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# **Get Your House In Order**

# **Faith + Works**

# **James 2:14 KJ What does it profit, my brethren, if someone**

# **says he has faith but does not have works? Can faith save him?**

# **By**

# **Tondalah Stroud**

I tell the story of how my loved one barely survived death by faith and works, and patient advocacy at one of the most respected hospitals after a mixture of medical errors and surgery complications were covered up. It could happen to you. If you are in the hospital faced with death, is your house in order? This book aims to provoke patients to be proactive about their health care. It provides life-saving strategies to avoid premature death by managing their health and how to maneuver through hospital bureaucracy while facing socioeconomic, racial, or implicit biases while seeking treatment.

# Outline

Table of Contents-Outline

Forward 1

Prologue: 2

About the Author 11

Introduction 4

 [Chapter 1] The Misconceptions about Doctors 5

Finding The Right Doctor

All doctors are not created equal

 [Chapter 2] Implicit Biases In Health Care 11

 Kicked Out Of Surgery

 [Chapter 3] Being diagnosed 11

 [Chapter 4] The Misconceptions about surgical procedurs 9

 [Chapter 5] End of Life Planning 1

Get An Advocate.

 [Chapter 6] The Misconceptions about the ICU 2

 [Chapter 7] Long Term Care 4

 [Chapter 8] Does Faith Matter 5

 A Musterseed Of Faith

[Chapter 9] Do Supplements Matter 11

 [Chapter 10]Health Care Resources 11

Medical/Health Advice Disclaimer

Bloodwork To Consider Annually

Specialty Test to consider

Health Monitoring Apps

Vitamin and Supplement Cheat Sheet

Suggested Daily Vitamins

Suggested Supplements for Inflammation

Suggested Supplements for Fertility

Suggested Supplements for Chronic Fatigue

Conclusion 9

References 11

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# Introduction

In this book, as the story unfolds, we follow the journey of a daughter who advocates for her mother who went into the hospital for a surgery that left her fighting for her life. The hospitals were two of the most reputable facilities in the area. We also learn how socioeconomic biases influenced the post-operational care her mother received after several medical mishaps and complications that left her near death. This story is based on actual events; names have been modified to protect the privacy of those involved. In the book, the 49-year-old daughter of a 67-year-old African American mother describes how she was in a race against time to save her mother's life while fighting against a medical institution's covert actions to cover up the truth after her mother underwent a routine surgical procedure to replace her heart valve. While this story aims to show others how to advocate for themselves and their loved ones, it is a story is of faith, love, and ingenuity, set against death-defying suspense and a race against time.

It is the story of the daughter's quest for answers after a cover-up of what went wrong during surgery where she had to remain in the ICU for seventy-two days, fighting for her life with a 10% left ventricular ejection fraction (LVEF). She did not know where to turn for help or how to navigate the hospital bureaucracy. She was up against a medical institution giant with the power to conceal, cover-up, or reconstruct the truth to suit its narrative. After realizing her mom was about to die, she slept in the hospital almost every night she was there in order to understand her treatments, options, medications and anything else there was to know about her mother’s condition. She quickly learned the medical team itself was secretly divided regarding her care. She felt alone and afraid and did not know what to do, that is, until she connected with a functional medicine doctor, she had previously befriended in another state who knew exactly what to do to help.

# About the author

Tondalah Stroud is a native of the Chicagoland area and relocated to Dallas, Texas. She has been married to Walter Stroud for 16 years and has one son. She is the founder and CEO of Faces of Glory, Inc. DBA FOG Beaute, which was founded in 2004 after receiving a prophetic word from Dr. Miles Munroe. She has a passion for encouraging and ministering the Word of God to women, helping them to come into the knowledge of their purpose & destiny in Christ!

She has been licensed as a Minister since 2008 and was Ordained as an Elder in 2012 through the ministry of Pastor Glasper of Rhema Word Kingdom Ministries, one of the ministry sons of Apostle H. Daniel Wilson of Valley Kingdom Ministries. Tondalah operates as a Prophet within the fivefold ministry, where her gift of faith, healing, and deliverance is evidence of God’s favor. Multi-systemic sarcoidosis, lupus, Sjogren’s, and Hashimoto’s led to an 18-year battle for life, leaving her with 63% lung capacity. The struggle inspired her in 2012 to start her nonprofit, Beaute’ For Ashes. BFA focuses on encouraging and helping women to look and feel their best even when they think they are at their worst through workshops, classes, and professional resources, helping them reach their purpose through physical, emotional, and spiritual healing. She and her husband Walter founded Dare 2 Love Marriage Enrichment in 2016, a ministry where they are helping couples fireproof their marriage through weekly couple’s group enrichment sessions and hosting monthly date night outings.

Her previous career experience not only includes leading their company to the semi-finals of ABC 7's Shark Tank twice but also working as Chief of Staff for a Fortune 50 company's VP of business. In addition to her Marketing and Business Management degrees, Tondalah is a graduate of Pivot Point International for cosmetology and International Skin and Beauty Academy (ISBA) for aesthetics. Moreover, she graduated from John Rawlings School of Divinity with a Master of Theological Studies degree and is considering pursuing a Doctor of Ministry degree. She loves to travel and mentor other small business owners.

# Dedication

I am giving my flowers to my mom while she is alive. I wanted to dedicate this book to her for all that she went through. I could not have done this without her. I want to thank her for her strength, her love and support. May she continue to fight the good fight of faith and run on to see what the end shall be.

# **Chapter 1 The Misconceptions about Doctors**

## Finding A Doctor – Relocating and looking for A heart doctor.

My mother was moving to Texas, where I had recently relocated, and I eagerly anticipated her arrival. We had lived in Chicago all my life, so being in another big city and having my mother join us was exciting. My husband and I were now located in the Dallas, Fort Worth metroplex. Not long after being in Dallas, I was finally off all my medication. I had spent 18 years suffering from several debilitating autoimmune diseases such as multisystemic Sarcoidosis, Lupus, Hashimoto, and Sjogren’s. While in Chicago, I had also been diagnosed with chronic fatigue, fibromyalgia, pulmonary hypertension, and uveitis. At one point, during a two-week stay in the hospital, I was advised that my next course of action was to get on the transplant list for a double lung transplant; boy, I am glad I did not follow those instructions.

I spent nearly eighteen years on steroids, chemo, and numerous immunosuppressants such as Cellcept, Plaquenil, Remicade, methotrexate, prednisone, Actonel, and Imuran, to name a few. One would think that the move to Texas appeared to be the driving force behind improving my multiple conditions. Yes, I admit the relocation was strategic because I knew sun exposure significantly affected my overall health, and it was also crucial to be out of Chicago's brutally cold temperatures where I constantly caught cold, the flu, and pnumonia. However, I understood that my miraculous recovery was attributed to various factors. During my last three years in Chicago, after mentioning to a friend the challenges I was having with my health, she told me to try her doctor because her sister had lupus and had been bedridden. Her sister was able to have an active life again after her new doctor was instrumental in helping her autoimmune disease to be in remission.

She mentioned several others she knew seemed to have had great success under his care. She explained he wasn't like the traditional doctors; he was an integrative medicine doctor. She warned me to be patient because he takes a lot of time with his patients, so getting in with him will take some time, but it will be worth it once I start with him. In my ignorance, not knowing what an integrative medicine doctor was, I thought he could be some doctor who practiced medicine and some weird home remedies. Nevertheless, after hearing I might need a double lung transplant, it was worth going to find out what he could do since he had proven results. I was willing to try almost anything to get better.

After arriving at his practice in Schererville, Indiana, and examining everything and everyone there, including the patients, everything and everyone seemed normal, so I let my spooky weird scientist guard down, and my anticipation of how he could help me grew. On my first visit, he spent over an hour with me, and when our visit ended, he said, "Although you have a lot going on, don't worry; I am going to take great care of you." He then said, "You are going to be okay." I felt relieved; he seemed to care what had happened to me. After a few subsequent visits, I became confused. I thought to myself, wait, I didn't understand; he pulled blood tests I had never heard of or received while I was at the top research Hospitals in Chicago, and he also discovered I had more than I had previously been diagnosed with. The diagnosis finally matched my symptoms.

You mean I wasn't crazy when I continuously stressed the severity of my fatigue and was told by one doctor that not any of his other sarcoidosis patients experienced it? Dr. Nchuckwube educated me about the inflammation raging in my body and what my body was likely rejecting. Over time, we built a tremendous doctor-patient relationship, and for the first time, I felt I was now in the driver's seat for my health, participating in my care with understanding and tools to help me fight. I was no longer just a patient waiting to hear the eight to fifteen minutes health update that resulted in being sent home worried and with yet another prescription that sometimes did more harm than the actual disease itself.

Dr. Nchuckwube was the doctor who didn't just prescribe medicine but also healthy nutritional, physical, and mental lifestyle changes, along with vitamins and supplement recommendations. I tried to tell everybody about him and his practice. When I would attempt to explain how he was a great integrative medicine doctor who treated the root of the problem and didn't just hand out prescriptions to treat every ailment, they looked at me like I had three aliens on my head. I thought to myself, they are thinking the same thing I was thinking because they don't understand and are not desperate enough like I was. He helped me learn much about being more educated and proactive in my medical care, enabling my future care team to help me better. I learned about my food intake and various non-traditional, more specialized blood tests that I had never received while a patient at some of the top hospitals in Chicago.

That is not to say that they did something wrong, but they just did things differently, and unfortunately, those differences did not help me to get in remission and get free from the multitude of medications. Aside from that, I also learned that family practice/internal medicine doctors are divided into different types, and some of them, such as integrative medicine doctors, require additional education and certification to function within that specialty, hence the reason for the significant difference in treatment styles between my doctors. By the time I left Chicago, my health was improving significantly. I was off nearly all my medications. Although I wanted to stay with Dr. Nchuckwube as my physician, I knew that was impossible. However, through my experience with him, I was equipped to look for great doctors in my new area. With everything I learned during my eighteen-year health battle, I extensively researched the physicians in Dallas that I wanted to treat me. With that, I could pick up where I left off in my medical care while in Chicago, and I have seen some great doctors thus far.

 On the other hand, my mother, a healthy 67-year-old black female, relocated to Texas and was one that followed a more traditional medical treatment path as most Americans do. In September 2020, she decided to relocate and join us in Texas. After she arrived, we enjoyed our new pool and the outdoor family barbecues in our new Texas backyard paradise. Covid-19 came and went. When we weren't having backyard fun together, she was isolated at her home while we were at ours. We made it through; she didn't get sick with COVID, although I can't say the same for us. She decided that since she had spent most of her time in the house, practiced the CDC's precautions, and had not caught COVID, she would not go out to get the vaccine yet.

In May of 2021, not long after she relocated and the world was getting some fluid movement through the Covid crisis, she became severely ill and had what seemed to be severe stomach pain. I had to rush her to the hospital. Before relocating, she had been tested for heart problems since she was being treated for high blood pressure. No significant issues were found; therefore, we did not know what could have been wrong. Because we were still relatively new to the area, I did not know where I should take her to in our area; this wasn't something I definitely had not researched. I wanted her to visit the nearest emergency room or urgent care center. I searched for nearby emergency rooms and urgent care centers, saw a familiar name of one of the biggest hospitals in Texas, and made my way to them.

Upon entering and waiting, it seemed slightly rundown, and the front staff seemed uncaring and unprofessional. I shrugged it off, knowing she would only be there briefly.

After running a series of tests, they determined that her gallbladder needed to be removed, but to receive a bed at their primary hospital, she would have to wait three to four days. They strongly suggested we drive her somewhere else that could take her since she needed surgery urgently. I decided to take her to one of the hospitals where I was being treated, and I knew it was one the best. She was having severe pain in her stomach, and after we arrived, they admitted her immediately and quickly determined she required surgery to remove her gallbladder right away. I was escorted to the patient surgical waiting area where I waited patiently for her name to come up on the patient's surgical board and show that the surgery was a success, and she was finally in recovery. Finally, she was in recovery, and they came to tell me that the surgery was successful. I was so relieved and happy, and they eventually allowed me in the room to see her.

She had a smile on her face and looked bright, and she was glad that she was no longer in pain. The doctor told me they would be releasing her in a couple of hours. I sat laughing and talking with her as she rested in recovery. The nurse entered to provide instructions for home care and asked how she was feeling. My mother then turned and said she was having just a little trouble with her breathing. The nurse turned up the oxygen on her mask and left out for just short while. Just as the time had approached for her release, her breathing had become a little more labored. I remember a swarm of doctors and nurses rushing into the room performing many tests to determine what was wrong. Holding the discharge papers in my hand, I watched intently through the glass sliding door from my chair where I was carefully placed out of their way in the corner waiting to hear from them. They all slowly dispersed from the room and the head doctor approached to speak with me and said everything looked fine, but they couldn't figure out why she was having trouble breathing. They kept her for a few more days. She was finally feeling better and breathing better. To our surprise, the day she was due to be released, without notice or any previous conversation, in came walking a petite male doctor who introduced himself as one the heart surgeon. He proceeded to tell us she needed to have surgery soon to replace her mitral valve. I thought to myself, this sounds like heart surgery and not only is this is serious, but where did this conclusion come from suddenly. It sounded really serious; I didn't know what to make of it. She didn't have a heart doctor here in Texas, so the heart doctor she met after her gall bladder surgery would now become her new Doctor to perform the procedure. He said she needed, therefore that is what she believed. He made it sound easy, like it would be in and out. He said she would be out of the hospital within seven days maximum and that it was a prevalent and invasive surgery.

He spoke of his specialty in this particular surgery and that he was the number one doctor in Texas to do this procedure and the only doctor skilled at utilizing this robotic machine to do the surgery. My mother agreed to go ahead and plan to have the surgery. I was out of town when she scheduled the consultation with the surgeon. We planned for her to provide me with all the details once I returned. She was a retired County Sherriff, strong, fully functional, with a strong mind and will, able to make the decision for herself on whether she wanted to use him and if she wanted to continue with the procedure after meeting with him; therefore, we were not concerned about her attending the first meeting alone. I figured she would return with my instructions and inform me of anything else I needed to do in order to support her. She knew I was fully supportive of whatever decision she made, and she also was comfortable attending the meeting on her own. After the consult, she returned home and said she was okay with proceeding with the surgery. A few weeks later she notified me of her surgery date and I that needed to take her to the hospital and of course pick her up.

Suddenly, everything became real. I became anxious, and I started to feel hesitant about her having the surgery. I wasn't sure she should proceed with this procedure, but I had no information to prove otherwise. I didn't know anything about heart valves or heart surgery, which is a very complex procedure. They said she needed a heart valve replacement, but she looked, sounded perfectly healthy, wasn't having any visible or physical health problems, and seemed to be breathing and walking quite well, so I didn't know what to think. I felt more comfort knowing she was attending one of the top hospitals in the Dallas, TX, area. I felt confident that she took the time to research her doctor, and I was satisfied that she was satisfied. She was ready to get this fixed, and they emphasized not waiting until she was older since she was sixty-six years old; therefore, she felt good about proceeding. She felt even better that he said he could do it with a minimal scar on her side that would not be visible to anyone. In October of 2021, my mother was scheduled for a tissue mitral valve replacement surgery.

It was finally surgery day. It was about to happen. I was slightly numb; my thoughts were racing. I remember the morning we rode to the hospital; something felt slightly off. I couldn't explain it. As much as I love to worship and love Gospel music, she played the gospel music loud, continuously saying let's pray, I sat with a stillness. My face was blank, I had a feeling that I could not express. I asked if she was ready, was she sure she wanted to do this. She said yes, she had prayed, and she trusted God for her life. She trusted God, and I trusted him and her faith in him for her life, but yet there was just something that still felt so off in the core of my very being. I sat quietly meditating, and I told her I would pray once we were inside before the surgery, as I always do. We rode silently to the hospital, listening to worship music. I asked her again, “Are you sure you want to do this today.” She said yes. Once we reached the hospital, the valet service wasn't open as we expected, which meant unexcitingly getting parked took a little extra time. When we were finally inside prepared to check in for our expected arrival time for the surgery, a lot of people were waiting in line, we were now about twelve minutes late checking in. She was instructed to have a seat and wait to be called.

It seemed as if the time had slowed down while we were waiting. I anxiously watched the clock with hesitation as I was dreading what was to come over the next few hours that I would soon have to face. We waited patiently about forty-five minutes until her name was called to go to the back. I was still uneasy, but I didn't know why, and I didn't express it to her. She was finally placed in her room and told to get undressed. After she was dressed in her hospital gown and laying in the bed, we sat laughing and talking as she waited for the next steps. The nurse came in, and I asked her if she would be the person to explain the directions for how I was to care for her afterward, and she said no, that the Doctor is who I would ask to go over all of that with me. I nervously smiled and said OKAY. I put my head back down focused into whatever I was viewing on my computer. My mom was laying in one of the pre-surgery rooms in a hospital gown in preparation for getting sedated for the surgery. The anesthesiologist came in and reviewed everything that was about to happen with her. They already placed an IV in her arm and in less than five minutes, she would be rolled out for surgery. Now that she was prepped for surgery, I made sure I prayed over her and provided her the comfort of knowing that I would be sitting there waiting until she awakened from surgery.

## \*\*\*

## All doctors are not created equal

A common but false perception is that doctors have all the answers, and we can blindly trust everything they say and follow along with every recommendation or prognosis that is provided. In addition to being human and fallible, it should not be a surprise that they can sometimes be wrong, or be implicitly biased which can cause them to make improper or wrong assessments regarding the patient. It is the very reason why it is urgently imperative for patients to become more actively involved in their healthcare by asking questions, seeking second opinions, and conducting their research to increase their understanding of their condition(s). While it would be great for their own benefit if patients were more participative in the direction of their medical care, but it would be helpful to the healthcare providers. It is also equally important to note that doctors are not all created equally, as they have varying levels of education, experience, and specialties. Patients should research the type of doctor they plan to see in relation to their condition.

Different types of doctors, such as integrative and functional medicine, offer various care. These doctors have a more extensive academic background than traditional medical doctors. It is undeniable that physicians sometimes misdiagnose patients. When choosing a doctor, the significant differences in their treatment path can vary significantly. It can mean the difference between life-saving treatment, disability, or death. Also, the treatment path can differ depending on the doctor's experience, training, and overall approach to medicine. Some treatment paths can be more integrative, or functional, utilizing various natural and holistic treatments combined with conventional care, while others may be patterned to stick solely to conventional protocols that treat the symptoms through prescription medication only and not necessarily take an interest in researching the root cause of the problem beyond what the lab tests indicate.

First, let’s examine the foundation of medical practice as it is structured and what we know today. The practice of medicine is comprised of **Eastern** and **Western medicine**. Eastern medicine, sometimes referred to as complementary or alternative medicine (CAM), is one of the oldest systems of medicine in the world, originating from Asia, and is not part of standard medical care. It is considered a more holistic mind, body, and spirit approach to diagnosing, treating, and preventing disease and often includes traditional Ayurveda and Chinese medicine. Some of those practices may include tai-chi, acupuncture, yoga, and meditation.

On the other hand, according to the National Cancer Institute, **Western medicine** is known as conventional or modern medicine. It refers to the standard care of how medical professionals treat diseases using medical treatments, such as drugs, radiation, and surgery we commonly see today. Depending upon the type of practitioner, their approach may also incorporate treating the whole person through complementary and alternative medicine (CAM) also. Wait I thought you said Eastern Medicine practice (CAM) also? Yes, all the various medical approaches can overlap, and it can sometimes be confusing to understand the differences in the approaches. I have included some definitions from the National Cancer Institute that should help provide some clarity regarding the type of medical practices or approaches to medicine. https://www.cancer.gov/about-cancer/treatment/cam

* [Conventional medicine](https://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=CDR0000449752&version=Patient&language=en)is a system in which health professionals with an M.D. (medical doctor) or D.O. (doctor of osteopathy) degree treat symptoms and diseases using drugs, radiation, or surgery. It may also be called Western, mainstream, or [orthodox medicine](https://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=CDR0000454746&version=Patient&language=en). Some conventional medical care practitioners are also practitioners of CAM.
* [Integrative medicine](https://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=CDR0000689097&version=Patient&language=en) is an approach to medical care that combines conventional medicine with CAM practices that have been shown to be safe and effective. This approach often stresses the patient's preferences and attempts to address the mental, physical, and spiritual aspects of health.
* **Standard medical care** is a treatment that is accepted by medical experts as proper for a certain type of disease, and that is widely used by healthcare professionals to treat symptoms.
* [Complementary medicine](https://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=CDR0000044951&version=Patient&language=en) is used along with standard medical treatment but is not considered by itself to be standard treatment, such as using [acupuncture](https://www.cancer.gov/about-cancer/treatment/cam/patient/acupuncture-pdq) to help lessen some side effects of other treatments.
* [Alternative medicine](https://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=CDR0000044921&version=Patient&language=en) is used instead of standard medical treatment. One example is using a special diet to treat a condition instead of drugs typically prescribed by a physician.
* **Traditional medicine-** according to the World Health Organization, as pre-scientific traditional healers, home remedies, and ancient medicinal knowledge and includes various systems of traditional medicine such as acupuncture, herbal medicines, indigenous conventional medicine, homeopathy, traditional Chinese medicine, naturopathy, chiropractic, osteopathy, ayurvedic and Unani medicine.Around [40% of pharmaceutical products today](https://www.who.int/initiatives/who-global-centre-for-traditional-medicine) draw from nature and traditional knowledge, including landmark drugs: aspirin, artemisinin, and childhood cancer treatments.

While Eastern and Western Medicine each have various approaches to medical practice within them, we could talk about for days, for the general purpose of this book, we are going to focus on the six types of doctors within Western Medicine that have passed a standardized board examination and hold state-issued medical licenses from their respective licensing body after having graduated from a four-year graduate level in-residence medical school recognized by the U.S. department of education. This list comprises one of the types of medical professionals you have seen or will see at some point in your life.

* Naturopathic doctors (ND or NMD)
* Osteopathic Doctors (DO)
* Integrative & Functional MDs and DOs
* Chiropractic Doctors (DC)
* Conventional MD

It is beneficial to see a functional medicine or integrative medicine doctor in addition to your primary western medicine doctor. Functional medicine focuses on identifying and treating the underlying causes of symptoms and diseases rather than just treating the symptoms themselves. Instead of just prescribing medication for high blood pressure, a functional medicine physician may examine diet, stress, sleep, and other factors contributing to the problem. Treatment plans may include personalized nutrition advice, lifestyle changes, and targeted supplements tailored to the individual’s needs. Functional medicine physicians may consider gut health, hormone balance, and stress management techniques when addressing mental health concerns. In functional medicine, a doctor might work with patients to devise a lifestyle plan that reduces their risk of chronic diseases by improving their diet, exercising, managing their stress, and making other lifestyle changes. Traditional treatments like medications or surgery may be combined with dietary changes, supplements, and mind-body practices to support overall health. The healthcare system fosters a sense of ownership and responsibility for patient health by encouraging patients to understand their conditions and the rationale behind their treatment plans.

In conclusion, patients must not leave their health journey solely in the hands of physicians. They should actively engage in understanding their health journey, treatment options, preventative methods, and natural alternatives enabling them to achieve the best possible outcome for their health challenges. They need to understand the type of doctor to seek for their specific problem, where their treatment options align with their choices.

# **Chapter 2 Implicit Biases in Health Care**

## Kicked Out of Surgery

I waited for the Doctor to come back to ask if there were any questions to make sure I knew what I needed to do for aftercare. After the doctor returned to the room, he did precisely what I have seen other doctors do before surgeries. He asked her if she knew what type of surgery she was having. She responded yes and repeated to him the kind of surgery and the type of heart valve she would receive. To my surprise, he responded questioning her decision to use the tissue valve instead of the mechanical valve. I immediately noticed there seemed to be a slight bit of agitation in his tone while questioning her. He then informed her that the tissue valve would only last ten years, and if she proceeded with the tissue valve, she would more than likely must return for additional surgery at an older age which could result in more complications since she would be later in age. I could see in her face and by her body language that she was starting to tense up and was becoming a little uneasy. She spoke with a slight smile and calming childlike tone gently reminding him that the tissue valve was the original choice they agreed upon when they initially met. She also reminded him of the reason for her decision stating it was the most natural to use with the least complications.

She continued to smile and turned looking towards me and pointed introducing me to him. With her gentle voice she said I was her daughter, and it was okay to talk in front of me. She followed up saying I would be the person taking care of her at home. He looked at me, leaned toward her, and slightly softened up. He patted her on her feet and with a slight smile, said not to worry because they use the best tissue replacement on the market, and she was going to be okay. He closed out his comments, reminding her that the procedure was necessary, emphasizing it was due to her childhood rheumatic fever complications reiterating that was necessary to have the surgery. He explained the next things that would take place and she would be taken back for surgery in a just a few moments. Just before leaving, he asked if we had any additional questions. While I was deep into my computer but looking over and still listening to everything going on, I noticed he looked my way while asking the question. I politely raised my hand and said, "Yes, I have a question." I said, "How long do you think the surgery will take?” He responded sarcastically, "When I finish." I looked a little bewildered when he replied. But I didn't think about it and brushed off the sarcasm. I figured it was just a doctor with poor bedside manners and trying to hurry up and go to surgery. He asked, one last time, if we had any more questions.

I was a bit nervous and wanted to ensure I was prepared for her coming home. I responded yes, figuring it was okay to ask. I asked, “Are you going to be the person who explain how to care for her at home?” Again, he responded with a firm and sharp tone, “I already told her how she would need to be cared for.” I was confused and gently replied, “I will be caring for her and want to ensure I do what needs to be done correctly.” He sharply said, “I do not have time to tell you; you should have been at her consultation last month.” To my surprise, he started elevating his voice towards me and ranting about how many other patients would love to see him and why he needed to leave the room to attend to other patients. During the rant, he mentioned three times that my mother had enormous breasts for this procedure.

I was confused at that point and somewhat shaken by his response. I asked him what her breast and pre-surgery consult had to do with my question regarding her after-surgery care an how long the surgery would take. I was shocked by the aggression and how quickly he escalated. After he continued to scold me and yell at me, I finally told him that his response was rude and insensitive because I only asked two simple, straightforward questions explaining that aftercare is a normal part of standard procedures. He was still speaking aggressively at me while pacing, pointing at me, and arrogantly saying this is a big deal. He stressed that "other families" bring their whole family. I calmly said I did not understand what that had to do with my question. I only wanted to know how to care for my mom properly and how long was the surgery. He yelled back at me as if I was his rebellious slave, saying, "See, you just will not shut up, and you told me I was rude." He loudly said he would lie and write in my mother's chart that I was hostile as the reason he would refused to do her surgery.

With my soft-spoken voice, I was extremely shocked at his response and calmly asked why he would say and do that when I had merely asked standard questions any person would ask about aftercare. He responded, still very aggressive and still yelling at me, that I should have been there when he first spoke to her a month earlier, and he was not repeating it because he had already told her. I asked him if he expected her to explain the aftercare instructions to me. Meanwhile, my mom was confused and nervous as she politely tried to calm him by telling him she shared the video recording of their meeting with me. He said he refused to answer my questions because he had better things to do. With a look of utter shock, I thought, wow, I really cannot believe he is this angry because I asked two simple questions regarding aftercare and the length of the surgery.

He continued to pace the floor aggressively, pointing his finger at my mother, then pointing at me, yelling while his face was scowling over at me, saying to her, "See, she will not shut up." I don't want her asking me anything, and I will not do your surgery. He then turned to storm out of the room hastily, but noooo, he was not done telling me off. He turned around, flanking his arms, and then started saying everyone must be on the same page to do this surgery, and since you disagree, we cannot move forward. Then, out of nowhere, he oddly mentioned again she had large breasts. I asked him how he concluded I disagreed because I had never made that inference. I then stated that I was there to support my mother, and I only wanted to know how to care for her afterward. He stormed out of the surgical prem room again but was obviously still not done telling me off, and before I could blink twice, he returned to tell me off some more.

I was nervous about his outburst and calmly said that if he did not feel comfortable with me being there for my mom, I could call another relative to sit with her if he would like. He said, screaming, pointing at me, "I do not want to deal with you because if something goes wrong, it is YOU I will have to deal with; it is YOU I would have to deal with." He said, “No, I do not want to deal with you, so I am done with both of you; you can leave.” While I sat in the chair perplexed at the outburst of anger and borderline temper tantrum, he then angrily pierced his eyes down, looking at me as he raised his eyebrows while looking down upon me, and loudly said with arrogance while motioning his hand up and down the middle of his chest, "I am the only surgeon in town that can perform this surgery invasively; now go get you someone else who will have to cut her wide open; now you can go deal with that since you won't shut up."

He kicked us out of the hospital, asking the nurse to escort us out. I was so traumatized! I mean, who gets kicked out of surgery? I was confused, concerned, hurt, and disappointed for my mom. He stormed out again, leaving my mom in the hospital bed in the surgical prep room, fully prepped for surgery in her hospital gown with an IV still in her hand. I told Mom that I was sorry her surgery was canceled and that she had this horrible experience, but we must trust that God must have foreknown something we did not. As unbelievable as this experience sounds, I can promise that my voice nor my mom's was ever raised; our expressions were never that of aggression because we are very conscious of the known perception of the "angry black woman stereotype;" therefore, we did not want to appear aggressive or angry. Only two simple questions were asked, one of them being, does he know how long the surgery will take, and the other was who would be the person to tell me how to take care of her afterwards. I also asked because all the family was contacting me wanting to know when she would be expected to be out of surgery. They were all anxiously waiting and praying for a successful outcome.

I have never been treated so rudely and handled so unprofessionally by a doctor. He also constantly reminded us how highly regarded he was in the field and at the hospital and treated us like we were two enslaved people who were privileged to have him, but he was no longer offering that privilege to us because how dare we ask him, the "King of Surgery" a question. The nurse who witnessed the entire ordeal watched as if she was scared to say anything, with a look of pure disgust. I asked her if my questions were wrong, and she said no. She stated, "You have the right to ask questions; I am sorry this happened to you." After removing the IV, she left the room so my mother could dress. When she returned to escort us out, we walked the hall with pure embarrassment, as everyone watched. The nurse whispered he was like that often and to thank God that he was not doing her surgery because he may have just saved her life. By the time my mom processed what the nurse said and reflected upon the events of the day, my mother knew it was an act of God that she did not have that surgery.

When we reached the car, a family member I was on the phone talking about our experience of being kicked out of surgery by an irate doctor, looked his name up on google and forwarded us some interesting online reviews about terrible experiences other patients had with the same doctor. We were shocked that the reviews revealed that this behavior seemed to be a pattern for him. One of the reviews stated that after he performed the same surgery, their spouse died during the procedure, and the doctor never came to tell her.

I told the story to one of my church members the following Sunday. She mentioned that ironically, her ex-boyfriend, a young white male, previously worked at that same hospital in that same department, and she was curious if he knew of this doctor. She texted him, then asked me if I wouldn’t mind if she could give him a call and tell him what happened. I said yes, because I was curious if the doctor was simply crazy, having a bad day, or if he had some racial or other implicit biases that were the root cause of his heated blowout toward me.

She called him while I stood there, anxiously awaiting to see if he knew him. Once she mentioned the name to her friend, her mouth opened wide with an open smile, her eyeballs grew big with shock, and she uttered, "Omg, you seriously know him? It is a small world." She told him what happened and explained we were black, and he told her he was surprised we were able to get booked with him because it was widely known that he "looked down" upon anyone whom he deemed as less than, and most often, that was anyone with brown skin or poor. He also said the Doctor was known to be very selective on those of color he chose to operate on. He also said he was very arrogant and despised those who were not affluent such as himself. He also stated he did not always prefer to perform surgery on people of color. The struggling medical student mentioned he also had encounters with him because the doctor trash-talked him often because he did not drive a luxury vehicle. This can be seen as a perfect example of implicit bias and can certainly affect the level of care a patient receives.

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**Help Them Help You**

According to the World Health Organization, implicit (subconscious) bias refers to the attitudes or stereotypes that unconsciously affect our understanding, actions, and decisions. There are various forms of implicit biases, they include the following:

* Sexual Identity
* Sex and Gender
* Geographic Location
* Racial Biases
* Educational Biases
* Overweight and Underweight Biases
* Age Biases
* Ableism
* Socioeconomic Status

These biases, which encompass favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control. However, an implicit bias can lead a person to believe that he or she treats everyone equally, but they may unconsciously associate negative feelings with certain groups of people as a result.[[1]](#endnote-1)

They also state that a study provided by Anthony Greenwald and M.R. Benaji hypothesized the concept of unconscious bias (hidden bias or implicit bias) that “much of our social behavior is driven by learned stereotypes that operate automatically and therefore unconsciously when we interact with other people.

According to the 2019 National Healthcare and Disparities Report, it revealed that white patients were more likely to receive better quality care than, Native American, Black, Alaska Native, Hispanic, and Native Hawaiian/Pacific Islander patients. Their 2016 review stated that white patients were recommended for bypass surgery more often due to their belief that Black patients would not actively participate in the post-surgery physical recovery that was needed due to a lack of education.[[2]](#endnote-2) It also found that complaints regarding pain was more likely to be dismissed in women than men.

According to a survey from the American Autoimmune Related Diseases Association (AARDA), among the people diagnosed with autoimmune conditions, women represent 75%, and 62% of people with an autoimmune disease were told they were too concerned with their health and labeled by doctors as “chronic complainers.”

Everyone at some point in their life will see a health care provider, trusting they have their best interested and with the belief that everyone is treated equally. While most often patients believe when they seek medical treatment it should be and most often is a place where they will they receive unbiased care where all the sick are treated equal apart from the urgency of treatment depending upon the immediate medical concern. With this in mind, patients have fifteen minutes or less, once every three, six, or twelve months with their physician to be heard, helped, understood, diagnosed, treated, and on the path to healing.

Although most physicians do an excellent job assessing, understanding their patient’s health concerns, and creating the appropriate treatment plan for those medical concerns, the undisputable fact remains that they have less than fifteen minutes to make assessments and decisions that could adversely impact lives. Unfortunately, within that fifteen minutes at times there are implicit biases formed that contribute the patient’s assessment that could lead to inaccurate decisions and treatment plans or the lack thereof, that could also lead to a lack of adequate or quality care for the patient’s medical concerns.

Consequently, if an error is made, it is not always due to the physician’s negligence or implicit biases. Patients and care givers additionally have a large responsibility along with our health care providers. To the extent of their knowledge, the patient or caregiver must inform the attending physician the most current, accurate, and complete information about their health history and family health history. They are also responsible for sharing past illnesses, current complaints, hospitalizations, medications, vitamins, supplements, diet, substance use, and changes in their general health condition, symptoms and frequency, or any known allergies. Without this current, past, and accurate information, it is impossible to expect a health care provider to properly assess, diagnose, an/or treat the condition. It behooves the patient to help them to help you. The best thing you can do is advocate for yourself, or for your loved one. The most effective way to ensure quality healthcare and minimize the chances of being misdiagnosed or mistreated is to be your own advocate. You and your doctor can make better assessments and medical decisions when you respectfully voice your preferences, concerns, or needs as a well-informed, outspoken, and active patient.

**Tips to properly prepare for a doctor’s appointment:**

* Be prepared! Write down the questions you want to ask so you don’t get sidetracked and forget.
* Take a list of all current medications, doses, and any other pertinent information about the medication such as side effects experienced and for how long with you to your appointment.
* Keep track of all concerns by making notes and charting what you were doing or eating or anything else that may have influenced the symptoms you are experiencing.
* Send a message to your physician through the medical center’s my chart system to see if there is any bloodwork you can have done prior to the appointment so you can discuss the results and any questions you have during the appointment. Not all physicians like this approach because there may be additional test, they want you to get, but this approach is especially helpful when you have a chronic condition that requires many repeat appointments and test scheduling.

They can place a standing order for your test. For example, I have a standing pulmonary function test and x-ray every six months. My pulmonary doctor knows he will need those two tests for our standing six-month visit. If it is possible, having any test needed for your appointment taken prior to seeing the doctor is better than seeing him for fifteen minutes to tell you to take the test after your appointment then schedule another appointment to review the results or call with the results. With the test being completed prior to the appointment, it ensures a productive conversation about the results, and it also provides an opportunity to formulate any questions you might have about the results that you may have review seen through the medical office patient portal.

* Also download or register for your medical provider’s patient portal where you can view results, after visit notes, schedule appointments, and message your providers.
* Do not be afraid to speak up, be concise since there is limited time. Ask questions and demonstrate you have taken time to do some research regarding your options and treatment plans.
* Bring someone with you to the appointment to be an extra set of eyes and ears.
* Be sure you are clear and understand the plan before you consent to any treatments.
* If they are not listening to your concerns or you are not happy with the treatment plan seek a second opinion or a different doctor if appropriate and necessary.

To be clear, implicit bias is unconscious, and most researchers investigating the subject assert that very few medical professionals maliciously seek to harm their patients. When patients are actively doing their part proactively participating in managing their health care and health information, it significantly helps minimize the chances of misdiagnoses, biased assessments, and other implicit biases. Take time to google your doctor and read the reviews about them. It will give you some insight of what other patients have said about them. Had my mother googled her doctor she would have seen all of the reviews that other patients wrote with similar stories to hers, some even more tragic. She was definitely disappointed, there are times when you must simply trust God for a closed door knowing that he knows all. *Revelation 3:8 And to the angel of the church in Philadelphia write, These things saith he that is holy, he that is true, he that hath the key of David, he that openeth, and no man shutteth; and shutteth, and no man openeth.*

# **Chapter 3 Misconceptions about being diagnosed.**

## Diagnosed

She returned home wondering who could help her. After a few days passed, the next contact she received from that hospital, was a call stating she needed to get to their pancreatic doctor as soon as possible, because her CT scan revealed there were lesions on her pancreas, and they were concerned of a possibility that they were cancerous. They stated it was urgent that she returned to the hospital for an appointment with one of their pancreatic specialists. She was concerned as well as suspicious about the phone call because prior to the surgery she did several tests in preparation for surgery and the results of those tests were all reviewed with her prior to the day of surgery, and she was approved for the procedure. Therefore, this newly found potential cancerous pancreatic lesions was a suspicious finding. She also took note that they emphasized that this may have been the reason why he could not perform surgery on her. Being kicked out of surgery and experiencing the type of aggression from the doctor she was fearful to return under his care or anyone connected with that doctor and hospital. We both recalled when he stated he would document her chart with false information; therefore, she did not want to take any chances and could not trust returning to him. She thought it was important as well as I did to obtain a second opinion regarding these new alleged pancreatic findings. Since she was newly located to the state, she wasn't sure where to go and she decided to go to another well-known hospital in the area she had previously been a patient when I rushed her to the ER, and they found the gallbladder problem. She contacted the hospital ask for that department that specializes in pancreatic care and schedule an appointment. That doctor said there was not a need to retest since she had just taken the test at the other hospital, he would be able to access them and provide a review of that specific CT scan and other blood work she had recently. After reviewing all the test images and results, the pancreatic doctor said she did not have anything wrong with her pancreas and did not know what the other surgeon was referencing. Once she received a clean bill of pancreatic health, we were relieved that she decided to obtain a second opinion regarding her alleged pancreatic diagnosis. Since mom had already been established as a patient at this hospital, she decided perhaps she would also utilize this same hospital for her mitral valve replacement that needed to be rescheduled. Since she had never had any problems with their heart, she wasn't sure what the protocol was to have someone to provide a second opinion for the diagnosis she had been provided regarding her heart from the other hospital. Therefore, she did the same thing she did when she requested the second opinion for her pancreas which was call the hospital main line and ask to be transferred to the office for the heart surgeons. Sure, enough she was successful at reaching someone who would in turn schedule her an appointment with the heart surgeon that specialized in mitral valve replacement. One of her main concerns was not being cut down the middle of her chest the last surgeon specialized in a specific surgery that was very invasive and would leave her with the least number of scars. Although he touted that he was the only person in town that was able to perform this surgery, she was hoping to find someone else at this hospital that could do the same. When she mentioned that to the receptionist, they told her they knew just the surgeon that could assist he did not necessarily perform the same type of invasive surgery as the other doctor, but he performed one that was just as invasive. She made she was excited he would be able to leave a minimal scar and she would be able to return home within five to seven days and return to her normal day-to-day activities. She immediately scheduled an appointment to see him. She did not have a heart failure doctor or an internal medicine doctor at that hospital yet, the only doctor she had seen was the ER doctor at another location and the pancreatic doctor.

The day she was scheduled to meet with the heart surgeon I was not able to attend with her. Upon meeting with him she told him of her diagnosis, and he said it was an easy surgery and he would be able to perform. That same day he gave her all the details about the surgery and the recovery process and explain it was best she schedules it right away while she relatively still young strong and healthy, being that she was only 60 seven years old versus 10 years later when she is potentially not able to recover as fast or as healthy. He put in orders for several diagnostic tests, one of them being an echo cardiogram. The results from the echo reveal she had 70% function of her left ventricle which is considered normal function. Normal function of the LVEF is anything 50 and above. After completing her appointment with doctor ego, she said she really liked him because he was very personable made her feel comfortable and mentioned he worked at one of the leading hospitals in Chicago she was familiar. This gave her confidence that he is who she wanted to perform her surgery. She did state he was a new surgeon to that hospital. After taking all the tests she met with him regarding the results where he determined she had a leaky valve, and it was best 2 replace the heart valve. Within her medical history she also told him that as a child she had rheumatic fever but never had any problems since the initial on set during her childhood. He explained to her he was diagnosing her with this faulty valve because he believed it should be linked to her childhood rheumatic fever. She did not have any symptoms she did not have swollen feet she functioned normally in her day-to-day, looking at her you would never know that anything was wrong. With that being said, she immediately scheduled to have the surgery within the next three months. In July we had family gatherings barbecues in the backyard we took pictures of her smiling and having a great time not knowing this would be the last time we will be gathered as a family in that healthy state. In August my mom told me she was scheduled for the heart surgery at the end of the month, and she would need me to go with her to the pre surgery appointment which would also be the day before the surgery. I told her of course I would go; I did not bother to look up her doctor like I generally do when choosing my own doctors. I trusted that she had had already researched the doctor. She was comfortable with her choice, and I trusted that information and her choice. Additionally, she is my mother and would not delay the surgery even if I wasn't in agreement with having it done at that time. Surgery was set and we were moving forward. She began all her pre-surgery testing to make sure there were no other medical surprises, and she was healthy enough for them to perform the surgery, and indeed she was cleared for surgery.

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Second Opinions Matter

Doctors have a tremendous responsibility to maintain the health of their patients and have spent a lot of time obtaining the skills to practice medicine; therefore, we trust them immensely. However, one of the biggest misconceptions about physicians is it is widely believed that they do not make critical mistakes that could have fatal consequences. According to research from the Johns Hopkins Armstrong Institute Center for Diagnostic Excellence**,** partners from the Risk Management Foundation of the Harvard Medical Institutions**,** and BMJ Quality & SafetyJournal, in a variety of healthcare settings each year, dangerous diseases are misdiagnosed in the USA**,** resulting in nearly 800,000 people dying or having permanent disabilities.A report prepared by the Johns Hopkins University Evidence-based Practice Center states that there are about 130 million U.S. ED visits (5.7%), misdiagnosis-related harms (2.0%), and misdiagnosis-related severe harms (0.3%). This could translate to more than 7 million errors, 2.5 million harms, and 350,000 patients suffering potentially preventable permanent disability or death.[[3]](#endnote-3) Although these statistics sound alarming, it is often thought, while it is unfortunate for those who had this experience, "It won't happen to me." That is often the thought, until we or one of our loved ones are unfortunately among that statistic. It is inconceivable to think of being the victim of a misdiagnosis that could result in tragedy or a long-term disability. That is why second opinions are important. Some patients may feel uncomfortable seeking a second opinion or worry their healthcare provider will not be amenable to such a request. Second opinions shouldn't be interpreted as "distrust" of the healthcare provider. It is important that you feel comfortable about any choices you make, particularly when an imperfect solution is proposed or if you simply are not sure what you should do.

There is also a misconception that the treatment plans provided must be the final decision and the one followed just because the doctor recommended it. You have the option to ask about alternative treatment options, the risks, compare the risks and benefits of each and make an informed decision about the plan you want to follow. If you are not sure what to do when you receive a diagnosis, you have the following options when meeting with your health care provider:

* You agree with your doctor and are comfortable moving forward with the plan.
* You would prefer to trying something natural first.
* You desire to meet with your family and/or seek a second opinion before making a decision.
* You would like to take some time to do nothing and see if it resolves on its own.
* You can also request a different medication or treatment process.
* If the doctor is not comfortable or proficient in the type of treatment you want, you can always find one who is.

You do not have to stop at the second opinion. You can obtain additional opinions as you gather information that can help you identify and understand all the various treatment and medication options. Those additional opinions can mean the difference between death and lifesaving treatment options. Studies show that over 50% of doctors encounter diagnostic errors monthly and over 12 million people are misdiagnosed annually.[[4]](#endnote-4) The Cleveland Clinic Hospital is known as one of the leading research hospitals in the country and for providing second opinions. There was a study done by them where the results revealed that patients with a life changing diagnosis such as cancer and sought a second opinion by them, 72% of their treatment plans were modified and 28% received a different diagnosis.[[5]](#endnote-5) Those results are significant and what if you were one in the 28% that received a different diagnosis and saved you from the stress and damaging treatment of a different disease. Remember you are in the driver’s seat and the doctors are your google maps. You must help them help you. Without telling google maps the proper location and the stop in between you are attempting to get to it can’t help you get to your destinations. Google maps can know every street name and building location including the approximate time it will take to get there, but even though it is providing you with turn-by-turn directions, you still have free will to turn down a different street to get you there and you still must help it to help you navigate.

**Important questions to ask the provider once you receive a diagnosis.**

* Ask as many details as possible about the condition you have been diagnosed?
* Ask if they are aware of the known causes or things that could exacerbate the condition?
* Ask how it will affect your quality of life? How serious is my disease or condition and how Will you be able to continue working, school, home, children, or social activities?
* Ask them the various stages of the condition and the short- and long-term prognosis?
* Ask what specific tests provides the positive determination and the accuracy and positive ranges?
* Ask how often should the test be retaken if any?
* Ask them to provide any information regarding symptoms you will encounter and at what stage?
* Ask how often will you have to follow up and what will those appointments look like?
* Ask if you should be concerned with being in crowds or if it is possible to infect others?
* Ask for the proposed treatment plan options, risks, length, benefits, success rates, and any cost concerns and/or coverage.
* Ask if there are any alternative treatments that you could seek compassionate use through the FDA and what would happen if you refused, or delayed treatment.
* Do not be afraid to ask which treatments they are most familiar using and which others are used but they don’t commonly use themselves in their practice.
* Ask what are the indicators that the condition is improving?
* Ask if you will require a port, dialysis, or any other assisted devices, if so, how long and what are the risks and benefits associated.

# **Chapter 4 Having Surgery**

## Prepare for the worst.

## We knew the surgery was approaching soon, but as the date was approaching the surgeon’s receptionist contacted her to delay the surgery because the surgeon was suddenly out on vacation for a week. Although we thought that was strange, she was OK with rescheduling the surgery. Although she is a woman of great faith, she understood that not any of us ever know the time of the day that we shall leave this earth*. Matthew 24:36 But of that day and hour knoweth no man, no, not the angels of heaven, but my Father only. Matthew 24:44 Therefore be ye also ready: for in such an hour as ye think not the Son of man cometh.* She also wanted to make sure she was prepared for her hospital stay. She obtained an attorney to document her will and create her power of attorney. She also made sure other legal paperwork was in place in case she did not make it out of the surgery alive. She reviewed all her wishes with me, where her passwords were located, reviewed items located in her safe, and the location of her guns. She went over everything she could possibly think of that I would need to know in the case of her passing. I heard her, but I can't honestly say I digested the plethora of information and committed it all to memory. It was a lot and to be honest it was just something I really wasn’t ready to think about.

## However, I did make sure I had voice recordings and images of written passwords and had a general idea of where to refer to those things that I had not committed to memory. I was relieved she made sure she took care of all the legal paperwork, and estate planning, but I really didn't want to sit around and talk about the details of her death at that time. She probably went over all the information about three or four times knowing all along I was listening, but that's probably all I was doing. All the legal documentation was submitted to the hospital and was recorded on record that I was power of attorney in the event she could no longer be responsible for herself. She made sure she packed her bag, her cell phone charger cords, and for those who understand, she was finally packed and ready to go. At the last minute she remembered she needed to go get her hair braided, she wanted to make sure she would not have to worry about hair while she was in the hospital. Who would have every thought this would turn into nearly a ninety day stay and could have severely damaged her hair had she not had it braided. It is important when we understand that we are often being guided by one who is greater than us if we will listen and follow. *John 14:26 But the Comforter, which is the****Holy****Ghost, whom the Father will send in my name, he shall teach you all things, and bring all things to your remembrance, whatsoever I have said unto you.*

## It was finally the day before surgery her pre surgery appointment was scheduled at 4:00 PM. I remember walking into a half empty freezing cold office waiting to meet with the surgeon. Once we were in the back, he first apologized to my mother for rescheduling her surgery at the last minute. As we were all walking into the office door together, he stood up to the side and apologize to me that he would not shake my hand because he was just getting over a bug. During this time this was near the end of COVID therefore there were still federal mandates required for all health care personnel to wear mask and anyone who tested positive for COVID to be off work for five days. This Surgeon tucked his hands and said he would not shake my hand he would touch elbows with me as a greeting since he was just getting over a bug. He also stated not to worry because he had tested negative for COVID.

## He was very nice very confident and the procedure. He told us there was only a 1% chance of complications. He confirmed again that it was best to have this surgery now versus later and this was a very common surgery. He also mentioned working for the hospital in Chicago we all knew of, and he also griped about how it was different at this hospital because he may not always agree with all the doctors on the team and that can sometimes cause problems and making decisions. Neither of us really understood the basis of us needing to know this information and why he was saying it but as I look back, I would eventually come to understand exactly what he meant thirty days later into the crisis.

## My mom and I left the office feeling hopeful and looking forward for this to be over within the following 10 days. As we left the office, we stopped at the bathroom which meant that it took us a little extra time to leave the building. By the time we left we went to the elevators so that we could head outside to our vehicle, and we ran into the surgeon again. It was evening and we seem to have been his last appointment for the day and he was leaving as well. As we all walked off the elevator to head outside of the building, he stated he would see us in the morning and then said not to worry everything is going to go extremely well and there's only a 10% chance of complications. I remember standing there someone in shock and slightly confused because just thirty minutes earlier he had just said while we're in office there's only a 1% chance of complications. I didn't say anything I just questioned it inside my head why he suddenly changed the success rate, and eventually I eventually moved on from the thought, keeping my faith that she will not be in that percentile.

## The next day we reported to the hospital for our 5:00 AM showtime, I still was uneasy in my spirit; however, I kept quiet and prayed. She once again reminded me where everything was in her safe in her apartment her passwords her guns banking retirement accounts savings accounts all passwords to everything that required one. That shook my head quickly continuously say yes okay, I got it, I got it, but what I was really thinking was I got it, but it doesn't matter because I'm not going to need it you will be right back here in five to seven days to handle your own affairs as usual. It was finally time for her to go back to get prepped for surgery. It was a surreal moment, I felt like I was frozen in time watching her move quickly in this journey to heart surgery. She was finally in her hospital gown and had passed all her personal belongings to me in the hospital plastic bag. The doctor arrived and talked to her once again about the procedure asking if she knew what she was getting she responded yes. He told her the next step would be for the anesthesiologist to come and get her prepped and then he asked if we had any questions. I responded asking the same two questions I'd ask the doctor at the other hospital which was how long the surgery was and who would be the person to tell me what I would need to take care of her once she was home. He responded by saying the surgery would be about 5 hours and that they would make sure I had everything I needed once she was discharged. Not long after he left the anesthesiologist arrived in order spoke to her about the medication that would be used to put it to sleep. was It being still a very crucial time of COVID, all medical staff was required to wear mask to make sure they were kept safe as well as the patient. As they were talking to her, I whipped out my camera so that I could film her saying goodbye. She stretched out her arm waving and smiling talking into the video recording saying goodbye and she would see us all soon. She looks so happy and excited to get this over with. As I was filming, I noticed that the anesthesiologist had been wearing his mask down on his chin. As he turned rolling the hospital bed, he swiftly pulled his mask up and rolled her out. I gathered all my things, and they escorted me to the waiting area and explained how to watch the digital board for her progress. Her surgery was scheduled to start that 7:00 AM which meant it was expected it's end around noon and she would then spend an hour or more in recovery. Not long after I was settled in the surgical waiting area our cousin Rachel arrived to sit with me so I would not be alone and knowing my mother would be excited waking up seeing her face along with mine. We waited patiently as the time slowly ticked by. We received our first call from the nurse a little more than an hour into the surgery just saying that everything was going well and that she was on the bypass machine. We took a deep breath with a sigh of relief just to hear that everything was going as planned. Time started to pass, and we didn't receive any more calls from the nursing team. We glared endlessly at the digital board as her status still remain the same, in surgery. We started to notice doctors approaching the loved ones of people that arrived with us and after us, notifying them that their loved one was out of surgery and currently in recovery. We slowly watched the waiting room empty. It was now 2:00 pm, and what was supposed to be a 5-hour surgery head now continued for seven hours. We weren't nervous initially, but the closer it became to 3:00 PM we started to ask each other why we hadn’t heard anything. A little after 3:00 PM the surgeon finally entered the room and headed towards us. As he approached, I had a weird feeling that he looked distressed or grieved. There was a look upon his face I discerned, but I could not comprehend or explain. I immediately started to get tight, my chest tightened up, I looked intently at him awaiting what he would have to say. In those few moments I started to get slightly concerned for what he had to say. As he began to talk, his entire mannerism stressed intense look dropped, he put on a smile and said the surgery went well there were no complications, and she is now in recovery. With a sigh of relief my cousin Rachel jumped up and said thank you Lord and I dropped my head and said the same. I looked back up and listen to everything else he had to say. He said we will be able to see her in about an hour. We waited patiently for them to come and get us as he said, but for some unknown reason, no one came. Nearly another hour and a half passed and still no one from the nurses’ team came for us. We boldly gathered our things and headed to the room number that had been provided to us by the surgeon. We were excited with anticipation to see her and knowing that she made it through the surgery without incident. When we walked into the room, we had a gut feeling something was not right.

### \*\*\*

### Is Surgery Necessary Now

One of the greatest misconceptions about surgical procedures is that it is the first option for treatment, the only option, or the best option. In the case of my mother, the question remains, did she really need the surgery? When they told her she needed the surgery, the question remains could it have waited another year, two, or even five to ten years? That is an answer that may never be answered. What we do learn is while she didn’t have any symptoms from her malfunctioning mitro-valve, it seems other that had the same diagnosis most that elected to have the surgery had severe complications, symptoms, and several other treatments by the time they elected to proceed. It is important to ask as many questions as possible and seek as many opinions as you have the time and resources to enable you to make the best decision for you and your family. Additionally, according to Government health statistics, it shows there are approximately 7.5 million unnecessary medical and surgical procedures performed every year resulting in 8.9 million unnecessary hospital stays. Another study Health in the 21st Century by Francisco Contreras MD, page 212, determined that almost 29% were not necessary with heart surgery being the number one leading unnecessary surgery. As of 2005, according to Goldberg in Alternative Medicine 90% of the approximately 750,000 hysterectomies performed were unnecessary.[[6]](#endnote-6) According the Sweeny Malpractice Law Firm, The Harvard University School of Public Health estimates that as many as 1.3 million Americans suffer disabling injuries in hospitals yearly, and 198,000 of those may result in death; seven out of ten of which were preventable (48% from faulty surgery), and one third from negligence.[[7]](#endnote-7) In conclusion, after reviewing statistics of the number of unnecessary surgeries such as those above, it makes me question even the more the likely hood of the possibility that her surgery could have potentially been unnecessary. Nevertheless, what is most important to be understood is the statistics should provide proof of the importance of patients doing their own research, asking questions, seek second opinions, and be very proactive in making informed decisions on whether to proceed with a recommended surgery or procedure. Do not put your health decisions solely in the hands of the doctor, you must “help them help you.” They will appreciate partnering with you to help aid in bettering your health. Additionally, when patients are proactive in their health care it reduces the rate of medical errors and malpractice suits.

**Questions to ask regarding your surgical procedure?**

* Ask if you will need any surgical procedures, when, and how long can you go without it, and all details regarding the risks and benefits.
* Ask if the surgery is suggested or required.
* Ask them to show you through your test results that determined why the surgery is needed and the various options for performing the procedure.
* Ask how many times they have performed the surgery, their personal success rate. Be sure to look up their license and review their state licensure disciplinary record.
* Ask then how long is recovery, how long will you be in the hospital, what type of at home care will be required.
* Ask if are there any alternatives to having the surgery?
* Ask what are the risks if you don’t have the surgery?
* How long can you go without have the surgery?
* Ask what type of anesthesia will be used and how long will you be under?
* Ask will you be in the ICU after the surgery and if show how long.
* Ask where you recover after ICU and if there will be any form of rehab?
* Ask if the rehab will be internal or external.
* If your loved one will be able to stay in the room with you overnight
* Ask what are the visiting protocols and hours?
* Ask if you are incapacitated and the person that oversees making decisions will be contacted immediately and how will they communicate with them?
* Ask if they have your health care directives on file and communicate your written advanced directives verbally to ensure you are on the same page.
* Ask if you will have any ports, drains, catheters, or other attachments required after surgery.
* What type of problems have other patients experienced after the surgery?
* Always remember, you can always obtain a second or third opinion.
* What board are you certified and are you a fellow with the College of surgeons.
* Ask how long it will take for my wound to heal.
* Will the hospital provide the items needed to care for my wound.
* Are there any special treatments that can assist in speeding up the healing time for my wound.
* Do you provide any nerve block or special pain reducer, and will they cause permanent nerve damage? How long will it take for the numbness to wear off?

Lastly, trust your gut. There were several instances in the story above where something just didn’t feel right. Later, we found out that everything we felt was accurate.

# **Chapter 5 End of life planning**

## I Hear You

## It seemed to be taking it really long time for them to let us in to see her in recovery however we didn't think anything of it, and we just waited patiently. Finally, we were able to see her. They had already removed her ventilation and she was awake partly smiling because she was glad to see us. The doctor reassured us everything had gone well, and she would be in there for about five to seven days for recovery. We sat around chatting with her watching as they continue to hook her up to the different machines. As the evening approached our cousin went home and I stayed the night with her. I was up most of the night watching her trying to rest and watching the nurses come in and out. The room was big it had a bathroom inside of the room and a let-out couch that turned into a bed for guest. It also had a reclining chair for the patient to sit in once they were able to sit up. This was at the end of COVID, and I wanted to make sure I was more than six feet away from her, not only for her safety but for mine as well knowing the mired of autoimmune diseases I battled myself. I stayed in my corner on the couch and the nurses didn't initially talk to me much, so I didn't worry much about having close contact with them. There was plenty room for them to enter and attend to what they needed to do to take care of her. and I sat in the corner on the couch somewhat far away because I was afraid to get close to her knowing she was fresh out of surgery.

## **Day 2**

## The next morning, she awakened not feeling so well. I thought this must have been just the effects from having the surgery. She said she had flu like symptoms and her chest was heavy. She wasn't as bright and smiling as she was the night before, she seemed a lot of more lethargic and restless. She was sweating really bad her gown was soaked and she was laying flat on the plastic mattress where the sheets had come off the bed. She had chills and complained of being cold. I noticed a lot of doctors were in and out and they were running quite a few tests. Once again, I thought this was all standard procedure after the surgery that she had. The only mention one of the nurses made to me was they were going to do a COVID test and test for other infections as well. As the evening progressed, I could tell she was not feeling well at all I would get up throughout the night to check on her and slide her hospital socks that were extremely big back on her feet. She didn't talk much she just said she was really cold and could I turn the heat up. That would sneak up to the thermostat and attempt to change the temperature to no avail upon looking at the thermostat it read that the temperature was 67° in the room. I asked for blanket they said they didn't have any I asked for a pillow they said they didn't have any. And late shivering goes on the couch praying I didn't come down with the cold myself. My mother could see I was balled up on the couch freezing she offered me one of the blankets from her bed which I refused to take. As sick as she was and as cold as she was, she was still offering me the cover from her bed. I told her to get some rest and prayerfully she would feel better in the morning. In the meanwhile, I found a nurse’s cabinet with a few blankets, and I took those to cover myself and her to stay warm and I used another one as a pillow.

## **Day 3**

## The next morning the doctors came in to inform her better test had come back positive for pneumonia. They immediately started treating her with they said one of the strongest antibiotics they had. They were very concerned about the antibiotic being able to sure the pneumonia. Let's started to notice that the room was getting dirty, and no one had been in to clean. When the nurses would finish with different pieces of equipment foil, caps, etc… they would just drop them on the floor. You're going to the point there was quite a bit of trash on the floor, and it looked very unsanitary. She still had on the same bloody gown from surgery three days prior, and the sheets we're still the same but not on the bed. She was laying directly on the plastic mattress. I wasn't sure how often hospitals clean in the ICUI also wasn't sure how often they washed the patients and change their gowns. I had never been in the ICU myself or with anyone else. I stayed in my corner the room watching from afar. I decided I was going to log in to her my chart patient portal so I could look at the blood work and test results they had taken the day after surgery. The surgeon entered and said he needed to talk to me. He stated she needed a blood transfusion due to a loss of blood during the surgery. He also stated that he needed to take her for a right heart catheter because he believed there might have been blockage in the artery and if there was, they would perform a procedure to clear it. He stated that her LVEF was functioning only at 30% and he needed to find the problem. I didn’t know what to think but everything was moving so fast. He stated that the anesthesiologist would be in soon to take her down. Before I could turn around, they were wheeling her out. I sat down on the couch, dropped my head and to calm myself. I didn’t know what to think, expect, or understand what all of this really meant. It felt like a turnstile of information and events was thrown at me extremely fast. About an hour later she returned from the procedure and the surgeon informed me that there no blockage was seen. She was hooked up receiving blood and resting, but he said he would be running more test to determine why her LVEF was so low.

## **Day 4**

## The next morning, she was looking nervous, but still strong and trying to understand what was happening herself. I continued to keep my distance and would not get close because I wanted to make sure I didn’t expose her to anything. It was early and the surgeon entered the room and explained he needed to install the impala heart pump. He stated she would only need this device for a few days, and he wanted to get consent from us because he would probably be performing the procedure within the next few hours. He said her LVEF had dropped to 15% and it was urgent for her to have this pump and another blood transfusion. Of course we agreed to the procedure. She was now looking at having a third surgery and a third blood transfusion within four days. Although, they had already limited visitors at this point, my mother told me to call our cousin Rachel to come sit with me during this surgery, because she didn’t want to me sit through it alone. Rachel rushed up to the hospital to sit with me while we waited for the surgery to be over. While we were waiting in the same ICU room, she had been the last four days, serval nurses had checked in on us and said it was okay to stay until she returned. We were soon approached by one of the other nurses who asked us to leave and sit in the main waiting area. We complied and packed our things and left. A couple of hours passed, and we had not received any updates. I went to go check and was told they would notify us when she was out. The time seemed as if it was moving so slow until finally someone came to get us and said she was back in the room. Immediately, when I walked in, I was startled, because she didn’t look the same as when she came out of the heart surgery. This time she was on a ventilator and had a feeding tube; she was strapped down and had on big white boxing like mitts. I was so confused, and I also started to feel I was being treated differently. It was almost as if something was being kept from me. I could feel that there was a possibility that this could be the end. There is a chance that is more prevalent right now that she could not make it back home. I listened to the update from the surgeon who said the installation of the device went well, but this time he mentioned she would be in the ICU for about two months, and she would need the impala machine for at least 6 weeks. He has also hinted at her needing long-term care after she is taken off this machine if her heart does not function; he was not quite sure yet.Wow! I was simply in stunned. This was not what he said right before the surgery, this was a significant change. I asked why she is on a ventilator was this time and not after having major heart surgery. The surgeon responded saying this was standard practice to be on a ventilator for a day or two after surgery, but he would see if they could wake her up. He quietly and quickly said if she will. I almost freaked out right in that moment. The room was full of people doing their job to get her hooked up and medications on to all the machines. There were so many machines attached to her, it was unbelievable. I asked the respiratory nurse would she wake her up? She leaned over calling my mother’s name asking if she could hear her. I kept looking at my mother and I was on alert, I am not sure if it was fear, flight, or fight, but I was definitely on ready. I stared at my mother and also started calling her name and it seemed as if she moved slightly. I mentioned to the nurse that she moved when I called her and the nurse told me no, it is just the body responding to the medication. I didn’t believe it, I didn’t stop. I kept calling her name over and over again. Again, it seemed as if she moved her mitts and her feet. It was not by much, but enough for me to see. So I asked the nurse, why did she have those mitts on and could she remove them. The nurse said that is so she will not pull the ventilator out of her mouth. I asked her to take the mitts off she allegedly wasn’t awake anyway. Then nurse agreed and removed the mitts and her straps. I kept talking to my mother and letting her know I was there. I said to her that I needed her to move because they told me you can’t move or wake up. Sure enough she moved again. Then I looked over at the machine that held the medication and I noticed that she was still on a propofol IV drip, meaning she was still being sedated and they were intentionally not trying to wake her up. If they explained to us that they didn’t want her off the sedation then I would have understood at the time, but that was not what they explained; therefore, my trust was starting to walk out of the door. I turned to the nurse and asked if she was aware the propofol was still on and that is why she can’t wake up and the nurse responded as if she was in shock that she wasn’t aware it was still on. She turned the propofol down and my mother opened her eyes. By this time some of the traffic in the room was starting to wean down. Most of the nurses had completed their hookup of the machines and had walked out the door talking together. Rachel had already left, and I was now in the room alone with her. She couldn’t talk because she was on the ventilator, but she pointed over to where I had been sitting. I looked over to the side to see what she could have possibly been pointing at. I realized I had a legal pad and pen laying on the couch. I grabbed it and gave it to her, and she wrote an alarming note to me. Initially, I thought perhaps it was the anesthesia, but it was she wrote in the note that made me aware that she was not delusional. She wrote first asking me to please not leave for the night. She begged me to stay overnight, but that wasn’t what caught my attention as much, because I could see someone wanting their loved one to stay with them for comfort. What alarmed me was her next statement. She asked me to not go to sleep. She said stay up all night and watch everything they do. My eyes grew big. I asked her, why, while commenting to her that she was still drowsy from the medication. She firmly wrote, no I am very clear. She said I can prove it to you. She wrote, I overheard them talking about you. She said they were laughing about how they kicked you two out of the room. I instantly knew she was alert, because that happened a couple of hours prior to her coming out surgery, and there was no way for her to know we were removed from the room unless she heard them talking about it. She was just about to write why she wanted me to watch them, as she started to write that something happened, before she was interrupted by the nurse walking back in. Once she saw the nurse walking back in, she covered up the paper and slid both the pad and the pen back to me as if she didn’t want them to know she was talking to me. The nurse entered the room and walked to the medication dispenser machine and turned back on the propofol, and in an instant my mother was back under and sleeping. I never was able to find out what she wanted to tell me, but I knew whatever it was, was not good. I understood the assignment. I didn’t know how I was going to stay awake all night, but

## I knew I had to since she asked.

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### **Get Your House in Order**

### Whenever patients are undergoing a surgery or a surgical procedure the doctor usually will utilize one of four types of anesthesia, general, local, regional, or sedation anesthesia. The definition of anesthesia according to Wikipedia is a state of controlled, temporary loss of sensation or awareness that is induced for medical or veterinary purposes. The purpose of its use is to relax your muscles and prevent pain thereby also keeping the body from moving during the surgery. One of the greatest misconceptions about anesthesia is that the patient is not able to hear while sedated. However, that has been proven to be untrue. Doctors are well aware that patients sometimes can hear while they are sedated even though they are not able to respond, they often talk to their patients while performing their procedures, explaining to them what they are doing. Studies done by the National Institute of Health have shown that approximately 47% of patients remember real facts after being sedated and over 50% of patients are able to hear and communicate while ventilated.[[8]](#endnote-8) In fact, an article written by Pub Med discussed the importance of verbal and touch communication with those patients that are in intensive care and unable to speak while ventilated and sedated.[[9]](#endnote-9) My mother heard something that seriously concerned her while she was sedated. She only had enough time to tell me to stay and watch over her. I knew something happened that I had not been told and I needed to be prepared if she was to become incapacitated or if she passed away.

### *In those days was Hezekiah sick unto death. And the prophet Isaiah the son of Amoz came to him, and said unto him, Thus saith the LORD, Set thine house in order; for thou shalt die, and not live. 2 Kings 20:1[[10]](#endnote-10)*

### Being admitted to the hospital is a common event that happens in the lives of many people. According to Statistica, in 2022, there were over 33.7 million hospital admissions in the United States.[[11]](#endnote-11) Anyone that is checking into the hospital for a surgery or surgical procedure, should think of it just as we think of doing fire drills, flight attendant emergency deplaning, or active shooter drills. They are procedures in place that are practiced and run through your mind repeatedly until you understand what to do if it is necessary. They are always emergency procedures in place to utilize when they are needed in various situations, hoping, and praying the day will never come where they will have to be utilized. When you are being admitted to the hospital, the same thought should be in everyone’s mind to be prepared for the worst. The greatest misconception about end-of-life planning is that it is not necessary for the young and or healthy. Additionally, prior to being admitted into the hospital you don’t have to prepare for end of life regardless of age or health status. However, that is quite the contrary to the truth. All advance directives and end of life planning should be done prior to being admitted. Being admitted to the hospital should be the day the patient plans for the worst while believing in the best outcome. The major question to be answered is how to prepare for surgery prior to being admitted into the hospital. This answer is never an easy one to talk about, because it means preparing as if you will be staying for a long time or even for death. That is something no one finds pleasant to think about, but something that is so necessary, because will all face one day. While any healthy, or young person who is not faced with any life-threatening heath challenges would prefer to put end of life and estate planning on the back burner for a while, it serves best to be prepared as much as one is able to be when going in for a surgery. According to the results of a study done by the National Institute of health, it found there was a great disparity of patients that did not have advance directives on file prior to admittance for surgery. Additionally, African Americans were found to have the least number of people to have an advanced directive on file in comparison to whites.

When my mother was preparing to go into the hospital, the day before she thought she had better go get her hair washed and braided. Why was this important? Well, it had nothing to do with life or death of course, but had everything to do with maintaining her hair once she was out. She was in the hospital for almost ninety days, due to how she had her hair prior to that, had she not braided it before her admittance into the hospital, she would have certainly lost most of her hair by the time she was released. Yes, that seems small or superficial when compared to death or major complications after a surgery, but certainly hair is important to most people as a part of their image It is an example of how the smallest things matter. It is also one less thing for someone to be worried about once they are out of the hospital and recovering. In the previous chapter we covered the checklist of items to pack. To prepare for your hospital stay, I have included a checklist of things to have in one place and provide to the person that will be the power of attorney they can easily locate. I would recommend having a safe in your home where you keep all these personal items.

**Advanced Directive Checklist[[12]](#endnote-12)**

* Complete legal name, you would never believe how many names are different than what is on their birth certificate or the name you have known them by all of their life.
* Social Security card, or the number.
* Know their living address, mailing address, safe deposit boxes, and any PO Boxes they might have.
* Have a copy of all keys to all property, safes, deposit boxes, mailboxes, vehicles, garages, storage units, lockers, and work or office keys.
* Birth, marriage, death, citizenship, adoption certificates.
* All contact and location information spouse, parents, children, religious contacts, relatives, close friends, attorneys, financial advisors, or doctors,
* There may be death benefits from previous employers, list all previous employers and dates of employed.
* They may have been affiliated with certain groups or sororities, Education and military records all of which may have benefits available.
* You should have a list of all email addresses, passwords, cell phone, apple ID’s etc..
* You should be aware of and have all contact information and account numbers for all of their assets, and income including stocks, bonds, checking, savings, 401K, credit union, pensions, credit cards, debit cards, other investments, and insurance policies.
* You should also understand all health insurance information that is available to them including long-term care coverage, hospice, or home care coverage with policy numbers and contact information. We will talk more about long term care.
* You should know who the accountant is or tax preparer and have a copy of their most recent income tax return and know all liabilities to whom and when they are to be paid.
* Have the original Will with signature, living will, Durable power of attorney for health care, and advanced directives in the case of incapacitated such as a do-not-resuscitate and preference of organ or brain donation.
* Communicate all advance care planning, end of life care for funeral arrangements, and estate plans.
* You should know of all mortgages, property tax, homeowner insurance and/or renter’s insurance, copies of the deed or the trust, vehicle, boat, gun title and registrations.
* You should plan for long term care of any pets and have the veterinary records.

What are advanced directives? Advance directives are legal documents that enables you to convey your end-of-life care decisions that includes life-sustaining medical treatments that are mechanical or artificial that could sustain or restore life or prolong the dying processto family, friends, and doctors such as the following.[[13]](#endnote-13)

* CPR and the use of an automated external defibrillator (AED).
* Various types of breathing machines
* Different types of medications or treatments, some may be alternative.
* Feeding tubes or Nutrition and hydration given through IV. [[14]](#endnote-14)

In conclusion, being prepared for the worst possible outcome when being admitted to the hospital possibly save your life. My mother had everything prepared in one location for me, she repeated it to me over and over again. When it was finally time to use it I almost panicked. I had to stop and think clearly and revisit everything she said. Some I could remember, other specific things I couldn’t. Luckily, I recorded her citing her instructions how to access certain things and where other items were located. I also took pictures of her three pages of old school paper documented passwords. There wasn’t anything she had not prepared for that I was not able to find. I was saddened it had come to this point and it was no longer an exercise, but it was now time to execute. She prepared and prepared me for this time. I held the greatest admiration for her organization, and the upmost respect of her preparedness and readiness. I had copies of everything mentioned in the list above, literally nothing was missing or unclear. If you were to die, your loved ones will be grieving, and they should not have to struggle to figure out how to bury you or take care of your personal business.

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# **Chapter 6 ICU**

## **Day 5**

## The following morning, she was hanging steady. Her body was swelling with a ton of fluid. She was finally approved to be removed from the ventilator and she was so happy. Her surgeon was due to be off work; therefore, he was not scheduled to see her, but three ICU doctors belonging to the cardiac and infectious disease team collectively agreed on a treatment plan to aid in removing the fluid off her body.

## Although her surgeon was originally scheduled off, he came storming into the room that morning and seemed nervous almost as if he was on pins and needles. He walked up to my mom avoiding speaking to or making eye contact with me. After speaking with her, he left out to the hall to speak with the attending nurse staff, and I could hear him scolding them saying that he is the head surgeon and does not take directions from any other doctors because he makes all the final decisions. There also appeared to be more going on in the background we were not privy to, but the tension amongst the physician team and the surgeon was very clear. He seemed to have disagreed with the three physicians that was now attending to her regarding the change in the treatment plan. I would soon learn that the doctors, that would treat her in the ICU changes every Sunday. There would be a brand-new team making decisions, and those decisions may be completely different than what was agreed upon with the previous set of doctors. It was Sunday and the Surgeon did not agree with this week’s new attending ICU doctors.

## **Day 6**

Not only was I developing trust issues, but I was also starting to have some housekeeping concerns as well, considering it should be a clean environment for someone coming out of surgery. I always believed that the ICU was the cleanest place in the hospital, I guess I was wrong for having that mindset. The first three days after surgery, my mom was never washed or wiped clean, and she is a chest heavy woman with also a large abdomen that required to be cleaned daily especially considering that she had been sweating profusely. She still had on the same blood-stained surgical gown from the day one, until I complained, and they changed it on Saturday when she had to go for the second surgery. The room had not been cleaned, nor the floors moped, in five days. Along with the trash that was on the floor, there was often urine and blood fluid spills as they cleared it from her attachments that was never wiped up. Everyone carelessly walked around as if it wasn't there for five days until I asked for a broom to sweep the floor and they finally cleaned the room and changed her bed sheets. She said being cleaned lifted her spirit and made her feel refreshed. She was still swelling really bad, and I didn’t know if this machine was really doing what it needed to do. She didn’t see as if she was getting any better. I also always believe that the ICU had the most skilled nurses. I quickly learned that while that is sometimes true, there are times it is not. There were so many new nurses being trained to treat her and any many mistakes were being made. Had I not been sleeping there nightly, many of them I would not have ever known about. This particular evening, she was extremely miserable, and I asked the nurse what the plan was for her pain management that evening. She had been taking narco; the nurse responded and said she was about to give her ketamine. I asked her why such a medicine and she said she was going to give it to her for her pain. I asked her to check with the surgeon to make sure that was the correct medication. She gave her narco for the time being and said she would check with the attending doctor about the ketamine.

## **Day 7**

The following morning the surgeon arrived, I mentioned asked him if he was now prescribing ketamine for her pain management since that was the first I heard of that being in the treatment plan previously discussed. He responded he would never give someone in her condition ketamine. However, I was still left wondering where did the nurse get the directions to administer that drug. He proceeded to prescribe her Robaxin muscle relaxer for pain, which put her in such a deep sleep so much that I thought she was dying. After she finally awakened in the middle of the night, we requested for her to not receive that medicine anymore because she seemed almost comatose while on it.

## **Day 8**

The next morning there was another shift of new nurses in training, and they laughed about the night shift person. They were told she was given too much of the Robaxin. Additionally, she had also been given the muscle relaxer and narco too close together which cause the extreme drowsiness. I watched as they giggled to themselves about her being overmedicated. It was in that moment that I quickly realized I could not put all of my trust in the staff. My mom was on the edge of death, fighting for her life and there had already been several mistakes. I knew I needed to continue to stay focused and now I also needed to pay attention to the medications, because initially I had not been. I needed to help them to help her.

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### **Don't Get a Ride, Bring an Advocate**

A few of the greatest misconceptions about the intensive care unit (ICU) is that it is the most sterile place in the hospital, with the most advanced and skilled staff, you don’t have to stay with the patient because they will be out of it most of the time and not know you were there, and it is where patients go before the die. Another misconception due to the critical nature of the patient and degree of intensity of treatments that the person overseeing the medical directives don’t have much of a say in participating in the direction of care for the patient. Take note of these key things that could help you if your loved one is ever in the ICU. First, never leave your loved one alone in the medical facility. If you are the appointed caregiver, be sure to arrive with the intent to be a fully informed advocate for the patient. Often when a patient is being admitted in the hospital, they do not take time to think about who is going with them that can be a good advocate on their behalf. I believe some think about who is the most reliable person that we know and love that is willing to take on the task of dropping off and picking up from the hospital after undergoing surgery or a procedure that requires someone to take us home. In other instances, I believe we also rely on the closest person to us to handle that small task of responsibility. I mean, it is safe to say picking us up and dropping us off at the hospital is considered a small task for most people if I am not mistaken. Indeed, I would say in most cases, it is merely a small task to complete for someone. However, it is important to note that there are certain things to be thought about when someone is being admitted into the hospital. One of those important things is to never only get a ride to the hospital, get an someone that will intellectually advocate on your behalf if it is needed. That person should be your eyes and ears should you become incapacitated. That person should be able to make all decisions for your health if you are no longer able to do it for yourself. Not everyone has a spouse, a significant other, a parent, or mature children can take on this responsibility. Therefore, it is not always an easy decision for some, which puts more understanding to why I said do not just get a ride, get an advocate. The person chosen to accompany you to the hospital should be prepared to stay, if necessary, advocate with some understanding, document, track your progress, help with your recovery, keep family and friends informed, pray, believe for better, have faith, and make decisions on your behalf should anything go wrong. This person should also be someone you are comfortable seeing you in any condition, that means naked as well.

### It is also important to understand the guidelines for the ICU. Know the visiting hours, speak to the doctor to see if it is okay for you to spend some nights on the couch if there is one available in that hospital. I personally stayed nearly all sixty-seven days my mom was in the ICU. Second, do not be afraid to speak up. Be respectful, because they are the experts, but that doesn’t mean mistakes don’t happen or what you must suggest may not be valid. There were times mistakes were made or there was confusion, and I was able to speak up and communicate with the team on her behalf. For example, there were times when my mother had a bad reaction to a medication and it was ordered to be stopped by the day team, and the night team would enter and prepare to give her that same medication again and I informed them of the change the doctor had made. That team verified the information I provided them was correct and later returned and agreed that she was not to receive that medication. I listened and asked questions so I would always understand her medications, what they were for and be advised of her plan of care. There were other times she was due pain medication. and they were not keeping up with it. She couldn’t talk because she was on a ventilator, but with tears in her eyes, she would signal me by moving her finger moving up and down her chest where she was cut, indicating that she was in pain. Depending on the nurse, would return and say oh it’s not time yet, but when they would go and check, indeed it was past the time, and she was due for pain medication. Remember, the nurses are very busy with several other patients, additionally not everyone is as good at the job as others. There was an instance I had to have a nurse removed from my mother’s care. She was only a few days out of surgery, her chest was still wide open, they wanted to make sure they didn’t have to go back in, I can only imagine the amount of pain she must have been in. All other nurses cared for her needs without me having a concern, but this nurse was notified she needed pain medication. She arrived with the needle in hand and stood over her with a smirk on her face glaring into her eyes repeating the question are you in pain. She nodded her head yes, each time. The nurse told her she was about to give it to her. I watched my mother’s teary eyes follow the needle back and forth in anticipation to receive the fentanyl medicine in her IV. The nurse left twice and returned only giving her something for her temperature. Thirty minutes passed and she still had not received any pain medication. She was critical and in pain and I was not sure if there were some implicit biases at play, but what I was sure that according to the nurse’s protocol she was supposed to have received the pain medication prior to anything else. She was removed and the head nurse agreed she didn’t follow protocol. The point of this message is do not just sit and watch, pay attention and don’t be afraid to speak up when necessary.

There were times when some doctors would visit because her case was so complex, and they wanted to see what was going on because her case was being discussed all over the hospital. Because I was there all day every day, I was able to answer their questions. Sometimes it was important because many were often under the impression she arrived at the hospital near death and in a wheelchair and not able to take care of herself prior to the surgery. I was able to continuously reiterate the narrative that she arrived on her own walking and talking laughing and smiling and she was not in heart failure. I eventually printed and placed two large posters of her looking lively and healthy a month prior to the surgery in her room. These posters enabled them to humanize her. They showed that she was not an old black feeble woman. I printed on the posters “help me get back home,” and “thank you for all of your help.” Be nice to the staff. They are under tremendous pressure, and they must deal with family as well. I often purchased snacks and placed them in her room for the team weekly to show my appreciation of their skills and efforts to take care of her. Many of them were surprised to see her pictures as a healthy person, but it encouraged them as they put their heads together daily to figure out how to get her well and back home.

**Tips to manage while in the ICU:**

### Obtain a printed copy of the patient’s pre-surgery labs and imaging and store it away.

### Labs and imaging are usually done daily in the ICU, be sure to access all test results daily through the patient’s online health portal. Staying on top of lab and imaging results will give you the most current information regarding their health status. It will also enable you to prepare your questions for morning rounds regarding lab results changes.

### If the health portal is not providing timely results, notify the doctor and ask if they can release the results without a delay. Sometimes they are released manually by the doctor and if it is marked for automatic release, you will see them as soon as the results are ready.

### They doctors have what they call daily rounds. The entire team come together usually early morning to discuss the plan and progress and provide any updates. For the longest I was not aware I could attend the rounds. They usually would take place right outside her room. One of the nurses pulled me aside and told me to attend the rounds. I was so thankful because I was able to hear the plan, make comments and ask questions to the team while they were together.

### SPEAK UP! Do not be afraid to respectfully ask questions, and track all medication and dosages given to them. Not all will like you asking questions, but depending on the relationship you have with the treating medical team, it will determine how they respond to the questions. Most are okay because they want you to be involved.

### Be there! The patient feels comfort knowing someone is there. They feel protected and not alone and overall, it can help in their recovery. When you need a break, have another loved one sit while you go home to rest. Be sure they take notes for you to follow up with the staff when you return.

# **Chapter 7 Long Term Care**

### By the end of the first eight days mother had already had three surgeries. The doctor explained that her heart was not pumping the way it should and they needed to add this device to her. I could not have imagined that she would have this huge machine pumping for her heart. She was now connected to a machine that pumped for her heart. This machine what's called the Impella. It is the world’s tiniest artificial heart pump, Impella supports your heart by taking over some of its work temporarily. This gives the heart a chance to rest and recover from injury, infection, or surgery.[[15]](#endnote-15) After the device was installed, she went through various treatments in an attempt to restore the function of her heart including plasmapheresis, but nothing seemed to work. Her body began retaining fluid at a rate that began to be difficult for them to control. Her body was stretched so tight it was as if the fluid was going to leak from her skin. The fluid was building in her lungs and the attempts to remove the fluid became a balancing act between clearing her lungs of the fluid and damaging her kidneys from removing the fluid to fast resulting in the doctors having to carefully maneuver the administration of various diuretics. Surgery to implant the LVAD machine was scheduled in just a few more days and they had to be sure she was stable enough for surgery, so they were constantly checking her medications and taking daily images of her lungs to make sure the fluid wasn’t overtaking her lungs. It has been almost thirty days since the initial surgery and finally it’s the night before the LVAD implant surgery which was scheduled for Monday, and she was complaining of having trouble breathing and she felt miserable the last two days. She had been sleeping a lot the last few days and when she would awaken she whispered, “my little body is tired, before falling back off to sleep.” It was late evening, and she just didn’t seem right. When the nurse entered, I mentioned my mother’s breathing concern to her and asked had she been given her diuretics. The nurse said “ no, an order was given Friday to stop the diuretics and only give them once at night.” I immediately asked her to contact the doctor, because there is no way her meds were supposed to be stopped. The nurse appeared not to be rushed by the request to contact the doctor for additional diuretics. Suddenly my mother’s blood pressure dropped significantly, and the monitoring machines started beeping and the doctor happened to be walking by and rushed into the room. The doctor questioned the nurse about her fluid count, and she provided a number that didn’t seem correct to the doctor. He asked her how she arrived at that number and after she answered, he scolded her for not doing the proper procedure to get the correct fluid count. He immediately checked and angrily looked and her and firmly said too much fluid! He immediately administered additional diuretics. About a couple hours later, my mother said she felt so much better. We finally understood what took place the day before with the resident doctor. I mentioned in one of the previous chapters that the entire cardiac team and ICU team of doctors would come together to discuss and make decisions about my mother’s direction of care. The ICU team of doctors rotated weekly, and they made the day-to-day decisions. They didn’t always agree and from what I was told by a couple of the nurses, sometimes the discussions could get heated. The Saturday prior to the surgery the resident doctor that was there training entered my mother’s room. He was always very kind to me and my mom. When he would enter her room all other times, he was always with one of the attending doctors. This time he was alone. He told us he came to say goodbye because it was his last day working and he would be at new hospital building for his next session training on Monday. He said he wanted to wish my mother well and although they were from different countries and nationalities, he said she reminded him of his grandmother and wanted her to survive. He stood around chatting with her about the surgery and questioning what really happened during surgery. He made some statements about what he believed happened but said he now believes something happened but not sure what. He then walked over to my mother’s IV line and injected something into it. He said to us he had given her some diuretics because he wants to make sure she makes it another night and he didn’t want anyone turning anything off on her. As soon as he said it, the heed ICU nurse walked into the room and sternly looked at him. As she walked in, he immediately changed the subject and started talking about the surgery. I could immediately tell something wasn’t right, I knew he was on our side, and I did not want him to get in any trouble, so I spoke up and said he was just telling my mom how much better she will feel after surgery. She then relaxed and slightly smiled and agreed that the surgery was a good idea. She then pivoted and left the room.

### Now we finally understood why the resident snuck and gave her a shot of diuretics. He knew someone gave the order to stop the diuretics Friday and he didn’t agree and didn’t have the power to dispute the order being a resident and was concerned she would not make it until surgery on Monday. We saw him again on Sunday afternoon outside the room, he starred into the room through the windows as he was standing in a group with the other doctors as if he wanted to enter the room and couldn’t. We waved as to say bye knowing it was his last day on the floor, but it seemed he couldn’t slip away to enter her room. It was later that evening we finally found out her diuretics had been stopped which was very dangerous for the state she was in. I stayed awake with her all night to make sure she was okay and to ask questions if needed throughout the night. She had a smooth night and finally made it to surgery which was successful, but still required a longer stay than they anticipated due to other mishaps. She would end up in the ICU an additional thirty days.

Surgery was on September 26, and she remained on the ventilator until October 4th. They were still struggling with fluid retention, and it was causing problems with her breathing, but she was afraid to go back on the ventilator. They explained they were afraid for her to go into respiratory failure or cardiac arrest; therefore, they October 7th, they opted to put her back on a ventilator and they would do a tracheotomy a few days after. In the meanwhile, it seemed as if she was having some delirium and had reverted back to a five year old child. I constantly asked what was wrong with her and they seemed to ever have an answer. She could not write properly or spell, she wrote notes that looked like chicken scratch and would get frustrated smacking her sucking tube against the bed at anyone that didn’t understand her notes. I didn’t know what to think and didn’t understand what was happening and no one was providing answers. I started counting the days she had not been on a feeding tube. The tube was inserted incorrectly, and it took several days to fix. I also started to research delirium in the ICU. I realized she had not had any nutrients for days and I pressed them to fix her feeding tube and to provide some form of vitamins in her IV. I also found an article from National Institute of Health about Thiamine deficiency and delirium in critically ill patients.[[16]](#endnote-16) I sent a message via her MyChart requesting they give her Thiamine in her IV. Initially they didn’t want to do it stating she already had too many fluids. However, I provided them with the research article, and they eventually gave her the thiamine. The day after receiving the Thiamin she was finally seemed normal. She was finally writing notes we could understand, and the small temper tantrums were no longer. The feeding tube was fixed, and she was finally receiving nutrients and she was finally in her right mind, of course she started asking when she could get off of the ventilator. The constant answer stated was her numbers didn’t warrant her being able to come off. It had almost been sixty days in the ICU and they said they needed the bed and would be sending her to a long term acute care hospital to wean her off of the trachea. I was upset and wanted to know why she would not be weaned at the hospital then sent to the in-hospital rehabilitation as they originally stated. They wanted me to sign the papers and said they would transfer her as soon as a bed was open, and I refused. I insisted upon visiting the place they wanted to admit her. The next day I stopped by and took a tour. My heart sunk as I walked through and saw all the intubated patients that looked like vegetables. I asked about emergencies and where the patients would be taken, and she said they would be taken back to the hospital because they didn’t really have urgent care there. She then explained to me that my mother had very good insurance and they had a bed open and waiting for her to be released. She then explained the benefits and I realized the hospital was holding to reach the sixty days payable to them through the insurance while telling me they were only waiting on a bed to be open. I politely thanked the lady for all the information and the tour and returned to the hospital. I knew my mother was still not stable enough to go to that place and it didn’t appear it was a place where improvement was really expected. Upon returning to the hospital, I put in writing to the doctor through her MyChart I wanted her to be cleared by her pulmonary doctor to be transported to another facility. I knew they were giving up on her and they didn’t know what to do and was going to ship her off to another facility where she would be out of their hands. The pulmonary was not a part of the ICU or the cardiac team that was making decisions about her care daily. He came to the rounds the next morning and checked on her and told them he didn’t agree and would not release her to that facility because she was not stable enough. I also asked him if she would try to be weaned from the ventilator at the hospital since she would be there for a while longer and he said yes.

The following morning they were supposed to start her wean and the nurse denied knowing anything about it. When the respiratory nurse came that late afternoon I restated the doctor ordered her for an attempt to be weaned from the vent. There were several steps to the weaning process they explained. The night nurse entered who was one of the most experienced nurses on the floor and realized that the swan device in her neck that goes down into her heart was too far in and the cord is wrapped around her right ventricle. It has been that way for twelve days and no one had review the xray and figured it out. The nurse that saw it on the alerted the doctors because this was serious. What it meant was all the time they were changing her meds and refusing to remove her from the ventilator, killing her kidneys over incorrect CVP numbers thinking there was extra fluid on the heart. They manipulated all her meds and kept her on the ventilator for eight extra days. The swan was too far into her neck and the cord wrapped around her right ventricle causing her to look as if the heart had far more fluid on it than it actually had. They put a dog line in to go to her intestines and it was clogged and not working so she is still not getting any nutrition while they were trying to figure out what to do. They finally fixed the line and was able to accurately determine how her heart was actually doing. The respiratory therapist finally started the wean and said she probably will not make it an hour on this machine. She was wrong. She lasted until late evening, and they were able to have her weaned from the vent within a week without having to go to the long-term acute care facility.

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### **After ICU**

### After a prolonged stay in the Intensive Care Unit (ICU), patients typically follow one of several pathways depending on their condition. However, when a patient has limited health insurance and requires continued care after a long stay in the ICU, their options for post-ICU care will depend on their specific medical needs, financial situation, and the coverage provided by their insurance. The specific path a patient takes depends on their individual medical needs, recovery progress, and overall prognosis. Here are some common scenarios:

1. Skilled Nursing Facility (SNF)

 • What it is: A skilled nursing facility provides a higher level of medical care than a typical nursing home. It is often used for patients who need rehabilitation or ongoing medical monitoring.

 • Insurance Consideration: Some insurance plans may cover part of the stay, but coverage can be limited in duration. After the covered period ends, patients may have to pay out-of-pocket or apply for Medicaid.

2. Rehabilitation Center

 • What it is: Rehabilitation centers provide specialized therapies like physical, occupational, and speech therapy to help patients regain strength and independence for those patients that are recovering from severe illnesses or surgeries. Patients who need prolonged recovery, especially those who have been critically ill or have lost significant physical function, may be transferred to a rehabilitation facility. These facilities

 • Insurance Consideration: Limited insurance might cover a short stay in a rehabilitation center, particularly if the care is essential for recovery. Beyond the insurance coverage, patients might need to pay out-of-pocket.

3. Home Healthcare

 • What it is: Home healthcare services provide medical care in the patient’s home, which can include nursing care, physical therapy, and assistance with daily activities. In such cases, home healthcare services can be arranged to provide nursing care, physical therapy, and other support services at home for their continuation of care.

 • Insurance Consideration: Insurance might cover certain home healthcare services, but the extent of coverage varies. Costs beyond what insurance covers would be out-of-pocket.

4. Hospice or Palliative Care

 • What it is: Hospice care is for patients with terminal illnesses who are expected to live six months or less. Palliative care focuses on relief from the symptoms and stress of a serious illness, regardless of the prognosis. For patients with terminal conditions or those who choose to focus on comfort rather than curative treatment, hospice or palliative care may be appropriate. This care can be provided in a specialized facility, a nursing home, or at home.

 • Insurance Consideration: Limited insurance may cover hospice care, often under specific conditions, but palliative care coverage varies widely.

5. Long-Term Acute Care Hospital (LTACH)

 • What it is: LTACHs are specialized hospitals designed to treat patients who need extended medical care, often following a critical illness. For patients who still require complex medical care over an extended period but no longer need the full resources of an ICU, an LTAC hospital might be the next step. These hospitals are designed for patients with chronic critical illnesses or multiple complex medical conditions such as removing patients step by step from tracheotomy.

 • Insurance Consideration: Some insurance plans cover LTACHs, but coverage may be limited in scope or duration. The cost after the insurance coverage ends can be substantial.

6. Step Down Unit:

 • Some patients are transferred to a step-down or intermediate care unit. These units provide a level of care between the ICU and a regular hospital ward. Patients here still require close monitoring but not as intensive as in the ICU.

 • Insurance Consideration: Some insurance plans may cover part of the stay, but coverage can be limited in duration. After the covered period ends, patients may have to pay out-of-pocket or apply for Medicaid.

7. Discharge to Home with Family Support

 • What it is: If medically feasible, the patient might be discharged home with family members providing care, potentially with supplemental home healthcare services. Some patients may be discharged home but still require ongoing medical care.

 • Insurance Consideration: Insurance might cover some home healthcare services, but ongoing care needs would largely be the responsibility of the family.

The patient’s medical team, including case managers or social workers, will typically work with the patient and their family to determine the most appropriate and affordable care options based on the insurance coverage available. For those that don’t have access to health insurance or don’t have adequate coverage can utilize some of the following options:

1. Out-of-Pocket Payment

 • If insurance coverage is insufficient, the patient or their family may need to pay for continued care out-of-pocket. This can include hiring private caregivers or paying for a stay in a facility.

2. Medicaid

 • What it is: Medicaid is a state and federally funded program that provides health coverage for individuals with low income.

 • Insurance Consideration: Patients with limited insurance might qualify for Medicaid, which can cover long-term care in a nursing home, home healthcare, or other services.

3. Charitable or Community Resources

 • Some patients may access charitable organizations, community resources, or nonprofit programs that provide care or financial assistance for those with limited insurance coverage.

When a caregiver is informed that a patient must transition to long-term care, it’s important to ask the right questions to ensure that the patient receives appropriate and high-quality care. Here’s a list of questions a caregiver should ask:

1. Medical Care and Staffing

 • What kind of medical care will the patient receive?

 • How often will the patient be seen by a physician or specialist?

 • What is the staff-to-patient ratio, and what level of care is provided?

 • Are there registered nurses (RNs) or licensed practical nurses (LPNs) available around the clock.

 • What training does the staff have in handling the patient’s specific medical condition?

 • Is there a plan in place for emergency situations?

* What are the outcomes in this facility?

• How many patients are alive one year? after admission to this LTACH?

•. How many patients are discharged home after one year after admission?

2. Rehabilitation and Therapy Services

 • What types of rehabilitation services are offered (e.g., physical, occupational, speech therapy)?

 • How frequently will the patient receive these services?

 • Are the therapists licensed and experienced in treating the patient’s condition?

 • How is progress monitored, and how are care plans adjusted?

3. Daily Living Assistance

 • What assistance will the patient receive with activities of daily living (ADLs) such as bathing, dressing, and eating?

 • How are personalized care plans developed and implemented?

 • Is there a focus on promoting the patient’s independence as much as possible?

4. Facility Environment and Amenities

 • Can I tour the facility to see the living conditions?

 • Are private or shared rooms available, and what are the associated costs?

 • What amenities are provided (e.g., meals, laundry, recreational activities)?

 • How are dietary needs accommodated?

 • Is there a community atmosphere with social activities?

5. Costs and Insurance Coverage

 • What is the cost of care, and what exactly does it include?

 • What is covered by insurance, and what will need to be paid out-of-pocket?

 • Are there payment plans or financial assistance options available?

 • What happens if the patient’s financial situation changes?

 • Is the facility covered by Medicaid or Medicare?

6. Transition and Adjustment

 • How will the transition from the hospital or home to the long-term care facility be managed?

 • What support is available for the patient and family during the adjustment period?

 • How is the patient’s emotional and psychological well-being supported?

7. Visitation and Communication

 • What are the visitation policies and hours?

 • How does the facility communicate with families about the patient’s condition and care?

 • Is there an online portal or other method for regular updates?

8. Patient Rights and Advocacy

 • What are the patient’s rights in the facility?

 • Is there a process for addressing concerns or complaints?

 • How are decisions about the patient’s care made, and how are families involved?

9. Licensing and Accreditation

 • Is the facility licensed and accredited by the appropriate state and national organizations?

 • Are there recent inspection reports or quality ratings available?

 • Has the facility had any recent violations or issues?

10. End-of-Life Care and Planning

 • How does the facility handle end-of-life care if it becomes necessary?

 • What are the options for hospice care, and how is it integrated into the care plan?

 • How does the facility support families during this time?

Asking these questions will help ensure that the chosen long-term care facility meets the patient’s needs, respects their dignity, and provides a supportive environment for both the patient and their family. Don’t allow the hospital to ship your loved one off without you having choice, inappropriate placement in LTACFs is a recognized issue.

General reason patients are misplaced to LTACFs:

 1. **Misplacement Estimates:** Some studies and reports indicate that a small but significant percentage of patients may be transferred to LTACFs without appropriate medical justification or due to lack of better alternatives. Estimates can vary, but this percentage is generally thought to be low, in the range up to 15%, which is still too high.

 2. **Reasons for Misplacement:**

 • **Overestimation of Patient Needs:** In some cases, patients may be sent to LTACFs because their healthcare providers overestimate the level of care required.

 • **Insurance and Financial Considerations:** Decisions about placement can sometimes be influenced by insurance coverage, where patients with specific coverage may be directed to LTACFs even if another type of care might be more appropriate.

 • **Lack of Alternatives:** In regions with limited availability of skilled nursing facilities (SNFs) or rehabilitation centers, patients may be sent to LTACFs as a default option.

 • **Communication Gaps:** Poor communication between healthcare providers, patients, and families can lead to misunderstandings about the most appropriate care setting.

 3. **Quality and Appropriateness of Care:** The primary concern with inappropriate placement is not necessarily the percentage of patients affected, but the impact on patient outcomes, including unnecessary extended hospital stays, increased costs, and potentially compromised care quality.

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# **Chapter 8 Does Faith Matter**

## A Muster Seed of Faith

## While my mother was in the ICU, I can't say there weren’t any days that I wasn't afraid. I can't say there weren’t days I didn't question what was taking place. There were many days that I asked God how we get here. Although I was in disbelief that we were going through this, I never loss faith that she would walk out that hospital. I vowed I would fight by faith and works until the end. Throughout the entire time I watched my mother maintain her faith. Every doctor that walked in and asked her how she was doing, she would always say, “I am blessed.” She would talk to me and tell me that she knew that God told her he would never leave her or forsake her. She would constantly say that the Holy Spirit told her to be still and know that he is God. She said a calm came over her and she knew she would make it out of there alive. No matter how grim things looked from day to day. She constantly told me she was holding on to what God told her. I had been sleeping at the hospital every day. It was day ten and the nurses were starting to get irritated with me being there, because I was watching everything and asking questions regarding her medications and her care. That afternoon the nurse walked in and told me with such a smile on her face that I had to leave because my mother who was already in critical condition had covid and she had to now go to the covid section of the ICU for isolation. This would be my first night not staying with her since the day she asked me to stay and watch everything because she heard them say something disturbing. The look in her eyes as she watched me pack up and leave was a sadness I could not describe. I felt lost and helpless. I left and called her on her cell phone, and I overheard the doctor that walked in tell her that her daughter gave her covid. I could not believe what I was hearing. Her room was big, with a couch bed, and two sitting recliners and a bathroom. I never went close to my mother because I didn’t want her to get any infections from germs and I also didn’t want to be in the nurse’s way as they were constantly in her room. I was so hurt that they would tell her that blatant lie. I knew I didn’t have covid, that would have been devastating for me since I have a compromised immune system and decreased lung capacity myself. As he continued to talk to her without knowing I was on speaker phone he sarcastically said, “so you managed to get yourself covid.” “I don’t know if in your condition if I am going to be able to help you, I am not sure you will make it out of this.” Then he started to scold her about not being vaccinated. He told her he would give her Remdesivir, but he couldn’t promise her it was going to work because she was in bad shape. I knew someone at the hospital gave her covid and it wasn’t me. I immediately went to a testing center to get tested and of course it was negative. I tested every day for seven days to make sure I didn’t have it and to confirm with documented proof that I wasn’t the one that gave it to her. We were told she couldn’t have visitors for ten days. So many was dying from covid at the time, I was devastated that she now had this to deal with after just getting that big Impella machine connected to her, and she was still being treated for a terrible hospital infection that gave her a bad case of pneumonia. She told me she was not worried; she was still trusting what God told her. A couple days before we had just brought her a bunch of vitamins to strengthen her body and one of those multivitamins had elderberry in it. I reminded her to take her vitamins daily at breakfast, lunch, and dinner to help her body fight. She knew not to drink anything with milk in it so it wouldn’t create more mucus in her chest. She also knew to keep her be up and not to lay flat. We tried to utilize every natural medical precaution we could. Unbeknown to the hospital staff, my husband and I are both clergy, we understood that a patient has a right to visit with clergy for an hour a day and even with covid she could not be denied that right. The next day my husband went up to the hospital to visit with and pray, and it gave her just a little bit of light in her day. We alternated the days of bedside prayer until the last day she was in isolation. By the third day, my mother said they would rush in to draw blood from her neck right after we would leave and the doctors would ask her what was she taking. Although we had approval for her to take vitamins from one of the doctors and he told us which of them she could not take, she got nervous the way they asked, and she told them nothing. Every day they would come in and tell her that her bloodwork was getting better and was she sure she wasn’t taking anything. She told them she was only taking the protein drinks her daughter brought her. I had given her Orgain Protein drink which had more nutrients than the ensure and no dairy. The doctors that were attending to her that week started to call her a miracle because she seemed to be making it out of the covid scare. She had a long road ahead, but she was thankful to God for keeping her safe during that covid phase. She said seeing us daily was very encouraging for her and she played her worship music throughout the day and night. She was in so much pain and discomfort and constantly heard bad news, but her faith and my faith were connected, and we stood believing together she was going to make it out of the hospital alive.

## There came a time where I could no longer lean into her fair, see her faith, or hear her faith because after the first thirty days she was not conscious or in her right mind for a large portion of the second set of thirty days. She was quiet, you could only hear the noise from the breathing machine, and the beeps from the other machines in the room. It seemed dark all the time. I could no longer have conversations with her, and nothing seemed to be getting better at the looks of it. As lonely as it was, I understood I had to stay strong and keep the faith for her, all while making sure I stayed focused and tracked everything, recorded every conversation, and stayed awake during the most critical night hours to pray. I walked her bedside and prayed, while playing worship music from her phone that was lying next to her ear. I created a conference call for all the family members and friends to get on the line to pray for her. Sometimes as I prayed quietly in the room, some nurses respected prayer and thought it was good and it was always obvious the ones that didn’t. This particular day she had yet another surgery to close her chest, she laid peacefully in the bed sedated and on the ventilator. I watched the numbers on the machine and noticed they were starting to fluctuate. I knew that it wasn’t right, so I went to the male nurse that was attending that night and told him. He brushed it off and said he knows that it is expected because they changed her medications. I was upset because they did not mention this to me and as I was headed back to my sitting area, I watched as her numbers dropped and she flat line. The next thing I knew all the buzzers were going off and I could hear over the speaker, code blue, code blue, code blue. I sat looking at her as all the nurses rushed in and surrounded her bed. She looked at peace with a slight smile on her face. I walked out to the hall to sit down and allow them to do what they do. One of the nurses approached and said she was sorry I had to see this and was I okay. I wasn’t sad, remembered what she said God told her and I was believing with her regardless of what it looked like in this moment. I sat still and calmly said to her, I am not worried it is not her time. God told her she will leave this hospital able to walk out on her own and I still believe it. The nurse looked shocked initially then agreed and said yes. A couple minutes later they majority of them walked out of her room and I heard them say she is stable. We still believed. After my mom had been home a couple of weeks she started talking about the day she went to sleep and started dreaming about these beautiful yellow birds. She said they were so peaceful and was flying all around her. She said the peace she felt in the dream was indescribable. I told her, “mom, that must be the night you died”

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## A muster seed of faith

Isaiah 53:5 King James; but He *was* woundedfor our transgressions, *He was* bruised for our iniquities; The chastisement for our peace *was* upon Him, And by His stripeswe are healed. This is one of the scriptures my mother would quote while she was in the hospital. The is that is often asked, does faith help? She was in critical condition and everything the doctors did another major issue would seem to happen they would have to deal with. Her faith encouraged her, her faith kept her believing, her faith kept her fighting, her faith brought her home. While faith is not a substitute for medical care, it can play a significant role in supporting a patient’s mental and emotional well-being, potentially aiding in their recovery in the ICU. Faith can provide strength, hope, and a sense of peace that can positively influence the overall healing process. A person's improvement in the intensive care unit can be positively influenced by faith, even though its effects can be complex and not consistently directly measurable. Depending on the individual's beliefs, practices, and how they incorporate faith into their coping strategies, faith can have a wide range of impacts on health outcome. According to some studies, patients with strong spiritual beliefs may have better health outcomes, including lower mortality rates, but the mechanism is unknown, and results can vary. Additionally, the faith of family members can impact how they cope with stress when a loved one is in the ICU, possibly affecting the patient's recovery. Patients can find comfort and support by maintaining their purpose through faith, crucial to their will to fight and recover. The practice of faith and spirituality, with its ability to reduce stress and promote relaxation, can reduce stress, and promote relaxation, which may positively affect the body's healing process. A patient's faith can provide emotional comfort and psychological resilience during critical illness, which can make it easier for him or her to cope with the stress and anxiety that accompany being in the ICU.

According to the American Heart Association, in a study of nearly 3,000 African American adults, those who reported more frequent church attendance, private prayer and 'feeling God's presence' were more likely to meet the American Heart Association's key metrics for optimal cardiovascular health, compared to others reporting less frequent religious participation or no such beliefs. Researchers note this is the first evidence that strong religious beliefs and spirituality may have beneficial effects on the heart health of African American men and women. The participants who reported more religious activity or having deeper levels of spiritual beliefs were more likely to meet the key measures for cardiovascular health: Greater frequency of attending religious services or activities was associated with 15% increase for the composite cardiovascular health score. Religious coping was associated with a 14% increase for the composite cardiovascular health score.[[17]](#endnote-17)

According to a Newsweek article, studies show that the impact of forgiveness, may boost health as well. In a survey of 1,500 people published earlier this year, Neal Krause, a researcher at the University of Michigan's School of Public Health, found that people who forgive easily tend to enjoy greater psychological well-being and have less depression than those who hold grudges. "There's a physiology of forgiveness," says Dr. Herbert Benson, head of the Mind/Body Medical Institute, and a host of the upcoming Harvard conference.[[18]](#endnote-18) According to Forbes, researchers at the Mayo Clinic concluded, “Most studies have shown that religious involvement and spirituality are associated with better health outcomes, including greater longevity, coping skills, and health-related quality of life (even during terminal illness) and less anxiety, depression, and suicide. Several studies have shown that addressing the spiritual needs of the patient may enhance recovery from illness.”[[19]](#endnote-19)

After my mother’s three month stay, she was known by all the doctors as the miracle lady. No one expected her to survive several times, but each time she pulled through. Some will say it was the work of medical staff, others will say it was her faith with the help of the doctors, and a few will say it was my advocacy, her faith, and their work to help her be whole. I would say it was simply God’s will that she survived along with all the other works. Surely standing by doing nothing would not have yielded what we see today. She had a will to survive that aligned with God’s will for her. No one will ever know what truly pulled her through all those surgeries and infections. While no one knows when we will depart this earth, what we do know is faith and forgiveness certainly matter. Matthew 24:36 KJV; “But of that day and hour knoweth no man, not even the angels of heaven, but My Father only.[[20]](#endnote-20)

# **Chapter 9 Do Supplements Matter**

## The first sixty days my mother was in the ICU she didn’t each much and she had so many surgical procedures where they would hold her food because they weren’t sure if they would need to go in for emergency surgery, I couldn’t understand how she was getting the nutrients she needed to fight the constant infections she was getting. She had pneumonia three times and covid once. There were also several times the feeding tube was clogged, not in correctly, not running at a level to give her enough nutrients, or simply not even on at times. It seemed as if they were so focused on what to do next with her, since per them it was one of the most complicated cases in the hospital history. They were not thinking about food or nutrients while they were trying to balance her medications and the fluids on her body. One time during the first month she was in the hospital. By now she was allergic to heparin, and they were scrambling to figure out how they were going to do surgery with a heparin intolerance and her hear function steady declining. She was able to eat food and was not on a ventilator at the time. They were still not telling me much and would barely talk to me since she was still able to answer them. I pulled up her MyChart regularly and reviewed the bloodwork day to day. They stopped releasing them daily once they realized I was reviewing them with her, and the lab results would be a day behind. I noticed a trend in her platelets, they were dropping fifteen points daily. This day they were 42 and I knew with the lab results being a day behind that meant they were lower than the 42 now. I contacted a doctor friend of mine who works in functional medicine and asked her to read the labs, she told me my mom didn’t have long to live according to the bloodwork. She told me to hurry and by her these three vitamins, I don’t remember which they were, but she said they raise platelet counts. She said the vitamins had to be leptosomic and quality brand to hit her blood stream fast. She couldn’t guarantee it would work but said it was worth a try and wouldn’t do any harm with anything they was giving her. I rushed to get the vitamins for her and gave them to her every day and within the week her platelets were over 150. Once again, they had mentally given up. Everything they said indicated a negative outcome. However, they were so shocked by the rise in her platelets they constantly asked her was she taking anything. I don’t recommend anyone doing the same without consulting with your physician. Vitamins or supplements can affect the condition they are trying to treat.

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## **Supplements and nutrition**

A feeding tube is typical when a patient cannot eat normally due to illness, injury, or surgery. Nutrients delivered through a feeding tube are carefully formulated to meet the patient's nutritional needs, which are paramount to the patient's recovery and health. When providing nutrition via a feeding tube in a hospital setting, there are a few vital essential nutrients:

**The formula usually includes macronutrients. A macronutrient called carbohydrates provides primary energy to the body.** Tube-feeding formulas typically contain simple sugars (like glucose) and complex carbohydrates (like maltodextrin) to facilitate digestion. Ensures that the brain, muscles, and organs get the necessary fuel. **Protein is another important element of feed. It maintains muscle structure, aids in tissue repair, and maintains immune function.** In feeding formulas, protein can be derived from milk, soy, or other sources like pea protein and can be whole proteins, peptides, or amino acids. **In addition to helping heal wounds and maintain muscle mass, proteins are essential for general recovery.**

**Fats in the diet provide a concentrated source of energy and essential fatty acids.** The fat in these formulas is often derived from vegetable oils like soybeans or canola oil, and some include medium-chain triglycerides (MCTs) to aid digestion. This nutrient is essential for hormone synthesis, cell membrane structure, and fat-soluble vitamin absorption (A, D, E, K).

**The formula also contains micronutrients that includes vitamins to support the body's biochemical processes, including immune function, energy metabolism, and tissue healing.** Adequate levels of vitamins such as vitamin C (for wound healing), vitamin D (for bone health and immune support), and vitamin B (for energy metabolism) are crucial to promoting patient recovery. **This feed also contains minerals that support essential physiological functions, such as oxygen transport (iron), bone health (calcium, phosphorus), and nerve function (magnesium, potassium).** Their presence is crucial for maintaining electrolyte balance, preventing deficiencies, and supporting metabolic functions.**Water and electrolytes** are also included. **Water provides hydration and is crucial in transporting nutrients and waste products around the body. Proper hydration prevents dehydration, and maintaining blood pressure and renal function depends on it**. **Fluid balance, nerve signaling, and muscle activity depend entirely on electrolytes, which include sodium, potassium, chloride, and others.** **A well-balanced electrolyte system prevents complications such as arrhythmias, muscle weakness, and fluid retention.** **A diet rich in fiber is beneficial for gastrointestinal health and normal bowel function.** Soluble or insoluble fiber can be found in feeding formulas. Patients receiving prolonged tube feeding especially need fiber because it helps prevent constipation while supporting a healthy gut microbiome. **At times there are special nutritional considerations which includes omega-3 fatty acids. A diet rich in omega-3 fatty acids has anti-inflammatory properties and may promote the recovery of the immune system and support immune function. It is o**ften included in specialized formulas for patients with inflammatory conditions or critical illnesses. **It is composed of two amino acids, glutamine and arginine, which help to support the immune system and promote wound healing.** These amino acids are essential for gut health, nitric oxide production, and immune function. Patients suffering from severe injuries or having surgery may benefit from supplementing their formulas with glutamine and arginine.

**An essential nutritional consideration is using antioxidants, such as vitamins C and E, selenium, and zinc. They help protect cells from oxidative stress and support the immune system.** Patients with critical illnesses benefit from this treatment because it reduces inflammation and aids recovery. **You can request various formulation types. The standard formula, which includes balanced nutrition, is usually provided**. Other formulas can be requested if the nutritionist hasn't offered anything other than the standard formula. Specialized formulas are designed for specific medical conditions, such as renal formulas (lower in potassium and phosphorus) for kidney disease or diabetic formulas (lower in carbohydrates) for blood sugar management. Most often, the doctor will have already requested a specialty diet when certain conditions exist. Additional formulas are elemental formulas. They contain nutrients in their simplest form (e.g., amino acids instead of whole proteins) for easier digestion and absorption. They contain nutrients in their simplest form (e.g., amino acids instead of entire proteins) for easier digestion and absorption. Often used in patients with compromised digestive systems.

**In conclusion,** patients' specific nutritional needs should be carefully met with feeding tube formulas that provide complete and balanced nutrition. A proper mix of macronutrients, micronutrients, water, and specialized components is necessary to ensure that recovering, healing, and maintaining vital bodily functions are possible for patients who can't eat. It is commonly decided what formula and nutrient composition the patient needs according to his or her medical condition, nutritional status, and individual needs. It is critical you you’re your loved one get enough nutrients while in the hospital. According to a study done by the National Institute of Health Supply of nutritional requirements is vital for all patients, especially for who cannot meet their nutritional needs normally. In addition, appropriate and timely nutritional support results in reducing mortality rate in hospitalized patients. Patients of Intensive Care Unit (ICU) need special medical care including nutritional care because of the complications caused by acute reaction or dysfunction of one or more body organs including the cardiovascular or respiratory systems. The prevalence of malnutrition is estimated at 50% and 43% for the patients of the general ward and ICU, respectively.[[21]](#endnote-21)

## **Supplements**

Sometimes people questions if supplements are necessary and if so, are they effective. It is important to remember that supplement effectiveness varies depending on many factors, including the type of supplement, the individual's health, the quality of the product, and how it is used. Supplements can be effective at addressing specific nutritional deficiencies. Numerous studies support supplements like vitamin B12, folic acid, and calcium for individuals with particular deficiencies or increased needs. Certain health conditions can be managed or prevented by taking supplements. Omega-3 fatty acids (found in fish oil) promote heart health, and glucosamine and chondroitin are often used to treat osteoarthritis and joint pain. Many supplements, such as omega-3s and folic acid during pregnancy, have strong evidence supporting their use in specific populations. It is not uncommon for people to take supplements to enhance general wellness, boost energy, or boost cognitive function. Multivitamins, for example, can offer broad-spectrum nutrition support, but their benefits are more apparent to those already deficient in specific nutrients. Although some studies show little benefit in preventing chronic diseases, some do show that multivitamins are effective in otherwise healthy people. Certain supplements are advised for specific populations to prevent disease. Folic acid, for instance, helps prevent neural tube defects in newborns among women of childbearing age. Some supplements, such as vitamin D and calcium for bone health, are well-supported for preventing disease, but others, such as antioxidant supplements for cancer prevention, are not well-supported. Taking a high-quality supplement and the right dosage are critical. Poor-quality supplements may lack active ingredients, and taking too little or too much can affect their efficacy and safety. Make sure the brand you choose has third-party testing and follow the recommended dosage or the advice of your healthcare provider when taking medications. Supplements can sometimes be attributed to the placebo effect, in which a person experiences improvements because of the belief that the supplement will be beneficial. Even though the placebo effect exists, it does not replace scientifically validated medications and supplements. Drug interactions can occur between supplements and medications, potentially reducing their effectiveness or causing unhealthy side effects. Before starting, any new supplement should be discussed with your healthcare provider, especially if you are taking medication. Several medications can be negatively affected by St. John's Wort, an herbal supplement used for depression. It is essential to eat a balanced diet in addition to taking supplements. Supplements cannot fully replicate the nutrients, fiber, and phytochemicals found in whole foods. Supplements should complement, not replace, a healthy diet rich in fruits, vegetables, whole grains, and lean proteins.

After 87 days in the hospital my mom was finally send home on hospice. My friend that is a functional medicine doctor put her on a strict nutritional, vitamin, and supplement plan. She was dedicated to the plan, and she was slowly getting better day by day. About a month later she had her first follow up appointment with the surgeon to remove the pins from her chest. When he saw her and reviewed her bookwork, he told her she looked far better than he expected. He asked her what she was doing at home, and he still didn’t know honestly how she survived everything. I said it was a muster seed. He questioned a muster seed. He asked if that was fish oil. He and the other doctors were always wondering if she was taking supplements that was miraculously increased her platelets when they were expecting her to bleed out. I laughed and said, no it was a muster seed of faith that got her through it all. The young nurse approached us and said he knew about her miraculous recovery and wanted to know more about the muster seed of faith. I smiled and directed him to the bible where it talks about the muster seed of faith. He smiled and wrote it down and said he wanted to learn more about it because he knew all about her story.

**In summary, healing and staying healthy, requires faith plus works. We were proactive in her care and I was an advocate for her plan of care. The food we take in on a day-to-day basis is not providing the nutrients we need to keep our body healthy. We should be proactive in understanding our nutritional deficiencies before something goes wrong and we are forced to be reactive. Overall,** supplements can work and be effective, especially when used to address specific deficiencies, support health conditions, or provide nutrients that are difficult to obtain alone through diet. However, their effectiveness may vary depending on individual needs, the quality of the supplement, and how it is taken. The best way to ensure supplement safety and efficacy is to seek guidance from a healthcare professional before using them. A study done by the National Institute of Health concluded that Dietary supplements alongside the regular hospital meals may help provide the nutritional requirements including energy and macronutrients more effectively and prevent or improve malnutrition in ICU patients, subsequently. Further research including randomized clinical trials is needed to approve the effect of dietary supplementation on the malnutrition status in ICU.[[22]](#endnote-22)

# Chapter 10 Health Resources

## *Add Medical/Health Advice Disclaimer*

## **It’s all about the blood!**

Bloodwork is one of the most crucial components managing your health for several reasons. It is of medical diagnostics and health management for several reasons. First it provides diagnostics for early detection of any chronic health concerns as well as any disease progression. It can tell if medication, or supplements are effective. It is the window to your organ function. Electrolyte balance, nutrient levels or deficiencies, and your overall health.

## Overall, through obtaining bloodwork it can be valuable in providing information to assess, diagnose, and manage your health conditions through preventive and therapeutic measures.

## **Functional Medicine Lab Tests vs. Conventional Lab Tests**

## The differences between functional lab test and conventional lab tests can vary drastically. Conventual test focus on identifying standard markers of diseases or conditions such as abnormalities in organ function, chronic diseases, or identify infectionsthat are already present. Whereas functional lab tests see to identify the underlying cause of the problem. They often look more comprehensively at metabolic function, hormonal balance, and nutritional status to get more to the root cause vs. symptoms.[[23]](#endnote-23) Some tests are specialty test and will not be offered by your general practitioner or covered by your insurance. In order to obtain the test, you will have to call the testing company such as Genova Diagnostics and ask them for a list of practitioners that offer the test within 60 miles of your address. Once you receive the list you can visit each of their websites to see if they take insurance, the type of practice they have, don’t forget to check the reviews, and then determine if that would be a practitioner you would want to go to for the test and the results. You want a practitioner that knows how to interpret the results and put you on a plan to improve your results.

## **Recommended Annual Bloodwork**

## Integrative blood work aims to assess your overall health, including traditional medical markers and additional tests that may provide insights into your body's functioning. A wide range of markers included in this comprehensive list can provide insights into your health status, potential risk factors, and areas needing attention. Below is a list of blood tests you should consider as part of your integrative health check-up every year:

**1. Complete Blood Count (CBC)**

* Determines red and white blood cells, hemoglobin, hematocrit, platelets to identify infections, anemia, and other blood disorders.

**2. Comprehensive Metabolic Panel (CMP)**

* Determines Electrolytes, kidney function, liver function, glucose levels and provides a broad overview of metabolic health and organ function.

**3. Lipid Panel**

* Assesses total cholesterol, LDL, HDL, triglycerides and evaluates cardiovascular health and risk of heart disease.

**4. Vitamin D (25-Hydroxy Vitamin D)**

* **Assesses** levels of vitamin D in the blood and essential for bone health, immune function, and overall well-being.

**5. Thyroid Panel**

* Assesses TSH, Free T3, Free T4, and sometimes Reverse T3 and thyroid antibodies to help determine thyroid function, which influences metabolism, energy levels, and overall health.

**6. Inflammatory Markers**

 •**C-Reactive Protein (CRP)** Indicates inflammation, which can be linked to chronic diseases.

 • **Erythrocyte Sedimentation Rate (ESR):** Another marker for inflammation.

 • **Homocysteine:** Elevated levels may indicate inflammation and cardiovascular risk.

**7. Hemoglobin A1c**

* Assesses Average blood sugar levels over the past 2-3 months and screens for diabetes and monitors blood sugar control.

**8. Insulin Levels**

* **Assesses** Fasting insulin levels and helps assess insulin sensitivity and risk for metabolic syndrome and diabetes.

**9. Hormone Panel (if applicable)**

* Assesses Sex hormones like estrogen, progesterone, testosterone, DHEA, cortisol and evaluates hormonal balance, which impacts mood, energy, metabolism, and reproductive health.

**10. Iron Panel**

* Assesses ferritin, total iron-binding capacity (TIBC), serum iron and detects iron deficiency or overload, which can affect energy levels and overall health.

**11. Vitamin B12 and Folate**

* **Assesses** levels of B12 and folate in the blood and essential for nerve function, red blood cell production, and DNA synthesis.

**12. Omega-3 Index**

* Assesses levels of omega-3 fatty acids in the blood and indicates risk for cardiovascular disease and inflammatory conditions.

**13. Magnesium and Zinc Levels**

* Assesses Magnesium and zinc levels in the blood and essential for many biochemical processes, including energy production, immune function, and muscle function.

**14. Advanced Lipoprotein Testing (e.g., LDL Particle Size)**

* Assesses provides detailed information on the size and number of LDL particles and offers a more accurate risk assessment for cardiovascular disease than a standard lipid panel.

**15. Liver Function Tests (Beyond CMP)**

* Assesses additional markers like GGT, ALT, AST and gives more detailed information on liver health and detoxification capacity.

**16. Glutathione Levels**

* Assesses levels of the body’s master antioxidant and critical for detoxification, immune function, and protection against oxidative stress.

**17. Heavy Metal Screening**

* Assesses levels of heavy metals like lead, mercury, cadmium, and arsenic and identifies potential toxic exposures that could impact overall health.

**18. Autoimmune Markers (if at risk or symptomatic)**

* Assesses ANA, anti-TPO, anti-CCP, and others and screens for autoimmune diseases which can be a source of chronic inflammation and other health issues.

**19. Nutrient Status**

* Assesses **l**evels of various vitamins, minerals, and amino acids and ensures adequate nutrient levels to support optimal health.

**20. Gut Health Markers (if needed)**

* Assesses Zonulin, calprotectin, or other markers of gut permeability and inflammation and addresses gut health, which is foundational for overall well-being.

## **Specialty Test**

## **NutrEval: Testing the Body's Functional Need for nutrients.**

The Genova Diagnostics NutrEval Test is an extremely effective tool to evaluate a patient's nutritional needs. This state-of-the-art test assesses a broad spectrum of macro and micronutrients, including essential vitamins, minerals, amino acids, fatty acids, and antioxidants. Furthermore, it also evaluates organic acids which can help evaluate overgrowth and imbalances in gut bacteria, yeast overgrowth, energy production/mitochondria slowdowns. It also looks at the body's detox systems and nutrients like glutathione and cysteine that play an outsized role in aiding your body in effectively excreting the hundreds of toxic compounds it encounters on a daily basis. Additionally, it assesses exposure to several toxic compounds including heavy metals such as lead and mercury, styrene, and more. It is an ideal tool for detecting hidden nutritional deficiencies that conventional lab tests often overlook, allowing for targeted dietary adjustments and supplementation plans.[[24]](#endnote-24)

## **DUTCH Plus: Unveiling Hormonal Imbalances**

The DUTCH Plus is a functional testing option that helps to understand the body's production of hormones and response to stress throughout the day. It not only looks at standard hormones like estrogen, progesterone, and testosterone it also looks at precursor hormones like DHEA and stress hormones like cortisone/cortisone. Additionally, this test assesses melatonin levels, which can provide information about sleep patterns and circadian rhythm disruptions. The test also measures a few other markers that assess neurotransmitter balance, oxidative stress, and nutrient deficiencies. Hence, the DUTCH Plus provides a comprehensive view of a patient’s hormonal health, offering essential data to develop.

## **6s rNA Microbiome Testing**

The Ombre Gut Microbiome Health test is an inexpensive, non-invasive tool that utilizes the 16s ribosomal RNA gene to identify and classify the diverse range of bacteria residing in the gastrointestinal tract. By utilizing this test, practitioners can identify imbalances in the gut microbiome, which might lead to various health issues such as digestive problems, immune deficiencies, and nutrient malabsorption.  With the personalized recommendations provided in the report and through consultation with their provider, individuals can make informed decisions about their diet, lifestyle, and supplement choices to optimize their gut health and prevent potential health issues.[[25]](#endnote-25)

## **Who Should Get this Test?**

* **Individuals with Chronic Digestive Issues:**Patients experiencing persistent gastrointestinal problems such as chronic constipation, diarrhea, or irritable bowel syndrome (IBS) who are seeking to understand the underlying bacterial dynamics in their gut.
* **Patients with Autoimmune Diseases:**Individuals diagnosed with autoimmune conditions like multiple sclerosis or rheumatoid arthritis, where gut health is suspected to influence disease activity or symptom severity.
* **Individuals Undergoing Probiotic Therapy:**Patients who are currently on or considering probiotic therapy, to guide the selection of appropriate probiotic strains based on the unique composition of their gut microbiome.
* **People with Unexplained Health Issues:**Individuals experiencing unexplained health issues, where traditional diagnostic methods have been unable to pinpoint the cause, as the test can uncover gut dysbiosis which might be contributing to their symptoms.
* **Individuals on Antibiotic Treatments:**Patients who have undergone prolonged antibiotic treatments, which might have altered their gut microbiome, and are looking to restore a healthy bacterial balance.[[26]](#endnote-26)

## **Health Monitoring Apps**

The utilization of various apps can help track different health patterns. It is always advisable to utilize an app to track medications, supplements, and vitamins you are taking in order to keep up with medication interactions. Not all apps track supplements and vitamins. The following health monitoring apps can assist you with tracking various aspects of your health, including fitness and mental health:

**1. MyFitnessPal**

 • **Features:** Tracks calorie intake, exercise, and nutrition. Extensive food database with barcode scanning. Integrates with other fitness apps and devices.

**2. Apple Health (iOS) / Google Fit (Android)**

 • **Features:** Centralizes health data from various apps and devices. Tracks steps, workouts, heart rate, sleep, and more. Integrates with third-party apps.

**3. Fitbit**

 • **Features:** Tracks steps, sleep, heart rate, and exercise. Provides insights into your overall activity and health. Integrates with Fitbit wearables.

**4. Samsung Health**

 • **Features:** Tracks steps, exercise, sleep, stress, and heart rate. Provides health tips and challenges. Integrates with Samsung devices and wearables.

**5. Headspace**

 • **Features:** Guided meditation and mindfulness exercises. Helps with stress management, sleep, and focus.

**6. Lifesum**

 • **Features:** Tracks diet, exercise, water intake, and weight. Provides personalized meal plans and health tips. Integrates with other fitness apps and devices.

**7. Sleep Cycle**

 • **Features:** Analyzes sleep patterns and wakes you up at the optimal time. Tracks sleep quality and provides insights into improving sleep.

**8. Blood Pressure Monitor**

 • **Features:** Logs blood pressure readings, tracks trends over time, and shares data with healthcare providers. Some apps integrate with Bluetooth blood pressure monitors.

**9. Glucose Buddy**

 • **Features:** Tracks blood glucose levels, insulin, medication, diet, and activity. Integrates with other health apps for comprehensive diabetes management.

**10. Clue**

 • **Features:** Tracks menstrual cycles, ovulation, and PMS symptoms. Provides insights into reproductive health.

**11. WaterMinder**

 • **Features:** Reminds you to drink water and tracks your daily water intake. Customizable hydration goals based on your needs.

**12. Pacer**

 • **Features:** Tracks steps, distance, calories burned, and active time. Offers personalized workout plans and challenges.

**13. MindDoc**

 • **Features:** Tracks mood and emotional well-being. Offers self-assessments and mental health insights. Provides access to mental health exercises and resources.

**14. Cardiogram**

 • **Features:** Monitors heart rate and detects irregularities. Integrates with Apple Watch, Fitbit, Garmin, and Wear OS devices. Provides heart health insights.

**15. Yazio**

 • **Features:** Tracks food intake, exercise, and weight. Offers personalized diet plans for various goals like weight loss or muscle gain.

## These apps can help you monitor various aspects of your health, stay on track with your wellness goals, and provide valuable insights into your overall well-being.

## **Vitamin and Supplement Cheat Sheet**

## Here’s a concise cheat sheet summarizing key vitamins, their primary functions, sources, and signs of deficiency: This cheat sheet provides a basic overview of essential vitamins and their role in health.

**Fat-Soluble Vitamins**

These vitamins are stored in the body’s fatty tissue and liver.

* **Vitamin A (Retinol, Beta-Carotene)**
* **Functions:** Vision, immune function, skin health, antioxidant
* **Sources:** Liver, carrots, sweet potatoes, spinach, kale, eggs
* **Deficiency Symptoms:** Night blindness, dry skin, weakened immune function
* **Vitamin D (Calciferol)**
* **Functions:** Calcium absorption, bone health, immune function
* **Sources:** Sunlight, fortified milk, fatty fish (salmon, mackerel), egg yolks
* **Deficiency Symptoms:** Rickets in children, osteomalacia in adults, bone pain, muscle weakness
* **Vitamin E (Tocopherol)**
* **Functions:** Antioxidant, protects cell membranes, immune function
* **Sources:** Nuts, seeds, spinach, broccoli, vegetable oils (e.g., sunflower, safflower)
* **Deficiency Symptoms:** Rare, but may include nerve damage, muscle weakness
* **Vitamin K**
* **Functions:** Blood clotting, bone health
* **Sources:** Leafy greens (kale, spinach), broccoli, Brussels sprouts, fermented foods
* **Deficiency Symptoms:** Easy bruising, excessive bleeding, weak bones

**Water-Soluble Vitamins**

These vitamins are not stored in the body and must be consumed regularly.

* **Vitamin C (Ascorbic Acid)**
* **Functions:** Antioxidant, collagen synthesis, immune function, iron absorption
* **Sources:** Citrus fruits, strawberries, bell peppers, broccoli, tomatoes
* **Deficiency Symptoms:** Scurvy (bleeding gums, joint pain, fatigue)

**B Vitamins**

* **B1 (Thiamine)**
* **Functions:** Energy metabolism, nerve function
* **Sources:** Whole grains, pork, legumes, nuts, seeds
* **Deficiency Symptoms:** Beriberi (nerve damage, muscle weakness), Wernicke-Korsakoff syndrome
* **B2 (Riboflavin)**
* **Functions:** Energy production, skin and eye health
* **Sources:** Eggs, milk, green leafy vegetables, whole grains
* **Deficiency Symptoms:** Cracked lips, sore throat, inflamed tongue, skin disorders
* **B3 (Niacin)**
* **Functions:** Energy production, DNA repair, skin health
* **Sources:** Meat, fish, poultry, whole grains, peanuts
* **Deficiency Symptoms:** Pellagra (diarrhea, dermatitis, dementia)
* **B5 (Pantothenic Acid)**
* **Functions:** Hormone production, energy metabolism
* **Sources:** Chicken, beef, potatoes, oats, tomatoes, egg yolks
* **Deficiency Symptoms:** Rare, but may include fatigue, irritability, numbness.
* **B6 (Pyridoxine)**
* **Functions:** Protein metabolism, neurotransmitter synthesis, red blood cell production
* **Sources:** Poultry, fish, potatoes, bananas, chickpeas
* **Deficiency Symptoms:** Anemia, depression, confusion, weakened immune function
* **B7 (Biotin)**
* **Functions:** Metabolism of fats, carbohydrates, and proteins, hair and nail health
* **Sources:** Eggs, almonds, spinach, sweet potatoes, liver
* **Deficiency Symptoms:** Hair thinning, skin rash, brittle nails
* **B9 (Folate, Folic Acid)**
* **Functions:** DNA synthesis, red blood cell formation, fetal development
* **Sources:** Leafy greens, beans, peas, nuts, fortified cereals
* **Deficiency Symptoms:** Megaloblastic anemia, birth defects (e.g., neural tube defects)
* **B12 (Cobalamin)**
* **Functions:** Nerve function, red blood cell formation, DNA synthesis
* **Sources:** Meat, fish, dairy, eggs, fortified cereals (especially important for vegetarians/vegans)
* **Deficiency Symptoms:** Pernicious anemia, nerve damage, memory loss

**General Tips:**

* **Balanced Diet:** Eating a variety of foods, including fruits, vegetables, whole grains, and proteins, generally provides adequate vitamins.
* **Supplementation:** Consider supplements if you have specific dietary restrictions, health conditions, or are in a life stage that increases nutrient needs (e.g., pregnancy).
* **Consult Healthcare Providers:** Before starting supplements, consult a healthcare provider to avoid potential overdoses or interactions with medications.

## **Suggested Daily Vitamins**

Integrative supplements can complement a balanced diet and support overall health. However, it’s essential to consult with a healthcare provider before starting any new supplements, especially if you have health conditions or are taking medications. Here are some commonly recommended daily integrative supplements that many people consider for general health:

**1. Multivitamin**

 • **Purpose:** Provides a broad range of essential vitamins and minerals to fill potential gaps in your diet.

 • **Key Components:** Vitamins A, C, D, E, K, B-complex (including B12 and folate), and minerals like zinc, magnesium, and calcium.

**2. Vitamin D**

 • **Purpose:** Supports bone health, immune function, and mood regulation.

 • **Typical Dose:** 600-2,000 IU daily, depending on individual needs and sun exposure.

**3. Omega-3 Fatty Acids (Fish Oil or Algal Oil)**

 • **Purpose:** Promotes heart health, reduces inflammation, and supports brain function.

 • **Typical Dose:** 1,000-3,000 mg of EPA and DHA combined daily.

**4. Probiotics**

 • **Purpose:** Supports gut health, digestion, and immune function.

 • **Key Strains:** Lactobacillus, Bifidobacterium, and Saccharomyces boulardii.

 • **Typical Dose:** 5-10 billion CFUs daily, or as recommended based on specific strains.

**5. Magnesium**

 • **Purpose:** Supports muscle function, relaxation, and overall metabolic health.

 • **Typical Dose:** 200-400 mg daily. Forms like magnesium citrate or glycinate are often preferred for better absorption.

**6. Vitamin C**

 • **Purpose:** Supports immune function, skin health, and antioxidant protection.

 • **Typical Dose:** 500-1,000 mg daily.

**7. B-Complex Vitamins**

 • **Purpose:** Supports energy production, brain function, and red blood cell formation.

 • **Typical Dose:** Follow the dosage instructions on the supplement label or as recommended by a healthcare provider.

**8. Turmeric (Curcumin)**

 • **Purpose:** Provides anti-inflammatory and antioxidant benefits.

 • **Typical Dose:** 500-1,000 mg of curcumin extract daily, often taken with black pepper extract (piperine) for better absorption.

**9. Coenzyme Q10** (CoQ10)

 • **Purpose:** Supports cellular energy production and cardiovascular health.

 • **Typical Dose:** 100-300 mg daily.

**10. Calcium**

 • **Purpose:** Supports bone health, especially important for those who do not consume dairy.

 • **Typical Dose:** 500-1,000 mg daily, typically taken in divided doses with food for better absorption.

**11. Vitamin K2**

 • **Purpose:** Works synergistically with vitamin D to support bone health and cardiovascular function.

 • **Typical Dose:** 90-200 mcg daily.

**12. Zinc**

 • **Purpose:** Supports immune function, wound healing, and skin health.

 • **Typical Dose:** 15-30 mg daily.

**13. Elderberry** (for cold and flu)

 • **Purpose:** Supports immune health, particularly during cold and flu season.

 • **Typical Dose:** 500-1,000 mg of standardized extract daily.

**14. Alpha-Lipoic Acid**

 • **Purpose:** Provides antioxidant support and helps with glucose metabolism.

 • **Typical Dose:** 300-600 mg daily.

**15. Melatonin** (If Needed for Sleep)

 • **Purpose:** Supports sleep regulation and may help with sleep disorders.

 • **Typical Dose:** 0.5-5 mg taken 30 minutes before bedtime.

**Additional Tips:**

 • **Quality Matters:** Choose high-quality supplements from reputable brands with third-party testing to ensure purity and potency.

 • **Personalization:** Supplement needs can vary based on age, health conditions, diet, and lifestyle. Tailoring your supplement regimen to your specific needs is crucial.

 • **Balanced Diet:** Supplements should complement, not replace, a balanced diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats.

## Always consult with a healthcare provider to determine the best supplements for your individual needs and to avoid any potential interactions with medications or existing health conditions.

**Supplements for Inflammation**

Inflammation can be addressed with the help of many supplements that possess anti-inflammatory properties. The benefits of these products can be seen when trying to manage chronic inflammation and inflammatory conditions. It is important to use these supplements as part of a comprehensive approach to health that includes a balanced diet and a healthy lifestyle to manage inflammation effectively. Some of the best supplements to reduce inflammation are listed below:

**1. Turmeric** (Curcumin)

 • **Active Compound:** Curcumin

 • **Benefits:** Potent anti-inflammatory and antioxidant properties. Helps reduce inflammation and pain.

 • **Typical Dose:** 500-1,000 mg of curcumin extract daily, often with black pepper extract (piperine) to enhance absorption.

**2. Omega-3 Fatty Acids** (Fish Oil or Algal Oil)

 • **Active Compounds:** EPA and DHA

 • **Benefits:** Reduces inflammation, supports cardiovascular health, and improves joint health.

 • **Typical Dose:** 1,000-3,000 mg of EPA and DHA combined daily.

**3. Ginger**

 • **Active Compounds:** Gingerol and other phytochemicals

 • **Benefits:** Anti-inflammatory and antioxidant effects, can help with joint pain and digestive inflammation.

 • **Typical Dose:** 500-1,000 mg of standardized ginger extract daily.

**4. Boswellia** (Frankincense)

 • **Active Compound:** Boswellic acids

 • **Benefits:** Reduces inflammation, particularly beneficial for joint pain and arthritis.

 • **Typical Dose:** 300-500 mg of standardized boswellia extract, taken 1-2 times daily.

**5. Green Tea Extract**

 • **Active Compounds:** Catechins, particularly EGCG (epigallocatechin gallate)

 • **Benefits:** Strong anti-inflammatory and antioxidant properties. Supports overall health and immune function.

 • **Typical Dose:** 200-500 mg of standardized extract daily.

**6. Resveratrol**

 • **Active Compound:** Resveratrol

 • **Benefits:** Anti-inflammatory and antioxidant properties. Supports cardiovascular health and reduces inflammation.

 • **Typical Dose:** 100-500 mg daily.

**7. Vitamin D**

 • **Benefits:** Modulates immune responses and has anti-inflammatory effects.

 • **Typical Dose:** 600-2,000 IU daily, depending on individual needs and blood levels.

**8. Boswellia Serrata**

 • **Active Compounds:** Boswellic acids

 • **Benefits:** Known for reducing inflammation, particularly effective for inflammatory joint conditions.

 • **Typical Dose:** 300-500 mg of standardized extract daily.

**9. Alpha-Lipoic Acid**

 • **Benefits:** Provides antioxidant support and helps reduce inflammation.

 • **Typical Dose:** 300-600 mg daily.

**10. Spirulina**

 • **Active Compounds:** Phycocyanin and other antioxidants

 • **Benefits:** Supports immune function and has anti-inflammatory properties.

 • **Typical Dose:** 1-3 grams daily.

**11. N-Acetyl Cysteine (NAC)**

 • **Benefits:** Antioxidant and anti-inflammatory effects, supports lung health and detoxification.

 • **Typical Dose:** 600-1,200 mg daily.

**12. Bromelain**

 • **Active Compound:** Enzyme derived from pineapple

 • **Benefits:** Reduces inflammation and supports digestive health.

 • **Typical Dose:** 500-1,000 mg of standardized extract, taken 1-3 times daily.

**13. Quercetin**

 • **Active Compound:** Flavonoid with antioxidant properties

 • **Benefits:** Reduces inflammation and supports immune function.

 • **Typical Dose:** 500-1,000 mg daily.

**14. Vitamin C**

 • **Benefits:** Antioxidant that supports the immune system and reduces inflammation.

 • **Typical Dose:** 500-1,000 mg daily.

**15. Magnesium**

 • **Benefits:** Supports muscle relaxation and has anti-inflammatory effects.

 • **Typical Dose:** 200-400 mg daily, typically taken as magnesium citrate or glycinate.

**Tips for Using Anti-Inflammatory Supplements:**

 • **Consult a Healthcare Provider:** Before starting any supplement, especially if you have a medical condition or are taking medication.

 • **Dosage and Quality:** Follow recommended dosages and choose high-quality supplements from reputable brands.

 • **Holistic Approach:** Combine supplements with a diet rich in anti-inflammatory foods (e.g., fruits, vegetables, whole grains, nuts, and seeds) and lifestyle changes (e.g., regular exercise, stress management).

**Supplements for fertility**

Supplements can be helpful in enhancing fertility. While these supplements can support various aspects of fertility, they work best with a healthy lifestyle, including a balanced diet, regular exercise, stress management, and once you have consulted with your doctor.Here’s a list of supplements often recommended to support fertility in both men and women:

**1. Folic Acid** (Vitamin B9)

 • **Benefits:** Supports healthy cell division and helps prevent neural tube defects in the fetus. Important for both preconception and pregnancy.

 • **Typical Dose:** 400-800 mcg daily.

**2. Prenatal Vitamins**

 • **Benefits:** Provide essential nutrients needed during preconception and pregnancy, including folic acid, iron, calcium, and other vitamins and minerals.

 • **Typical Dose:** Follow the label instructions or as advised by a healthcare provider.

**3. Vitamin D**

 • **Benefits:** Supports hormone regulation, immune function, and overall reproductive health.

 • **Typical Dose:** 600-2,000 IU daily, depending on individual needs and blood levels.

**4. Omega-3 Fatty Acids** (Fish Oil or Algal Oil)

 • **Benefits:** Supports hormone production, improves egg quality, and reduces inflammation. Beneficial for both partners.

 • **Typical Dose:** 1,000-3,000 mg of EPA and DHA combined daily.

**5. Coenzyme Q10** (CoQ10)

 • **Benefits:** Supports cellular energy production and improves egg and sperm quality.

 • **Typical Dose:** 100-300 mg daily.

**6. Iron**

 • **Benefits:** Essential for blood health and oxygen transport. Important for women with low iron levels or those trying to conceive.

 • **Typical Dose:** 18 mg daily for women of childbearing age; adjust based on individual needs.

**7. Zinc**

 • **Benefits:** Supports hormone production and reproductive health in both men and women.

 • **Typical Dose:** 15-30 mg daily.

**8. Magnesium**

 • **Benefits:** Supports hormone balance, relaxes muscles, and helps regulate menstrual cycles.

 • **Typical Dose:** 200-400 mg daily.

**9. Vitamin C**

 • **Benefits:** Supports sperm health and motility, boosts the immune system, and improves egg quality.

 • **Typical Dose:** 500-1,000 mg daily.

**10. L-Carnitine**

 • **Benefits:** Supports sperm health and motility and improves egg quality.

 • **Typical Dose:** 500-2,000 mg daily.

**11. Inositol**

 • **Benefits:** Supports ovarian function, particularly beneficial for women with polycystic ovary syndrome (PCOS).

 • **Typical Dose:** 2-4 grams daily.

**12. Myo-Inositol**

 • **Benefits:** Helps regulate insulin levels, supports ovarian function, and improves fertility in women with PCOS.

 • **Typical Dose:** 2 grams twice daily.

**13. Vitamin E**

 • **Benefits:** Acts as an antioxidant, supports sperm health, and improves overall reproductive health.

 • **Typical Dose:** 400-800 IU daily.

**14. Selenium**

 • **Benefits:** Supports antioxidant defenses and improves sperm quality.

 • **Typical Dose:** 55-200 mcg daily.

**15. Maca Root**

 • **Benefits:** May help balance hormones, increase libido, and support fertility.

 • **Typical Dose:** 1,500-3,000 mg daily.

**16. Ashwagandha**

 • **Benefits:** Helps reduce stress, balance hormones, and support overall reproductive health.

 • **Typical Dose:** 300-500 mg of standardized extract daily.

**17. DHEA (Dehydroepiandrosterone)**

 • **Benefits:** May support ovarian function and egg quality in older women.

 • **Typical Dose:** 25-75 mg daily, under medical supervision.

**18. Echinacea**

 • **Benefits:** Supports immune health, which can be beneficial for overall reproductive health.

 • **Typical Dose:** 300-500 mg of standardized extract daily.

**19. Ginkgo Biloba**

 • **Benefits:** Supports circulation, which may improve reproductive health.

 • **Typical Dose:** 120-240 mg daily.

**20. Probiotics**

 • **Benefits:** Supports gut health, which can influence overall reproductive health.

 • **Typical Dose:** 5-10 billion CFUs daily.

**Additional Tips:**

 • **Consult a Healthcare Provider:** Always discuss any new supplements with a healthcare provider, especially when trying to conceive or if you have existing health conditions.

 • **Quality Matters:** Choose high-quality supplements from reputable brands with third-party testing.

 • **Balanced Diet:** Supplements should complement a balanced diet rich in fruits, vegetables, lean proteins, and whole grains.

**Supplements for Chronic Fatigue**

Considering that chronic fatigue may be caused by various factors, addressing it often requires a multifaceted approach, including dietary changes, lifestyle changes, and sometimes supplementation. However, it is important to note that these supplements are most effective when accompanying a comprehensive approach to health and wellbeing. Some supplements that are commonly used to help manage chronic fatigue are listed below:

**1. Coenzyme Q10** (CoQ10)

 • **Benefits:** Supports cellular energy production and combats fatigue. Important for cellular function and metabolism.

 • **Typical Dose:** 100-300 mg daily.

**2. Vitamin B12**

 • **Benefits:** Essential for energy production, red blood cell formation, and nervous system health. Deficiency can lead to fatigue.

 • **Typical Dose:** 500-1,000 mcg daily, especially if you are deficient or have absorption issues.

**3. Vitamin D**

 • **Benefits:** Supports immune function and overall energy levels. Deficiency is commonly linked to fatigue.

 • **Typical Dose:** 600-2,000 IU daily, depending on individual needs and blood levels.

**4. Iron**

 • **Benefits:** Essential for oxygen transport in the blood. Iron deficiency can lead to fatigue and weakness.

 • **Typical Dose:** 18 mg daily for women of childbearing age or as advised by a healthcare provider.

**5. Magnesium**

 • **Benefits:** Supports energy production, muscle function, and relaxation. Helps with fatigue and muscle cramps.

 • **Typical Dose:** 200-400 mg daily, usually in the form of magnesium citrate or glycinate.

**6. L-Carnitine**

 • **Benefits:** Aids in the transport of fatty acids into the mitochondria for energy production. May help with fatigue and exercise performance.

 • **Typical Dose:** 500-2,000 mg daily.

**7. Rhodiola Rosea**

 • **Benefits:** An adaptogen that helps the body cope with stress and may improve energy and reduce fatigue.

 • **Typical Dose:** 200-400 mg daily.

**8. Ashwagandha**

 • **Benefits:** An adaptogen that supports stress management, reduces fatigue, and improves overall energy levels.

 • **Typical Dose:** 300-500 mg of standardized extract daily.

**9. Ginseng** (Panax Ginseng)

 • **Benefits:** Supports energy levels and reduces fatigue. Often used to enhance physical and mental performance.

 • **Typical Dose:** 200-400 mg of standardized extract daily.

**10. D-Ribose**

 • **Benefits:** A sugar that is involved in energy production at the cellular level. May help improve energy and reduce fatigue.

 • **Typical Dose:** 5 grams, 2-3 times daily.

**11. Omega-3 Fatty Acids** (Fish Oil or Algal Oil)

 • **Benefits:** Supports overall health, reduces inflammation, and can improve energy levels.

 • **Typical Dose:** 1,000-3,000 mg of EPA and DHA combined daily.

**12. B-Complex Vitamins**

 • **Benefits:** Supports energy production, red blood cell formation, and nervous system health. Includes B1, B2, B3, B5, B6, B7, B9, and B12.

 • **Typical Dose:** Follow the dosage instructions on the supplement label.

**13. Acetyl-L-Carnitine** (ALCAR)

 • **Benefits:** Enhances mitochondrial function and energy production. May help with fatigue and cognitive function.

 • **Typical Dose:** 500-1,000 mg daily.

**14. Glycine**

 • **Benefits:** An amino acid that supports sleep quality and reduces fatigue. May improve energy levels and overall well-being.

 • **Typical Dose:** 3 grams daily.

**15. Probiotics**

 • **Benefits:** Supports gut health, which can influence overall energy levels and immune function.

 • **Typical Dose:** 5-10 billion CFUs daily.

**16. Curcumin** (Turmeric)

 • **Benefits:** Provides anti-inflammatory and antioxidant benefits, which can support overall energy levels.

 • **Typical Dose:** 500-1,000 mg of curcumin extract daily, often with black pepper extract (piperine) to enhance absorption.

**17. Electrolytes**

 • **Benefits:** Supports hydration and overall energy levels, particularly if fatigue is related to dehydration or electrolyte imbalances.

 • **Typical Dose:** Follow product recommendations or as needed based on activity and hydration levels.

**Additional Tips:**

 • **Consult a Healthcare Provider:** Before starting any new supplements, especially if you have chronic fatigue, underlying health conditions, or are taking medications.

 • **Quality and Dosage:** Choose high-quality supplements from reputable brands and follow recommended dosages.

 • **Holistic Approach:** Address lifestyle factors such as diet, sleep, stress management, and physical activity, as these can significantly impact energy levels.

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