there taking care of the patient?
 3 A. Yes, generally they do, sir.
 4 Q. That's how physicians exercise clinical judgment
 5 and, indeed, how you teach people to exercise clinical
 6 judgment, isn't it, sir?
 7 A. Yes. We teach them to take the facts before them
 8 and presentations, make a diagnosis, and effect treatment.
 9 Q. You've testified before that obstetricians were at
 10 the bottom of their class in medical school and had to give
 11 things to them real simply in black and white?
 12 A. That's correct, sir.
 13 Q. Do you believe that to be true?
 14 A. That we're all at the bottom of our class, or that
 15 we have to give it to them in black and white?
 16 Q. Well, you've testified both ways.
 17 A. No, I think, in general, I couldn't speak to if
 18 there's any studies on obstetricians being in the bottom of
 19 their class; but with regard to giving it to them in black
 20 and white, I think there are many things that are in
 21 obstetrics that are straightforward. We teach on basis of
 22 the algorithm. If this is there and this is present, think
 23 about this; if it's not, think about that.
 24 Q. But in real life, real life notwithstanding, what
 25 do you have indicated before, the fact is it's not black and