

## **INTRODUCTION AND SUMMARY OF THE CASE**

Morgan Johnson, on her behalf and on behalf of the Estate of Cameron Johnson, has brought a medical malpractice lawsuit against Dr. Alex Mann. She has alleged that Dr. Mann was negligent in his care and treatment of her husband in several regards. First, she alleges that a follow-up stress test with dye should have been done in November of 2002. Secondly, she alleges that her husband should have been given the option of medications for his high cholesterol levels, instead of a regimen of diet and exercise. It is her allegation that had either of these been done, her husband would not have had a fatal heart attack in December of 2004. The Complaint is attached.

Dr. Mann has denied these allegations and contends that his care and treatment of Mr. Johnson was within the medically recognized standard of care and that he exercised his medical judgment appropriately with regards to his treatment of Mr. Johnson. The Answer is attached.

Cameron Johnson was born on October 30, 1953. His date of death was December 27, 2004. Cameron was 51 years old when he died. He was married to Morgan Johnson for 25 years. They had two children. Cameron was the service director for a local car dealership prior to his death. The job

had a high level of stress, which caused him to quit his job four months before he died.

Dr. Alex Mann was Cameron's primary care physician for over 15 years. Cameron had abnormal cholesterol levels and a questionable family history of heart disease. He also had several episodes of complaints of chest pain and in fact, had gone to the emergency room for chest pain, in November of 2002. After that episode, he was told to see his doctor. He saw Dr. Mann in November 2002 and Dr. Mann ordered a stress test. The stress test was done and Cameron was unable to complete it. Dr. Singer, the doctor doing the stress test, suggested that Dr. Mann and Cameron discuss doing a second stress test, this one with dye.

Dr. Mann continued to follow Cameron for his high blood pressure and abnormal cholesterol. He put Cameron on a diet and told him to get more exercise. On November 6, 2003, Cameron complained of chest pain to Dr. Mann. Dr. Mann felt that the pain was not heart related.

On March 10, 2004, Cameron had a complete physical conducted by Dr. Mann that indicated he had high cholesterol, high triglycerides, low HDL, high LDL, and a high non-HDL. He noted that Cameron smoked half a pack of cigarettes each day, had 12 drinks each week, and did not exercise regularly. He also was told that Cameron had intermittent chest pain. He

encouraged Cameron to stop smoking and drinking, and to get regular exercise. Dr. Mann continued to treat Cameron with Atenolol and Lorazepam for his blood pressure. He was not put on any medication for his cholesterol.

On March 18, 2004, lab results came back and they were within Cameron's desired range, although not within the range of normal.

In September 2004, his cholesterol tests were better but his bad cholesterol was still not controlled.

Cameron proceeded to have chest pain and was seen in the emergency room on September 22, 2004 for a sharp, stabbing chest pain. The diagnosis was atypical chest pain and he was told to follow up with his family doctor. Cameron suffered a heart attack and died on December 27, 2004. According to the medical examiner's office autopsy, he died of sudden cardiac death due to arterial sclerotic heart disease.

He died before he was able to make any further employment decisions.

**THE FOLLOWING HAS BEEN STIPULATED TO**

1. The medical and autopsy records that have been provided from any health care provider are authentic and admissible.

2. The time line is attached. It is stipulated that the entries are accurate and that the time line may be used for any purpose. It is not stipulated that it is complete and contains all entries for any specific date as there may be more information in the medical records.
3. HDL is “good” cholesterol. It stands for High-density lipoprotein (HDL). It is one of the five major groups of lipoproteins (chylomicrons, VLDL, IDL, LDL, HDL) which enable lipids like cholesterol and triglycerides to be transported within the water-based blood stream. A high level of HDL seems to protect against cardiovascular diseases, and low HDL cholesterol levels increase the risk for heart disease. Cholesterol contained in HDL particles is considered beneficial for the cardiovascular health, in contrast to “bad” LDL cholesterol.
4. LDL is “bad” cholesterol. It stands for Low-density lipoprotein. It is a type of lipoprotein that transports cholesterol and triglycerides from the liver to peripheral tissues. LDL is one of the five major groups of lipoproteins; these groups include chylomicrons, very low-density lipoprotein (VLDL), intermediate-density lipoprotein (IDL), low-density lipoprotein, and high-density lipoprotein (HDL), although some alternative organizational schemes have been proposed. Like all

lipoproteins, LDL enables fats and cholesterol to move within the water-based solution of the blood stream. LDL also regulates cholesterol synthesis at these sites. It is used medically as part of a cholesterol blood test, and since high levels of LDL cholesterol can signal medical problems like cardiovascular disease, it is sometimes called “bad cholesterol,” (as opposed to HDL, which is frequently referred to as “good cholesterol” or “healthy cholesterol”).

5. Cameron Johnson discontinued Atenolol, a medicine for high blood pressure, on his own, without telling Dr. Mann.
6. The depositions of the plaintiff, defendant, and their respective experts are sworn to, authentic, and can be used for any purpose at trial.
7. The witnesses at trial are limited to the plaintiff, defendant, and their respective experts.