

AFFIDAVIT

STATE OF ARIZONA)
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COUNTY OF COCHISE)

Dr. Robert Holder, being first duly sworn, upon oath deposes and states as follows:

1. I am a physician specializing in obstetrics and gynecology with privileges at the Sierra Vista Regional Health Center (SVRHC or the Hospital).

2. On November 26th, I was on call at SVRHC.

3. At approximately 9:30 am, Patient x was brought into the emergency room by ambulance.

4. She indicated that she was 15 weeks pregnant with twins, and had passed one of the twins at home in the bathtub. When she came to the emergency room, she was in a stable condition, and was not bleeding.

5. I was told by the patient that her regular doctor, Dr. Kacenga, had diagnosed her with placenta previa. Placenta previa is when the placenta -- an organ develops during the pregnancy and provides nutrients to the fetus -- is attached too low in the uterus, and covers the cervix.

6. I conducted an ultrasound, and the remaining fetus had a heartbeat. The placenta of the fetus that had passed remained in the uterus, and the umbilical cord was coming out of the patient's vagina.

7. I consulted with Dr. Karen Lesser, a specialist in perinatology at University Medical Center in Tucson for advice on treatment options for Patient x. Options included surgical evacuation of the uterus, or evacuation using a type of medication called a prostaglandin, of which Cytotec is one. SVRHC is not equipped to offer surgical evacuation of a patient at 15 weeks gestation, so the only option available to the patient was treatment with the medication.

8. The only option for continuing the pregnancy involved tying of the umbilical cord, which subjected Patient x to the risk of serious infection. The odds of successfully continuing the

1 pregnancy were miniscule, considering that the patient's cervix was dilated enough to pass a 15
2 week fetus. The patient was suffering an inevitable miscarriage.

3 9. I informed the patient and her husband about the extremely low odds of a successful
4 pregnancy outcome, as well as the risks of attempting to continue the pregnancy, including severe
5 hemorrhaging and infection.

6 10. I informed them of the risks of using Cytotec, which include an adverse reaction to the
7 medication, and possible hemorrhaging and cramping as the fetus is expelled.

8 11. I also told them about option of surgical evacuation, but that the Hospital was not
9 equipped to perform the surgery.

10 12. The patient and her husband were of course upset by the situation, but decided to proceed
11 with the medication treatment. It appeared that the husband found the decision especially difficult.

12 13. The nurse assisting me asked how to describe the procedure on the consent form, and I
13 said the treatment was a miscarriage completion.

14 14. At this point, I remembered the Hospital's relatively recent affiliation with the Carondelet
15 Health System, a religious entity, on April 17, 2010, required me to consult with the administration
16 before treating the patient to make sure that the treatment was permissible under the Hospital's rules.

17 15. I first consulted with Lorena Warren, the Nurse Manager of Obstetrics. After telling her
18 of the situation and the course of treatment agreed upon by Patient x and me, she said that she had to
19 confirm that the treatment was permissible. She said that she would call a more senior administrator,
20 Rebecca McCalmont, the Hospital's Vice President of Medical Services.

21 16. About thirty minutes later, I received a call from Ms. McCalmont. She asked if the
22 remaining fetus had a heartbeat. When I answered yes, she replied that I had to send the patient out
23 for treatment.

24 17. Ms. McCalmont summarized what I had told Ms. Warren, and I confirmed her
25 understanding was correct. She did not ask any questions regarding the possible risks or
26 complications of delaying treatment to send Patient x elsewhere, or whether Patient x could possibly
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1 continue the pregnancy. She did not ask where Patient x would be transferred to or how long it
2 would take for her to receive treatment.

3 18. I returned to Patient x and her husband, informed them of the Hospital's religious
4 affiliation, and the Hospital's refusal to allow the treatment to which we had agreed.

5 19. They were very upset that they could not receive the treatment they had decided upon,
6 but accepted the decision. They indicated that they had heard about the affiliation, but did not know
7 what it meant with regard to services.

8 20. I again called Dr. Lesser at University Medical Center in Tucson, and informed her that I
9 could not provide the requested treatment due to the Hospital's religious affiliation. Dr. Lesser
10 agreed to accept the patient for treatment.

11 21. I rechecked to confirm that there was still a fetal heartbeat and there was. I then prepared
12 Patient x for the transfer, including attaching an intravenous drip with fluids, which took about one
13 hour before the transfer began.

14 22. The distance to University Medical Center is 80 miles—about a one and one half hour
15 drive.

16 23. In all, the initiation of the patient's treatment was delayed by approximately three hours.

17 24. As a result of this delay in care, Patient x was at risk of hemorrhaging and infection,
18 though to the best of my knowledge she did not suffer any adverse physical consequences.

19 25. Both the patient and her husband appeared to suffer significant additional emotional
20 distress when I told them that the treatment they had decided upon was forbidden by the Hospital
21 and that Patient x would have to be transferred for treatment.

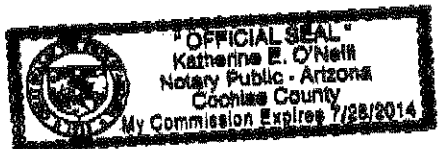
22 26. The Hospital's actions subjected Patient x to significant emotional distress, as well as
23 additional and unnecessary medical risks.

24 27. I was forbidden from providing Patient x with the standard of care in accordance with my
25 medical training and the best available medical evidence. The Hospital interfered with the patient-
26 physician relationship in violation of basic quality-of-care principles.

1 28. On June 15th, 2010, I was told by John Paul Slosar, the Chief Ethicist for Ascension
2 Heath, the parent company of Carondelet, that the affiliation with Carondelet would not change the
3 treatment of pregnancy complications where spontaneous abortion is inevitable.

4 29. The Administration's actions on November 26th, 2010 were contrary to what I was told.

5
6 DATED this 10th day of December, 2010.



Dr. Robert Holder
Dr. Robert Holder

10 SUBSCRIBED AND SWORN TO before me this 10th day of Dec, 2010, by
11 Katherine E. O'Neill

12
13 Katherine E. O'Neill
14 Notary Public

15 My Commission Expires:
16 7/28/2014

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