Graham-Guerrier v Tercel
2024 NY Slip Op 35321(U)
March 14, 2024
Supreme Court, Queens County
Docket Number: Index No. 714535/2018
Judge: Tracy Catapano-Fox
Cases posted with a "30000" identifier, i.e., 2013 NY Slip Op 30001(U), are republished from various New York State and local government sources, including the New York State Unified Court System's eCourts Service.
This opinion is uncorrected and not selected for official publication.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

----------X

JUDITH GRAHAM-GUERRIER, as administrator of the Estate of PAULETTE A. GURRIER deceased, and JUDITH GRAHAM-GUERRIER, individually,

Plaintiff,

-against-

JAMES DEMAIN TERCEL, CRESCENT CAR AND LIMO, INC., MAGNIFICENT 7'S ENTERPRISES, INC., JAMAICA HOSPITAL MEDICAL CENTER, KATHERINE MCKENZIE, D.O., and MARCO BERTUCCI ZOCCALI, M.D.,

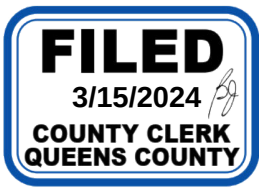
Defendants.

----------X

Index No. 714535/2018

Part MDP
Motion Date: March 6, 2024

Calendar No. 7
Sequence No. 9



The following papers numbered EF-181 to EF-238 read on this motion by defendants JAMAICA HOSPITAL MEDICAL CENTER and KATHERINE McKENZIE, D.O. for summary judgment and dismissal of plaintiff's Complaint pursuant to CPLR §3212.

	Papers Numbered
Notice of Motion, Affirmation, Exhibits……	EF181-EF211
Affirmation in Opposition, Exhibits……...	EF229-EF231
Affirmation in Opposition……..	EF235
Reply Affirmation……...	EF237-EF238

Upon the foregoing papers, it is ordered that this motion is determined as follows:

Defendants Jamaica Hospital Medical Center and Katherine McKenzie, D.O.'s (hereinafter collectively referred to as "defendants") motion for summary judgment and dismissal of plaintiff's Complaint is granted, as defendants established that they did not depart from accepted standards of care and did not proximately cause or contribute to decedent's injuries and death. (*See generally DiLorenzo v. Zaso*, A.D.3d 1111 [2d Dept. 2017].)

Plaintiff commenced this medical malpractice, negligence and wrongful death action arising out of treatment rendered to decedent Paulette A. Guerrier at Jamaica Hospital in September 2016 after she was struck by a motor vehicle owned by co-defendant Crescent Car and Limo, Inc. and operated by co-defendant Demain James s/h/a James Demain Tercel (hereinafter collectively referred to as "Crescent co-defendants") on September 29, 2016. Plaintiff filed the Summons and Complaint on September 24, 2018 and issue was joined by the moving defendants via the filing of their Answers on November 2, 2018.

Defendants Jamaica Hospital and Dr. McKenzie argue that they are entitled to summary judgment and present the pleadings, deposition testimony, decedent's medical records and autopsy report, the police accident report, and the expert affirmation of Marc J. Shapiro, M.D. in support of their motion. They argue that the care and treatment rendered to decedent was well within the standard of care and did not proximately cause or contribute to decedent's injuries and death. Rather, defendants argue that decedent's death was caused by the injuries sustained after being struck by co-defendant's vehicle, for which she was admitted to Jamaica Hospital. Defendants also argue that plaintiff's claim for lack of informed consent contained in the Bill of Particulars must be dismissed because it was not pled in plaintiff's Amended Complaint. Defendants further argue that plaintiff's claim for lack of informed consent patently lacks merit, as the need, risks, benefits, alternatives, and consequences regarding the blood transfusion, surgery, and anesthesia were discussed with decedent's family and informed consent forms were signed. Defendants further argue that plaintiff's negligence claims should be dismissed as duplicative. Finally, defendants argue that Crescent co-defendants' cross-claims for indemnification and contribution must be dismissed, as they established entitlement to judgment dismissing the Amended Complaint.

Defendants Jamaica Hospital and Dr. McKenzie present the affirmation of Dr. Marc J. Shapiro in support of their motion. Dr. Shapiro affirmed that he is a physician licensed to practice medicine in New York and Board Certified in General Surgery with a Special Certification in Surgical Critical Care. Dr. Shapiro further affirmed that he reviewed the pleadings, plaintiff's Bills of Particulars, the parties' deposition testimony, and decedent's medical records in rendering his opinions. Dr. Shapiro opined within a reasonable degree of medical certainty that defendant Dr. McKenzie did not depart from accepted standards of medical practice in rendering care and treatment to decedent and did not proximately cause or contribute to her injuries and death. Dr. Shapiro further opined within a reasonable degree of medical certainty that defendant Jamaica Hospital's staff including co-defendant Dr. Marco Bertucci Zoccali did not depart from accepted standards of medical practice and did not proximately cause or contribute to decedent's injuries and death.

In rendering his opinions, Dr Shapiro reviewed decedent's pertinent medical history and noted that on September 29, 2016, decedent was transported to the Jamaica Hospital at 6:56am

after she was struck by co-defendants' motor vehicle. At that time, defendant Dr. McKenzie was the attending trauma physician, and upon decedent's arrival, decedent was intubated and immediately underwent evaluation. An orthopedic surgery consultation revealed that decedent likely had an open humerus fracture, and an abdominal and pelvic CT scan revealed fractures, pelvic free fluid, and a pelvic mass, a chest CT scan revealed bilateral dependent atelectatic changes, small ground glass opacities, and possible pulmonary contusions and trace right pleural air. Multiple neck CT scans and a CT angiogram revealed traumatic spondylolysis of C2, Effendi type I and decedent was taken to the surgical intensive care unit (hereinafter referred to as "SICU"). The following day non-party Dr. Sanjit Konda performed an open reduction internal fixation of decedent's humeral shaft fracture, irrigation and debridement, radial nerve exploration, and stress examination of the pelvis using fluoroscopy. The medical records show decedent was awake in the recovery room in stable condition by 11:40am but by 2:36pm, decedent's vitals plummeted, and a code was called. Upon Dr. McKenzie's arrival to decedent's bedside, chest compressions were underway, epinephrine had been administered, and advanced cardiac life support continued. The medical records show that the right humerus operative site showed no evidence of blood loss and decedent's pelvis and extremities were stable, and decedent was pronounced deceased by defendant Dr. McKenzie at 3:07pm. Based upon the autopsy report, the cause of death was determined to be bilateral pulmonary thromboemboli due to decreased mobility as the result of blunt impact injuries of the head, neck, torso, and extremities.

Dr. Shapiro affirmed that plaintiff presented several claims within the Bill of Particulars, which he addresses and disputes. Dr. Shapiro opined that the standard of care when a patient presents to the emergency department is to assess the patient to determine the appropriate steps. Dr. Shapiro affirmed that upon admission to Jamaica Hospital, decedent was assessed, underwent testing, and was determined to have an open fracture of the right humerus, C2 traumatic spondylolysis, mild bilateral pulmonary contusions, and pelvic fractures. Dr. Shapiro further affirmed that decedent was hemodynamically stable and cleared by SICU for surgery. Dr. Shapiro opined that based upon defendants' actions, JHMC medical staff, Dr. McKenzie and Dr. Bertucci Zoccali complied with the applicable standard of care in assessing decedent's status, developing diagnoses and determining a plan for treatment.

Dr. Shapiro further opined that defendants recognized and appreciated decedent's risks of blood clots and pulmonary emboli. Dr. Shapiro reasoned that sequential compression devices were timely applied to decedent's legs prior, during, and after her surgery to minimize the risk of deep vein thrombosis, and defendants therefore took appropriate measures to reduce the risk of blood clots in compliance with the standard of care. Dr. Shapiro further reasoned that defendants did not deviate from the standard of care in deciding not to administer heparin or enoxaparin, as the risks of administering these anticoagulants outweighed any benefits to decedent. He reasoned that defendants properly decided not to administer anticoagulants to decedent as she had low hemoglobin and hematocrit, ongoing bleeding, and the need for blood transfusions and surgery.

Dr. Shapiro further opined that it was within the standard of care to rely on the pneumatic compression devices instead of an inferior vena cava, as it was not indicated for decedent based upon her characteristics and lack of a clotting disorder. He further opined that there was no clinical indication to perform a venous duplex ultrasound and therefore it was not a departure from the standard of care not to perform the testing to detect or diagnose deep vein thrombosis. Dr. Shapiro further opined that defendants did not deviate from the standard of care in opting not to perform a chest CT angiogram or a CT scan with pulmonary embolism protocol because there was no indication of a pulmonary embolism prior to decedent's cardiac arrest. Finally, Dr. Shapiro opined that defendants did not depart from the standard of care in treating decedent when her pulse and blood pressure fell. Dr. Shapiro opined that the standard of care for a patient in decedent's condition was to call a code and commence advanced cardiac life support (hereinafter referred to as "ACLS") protocols which defendants did and despite repeated rounds of ACLS and continuous re-examinations, decedent's vitals could not be restored.

Dr. Shapiro also opined that defendants did not depart from accepted standards of care in testing decedent. He opined that defendants did not depart or deviate from the standard of care in intubating decedent prior to obtaining an ABG, as they properly assessed her risk for impending airway compromise. Dr. Shapiro further opined that plaintiff's claim that defendant's medical staff deviated from the standard of care by failing to take or repeat hemoglobin testing is meritless, as the medical records show decedent was repeatedly tested throughout her admission. Dr. Shapiro further opined that defendants did not depart from accepted standards of care with regard to obtaining consultations, as multidisciplinary consultations were performed during decedent's admission to Jamaica Hospital including neurosurgery, orthopedic surgery, and general surgery. He also opined that defendants did not depart from accepted standards of care in monitoring decedent, as decedent's vitals were regularly taken and monitored. Dr. Shapiro opined that defendants did not depart from the applicable standard of care with regard to negligent monitoring of personnel, and there is no evidence to support this claim. Dr. Shapiro reasoned that defendant Jamaica Hospital did not fail to assign, instruct, or provide competent and properly trained and supervised staff and personnel in connection with decedent's treatment. He also opined within a reasonable degree of medical certainty that there is no evidence that defendants departed from the applicable standards of care with regard to establishing and enforcing proper procedures and protocols, and this allegation is vague and unsupported by the records.

Dr. Shapiro opined that defendants did not depart from the applicable standard of care with regard to plaintiff's claim for lack of informed consent. Dr. Shapiro reasoned that pursuant to the Jamaica Hospital medical records, defendants explained the need for a blood transfusion, as well as the risks, benefits, alternatives, and possible consequences of doing so, to decedent's father and he signed an informed consent form on her behalf, as she was unable to consent for herself. Dr. Shapiro further reasoned that Dr. Konda discussed the surgery and its risks with decedent's family

and also obtained an informed consent form. Dr. Shapiro further reasoned that the anesthesiologist, Dr. Norman Ozersky, discussed the risks of anesthesia with decedent's parents and obtained their informed consent. With respect to plaintiff's remaining contentions, Dr. Shapiro opines that they are broad, vague, and non-specific, and must be dismissed. Finally, with respect to causation, Dr. Shapiro opined within a reasonable degree of medical certainty that defendants Dr. McKenzie and Jamaica Hospital did not proximately cause or contribute to decedent's injuries and death. Based upon the foregoing, defendants Dr. McKenzie and Jamaica Hospital argue that they are entitled to summary judgment and dismissal of plaintiff's Complaint.

Plaintiff opposes the motion, arguing defendants failed to eliminate all triable issues of fact with respect to whether defendants departed from accepted standards of care and proximately caused or contributed to decedent's injuries and death. Plaintiff further argues that defendants' expert affirmation failed to demonstrate a prima facie case, as his affirmation had major inconsistencies between the records showing hemoglobin and hematocrit tests and continued bleeding and Dr. Shapiro's opinions. Plaintiff further argues that there are issues of fact presented by the affirmation of Keasha S. Guerrier, M.D., a physician licensed in New York and Board Certified in Family Medicine. Plaintiff notes that Dr. Guerrier is also decedent's sister and has been offered as a fact witness who was deposed in this action, as she was present at the hospital while decedent was being treated. However, plaintiff argues that Dr. Guerrier is well qualified to offer an expert opinion and is familiar with the applicable standard of care, as well as a fact witness present during decedent's treatment.

Dr. Guerrier affirmed that she reviewed decedent's medical records and the deposition testimony in rendering her opinions and recited portions of decedent's pertinent medical history in rendering her opinions. Dr. Guerrier opined within a reasonable degree of medical certainty that decedent did not receive the standard of care for perioperative management, as she was not placed in the post anesthesia care unit (hereinafter referred to as "PACU") for recovery and she was not evaluated by the primary trauma team when she developed signs of respiratory and cardiovascular compromise. Dr. Guerrier reasoned that immediately after surgery, patients are most susceptible to cardiac and pulmonary complications and therefore should be placed in an area where there is immediate available intervention and care, such as in the PACU. Dr. Guerrier further reasoned that had decedent been taken to PACU instead of the surgical intensive care unit, a higher level of care and increased availability and attention by the staff would have been available to her. Dr. Guerrier also opined that decedent's covering nurse administered Tylenol when decedent's pain was noted at 1:50pm, which does not meet the accepted guidelines and standard of care for pain control for someone who was struck by a motor vehicle and underwent surgical repair of a broken humerus. Dr. Guerrier opined that had decedent been evaluated by the primary trauma team, she would have been treated more appropriately and effectively. She also opined that defendant's medical team restarted decedent on fentanyl without first evaluating her, causing a collapse of decedent's cardiopulmonary system, and may constitute a proximate cause of decedent's death.

Dr. Guerrier also rendered opinions with respect to the pulmonary embolism and blood clots. Dr. Guerrier opined that the required diagnostic testing that confirms diagnosis of a pulmonary embolism or deep venous clot was not ordered or performed, resulting in a failure to diagnose and treat, and thereby causing decedent's death. Dr. Guerrier further opined that blunt force trauma, surgery, and immobility, all of which decedent experienced, are well known causes of deep venous thrombosis and pulmonary embolism. Dr. Guerrier opined that as such, when multiple CT scans and a CT angiogram of the neck were performed, a CT angiogram of the test should have been performed to rule out the presence of a pulmonary embolism. Dr. Guerrier affirmed that treatment of an embolism consists of either heparin or subcutaneous Lovenox injections, both of which are administered pursuant to the standard of care for preventing and treating blood clots and are more effective than intermittent compression devices. Dr. Guerrier also affirmed that defendants failed to diagnose decedent with anemia, which placed her at an increased risk for development of blood clots while on the intermittent compression device. Dr. Guerrier also rendered opinions with respect to the alleged delays in care, in that decedent required urgent surgical intervention, which was unnecessarily delayed to the following day, prolonging her immobility and increasing her risk of developing blood clots and pulmonary emboli.

Dr. Guerrier disagreed with Dr. Shapiro's opinions that defendants did not depart from accepted standards of care nor proximately caused decedent's injuries and death. Dr. Guerrier disagreed with Dr. Shapiro's statement that decedent was awoken from surgery and went to the recovery room in stable condition. Dr. Guerrier stated that as a fact witness, her personal experience showed this statement was inaccurate, as Dr. Guerrier knew that decedent was not taken to the PACU, but was immediately transferred to the surgical intensive care unit. Dr. Guerrier also affirmed that Dr. Shapiro's comment that the nurse noted the resident doctor was informed that decedent became tachypneic and was placed on the vent, a doctor should have been immediately called to intervene. Dr. Guerrier affirmed that Dr. Shapiro indicated that decedent's pulse was 103 with stable vitals at 2:30pm however at that time her heart rate fell to 57, indicating cardiovascular collapse and non-stable vitals. Dr. Guerrier also disagreed with Dr. Shapiro's opinion that the medical staff properly decided against administering anticoagulants because the risk outweighed the benefits. Dr. Guerrier opined that there was a clinical need to perform a venous duplex ultrasound and chest CT angiogram to assess decedent's pulmonary insufficiency and to ascertain the cause of decedent's anemia. Dr. Guerrier further opined that defendants' departures caused decedent's death rather than blunt force trauma from the motor vehicle accident, as decedent suffered those injuries the day before and was in stable condition prior to the surgery. Based upon the foregoing, plaintiff argues that defendants are not entitled to summary judgment.

The Crescent co-defendants also opposed defendants' motion to the extent that they adopted and agreed with plaintiff's arguments.

Pursuant to CPLR §3212, a motion for summary judgment "shall be granted if, upon all

the papers and proof submitted, the cause of action or defense shall be established sufficiently to warrant the court as a matter of law in directing judgment in favor of any party." (*Smith v. City of New York*, 210 A.D.3d 53, 68 [2d Dept. 2022].) The proponent of a summary judgment motion must make a prima facie showing of entitlement to judgment as a matter of law, tendering sufficient evidence to demonstrate the absence of any material issues of fact. (*Morejon v. New York City Tr. Auth.*, 216 A.D.3d 134, 136 [2d Dept. 2023].) If there is any doubt as to the existence of a triable issue of fact, the motion must be denied. (*Id.*) The failure to make such a prima facie showing requires a denial of the motion, regardless of the sufficiency of the opposition papers. (*Winegrad v. N.Y. Univ. Med. Ctr.*, 64 N.Y.2d 851, 853 [1985]; *see also Antonyuk v. Brightwater Towers Condo Homeowners' Assn., Inc.*, 147 A.D.3d 711, 712 [2d Dept. 2017].) In determining a motion for summary judgment, evidence must be viewed in the light most favorable to the nonmoving party, and all reasonable inferences must be resolved in favor of the nonmoving party. (*Matter of New York City Asbestos Litig.*, 33 N.Y.3d 20, 25 [2019].) Additionally, the court's function in determining a motion for summary judgment is not to resolve issues of fact or determine matters of credibility, but merely to determine whether such issues exist. (*Reyes v. S. Nicolia & Sons Realty Corp.*, 212 A.D.3d 851, 852-853 [2d Dept. 2023].) Once the moving party has demonstrated a prima facie entitlement to summary judgment, the burden then shifts to the non-moving party to demonstrate the existence of material issues of fact. (*See generally Coscia v. Mosca*, 203 A.D.3d 695 [2d Dept. 2022].)

In moving for summary judgment in a medical malpractice action, the defendant must establish a prima facie case that there was no departure from good and accepted medical practice or that the plaintiff was not injured thereby, and the plaintiff in opposition must submit evidentiary facts or materials to demonstrate the existence of a triable issue of fact. (*Stukas v. Streiter*, 83 A.D.3d 18, 24 [2d Dept. 2011].) In presenting opposition to raise a triable issue of fact, the plaintiff is required to provide an affidavit of merit by a medical expert, and the failure to submit an affidavit by a medical expert competent to attest to the meritorious nature of the plaintiff's claims requires dismissal of the Complaint. (*Id.* at 28.) Summary judgment is not appropriate in a medical malpractice action where the parties adduce conflicting medical expert opinions. (*Buch v. Tenner*, 204 A.D.3d 635, 638 [2d Dept. 2022].) In general, a hospital may be vicariously liable for the negligence or malpractice of its employees acting with the scope of employment under the doctrine of *respondeat superior*. (*Valerio v. Liberty Behavioral Mgt. Corp.*, 188 A.D.3d 948 [2d Dept. 2020].)

To establish a cause of action to recover damages based upon lack of informed consent, a plaintiff must prove "(1) that the person providing the professional treatment failed to disclose alternatives thereto and failed to inform the patient of reasonably foreseeable risks associated with the treatment, and the alternatives, that a reasonable medical practitioner would have disclosed in the same circumstances; (2) that a reasonably prudent patient in the same position would not have undergone the treatment if he or she had been fully informed; and (3) that the

lack of informed consent is a proximate cause of the injury." (*Gilmore v. Mihail*, 174 A.D.3d 686, 688 [2d Dept. 2019].)

It is within the Supreme Court's sound discretion to determine whether a witness is qualified to testify as an expert, and its determination will not be disturbed in the absence of a serious mistake, an error of law, or an improvident exercise of discretion. (*de Hernandez v. Lutheran Med. Ctr.*, 46 A.D.3d 517, 517-518 [2d Dept. 2007].) An expert is qualified to proffer an opinion if he or she possesses the requisite skill, training, education, knowledge, or experience to render a reliable opinion. (*Id* at 518.) Moreover, "where a physician opines outside his or her area of specialization, a foundation must be laid tending to support the reliability of the opinion rendered." (*Daniele v. Pain Mgt. Ctr. Of Long Is.*, 168 A.D.3d 672, 677 [2d Dept. 2019].)

Defendants Dr. McKenzie and Jamaica Hospital established a prima facie entitlement to summary judgment. Defendants demonstrated through their production of the documentary evidence and affirmation of Dr. Shapiro that they rendered care and treatment to decedent in accordance with accepted standards of care and did not proximately cause or contribute to decedent's injuries and death. Defendants demonstrated through Dr. Shapiro's affirmation that defendants properly assessed and treated decedent, and timely and properly performed the humerus surgery when she presented to the hospital with injuries sustained from being struck by a motor vehicle. Defendants further demonstrated through Dr. Shapiro's affirmation that they took appropriate precautions to prevent blood clotting by utilizing intermittent compression devices, and based upon her signs and symptoms, decedent did not meet the criteria for other prophylaxis as there was no indication of a potential pulmonary embolism prior to her cardiac arrest. Defendants further demonstrated that decedent was not a candidate for anticoagulants based upon her low hemoglobin and hematocrit, ongoing bleeding, and the need for blood transfusions and surgery. Defendants also demonstrated through Dr. Shapiro's affirmation that they properly treated decedent when her pulse and blood pressure dropped and appropriately called a code and commenced ACLS protocols. Dr. Shapiro addressed each alleged departure in plaintiff's Bill of Particulars, articulated the standard of care, and articulated how defendants did not depart from the standard of care with respect to each allegation. Defendants also demonstrated through the deposition testimony, medical records, and Dr. Shapiro's affirmation that defendants obtained informed consent regarding the blood transfusions, surgery, and anesthesia. Finally, defendants demonstrated that Crescent co-defendants claims for indemnification and contribution should be dismissed as they demonstrated entitlement to dismissal of the Amended Complaint. Based upon the foregoing, defendants established a prima facie entitlement to summary judgment.

Plaintiff and the Crescent co-defendants failed to raise a triable issue of material fact, as the affirmation of Dr. Guerrier was insufficient to rebut defendants' prima facie case. Based upon the evidence presented, Dr. Guerrier is not qualified to offer expert opinions regarding the subject emergency medicine care rendered before, during, and after decedent's surgery. It is noted that

defendant's expert Dr. Shapiro affirmed he is Board Certified in General Surgery with a Special Certification in Surgical Critical Care and based upon his decades of training and experience, was therefore able to render opinions regarding decedent's treatment in the emergency room and the treatment surrounding her surgery. By contrast, Dr. Guerrier affirmed she is Board Certified in Family Medicine and currently works as the Director of Quality for Family Medicine at Northwell Health, an assistant professor, and hospital medicine physician. Dr. Guerrier affirmed she has worked in medicine for ten years, but did not work in or supervise an emergency department or perform surgeries. She further failed to present evidence of sufficient expertise, without even considering her personal relationship to plaintiff which could render her a partial witness. While the Appellate Division has permitted physicians to testify outside of their area of expertise, the Second Department has remained clear that when a physician opines outside that area of expertise, a foundation must be laid to support the reliability of the proposed expert's opinion. (*See Daniele, supra*.) Here, Dr. Guerrier failed to lay a foundation to support the reliability of her opinions regarding decedent's emergency department admission and surgical care. With respect to her training and experience, Dr. Guerrier affirmed that she has more than ten years of experience in hospital medicine, family medicine, and quality control in the hospital setting, and has extensive training in evaluation, diagnosis, and management of patients in the emergency department and medical, surgical, and critical care hospital units. However, Dr. Guerrier's statement is conclusory and failed to articulate what training and experience she obtained, or any peer reviewed writing or courses she taught, that qualify her as an expert for the purposes of rendering opinions related to the subject case. (*See Daniele, supra.*) Based upon Dr. Guerrier's affirmation, she failed to demonstrate that she possessed the requisite knowledge, training, or education that would qualify her as an expert to render opinions on emergency medicine and surgical care relevant to this case. Therefore, Dr. Guerrier's affirmation was insufficient to rebut defendants' prima facie case. Co-defendants likewise failed to present any competent, admissible evidence to raise an issue of fact.

Accordingly, defendants Jamaica Hospital Medical Center and Katherine McKenzie, D.O.'s motion for summary judgment and dismissal of plaintiff's Complaint pursuant to CPLR §3212 is granted. Plaintiff's Complaint and all cross-claims are hereby dismissed as to defendants Jamaica Hospital Medical Center and Katherine McKenzie, D.O.

This constitutes the decision and Order of the Court.

Dated: March 14, 2024

Tracy Catapano-Fox

Hon. Tracy Catapano-Fox, J.S.C.