

**SUMMARY OF EXPECTED TESTIMONY OF  
RICHARD LENTZ, M.D.**

Richard Lentz, M.D. is a Board-certified clinical psychiatrist at Park Nicollet Clinic in the Department of Mental Health in Minneapolis, Minnesota. Dr. Lentz' educational background and work experiences are described in his curriculum vitae, a copy of which is attached. The testimony and opinions of Dr. Lentz will be based upon his educational background, work experiences, and his review of the depositions, documents, and medical records in this case. Dr. Lentz' opinions are expressed to a reasonable degree of medical certainty. He reserves the right to supplement his opinions if additional information becomes available.

Dr. Lentz will testify that Stephen Olson, M.D.'s care and treatment of Mr. Dan Markingson between November 2003 and May 2004 met the accepted standard of care for a doctor in a similar practice under similar circumstances. He will explain that the care by Dr. Olson was reasonable and he will testify that Dr. Olson did not cause injury to Mr. Markingson.

By way of background, Dr. Lentz will testify that Mr. Markingson was taken to Regions Hospital on November 12, 2003, by the police after making threats about harming his mother, Ms. Mary Weiss. He was transferred to the University of Minnesota Medical Center – Fairview on the same date and placed under a 72-hour hold. Dr. Lentz will explain the meaning of such holds. Dr. Lentz will note that his treating psychiatrist was Dr. Olson.

Dr. Lentz will note that on November 13 Mr. Markingson began taking Risperdal (0.5 mg per day), an anti-psychotic medication that can take effect within hours. Mr. Markingson received other forms of treatment, including visits by Dr. Olson and others, as well as being in the structured therapeutic environment of a hospital, where he remained until December 8. On this date Dr. Rodney McFadden, an internal medicine specialist, evaluated him. An MRI scan of his brain was negative.

Dr. Lentz will testify that on November 14, a Petition for Judicial Commitment was filed, along with an Examiner's Statement signed by Dr. Olson in which he recommended commitment of Mr. Markingson as mentally ill because he lacked the capacity to make decisions regarding neuroleptic medications and did not believe he had a mental illness. Dr. Lentz will testify about the commitment process in Minnesota. Dr. Olson charted that Mr. Markingson was compliant with medication. Mr. Markingson's dose of Risperdal was increased to 2 mg per day. There are nursing notes over the next several days that state that Mr. Markingson understands the need to take medication and stating that he no longer had hallucinations or delusions. Dr. Lentz will testify that these are positive developments.

Dr. Lentz will testify that on November 17, a Pre-Petition Screening Program Report was filed with the Dakota County court indicating that the screening team recommended the patient be committed as mentally ill. On this date, Dr. Olson's diagnosis was "Psychosis Not Otherwise Specified." Dr. Lentz will testify that Dr. Olson charted that he "discussed with patient the diagnostic options of mood disorder versus schizophrenia-related disorder," and informed the patient "that he should remain in treatment for at least 6 months to 1 year and then a decision about tapering medications could be considered."

Dr. Lentz will point out that on November 18, Dr. Erin Holker performed a neuropsychological evaluation of Mr. Markingson and noted that he was no longer having strange thoughts and plans on taking medication. Moreover, he did not have cognitive deficits that might interfere in his ability to actively participate in his treatment. Dr. Lentz will testify that evaluating a person's capacity to make decisions involves consideration of cognition, negative symptoms, and positive symptoms such as delusions and hallucinations, and this report indicates that he was competent to make decisions.

Dr. Lentz will testify about Dr. Olson's charting on November 18 regarding a discussion with Mr. Markingson about the Café Study and that Mr. Markingson had reviewed written information about the study. Dr. Lentz will testify that informed consent with respect to the Café Study is a process during which a potential participant in the study receives information about the study and has an opportunity to ask questions. Dr. Olson acted reasonably and appropriately by providing this opportunity to Mr. Markingson. Dr. Olson notes Mr. Markingson's interest in the study, an observation also charted by Dr. Holker. Dr. Hans Jappeien similarly charts a discussion with Mr. Markingson about the study. Dr. Lentz will discuss the importance of such research for improving treatment of individuals with mental illness.

Dr. Lentz will testify that the records reflect that on November 19, James L. Jacobson, Ph.D., L.P. examined Mr. Markingson and issued a Report of Examiner in which he indicated that although the patient had had "gross impairment of judgment, behavior, capacity to recognize reality, capacity to reason or understand," during his interview on November 19 Mr. Markingson was: "fully oriented. His speech was clear. His thinking was logical and goal directed. He did not appear to be delusional." He also noted that Mr. Markingson had the capacity to take care of his own vital needs. Dr. Jacobson recommended "commitment or a stay of commitment," and indicated that the patient "should remain at the hospital, take his medications, and await for a discharge from the hospital. He states he will cooperate with outpatient care." Dr. Lentz will testify that patients such as Mr. Markingson may improve over the course of a few days in a psychiatric hospital in response to medications, to individual meetings with his psychiatrist and others, to group therapies, to other interventions common to psychiatric inpatient settings, and to the therapeutic structure of an inpatient environment.

Dr. Lentz will note that on November 19, Dr. Olson "spent about 45 minutes meeting with patient's mother, and then patient together with her and Kathleen Bernhoff to assess the patient's progress and plan his discharge. Probably will arrive at a stay of commitment when he has [court] hearing tomorrow. ... I explained about the CAFÉ Study and she was interested. The patient continues to express interest after reviewing the material I gave him yesterday. ... Will continue to screen him for the CAFÉ Study." Dr. Lentz will testify that Dr. Olson acted reasonably and appropriately in having additional discussions with Mr. Markingson about the study, giving him further opportunity to learn and ask questions about the study.

Dr. Lentz will note that on November 20, Mr. Markingson made a court appearance in Dakota County and the court issued an Order of Commitment to the Anoka Metro Regional Treatment Center, but stayed the imposition of that Order for 6 months on several conditions, including that the patient comply with medical treatment. Dr. Lentz will further testify that Dr. Olson saw Mr.

Markingson later that day and increased the dose of Risperdal to 3 mg per day. Dr. Olson also noted that he talked to Mr. Markingson about Ms. Weiss' concerns regarding the study.

On November 21, Mr. Markingson consented to participate in the CAFÉ Study. Dr. Olson and Jeanne Kenney administered the consent form to Mr. Markingson. In addition, Jean Kenney conducted an interview with him utilizing a competency form and signed the form as the evaluator. Elizabeth Lemke signed as a witness. Mr. Markingson then signed the informed consent document, with Jean Kenney also signing it, with Dr. Olson signing as a witness.

Dr. Lentz will testify that Mr. Markingson was an appropriate candidate to participate in the Café Study, including that he met the inclusion criteria. Dr. Lentz will also testify that Mr. Markingson received greater attention and care as part of the Café Study than if he had not joined the study.

Dr. Lentz will testify that the question of competency is a separate issue from the presence of mental illness. He will testify about the process of evaluating Mr. Markingson's competency to make a decision about participating in the study. Dr. Lentz will testify that appropriate steps were taken to assess his competency, including the use of questions contained on a form developed for the Café Study. Dr. Lentz will also testify that Mr. Markingson had consented to take medication while at the hospital, which supports the conclusion that he was competent. Dr. Lentz will testify that he disagrees with the opinions of plaintiff's experts that Mr. Markingson was incapable of understanding the study. Dr. Lentz will testify about the patient's capacity to understand the study. Dr. Lentz will testify that patients with prominent positive symptoms, even when flagrantly psychotic, may have adequate cognitive function and decisional capacity to understand, appreciate, reason, and make appropriate voluntary choices about whether or not to participate in a research protocol. There is no accepted standard on how decisional capacity should be assessed in psychotic patients in either research or clinical settings.

Dr. Lentz will testify that he does not believe an independent physician, unrelated to the study, was required to evaluate the patient's competence. Dr. Lentz will testify that David Pettit, Mr. Markingson's Dakota County Case Manager, served as a neutral advocate for Mr. Markingson and supported his participation because, among other things, it would provide more supervision than some of his other clients receive. Dr. Lentz will testify about the purpose of the questions on the form, and that it was reasonable and appropriate for Jean Kenney to administer the form to Mr. Markingson.

Dr. Lentz will testify that Dr. Olson's provision of informed consent to Mr. Markingson met an accepted standard of care that a doctor in a similar practice would use under similar circumstances, and that Dr. Olson did not cause injury to Mr. Markingson with respect to the informed consent process. As noted above, Dr. Lentz will further testify that Dr. Olson was not required to seek an independent physician's assistance in providing informed consent to him. Dr. Lentz will testify that it is reasonable and appropriate to include a physician's own patients in research studies.

Dr. Lentz will testify that Mr. Markingson was properly screened for the Café Study, including use of a screening evaluation completed by Jeanne Kenney on November 24, 2003. Dr. Lentz

will note that as part of the Café Study, Mr. Markingson began to use one of three anti-psychotic medications (Seroquel, Risperdal or Zyprexa) on December 5. In retrospect, it is known that Mr. Markingson was randomly assigned to take Seroquel. Dr. Lentz will testify about Seroquel, and its approval for certain psychiatric disorders, including schizophrenia. He will also testify about appropriate dosages of the medication and will testify that Mr. Markingson received appropriate dosages of the medication during his participation in the Café Study.

Dr. Lentz will testify that Mr. Markingson moved into the Theodore House on December 8, 2003, and stayed there until his death on May 8, 2004. Dr. Lentz will testify that the staff at Theodore House appropriately monitored him during his stay at the House, including charting his status. He will testify that the staff appropriately monitored his medication usage, including noting an occasion on which he was suspected of cheeking his medication. Dr. Lentz will testify that the staff responded appropriately to that incident by taking steps to more closely monitor his consumption of medication. Based upon the testimony and charting of the staff at Theodore House, Mr. Markingson did not exhibit behavior that constituted a threat to himself or others.

Dr. Lentz will testify that Mr. Markingson participated in the Fairview outpatient Adult Day Treatment Program three days a week from mid-January 2004 until May 5, 2004. Dr. Lentz will testify that the chart notes and deposition testimony do not indicate any behavior by Mr. Markingson that constituted a threat to himself or others while in that program.

Dr. Lentz will testify about Mr. Markingson's visits with Dr. Arlow Anderson, a psychologist at Eagan Counseling Clinic. Mr. Markingson saw Dr. Anderson on five occasions from December 2003 through April 2004. Dr. Lentz will testify that the charting and testimony of Dr. Anderson does not indicate any basis for concluding that Mr. Markingson was a threat to himself or others during the foregoing time period.

Dr. Lentz will note that Mr. Markingson met with Mr. Pettit on a regular basis from December 2003 into May 2004. He will testify that the records and testimony of Mr. Pettit do not contain any indication of a threat by Mr. Markingson to the safety of himself or others during the foregoing time period.

Dr. Lentz will testify about Mr. Markingson's participation in the Café Study, where he was evaluated on eleven occasions: 4 times in December; 3 times in January; one time in February, 2 times in March, and one time in April. Dr. Lentz will testify that he was seen by Dr. Olson, psychiatric social workers, and graduate students during these visits. Dr. Lentz will testify that neither the study notes nor deposition testimony indicates that Mr. Markingson was a threat to himself or others while in the study.

Dr. Lentz will testify that the evidence does not suggest a deterioration of Mr. Markingson's mental health status between December 2003 and May 2004. He will explain that an isolated, unusual comment does not constitute deterioration of one's condition. He will explain that many individuals do not achieve complete resolution of psychotic symptoms, and that it is not unusual for individuals with schizophrenia to occasionally or frequently make unusual comments. Dr. Lentz will also testify that Mr. Markingson was being observed by numerous individuals, including the staff at the Theodore House; staff at Fairview's day treatment program; Dr. Olson

and his staff as part of the Café Study; his psychologist, Dr. Anderson; and David Pettit. He will explain that their notes and testimony do not suggest that he was a threat to himself or others.

Dr. Lentz will testify that he disagrees with the opinions of plaintiff's experts that by March 2004 it had become obvious that Mr. Markingson was not improving and was continuing to display severe psychotic symptoms. Dr. Lentz will also opine that there did not exist any reasons to withdraw Mr. Markingson from the study. Mr. Markingson wanted to join and remain in the study, and he did not exhibit behavior that would justify his removal from the study.

Dr. Lentz will also testify about the decision to seek a continuation of the stay of commitment for Mr. Markingson. He will discuss a meeting that was held on April 9, 2004, involving Mr. Markingson, Dr. Olson, Mr. Pettit, Ms. Kenney, and Ms. Weiss, during which there was a discussion about asking the court to extend the stay of commitment for an additional six months. Dr. Olson subsequently sent a letter in support of an extension. Dr. Lentz will testify that Dr. Olson acted reasonably and appropriately in this request based upon Ms. Weiss' concerns.

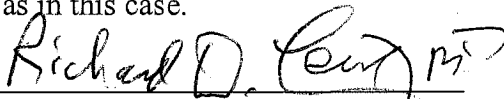
Dr. Lentz will testify regarding Ms. Weiss' concerns about her son's participation in the study and alleged deterioration of his condition. Dr. Lentz will testify that Ms. Weiss' complaints were not specific or factual. Instead, she merely expressed frustration about her son's allegedly deteriorating condition but did not identify a basis for her opinions. There was not sufficient evidence to commit him to a security hospital. For example, on April 11 (Easter Sunday), Mr. Markingson decided not to go to his mother's home for Easter. She became quite upset and telephoned Jean Kenney and left a message stating, among other things, "Do we have to wait until he kills himself or someone else before anyone does anything?" Dr. Lentz will testify that this complaint does not provide a substantive basis to alter Mr. Markingson's treatment, nor did other complaints or comments by her provide a basis or justification for altering treatment.

Dr. Lentz will also testify about Ms. Weiss' desire to become a conservator for Mr. Markingson. On approximately April 30, she communicated with Mr. Pettit about this desire, including that she had consulted a lawyer in that regard. Mr. Pettit informed the patient about this and the patient indicated he did not want his mother to become his conservator. Dr. Lentz will testify that there were insufficient facts to support such an effort by Ms. Weiss.

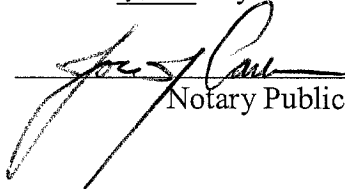
Dr. Lentz will note that on May 4, a formal Petition for Extension of Stay of Commitment was filed with the court in Dakota County, and a hearing on that request was scheduled for May 14. Dr. Lentz will note that on May 5, Mr. Markingson completed the day treatment program at Fairview and was referred to Guild Employment Services for help in trying to find a job.

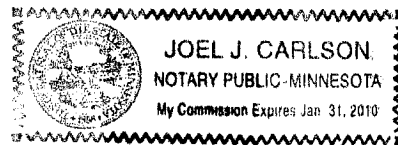
Dr. Lentz will testify as to employment issues. Dr. Lentz will testify that Mr. Markingson was on public assistance, effective February 1, 2004. In addition, he was approved for Social Security Disability in March 2004, with a retroactive date of December 17, 2003, for a payment of \$564.00 a month. Dr. Lentz will testify that schizophrenia is a life-long illness that affects a person's ability to maintain employment. He will testify that even if Mr. Markingson was able to obtain gainful employment, it is likely that he would have experienced disruptions in employment over the course of his working life.

Dr. Lentz will testify that Mr. Markingson unexpectedly committed suicide on the early morning hours of May 8, 2004, in a bathroom at Theodore House. Dr. Lentz will testify that the staff at Theodore, as well as other individuals involved in his care, have testified as to their shock at the suicide of Mr. Markingson. Dr. Lentz will testify that individuals with mental illness can unexpectedly commit suicide without notice to anyone, as occurred here. Dr. Lentz will testify that Mr. Markingson made a decision to commit suicide and did not provide indications of his intentions to others, based upon the records and testimony in this case. He will explain that the act of suicide does not mean that any care provider or other individual was negligent because suicide can occur unexpectedly and without warning, as in this case.

  
RICHARD LENTZ, M.D.

SUBSCRIBED and SWORN to before  
me this 12<sup>th</sup> day of November, 2007

  
Notary Public



## CURRICULUM VITAE

September 2007

Richard D. Lentz, M.S., M.D.  
742 Drillane Circle  
Hopkins, Minnesota 55305

### **Personal Data**

**Date of Birth** January 27, 1942; Passaic, New Jersey  
**Spouse** Joan E. Lentz, Ph.D. (Psychology)  
**Children** Daniel K. Lentz; December 6, 1989  
Andrew S. Lentz; May 29, 1992

**License and DEA** Minnesota 020575-3; November 17, 1972  
DEA # AL 7393313

**Professional Boards** American Board of Psychiatry and Neurology (Adult Psychiatry),  
# 24776, April 1983. *Oral Examiner*, 1990, 1994, 2005  
*Chief Proctor*, written examination, 1991  
American Board of Pediatrics, # 18612. October 27, 1975  
Pediatric Nephrology Subsection, American Board of  
Pediatrics, # 148, October 9, 1976

**Fellowship** American Psychiatric Association  
Fellow, 1990  
Distinguished Fellow, 2003

### **Park Nicollet Clinic/ Park Nicollet Health Services**

**Mental Health  
Department  
Activities** *Consultant*, Mental Health, 1981 -  
*Vice Chair*, Mental Health, 1984-9  
*Co-Chair*, Strategic Task Force, 1992-4  
Long-Range Planning Committee, 1990-2  
Interests: Complex diagnostic assessments; medicolegal  
evaluations; evaluation and treatment of physicians and  
other professionals; brain injury and epilepsy; current  
outpatient (and twenty years of inpatient) psychiatry

**Clinic and PNHS  
Activities** Personnel Committee, 2003-  
Risk Management Committee, PNC and PNHS  
*Chair*, 1995-99  
Member, 1983-95  
Patient Relations Department, PNC  
*Physician Director*, 1983-96  
Operations Committee, 1992-4  
Innovator Awards, 1986, 1991  
Gold Beeper Award, 1992  
NIH Grant Application: Efficacy of the Personal Health Improvement  
Program and of Meditation, 1996-8  
Past Committees: Professional Growth and Certification, Service-Quality Task  
Force, Quality Assurance Advisory Board, Values Clarification, Inter-doctor  
Communication, Senior Health Initiative, Ad Hoc Disenrollment,  
Hospital Relations, Nomination Committee for Outstanding

Community Service Award, Development of Psychiatric Home Care, Meditation Research Development Committee, Role of Alternative Medicine in Mainstream Health Care.

**University of Minnesota**

*Clinical Professor, Psychiatry, 1990-*  
*Clinical Associate Professor, Psychiatry, 1985-90*  
*Clinical Assistant Professor, Psychiatry, 1981-5*  
*Clinical Faculty Advisory Committee, 1986-2000*  
*Clinical Staff, University of Minnesota Hospitals, 1981-92*  
*Career after residency, a panel discussion (organizer and moderator), Administrative Psychiatry Course, 1991-2000*  
*Small-Group Leader, Psyche, course for second-year medical students, 1993-*  
Interests (Present and Past: Consultation/Liaison Psychiatry; coordination of psychiatric services to pancreas transplantation patients; study of psychiatric aspects of pancreas transplantation; traumatic brain injury; teaching of fellows, residents, medical students

**Professional Assessment Program**

*Psychiatrist, 1992-9*  
*Associate Director, 1993*  
Interests: Assessment of physicians, dentists, nurses, psychologists, counselors, clergy, educators, attorneys, business executives, and others -- at the request of licensing boards, impaired professional programs, institutions, clinics, groups, attorneys, or individuals

**Hospital Affiliations**

Abbott-Northwestern Hospital (Regular Staff)  
*Chair, Psychiatry, 1991-2*  
*Vice Chair, Psychiatry, 1989-90*  
*Past Committees: Patient Care, Emergency Room, Suicide Policy, Management Advisory, Physician Customer Team, Program Development*  
Methodist Hospital (Courtesy Staff)  
*Past Affiliations: University of Minnesota Hospitals (Clinical Staff); Fairview Southdale (Courtesy Staff); Metropolitan Medical Center (Courtesy Staff)*

**Professional Societies**

Minnesota Psychiatric Society (MPS)  
*Governing Council, 1987-90*  
*Chair, Committee for Board of Medical Practice Relationships, 1998-9*  
*Legislative Committee, 1987-2000*  
*Chair and Organizer, The Jarvis Symposium, A Quest for Solutions, September 24, 1988. (A working symposium on effects of a Minnesota Supreme Court commitment decision, sponsored by MPS, attended by representatives of psychiatric, judicial, legislative, advocacy, and other interests.*  
*Representative, Blue Cross and Blue Shield Advisory Board 1987-90*  
*Alternate Representative, Inter-specialty Council of Minnesota Medical Association, 1988-96*  
*Past Committees: Quality of Care, Nominating*  
American Psychiatric Association  
Minnesota Medical Association  
*Guaranteed Benefits Task Force, 1994*  
*Peer Support Panel, 1995-*



Hennepin County Medical Society

**Medcenters  
Health Plan**

*Board of Directors*, 1985-90  
Committees: Quality Improvement, Provider Policy, By-laws,  
Management Evaluation

**Board of  
Medical Practice**

*Task Force on Bipolar Mood Disorder* (Addressed policy issues  
related to application and renewal issues, appropriateness of  
questions, privacy issues, indications for chart review), 1998-9  
*Consultant*, 2004-  
*Work Study Group on Controlled Substances in Pain  
Management*, scheduled for October and November, 2007.

**Other Professional  
Activities**

*Clinical Faculty*, Hennepin-Ramsey Psychiatric Training  
Program, 1995-  
*Civil Commitment Council*, Hennepin County District Court,  
Mental Health Division, 1983-6  
*Consultant*, past or present: Wellspring Therapeutic  
Communities, Bill Kelly House, The Kelly Institute,  
Jewish Family and Children's Services, Lutheran  
Social Services, Courage Center, Minnesota Comprehensive  
Epilepsy Center, Minneapolis College of Art and Design  
*Minnesota Consultation/Liaison Forum*, 1994-  
*Advisory Board*, People's Family Services, Inc., 1996-7

**Prior Faculty  
Positions  
(Pediatric  
Nephrology)**

*Assistant Professor, Pediatrics*, University of Maryland, 1978  
*Chief, Pediatric Nephrology*, Walter Reed Army Medical Center,  
1974-6; Major, U.S. Army (Army Commendation Medal)  
*Instructor, Pediatrics*, Georgetown University, 1995  
Interests: Clinical pediatric nephrology, including percutaneous  
renal biopsy, peritoneal dialysis and hemodialysis;  
management of infants and children after renal transplantation;  
teaching of housestaff and medical students; clinical and  
laboratory research

**Honorary Societies,  
Recognition**

Phi Beta Kappa, 1964  
Sigma Xi, 1969  
Who's Who in the Midwest (and related publications)  
Certificate of Appreciation, Bill Kelly House, 1992  
*Top Doctors*, Mpls. St. Paul Magazine (selected by physicians  
and nurses), 1993, 1999, 2000, 2003-2007  
*"Guide to America's Top Psychiatrists,"* Consumers Research  
Council of America, 2004-5  
Best Doctors in America, 2004-.

**Clinical Training  
Psychiatry**

*Resident*, Department of Psychiatry, University of  
Minnesota; January, 1979, to June, 1981  
*Fellow, Consultation/Liaison Psychiatry*, Department of  
Psychiatry, University of Minnesota; January to  
December, 1979  
Committees (training): Residency, Curriculum,  
Station 60 (Inpatient) Planning, Psychotherapy Teaching

**Neurology and  
Pediatric**

*Intern, Pediatrics*, University of Minnesota, July, 1969,  
to June 1970

<b>Nephrology</b>	<p><i>Resident, Pediatrics, University of Minnesota, July, 1970, to June, 1971</i></p> <p><i>Resident, Neurology and Pediatrics, Washington University (St. Louis), July, 1971, to June, 1972;</i></p> <p><i>Special Fellow, National Institutes of Neurological Diseases and Strokes, National Institutes of Health (NIH)</i></p> <p><i>Fellow, Pediatric Nephrology and Renal and Pediatric Pathology, University of Minnesota, July, 1972, to June, 1973; National Research Service Award, NIH</i></p> <p><i>Fellow, Pediatric Nephrology, University of Minnesota July, 1973, to June, 1974, and August, 1976, to July, 1978</i></p> <p><i>National Research Service Awards, NIH</i></p> <p><i>Summer Fellow, Fellow, and Summer Extern, In Neurology and in Clinical Neuropathology (See Medical and Graduate School)</i></p>
<b>Research Training</b>	
<b>Organic Chemistry</b>	<p>Kinetics of hydrolysis of tertiary phosphate esters. Preceptor: Robert T. Morrison, Ph.D. Washington Square College, New York University. <i>Summer Fellow, National Science Foundation, 1963</i></p>
<b>Biochemistry</b>	<p>Isolation of postulated ganglioside receptor for serotonin from hog stomach. Preceptor: D.W. Wooley, Ph.D., Rockefeller University. <i>Summer Fellow, United States Public Health Service, 1965</i></p>
<b>Experimental Neuropathology</b>	<p>Tetraploid rat Purkinje cells. Preceptor: Lowell W. Lapham, M.D. University of Rochester School of Medicine and Dentistry (See Medical and Graduate School)</p>
<b>Pediatric Nephrology</b>	<p>Basic and Clinical Research. Preceptors: Robert F. Vernier, M.D., and Alfred F. Michael, M.D. University of Minnesota Medical School (See Clinical Training, Neurology and Pediatric Pathology)</p>
<b>Medical and Graduate School</b>	<p><i>M.D. with Distinction in Research. University of Rochester School of Medicine and Dentistry, June, 1969</i></p> <p><i>M.S. Pathology (Neuropathology), University of Rochester School of Medicine and Dentistry, June, 1969. Summer Fellow, United States Public Health Service, 1966, and Fellow, United States Public Health Service, September, 1966, to August, 1967</i></p> <p><i>Summer Extern, Hospital for Neurologic Diseases, Queen Square, London, England, 1968</i></p>
<b>College</b>	<p><i>B.S. Cum Laude, Washington Square College, New York University, June, 1964</i></p> <p>Johns Hopkins University, September, 1959, to January, 1961</p>
<b>Master's Thesis</b>	<p>The Tetraploid DNA Content of Rat Purkinje Cells. University of Rochester School of Medicine and Dentistry, 1969</p>

**Publications in  
Refereed Journals**

1. Lentz RD, Lapham LW: A quantitative cytochemical study of DNA content of rat cerebellar cortex. *J. Neurochem* 16: 379, 1969
2. Lentz RD, Lapham LW: Postnatal development of tetraploid DNA content in rat Purkinje cells. *Exptl Neurol* 29: 43, 1970
3. Lapham LW, Lentz RD, Woodward DJ, Hoffer BJ, Herman CJ: Postnatal development of tetraploid DNA content in the Purkinje neuron of the rat, an aspect of cellular differentiation. In: *Cellular Aspects of Neuro-Growth and Differentiation*, UCLA Forum in Medical Sciences, 14D. Pease (Ed.), U Calif Press, Berkely, 1976
4. Norby L, Lentz RD, Flamenbaum, Ramwell P: Prostaglandins and aspirin therapy in Bartter's syndrome. *Lancet* 2: 604, 1976
5. Lentz RD, Bergstein J, Steffes MW, et al: Postpubertal Evaluation of gonadal function following cyclophosphamide therapy before and during puberty. *J. Pediatr* 91: 385, 1977
6. Lentz RD, Brown DM, Kjellstrand CM: Treatment of severe hypophosphatemia. *Annals of Internal Medicine* 89: 941, 1978
7. Lentz RD, Michael AF, Friend P: Membranous transformation lupus nephritis. *Clin Immunol Immunopath* 19: 131, 1981
8. Mitchell JE, Pyle RL, Eckert ED, Hatsukami D, Lentz RD: Electrolyte and other physiological abnormalities in patients with bulimia. *Psycholog Med* 13: 273, 1983
9. Popkin MK, Callies AL, Lentz RD, Colon EA, Sutherland DE: Prevalence of major depression, simple phobia and other psychiatric disorders in patients with long-standing type I diabetes mellitus. *Arch Gen Psych* 45: 64, 1988
10. Lentz RD: Malpractice: Examining the presumption of wrongdoing. *Hosp and Commun Psych* 40: 1074, 1989. (Also reprinted in *Phi Delta Epsilon News and Scientific Journal*, 1990)
11. Lentz RD: When a depressed patient fails to improve. *Postrad Med* 87: 251, 1990
12. Lentz RD: Disorders of depression (response to letter to editor). *Postrad Med* 87: 251, 1990
13. Lentz RD: Treatment failure in depression: Six common problems. *Depression Briefing* 1: 36, 1991.
14. Popkin MK, Callies AL, Colon EA, Lentz RD, Sutherland

DE: Psychiatric diagnosis and the surgical outcome of pancreas transplantation in patients with Type I diabetes mellitus. *Psychosomatics* 34: 251, 1993

**Presentations  
(Refereed)**

1. Popkin MK, Callies AL, Lentz RD, Bjerregaard W, Sutherland DE: The prevalence of major depressive disorder in insulin-dependent diabetics. Poster, Annual Meeting, American Psychopathological Association, New York City, February 28, 1985.
2. Popkin MK, Colon EA, Callies AL, Lentz RD, Sutherland DE: Psychiatric diagnosis and the outcome of pancreas transplantation. Presentation, Annual Meeting, Academy of Psychosomatic Medicine, Las Vegas, October 26, 1989

**Book Chapter**

Lentz RD, Popkin MK, Colon EA, Sutherland DE: Psychiatric aspects of pancreas transplantation. In: Craven JL, Rodin G (eds.): *Psychiatric Aspects of Pancreas Transplantation*. Oxford University Press, 1992

**Other Publications  
and Presentations**

1. Lentz RD: Psychiatric aspects of pancreas transplantation. Continuing Education (Nursing), University of Minnesota. May 2 and June 13, 1984
2. Lentz RD: Postpartum depression. International Childbirth Education Association. Minneapolis, October 4, 1985
3. Lentz RD: Psychiatry for the ophthalmologist. Department of Ophthalmology, University of Minnesota. April 4, 1986
4. Swenson JS, Beecher L, Drucker J, Ferron F, Halikas J, Horton K, Lentz RD, Manolis D, Mitchell J: Standards for quality psychiatric care, a position paper. Minnesota Psychiatric Society, 1987.
5. Lentz RD: Postpartum depression, current aspects. Mental health update for primary care physicians. Park Nicollet Medical Center. May 21, 1988
6. Lentz RD: How to talk to a psychiatrist. Wellspring Therapeutic Community. Minneapolis. February 12, 1990
7. Lentz RD: Malpractice: Examining the presumption of wrongdoing. Minneapolis Academy of Medicine. Minneapolis, February 19, 1990
8. Lentz RD: Emotional aspects of malpractice. Third Thursday Clinic Meeting, Park Nicollet Medical Center, 1991
9. Lentz RD: The role of psychiatry in total brain

Injury and the treatment of agitation. Professional Providers Roundtable, Minnesota Head Injury Association. September, 1991

10. Lentz RD: Session summaries, from the Master's Forum, multiple presentations at Park Nicollet Clinic to Board of Trustees, Regional Directors, and Division Directors, 1991-2

11. Lentz RD, Hari K, Craig J, Harvey P: Panel on strategic marketplace issues. Mental Health Department Retreat. Park Nicollet Medical Center, 1992

12. Lentz RD: When to refer to a psychiatrist. Abbot-Northwestern Hospital, presented to clinical psychologists and clinical social workers in the community. October, 1993

13. Lentz RD: Psychiatry and total brain injury. Head injury family and friends education group, Minnesota Head Injury Association. November, 1993

14. Participant, Models of Board Personalities, A "dramatic presentation" to the Board of Directors and the Strategic Planning Committee, Temple Israel, Minneapolis, August, 1993

15. Lentz RD: Third ring service enhancement and patient complaints. Operations Committee, Park Nicollet Medical Center, March 16, 1994

16. Hari K, Leach S, Lentz RD, Mell R: Return to Function – Conceptual, administrative and political Issues. Workshop in Third-Generation Managed Care, Park Nicollet Medical Foundation, April 22, 1994

17. Lentz RD, Greenwald S, Keul T: Medication issues for MI/CD patients (panel discussion). Kelly Programs, Minneapolis, May 6, 1994

18. Lentz RD, Schaefer P: Case Presentation, life-threatening picking and diabetes mellitus. Consultation-Liaison Forum, Jan 12, 1995

19. Lentz RD: Traumatic brain injuries and the Workplace. St. Paul Rehabilitation Center, Packaging First, March 28, 1995

20. Lentz RD: Assessment of the brain-injured patient. Assessment and Referral Service, Abbott-Northwestern Hospital. December 2, 1997

21. Lentz RD: The impaired physician. Mental Health Update, Park Nicollet Institute, March 26, 2001

22. Lentz RD: The Disruptive Physician, Presentation and Panel

Discussion, Minnesota Assoc. of Medical Staff Services  
Conference, October 29, 2004

**Journal Reviewer**

New England Journal of Medicine  
Archives of Internal Medicine  
Annals of Internal Medicine  
International Journal of Psychiatry in Medicine

**Consultant on  
NIH Grant**

Simmons RG: Social-psychological studies in renal  
transplant patients and donors, 1987

**Recent Research  
Activities**

1. Lentz RD et al. Preparation of NIH grant: Efficacy of the Personal Health Improvement Program in a Multi-specialty clinic setting (quality of life, cost offsets, organizational issues, etc)
2. Luepker E, Milillo M, Lentz RD: Multidisciplinary therapeutic collaboration in the treatment of patients abused by professional or clergy
3. Psychiatric Consultant, NIH Epilepsy grant

**Management  
Seminars Attended**

1. Total quality management, Donald Berwick, M.D. January 10, 1991
2. Leadership for physician executives. Levinson Institute and Harvard Medical School, November 17-22, 1991
3. Master's Forum, a series of ten or more lectures per year by leading business thinkers. Co-sponsored by Carlson School of Management, University of Minnesota, 1991-5
4. *Roundtable Facilitator*, Master's Forum, 1992-3
5. Service organizations, W. Edwards Deming, Minneapolis, August 18-9, 1992
6. Workshop for outcomes assessment in musculo-skeletal disease (general review of issues in outcomes research). September 8, 1992
7. Service in Healthcare Communities, Irwin Rubin, March 17, 1994

**Medicolegal Teaching**

1. Lentz RD: The medical expert witness (panel discussion). Harassment Claims, Minnesota Institute of Legal Education, Minneapolis, March 1, 1995
2. Lentz RD: Preparation of the expert witness. Worked with two law students to prepare a videotaped expert witness examination for class discussion. Clifford Greene, Professor, William Mitchell College of Law, 1998

3. Lentz RD: The Daubert decision and the expert witness (panel discussion moderated by Ogletree C.J.) Responsibilities and powers: The Judge's role as gatekeeper. Annual Conference of Judges, December 4, 1998, sponsored by the Minnesota Supreme Court.

4. Lentz RD: Psychiatric issues in traumatic brain injury. Minnesota Institute of Legal Education, Minneapolis, October 6, 1999.

5. Lentz RD: Psychiatric issues in traumatic brain injury, presentation and panel discussion, Minnesota Trial Lawyers Association, Minneapolis, May 5, 2006.