

PLAINTIFF'S MOTION
EXHIBIT 32

1 I. ISAKOV

2 is what I thought you said the first
3 time.

4 A. That's my understanding.
5 Again, I may say no language of law how
6 it should be. It's my, as a physician,
7 understanding what I do when I admit
8 person under this condition.

9 Q. That's all I can ask you to do,
10 Doctor, thank you.

11 If I'm wrong you tell me. I
12 want to understand.

13 If a patient has a mental
14 illness and is in need of care and
15 observation under the statute, it's your
16 understanding you can admit him to the
17 hospital, correct?

18 A. Yes.

19 Q. Against his will, correct?

20 A. Against his will, yes, if he
21 don't understand the necessity of
22 admission and I feel it need immediate
23 attention and observation.

24 Q. If he needs immediate attention
25 and observation because of a mental

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2 illness, you believe under the statute you
3 can admit him against his will, correct?

4 A. Yes.

5 MR. DEVINE: Just those factors?

6 MR. SUCKLE: Yes.

7 A. There is a potential danger if
8 he would not be admitted and sent home.

9 Q. You're adding to what I said,
10 there has to be also a potential danger?

11 A. Right.

12 Q. And that potential danger is
13 what you use as your standard for whether
14 or not you can admit somebody who has a
15 mental illness in need of observation and
16 care, correct?

17 A. Yes.

18 Q. And that potential danger, you
19 decide whether or not from your
20 evaluation whether or not that person has
21 had a potential danger, yes?

22 A. Yes.

23 Q. You were talking about you are
24 not a lawyer so you are not -- when I was
25 reading the words "substantial risk,"

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2 that's lawyer language; that's not the
3 language you would use, correct?

4 MR. RADOMISLI: Objection to
5 form.

6 A. Substantial risk of physical
7 harm to himself.

8 Q. That's more than potential
9 danger, correct?

10 A. Let me put you this way; for
11 example, if a person will say, yes, I
12 want to kill myself. It will be
13 straightforward risk to harm himself.

14 Q. That is a substantial risk?

15 A. I don't know if you call it
16 substantial. It's a definite risk.

17 If the person conducts himself
18 in the way that you feel this can
19 potentially be harmful, then it can be
20 indirectly. He is not saying, yes, I'm
21 going to kill somebody or I kill myself
22 but how he conduct himself putting
23 himself at risk that he may under this
24 situation in this emotional condition if
25 he was not under observation in safe

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2 environment, he may do something that may
3 be harmful. And to protect him, yes, you
4 can admit him against his will if he
5 doesn't want to do it voluntary.

6 Q. So if somebody may harm
7 themselves and have this mental illness
8 that needs to be observed and treated,
9 you can admit them?

10 A. Yes.

11 Q. When you say they may harm
12 themselves, you are not comfortable using
13 the words "substantial risk," correct?

14 MR. RADOMISLI: Objection.

15 Q. You are not comfortable with
16 the words. I asked you about it. You
17 said --

18 A. What I comfortable with and it
19 probably will pertain to this case that
20 even if he did not say that I will kill
21 myself or somebody, it says conduct
22 demonstrated this potential danger.

23 Q. And this potential danger is
24 that he may --

25 A. That can be --

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2 Q. -- may harm himself?

3 A. May, yes.

4 Q. May?

5 A. Correct.

6 Q. And that may, when you say "may
7 harm himself," is that different than
8 potentially might harm himself?

9 A. I don't know how to separate
10 them. Potential it's high risk, low
11 risk, medium risk; but it doesn't matter
12 what level the risk. If there is a risk,
13 I think it's my duty to protect the
14 patient.

15 Q. So it doesn't matter what level
16 of risk so long as you perceive a risk,
17 you are going to admit him?

18 A. Yes, right.

19 Q. And that's how you teach the
20 residents at Jamaica Hospital when you
21 teach them?

22 A. I teach psychopharmacology. I
23 don't teach the law.

24 Q. That's your understanding of
25 the standard?