

DECLARATION OF PETER J. MORIN, M.D., Ph.D.

I, Peter J. Morin, have personal knowledge of the facts stated in this declaration and, if called as a witness, I could and would testify competently thereto under oath. I declare as follows:

1. I am a neurologist certified by the American Board of Psychiatry and Neurology. I practice neurology in Massachusetts and in Maine. I serve as Instructor of Neurology at the Boston University School of Medicine and Director of Outpatient Services for the New England GRECC (Geriatric Research Education and Clinical Center) at the Bedford VAMC. In that capacity, I supervise a 50-bed hospice ward for individuals in the advanced stages of dementia. I perform molecular research in neurology and neuroscience. I am also principal investigator for several neurological clinical research studies and serve as a neurologist for the Framingham Heart Study. I am providing this declaration as a neurologist, and not as a representative of Boston University or of the Department of Veterans Affairs.

2. My knowledge of Terri Schiavo's situation is indirect. I have not been provided an opportunity to review the medical record, nor to examine Ms. Schiavo. What knowledge I have about her situation derives from the news media and conversations with individuals who have followed the case carefully.

3. Based upon this information, I am concerned about the management of Ms. Schiavo's condition. As a neurologist who cares for the dying, I have a considerable interest in the rational management of such cases, both by attending physicians and by the court.

4. My first concern regards the quality of the information used by the court to establish Ms. Schiavo's intentions in the event of serious neurological injury. I have never met a 25-year-old outside of medical school who seriously considered such unusual possibilities regarding her mortality. In my experience, where an individual's wishes are uncertain (that is, where they have not previously been expressed in writing), the medical community defers to the more conservative course of action. This is especially true when there are family members who are

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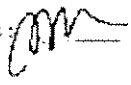
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1 willing and able to assume the burden of care. I am concerned that if patients' intentions are
2 extrapolated from verbal reports, then physicians in general, and neurologists in particular, will
3 be asked to terminate life support based upon less than definitive evidence of an individual's
4 wishes. Surely the criteria for ending someone's life should be stringent and well-defined.
5 Based upon what I know of Ms. Schiavo's situation, neither of these conditions has been met.

6 5. Secondly, I am concerned that the medical information under consideration is not
7 contemporaneous with the decision at hand. It is my understanding that Ms. Schiavo has not had
8 a medical, let alone a neurological, evaluation since 2002 or before. Since her neurological
9 status is disputed, a decision should not be made based on outdated information. Given the
10 uncertainty of her neurological status, current technology should be brought to bear on her
11 current situation. It is my understanding that Ms. Schiavo had a neuroimaging test some three or
12 more years ago and that her last electroencephalogram was more than ten years ago. Unless
13 these tests were conclusive (i.e., showed indisputable, severe or extensive brain injury), they can
14 hardly be considered relevant to her current neurological status. A quality and unbiased
15 neurological evaluation and appropriate diagnostic tests need to be obtained at the time of
16 decision-making, even when the decision-making process has been prolonged. Failure to do so
17 in a high-profile case such as this can only lower the threshold for inappropriately withholding
18 lifesaving medical support for other neurologically compromised individuals.

19 6. I have discussed this matter with other neurologists. While all neurologists understand
20 that some cases of coma and PVS are logically managed by not continuing life support, there is a
21 general concern regarding management of highly uncertain cases. Even if it can be established
22 that Ms. Schiavo's chances for a meaningful neurological recovery are very low, it cannot be
23 established that her chances are zero. If there is no written indication that she would not wish to
24 remain alive under these circumstances, and if there are family members willing to assume the
25 burden of her care, then good neurological practice would give those family members the
opportunity to provide that care. Established ethics societies and committees, some independent

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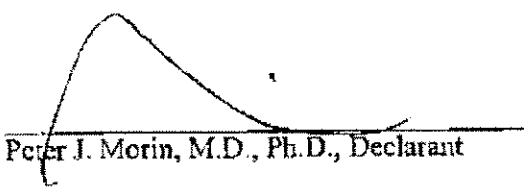
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1 and some associated with national neurological organizations, should consider this matter and its
2 implications prior to a final decision being rendered.

3 I declare under the penalty of perjury under the laws of the Commonwealth of Massachusetts
4 that the foregoing is true and correct.

5 Executed this 8th day of March, 2005, in Needham, Massachusetts

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9 Peter J. Morin, M.D., Ph.D., Declarant

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BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow the sample format for each person. DO NOT EXCEED FOUR PAGES.

NAME		POSITION TITLE	
Peter John Morin		Neurologist	
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Colby College, Waterville, Maine	B.A.	1984	Physics
Boston University School of Medicine	Ph.D.	1992	Cellular Neurobiology
Boston University School of Medicine	M.D.	1992	Internal Medicine

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications.

Postdoctoral Training:

- 7/92-6/93 Internship in Medicine St. Elizabeth's Hospital of Boston, Brighton, MA
 7/93-6/96 Longwood Neurology Training Program, Boston Residency Program in Neurology leading to Board Eligibility House Staff at Brigham and Women's Hospital, Beth Israel Hospital, Boston Children's Hospital, Dana Farber Cancer Institute, New England Deaconess Hospital, and West Roxbury and Brockton Veteran's Administration Hospitals
 7/96-7/99 Research and Clinical Fellow, Brigham and Women's Hospital
 Molecular Biology of Alzheimer's and Neurodegenerative Disease Center for Neurological Disease at Brigham and Women's Hospital Behavioral Neurology, Brigham and Women's Hospital, Boston
 Recipient of NINDS MSCDA (K08) Award

Academic Appointments:

- 1993-1999 Clinical Fellow in Neurology, Harvard Medical School, Boston
 1996-1998 Research Fellow in Neurology, Harvard Medical School, Boston
 1998-1999 Instructor, Department of Neurology, Harvard Medical School
 2002-pres Department of Neurology, Boston University School of Medicine

Hospital Appointments:

- 1993-1997 Clinical Fellow in Medicine (Neurology), Brigham and Women's Hospital, Boston
 1998-1999 Associate Neurologist, Brigham and Women's Hospital, Boston
 1999-pres Neurologist, St. Joseph Hospital, Bangor, ME
 1999-pres Neurologist, Eastern Maine Medical Center, Bangor, ME
 1999-pres Neurologist, Houlton Regional Hospital, Houlton, ME
 2002-pres Neurologist, Acadia Hospital, Bangor, ME
 2002 Neurologist, Boston Medical Center (pending)
 2003-pres Neurologist, Director of Outpatient Services New England GRECC
 ENRM VA Hospital, Bedford, MA

Private Practice:

- 7/99-6/00 Associate Neurologist, Neurology Associates of Eastern Maine, P.A. Bangor, ME
 7/00-11/01 Partner Neurologist, Director, Alzheimer's and Memory Disorders Clinic
 Neurology Associates of Eastern Maine, P.A. Bangor, ME.

Professional Societies:

- 1986 Massachusetts Medical Society
 1988 American Medical Society
 1995 American Academy of Neurology
 1998 American Academy of Science
 1998 American Society for Cell Biology
 1998 Society for Aging
 1999 Maine Medical Society
 1999 Penobscot Medical Society
 1999 Maine Neurological Association

Awards and Honors:

- 1992 Alpha Omega Alpha
 1992 Ciba-Geigy Prize in Neurological Sciences

Clinical Research Activity

1. Treatment of Agitation and Psychosis in Dementia/Parkinsonism (TAP/DAP)
Principle Investigator
2. Phase II Trial of NS2330 in Alzheimer's Disease
Principle Investigator
3. Relationship of Pain Threshold and Cognitive Function in AD
Principle Investigator
4. Cholesterol Lowering Agents to Slow progression of AD (CLASP-AD)
Principle Investigator
5. Effect of Memantine and Food intake in AD
Principle Investigator
6. Leuprolide for treatment of AD
Principle Investigator
7. BUSM Biorepository for Brain Research
Principle Investigator
8. Boston University ADC
Staff Investigator

Publications:

1. Bielinski DF, Morin PJ, Dickey, BF, Fine RE. Low molecular weight GTP-binding proteins are associated with neuronal organelles involved in rapid axonal transport. *J Biol Chem.* 1989; 264: 18363-18367.
2. Fishman JM, Cahill M, Morin PJ, McCrory M, Bucher NLR, Ullman D. Specific gangliosides increase rapidly in rat liver following partial hepatectomy. *Biochem Biophys Res Commun.* 1991; 174: 638-646.
3. Morin PJ, Lui N, Johnson RJ, Leeman SE, Fine RE. Isolation and characterization of rapid transport vesicle subtypes from the rabbit optic nerve. *J Neurochem.* 1991; 56: 415-427.
4. Morin PJ, Johnson RJ, Shachar I, Fine RE, Leeman SE. Characteristics of tachykinin transport vesicles in the optic nerve. *Ann NY Acad Sci.* 1991; 632: 442-443.
5. Morin PJ, Johnson RJ, Fine RE. Kinesin is rapidly transported in the optic nerve as a membrane associated protein. *Biochem Biophys Acta.* 1993; 1146(2): 275-281.
6. Morin PJ, Abraham CR, Amaratunga A, Johnson RJ, Huber G, Sandell JH, Fine RE. Amyloid precursor protein is synthesized by retinal ganglion cells, rapidly transported to axolemma, and metabolized. *J Neurochem.* 1993; 61(2): 464-473.

Principal Investigator/Program Director (Last, first, middle):

7. Amaralunga A, Morin PJ, Kosik KS, Fine RE. Inhibition of kinesis synthesis and rapid anterograde axonal transport in vivo by an antisense oligonucleotide. *J Biol Chem.* 1993; 268(23): 17427-17430.
8. Morin PJ, Medina M, Brown AMC, Kosik KS. Wnt-1 expression alters APP metabolism. *Neurobiology of Aging.* 1998a; 19(4S): S38
9. Morin, PJ, Medina, M, Seminov, M, Brown, AMC, and Kosik, K. Wnt-1 induces splicing of exon 15 and expression of L-APP. *Neurobiology of Disease.* 2004; 16; 59-67.

Dissertation:

Morin PJ. Rapid Transport Vesicles of the Rabbit Optic Nerve. Boston University, 1992.

Patents:

Kosik K, Morin PJ. Methods and compounds for treating Alzheimer's disease. Docket No. 05311/02001.