

DEPOSITION DIGEST

RAPHAEL OSHEROFF  
MARCH 11, 1983

EXAMINATION BY EHRMANTRAUT

PAGE

- 3       Addresses.
- 4       Psychiatric treatment background.
- 5       Whether chronology prepared by O at request of attorneys is privileged.
- 6       Had some courses in psychiatry in undergraduate medical school
- 7       Saw Dr Board initially for neurotic anxiety.
- 8       Was married to Evelyn before being married to Carol. Forgot Evelyn's last name.
- 9       Marriage with Evelyn broke up because neither was ready to be married at that time.
- 10      Married Carol in 1964 and had two children from that marriage.  
Saw Board in 1967 for about 8 months to a year.
- 11      No medication prescribed by Board - strictly therapy.
- 12      He and Carol saw Board in a group with other married couples around 1971.
- 13      He saw Board after being divorced from Carol.
- 14      Had depression during divorce from Carol, but no melancholy.
- 15      Felt loss, sadness and anger at time of divorce from Carol.
- 16      Felt better and able to cope when he stopped seeing Board around 1973-74..
- 17      Again returned to Dr Board in 1976 when Carol announced her intentions to go to Luxembourg.
- 18      Married Joy in 1974. Board advised that he try to prevent move by Carol.
- 19      At the time he started seeing Wellhouse, he was having crying spells.
- 20      Started seeing Wellhouse in 1977. Then there was a clinical change and the depression developed into a different type of depression in November of '77.
- 22      Has read DSM-III from cover to cover and is familiar with it. He has in DSM-III what is referred to as a major depressive episode with melancholia.

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- 23 He had the depressive illness described in DSM-III before he entered C.L. and that precipitated his entry into C.L.
- 24 JG did a draft of the complaint in this action and then O revised it. Final draft was approved by O..
- 25 O was co-author of the complaint insofar as attempting to delineate some of the psychiatric terminology.
- 26 Not legally qualified as an expert on depressions He is a knowledgeable lay person.
- 27-28 Discussion as to whether O is fact or expert witness.
- 29 Cannot say that he will not be giving opinions in this case as to violations of the standard of care by C.L.
- 30 Recess to call Schaffer as to whether O intends to express an expert opinion.
- 31 Saw Wellman all during 1978 - couple of times a week. Never referred O to psychopharmacologist or wrote a prescription. Gave him a handful of sample pills from his closet.
- 32 Doesnt remember the name of the antidepressants that Wellhouse gave him. O took the pills that Wellhouse gave him. Took them according to the directions on the package.
- 33 Went to see Kline because he wanted to be put on medication by someone who was expert in the use of medications.
- 34 Made two or three visits to Kline's clinic. Kline gave him Sinequan which is Doxepin on the first visit.
- 35 Continued on the Sinequan for 4 or 5 months. The dose was a low dose for that particular medication and he took them according to Kline's directions.
- 36 Sinaquan is not the usual tricyclic that you would use for the first drug trial. Usual first trial drug would probably be Amitriptyline. O had a beautiful response to that drug at S.H.
- 37 Kline might have had O in a research protocol, attempting to assess the efficacy of Sinaquan in a depression such as his..
- 38 Shaffer appears.
- 39 JG: O is not anticipated to be an expert in sense that he will render an expert opinion.
- WE: Wants ruling precluding O from giving opinions re standard of care or, in the alternative, that WE be able to go into discovery in that area.

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EXAMINATION BY GRAY

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- 3 Joy moved out of marital home in Nov of 1978.
- 4 Would have to defer to accountant re salary.
- 5 Would have to defer to accountant re sale price of dialysis unit.
- 6 Would have to defer to accountant re investments. There are some utility stocks. (oil & Gas).
- 7 Believes some of the stocks have been sold.
- 8 Joint owner of Duke Street with his wife. Also has interest in townhouses in Alex.
- 9 Some bank accounts in Virginia and some in N.Y.
10. Objection to why O was not practicing last year.  
Was in hospital Jan through Nov of '79.
- 11 Obj to hospital info. Joy has that info.
- 12 His diagnosis in hosp was severe depression. Not presently on medication.
- 13 His wife wanted him to go to C.L. and left him when he was severely depressed. She moved stuff out of their house when he was hospitalized for peptic ulcer.
- 14 Received no medication at C.L. and depression got deeper. Joy didnt do anything to get him out of C.L.
- 15 \*\*Not considering a malpractice action against C.L.
- 16 Therapy history prior to C.L.
- 17 Had a legal guardian appointed in summer of '79.
- 18 Contemplated suicide when depressed. Suicidal precautions while at C.L.  
No periods of violence at C.L.
- 19 \* As far as he knows, he didnt throw a lamp at C.L.  
Medic~~le~~ license suspended as result of Greenspan.
- 20 Has children by prior marriage.
- 21 Two prior children. No visitation privileges at present time.
- 22 Wishes to have visitation privileges with child by Joy.

OSHEROFF (CONT)

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- 23 Times that he has seen David since release from S.H. Joy will now not consent to visitation until they have firm schedule.
- 25 Was rebuffed on several occasions in attempting to see David.  
Would like to see David on Thurs afternoons.
- 26 Would like to take David outside as weather gets warmer.  
O's driver, John Biro, sees Ph.D. counselor once a week.
- 27 Doesnt recall Joy bringing any furniture into the marriage. They bought furniture together.
- 28 Was necessary to have housekeeper for David from time he was born.
- 30 He and Joy never formerly discussed David's schooling. Frequency of sexual relations with Joy was decreased when he was ill.
- 31 Considering buying Joy's interest in their house. The piano wasnt a wedding gift. Doesnt recall whether he told perople the piano was a gift to Joy.
- concluded.

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- 40 Shaffer believes that if O answers "yes" to a specific question as to standard of care, he should be required to answer further.
- 41 O will express opinion re standard of care if asked.
- 42 Continued to see Wellhouse through 1978 and saw Kline also 2 or 3 times in the same year.
- 43 Took the Sinaquan for several months and then Kline added Lithium.
- Wellhouse was aware that he was on medication therapy recommended by Kline.
- 44 Wellhouse didnt know anything about medications and did not prescribe any for him.
- 44-45 O's id of things he was having problems with in '78..
- 46 O's type of depression went from reactive depression to psychotic or endogenous depression which DSM-III says is uniquely responsive to somatic means.
- 47 O's diagnosis of himself is a diagnosis that he has had supported by other experts who have looked at the chart. Bill Potter, for one.
- 48 Bill Potter was selected to examine O re evaluation by Alex hospital upon his discharge from S.H.
- 49 Had no real improvement while on the Sinaquan and Lithium.
- 50 When he was seeing Wellhouse and Kline, he was so sick that some of his intellectual cognitive processes were dulled by the illness. He was working during this period of time.
- 51 Saw a psychiatrist/Hypnotiest in 1978 who told him he had a profound depression and needed to be on antidepressent medication
- 52 The Hypnotist, Ralph Moore, told him that his present medication of Sinaquan and Lithium was probably too low in dosage.
- 53 O told Greenspan that Moore wanted to put him on medication, but Greenspan objected and told him he had to go to a hospital or he would leave.
- 54 Moore did not hypnotize him as hypnosis would be impractical when you are that profoundly depressed.
- 55 Moore thought there was something the matter with the people that wanted O to go into a mental hospital.
- Had suicidal thoughts at that time. and discussed them with everybody around him.

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- 56 Discussed suicidal thoughts with Wellhouse and Moore. Moore told him he should be on medication for his depression and suicidal thoughts.
- Was suffering from severe depression when he went to C.L.
- 57 Not taking medication when he went to C.L. Doesn't know when he stopped taking medication.
- Chose C.L. because a depressed person is not a good consumer.
- 58 Didn't know the difference between a long-term/short-term hospital.
- Wellhouse recommended C.L. to him around Nov 1978. Wellhouse was becoming concerned about his well-being and his responsibility.
- 59 Has spoken with Willard Galen who is a psychoanalyst and expert in ethics.
- 60 Didn't see Galen as a patient. Saw him to determine whether it is pro forma for an analyst to prescribe medication for a patient who has a major depression.
- 61 Told by Galen that there are two diseases in the intrapsychic system, one that does not require biological treatment.
- 62 Galen treats his patients whom he believes are suicidal as outpatients the majority of the time. Hospitalization sometimes.
- 63 Believes that if a patient requires treatment, he should be treated. Doesn't believe that a patient should be hospitalized and not treated.
- 64 Pressure from Joy and Greenspan to enter hospital.
- 65 Entered C.L. voluntarily and was told he could be helped. Never understood that he could have left C.L. on his own volition.
- 66 Not sure if he knew beforehand of C.L.'s three day discharge rule. Practice of C.L. to have someone outside certify you as incompetent if you try to leave.
- Joy moved out for the first time in Nov of '78.
- 67 Wellhouse was scared and didn't know how to handle a major depression. Reason for recommending hospitalization.

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- 68 Doctors very rarely come out and tell their patients they dont know how to handle something.
- Electric shock would not have been appropriate as a first line resort for him, but he would have submitted to it if someone had told him it would help him.
- 69 Was getting discouraged by Dec of '78 where he had been under care of Wellhouse for about a year, had been receiving medication from Kline, and was still going downhill.
- No doubt that he progressed to a psychotic state. Wasnt hallucinating, but mental disturbance was so profound after being locked for eight months on a ward with hallucinating schizophrénics.
- 70 Told he was symbolically dead by Ross.
- Westerman advised him against going into the hospital.
- 71 Believed the hospitalization has ruined his career.
- 72 Describes how his career was ruined.
- 73 Not sure when his wife filed for divorce. She never visited him while he was in the hospital.
- 74 Joy tried to oppose his visitation with his son.
- 75 His book about C.L. has been submitted to Simon and Schuster for publication.
- 76 Melvin Saption, medical director of A.P.A., requested his permission to use his book for educational purposes.
- 77 Submitted his book to Janet Malcolm.
- 78 Malcolm described his treatment at C.L. as "pure sadism."
- Simon & Schuster declined to publish his book.
- 79 Didnt have a copy of C.L. records when he wrote the book. No notes, it was all in his mond.
- 81 Denies that he was over indulging in alcoholic beverages at the time he visited his children in Luxembourg.
- Close relationship with his mother. His stepfather was involved in his leaving C.L. and in arranging for the admission to S.H.
- 82 Palacios discouraged Dottie Smith from coming to see him at C.L.
- 83 Guardian was appointed, but there was never any adjudication of incompetency.

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- 84 Some reason to believe that people at C.L. may have initiated the appointment of a guardian.  
Called Notaris and told him to get him out of C.L. Must have also told Gannon or Westerman about that.
- 85 Gannon and Westerman saw him at C.L. with long hair, wieght loss and were horrified.
- 86 Took his typist, Mabel, to Europe with him. She is 68 years old.
- 87 Greenspan and stepfather took him to C.L. for admission. According to the records, he was neat and well dressed at his admission.  
On a scale of depth of depression, he was minus five when he came into C.L. and minus fifty when he left.
- 88 Not involved in any legal actions in '78.
- 89 Was able to function to some extent upon his admission to C.L. Signed admission form, but was not as wary and effective consumer at that time as he could have been.
- 90 Didnt know what he was doing when he signed the voluntary admission form. Had mental illness. Aware of his surroundings, but cognitive processes were disturbed.
- 91 Initially protested entering C.L. when he first saw inside.
- 92 Didnt know what Section 11, Article 59 of the admission form meant when he signed it.
- 93 JG: concedes the complaint states that O entered C.L. voluntarily.
- 94 Entered into a contract with C.L for treatment.
- 96 Core feature of his depression was anhedonia. No pleasure from living.
- 97 Disagrees with C.L. admission note that quotes him as saying his depression began about the fall of '76. Also wrong that he began to feel emptiness and worthlessness when he visited his children in Belgium..
- 99 Doesnt think his history was taken properly. Difficult to take a one short history and get all the facts.
- 100 C.L. records list him as a valium addict and he has never tak valium.
- 101 Doesnt recall giving the history. Recalls that he was talked with..



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- 101 Cried when he had the depressive reaction when the children went away, didnt cry after he developed the psychotic depression except for when he woke up better after being treated with drugs.
- 102 His illness changed from reactive depression to endogenomorphic depression around mid-October 1977. No frequent crying spells in '78.
- Never gave a history that he had been drinking alcohol beverages daily. Never used valium.
- 103 Dr Heck and Greenspan were sociopaths.
- 104 Terrible regrets about selling his business to a competitor. Recalls giving that info on Jan 2, '79.
- 105 Does not recall reporting that he had become more withdrawn and was telling other people about his suicidal thoughts. Doesnt remember reporting anything, just remembers talking with someone.
- 106 Is a fact that he was withdrawn and was having suicidal thought which he expressed to others.
- Doesnt think he had any clinical improvement with the Synaquan.
- 107 Did procure a bottle of seconals. Had only taken dalmane prior to that incident.
- 108 Might have wanted to be suicidal when he obtained the seconals.
- 109 Doesnt recall talking with Dr. Fort by phone.
- His reaction from reading the C.L. records is that they are grossly incompetent, the diagnosis was erroneous, and he was badly treated.
- 110 C.L had fallen in collusion with all his enemies who were trying to steal him blind.
- First read C.L. records about six months ago. Began writing his book about 3 months after he came home. C.L. records were not available to him when he began to write his manuscript.
- 111 Did not see Dingman pull the Gray book to get his final diagnosis.
- 113 Had the(right)diagnosis at C.L., the only thing he did not have there was the treatment.
- 114 Dingman's labeling of him as a regular patient rather than a doctor.

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- 116 Was so profoundly depressed that he thought he would stay at C.L. the rest of his life watching cartoons.  
C.L. wanted to turn him into one of their chronic patients.
- 117 Ross tried to stop him from transferring to S.H. They locked him on the ward for a week for suicide precaution when his stepfather told them he was going to have him transferred.  
Ross told him he was crazy on the inside, sane on the outside.
- 118 Could hear in his head Ross tell him " Crazy on the inside, sane on the outside. Why are you letting your stepfather run your life for you.?" Considered that impediment to the transfer process.
- 119 Doesnt recall discussion with Dingman about length of treatment.  
No one discussed with him alternatives of treatments available.
- 120 Prior to C.L., he had not had a full course of pharmacologic therapy by an expert psychopharmacologist.
- 121 No one explained option of electroshock to him.  
No one had told him that C.L. was a psychoanalytic hospital and it was long term.
- 122 Did not know that C.L. would not offer him all the modalities of treatment.
- 123 Made a grave error in choosing C.L. over Sheppard-Pratt.  
Spoke with Bob Gibson and learned that Sheppard-Pratt would have embarked on a different course of treatment.
- 125 Literature O referred to in order to refine his knowledge concerning this type of depression.
- 126 Read Kohut and Kernberg since he had been called a narcissist.  
Interviewed people at N.I.M.H..
- 127 His depression shifted over to endogenous depression after he sold his dialysis clinic.
- 128 Doesnt think it is clear whether endogenous depression can disappear on its own without treatment after a period of time.  
His depression disappeared because of the medication, it did not disappear all at once.

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- 129 C.L. Nurse notes reflect that he was pacing 20 hours a day.
- 130 Lost 45 pounds at C.L. Was weighed when he got to S.H.
- 131 Doesnt know the last weight recording he had before entering C.L.
- 132 Wrote himself a prescription for the 100 seconal pills. Doesnt know any doctors who dont write their own prescriptions.
- 133 Weight loss was not intentional. Pacing attributed to it.
- 134 Wasnt planning a malpractice suit while at C.L.
- 135 Decision for a malpractice suit came after he received appropriate treatment and saw how his life had been damaged because of the treatment he received at C.L.
- His attorneys saw the conditions he lived in at C.L.
- 136 Escorted at all times at C.L. or else on suicide precautions.
- 137 Believes that his guardianship was set up because it was felt that he was not competent to make decisions.
- 138 Signed papers for the guardianship to be set up. Did not request the guardianship.
- 139 Explanation of complaint allegation that he was regressed without his informed consent.
- 140 Wellhouse was incompetent and did not recognize that a psychotic depression, agitated type demands shock treatment or medication.
- 141 You dont put a man away in a mental hospital for years because he is a narcissist. He came to C.L. for treatment for depression.
- (Ross?) told him medication would burn his brain out.
- 142 The aim of the regression was to destroy his self-esteem. C.L. thought he had a character defect and they were going to be the ones to restructure it if that were possible
- By intentionally doing him harm, C.L. was profiting by creating a permanent patient, \$150 a day income, and maybe sadism as sadism is rife in psychiatric hospitals.
- 143 Ross is a sadist and his treatment was sadistic.
- 144 Ross gave him the outlook that he was symbolically dead. He exacerbated it and pushed O's head under with his destructive confrontations.

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- 144 Thinks he is now over the disease he had.. C.L. made him worse and could have returned him to function by treating his depression according to the standard of care. Then, if there were character problems to be worked on, he could have continued treatment as an out-patient.
- 145 Was psychotic when he transferred to S.H.. Ross was extinguished whatever germ of hope he had. Ross has nobody watching him and doesnt record what he says to patients.
- 146 Thinks Ross is incompetent - a doctrine psychoanalyst who hasnt learned anything since 1954.
- Has no idea whether Ross uses medication with some patients, but Ross opinions showed that he had no respect and no use for medication.
- 147 S.H.'s initial diagnosis of psychotic depressive reaction meant that he was out of touch with reality.
- 148 Understands his final S.H. diagnosis of manic depressive illness to also be a biological disturbance.
- Not taking medicine now.
- 149 There are tests for endogeny.
- 150 Saw Dr Board after S.H. Kept him on medication.
- 151 He was sick, came to C.L. for treatment, but was not treated.
- 152 Doesnt blame himself for what happened at C.L.
- 153 Inappropriate to lock him up with a group of hallucinating schizophrenics for 7 months.
- 154 Thinks Joy abandoned him while he was sick and didnt help him.
- 155 Many of his secondary losses were because he had an illness. That is as far as he blames himself. May of those losses could have been stemmed if he had had relief from the symptomatology and been able to go back and try to function in life instead of being away for a year.
- 156 Doctors have told him that if he had gone directly to S.H. instead of by way of C.L., the outcome would have been different.
- 158 After reviewing C.L. records, Dr Potter told him he had a classical disease with a classical treatment and C.L. just elected not to treat him.
- 159 Trafficked with prostitutes when he was living alone like many other bachelors.

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- 160 Not presently taking any type of drug. Has never used narcotics.
- 161 Made sexual advances to a C.L. staff member. Castration does not come with hospitalization  
His marriage with Carol broke up because she had taken a lover.
- 162 C.L. had a deliberate treatment plan to cause him to regress.
- 163 Was difficult for him to leave the unit at C.L. and he was not able to leave the grounds.
- 164 No clear recollection that he ever expressed a desire to leave C.H.
- 165 He never threatened C.L. staff members with physical har, There was a big to-do about throwing a lamp at a nurse.
- 166 Wasnt depressed when he was assaulted by Carol's husband. O defended himself on that occassion.
- 167 Had difficulty with Dr. Heck.
- 168 Has had five associates.
- 170 His weight must have been recorded at S.H.
- 171 Didnt see any C.L. literature before entering. C.L. records that he had two cocktails a day are incorrect.
- 172 Refusal to let internist examine genitalia.
- 173 Disagrees with Dr Bark's statement that he was well on Sept 12.
- 174 Inconsistencies in Palacios' notes.
- 175 Denies Palacios' notes re his alcohol and drug intake. That info was gleaned from an excessively hostile wife.
- 176 Notes not true that he asked for bourban to be brought to him when he was hospitalized for ulcers.
- 177 May have had two drinks to help him enter C.L.
- 178 Had Contact with Ross after his discharge when he called him and told him he was better from medication.
- 179 Had no discussion with Dingman about returning to his practice and continuing to receive outpatient treatment if he had stayed at C.L..
- 180 DF had O's authority to discuss with Dingman the care and treatment provided at C.L. while he was there as a patient.

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- 181 Dingman was deposed in Greenspan case. Was called upon to testify re Greenspan's involvement with his stay at C.L.
- 182 Recalls that Dingman testified that O was a voluntary patient and could have left at any time.  
Dingman locked him up for 7 months.
- 183 Considers Dingman to be responsible for the milieu that he existed in and which was very destructive to him.  
Palacios violated confidentialities.
- 185 How Palacios' breach of confidentiality harmed him.
- 187 Thinks Joy declared her intent to divorce him after her interview with Palacios.  
Did not give his permission for his mother to convey info to Palacios.
- 188 Didnt authorize a release of any info about his care and treatment to any person while he was at C.L.
- 189 Only authorized release of C.L. info to S.H. and Baord.
- 190 His signature on release to Gannon and Westerman. They were his attorneys and were interested in seeing what was going on.
- 191 No pleasure from the prostitutes.
- 192 The anhedonia is absent today.
- 193 Did not have adequate psychopharmacological treatment while with Wellman.
- 194 Difference between Board's and Wellhouse's treatment.
- 195 S.H. treatment made him feel like he was restored to humanity again.
- 197 Dr Edwardson did a superfluous job of examing him and did not record his true condition.  
Believes that he had further foot care at S.H. The S.H. social worker facts are also disjointed.
- 199 Bill Potter indicated his depression was of biological background. The people he has discussed this case with would come under category of experts.
- 200 Loss of wieght is good for condition of hiatus hernia.
- 201 C.L. violated confidentiality by giving Greenspan info which he used against O at hospital hearing. Thinks Dingman was responsible.

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- 204 Doesnt recall telling C.L. they should give information to Greenspan.
- 205 Greenspan stole his practice and defamed him.
- 207 The guardian got a court order to prevent him from visiting his children.
- 208 His idea of forced regression and literature references.
- 209 C.L. did not write an order for his regression, it was the milieu.  
They regressed "case Delilah."
- 211 Personality disorder is no grounds to keep him in a mental hospital for years.  
Has stopped his medication at Board's recommendation.
- 212 Still under Board's care.
- 213 Whether he resisted treatment by Podiatrist.
- 214 Thinks the C.L. evaluation report that discusses the possibility of electricshock and drug treatment was a cover up after he started making noises.  
Only had suicidal thoughts when he had a major depression.
- 215 Was psychotic when he went to S.H. as reflected by the nurse notes.  
No regression while at S.H.
- 217 Present relationship with his mother has gotten better. Keeps her at a distance.
- 218 Was calling his mother daily a year and a half before C.L.
- 219 His C.L. roommate called him at one point and told him that Debbie was really sick and was in a straightjacket, so he called up her father and wanted to know what was going on.
- 220 Debbie went through a regressive stage when her medication was stopped by C.L.
- 221 Doesnt know if he had made a decision to sue C.L. at the time that he called Debbie's parents. Had dictated his book at that time.
- 222 His definition of psychotic changed from the time he made the statement that he and his roommate were the only two non-psychotic people at C.L.

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- 224      Learned about "Case Delilah" when he obtained the transcript  
         from a doctor at the Lodge.
- 225      Was locked on the disturbed ward where patients smeared their  
         excrements over the floors and walls.
- 226      Ross told him he would be in C.L. for the next 10 to 15 years.  
         That is not recorded in the charts.
- 227      Was not allowed to go to the dining hall for his meals at  
         C.L. They said he paced too much.
- 228      Nothing in C.S.H. records about his atrophied forearm muscles due  
         to cursory physical examination.

Conclusion.