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# “Woke Under Anesthesia”

*Misconceptions about medical treatments in the USA*

# By

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*This book reveals a hospital scandal at one of America's leading hospitals and how my loved one escaped death after a mixture of medical errors and complications that were covered up.*

*This book aims to help identify and provide life saving strategies when patients are challenged with medical negligence, socioeconomic, racial, or implicit biases while seeking medical treatment.*

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# Forward

# Introduction

In this book, as the story unfolds, we follow the journey of a daughter who exposes a hospital's cover-up. We also learn how socioeconomic biases influenced the post-operational care her mother received after several medical mishaps that left her near death. This story is based on actual events; names have been modified to protect their privacy. In the book, the 51-year-old daughter of a 68-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. The story is of faith, love, and ingenuity, set against death-defying suspense.

It is the story of the daughter's quest for answers after a cover-up of the botched 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 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 sought legal and professional assistance to help her advocate without success. She quickly realized the medical institution had the backing of a powerful government as its enabler. This was done by enacting revised malpractice laws the governor had previously passed on their behalf. She felt alone and afraid and did not know what to do, that is until she connected with a former medical student who knew exactly what to do to help.

 [Chapter 1] The Misconceptions about Doctors

Finding A Doctor (*Her Relocating and looking for A heart doctor)(the intent is to tell a story)*

 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 of my medication. I had spent 18 years suffering from several debilitating autoimmune diseases such as multisystemic Sarcoidosis, Lupus, Hashimoto, and Sjrogens. 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, Plaquenile, Remicade, methotrexate, prednisone, Actonol, and Immuron, 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. However, I understood that my miraculous recovery was attributed to a variety of 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 perhaps he could be some doctor who practiced medicine and some weird home remedies stuff also. 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 Scherville, 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 the things 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 a lot about being more educated and proactive in my medical care, enabling my future care team to better help me. I learned about my food intake and various non traditonal, 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 have the ability to get off of 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 major differnce in treatment styles between my doctors. By the time I left Chicago, my health was improving significantly. I was off nearly all of my major 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 was able to 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 had a great time enjoying 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, w**e did not have any idea what possibly could have been wrong. Because we were still relatively new to the area,**I did not know where I should take her**to our area; this wasn't something I definitely had not researched.** I wanted her to visit the nearest emergency room or urgent care cente**r.** 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, I thought 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 in right away. Since she would need surgery, I decided to take her to one of the hospitals where I was being treated, and I knew it was considered the best. She was having severe pain, and after we arrived, they admitted her immediately and performed the procedure to remove her gallbladder. I waited patiently for her name to come up on the patient's surgical board and show that she was 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 finally 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. Just as they were about to release her to come home, she turned over to me and said she was having trouble breathing. The doctors rushed in and started performing many tests to figure out what was wrong. They spoke to 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, and then the next thing I knew, I was introduced to a heart surgeon. The heart doctor told her she needed to have heart surgery soon to replace her mitral valve. Hmm, this sounded like heart surgery to me. It sounded serious; I really didn't know what to make of it. Well, she didn't have a heart doctor here in Texas, so the heart doctor she met after her surgery would now become her new Doctor to perform the procedure. He made it sound like it was easy, like it was going to be in and out. He said she would be out of the hospital within seven days Max and that it was a very common and invasive surgery.

He spoke of his specialty 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 on the day she scheduled the consultation with the surgeon. I thought nothing of it; I figured she had a good handle. She was non-disabled, had a strong mind, and could make the decision for herself on whether or not she wanted to use him and if she wanted to continue with the procedure after meeting with him. I figured she would return and give me all of my instructions and everything I needed to do to support her. She knew I was fully supportive of whatever decision she made. The next thing I knew, she texted me and told me I needed to take her to the hospital and that her surgery would be on a particular day.

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 didn't have any information to prove otherwise. I didn't know anything about the heart or heart surgery which is a serious procedure. They said she needed a heart valve replacement, but she looked perfectly healthy, wasn't having any visible or physical health problems, and she 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, so she felt good about proceeding. In October of 2021, my mother was scheduled for a tissue mitral valve replacement surgery.

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, there was just something that felt so off. I told her I would pray before the surgery, as I always do, and we rode silently to the hospital, listening to worship music. Something felt off this time, but I did not know what or why. I asked her again, “Are you sure you want to do this today.” She said yes. Once we made it to the hospital, the valet service wasn't open as we expected; get parked took extra time. Also, when we were supposed to check in for the surgery, there were a lot of people waiting in line, all of which caused us to be about twelve minutes late.

We waited patiently until her name was called to go to the back. I was still uneasy, but I didn't know why. I didn't express it to her; I just made sure I prayed and told her I would be sitting here until the surgery was complete. She was finally placed in her room and told to get undressed. 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 smiled and said OK. I'll put my head back down, staring into my computer, where I was focused on whatever I was working on. Next the anesthesiologist came in and reviewed everything with her. She had her IV in, and was laying in one of the pre surgery rooms, in a hospital gown in preparation to get sedated for surgery. In less than five minutes she would be rolled out for 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 just follow along with every recommendation or prognoses that is provided. In addition to being human and fallible, it should not be a surprise that they can sometimes be implicitly biased. It is the very reason why it is urgently imperative for patients to become more actively involved in their own healthcare by asking questions, seeking second opinions, and conducting their own research. While it would be great if patients were more participative in the direction of their medical care, it is also equally as important to note that doctors are not all created equally, as they have varying levels of education and specialties. A patient should research the type of doctor that they are planning to see.

There are different types of doctors, such as integrative and functional medicine doctors, who offer different types of care. These doctors have a more extensive academic background than traditional medical doctors. It is undeniable that physicians sometimes diagnose patients incorrectly. When deciding in choosing a doctor, it should be understood the major difference in their treatment path can vary significantly and can mean the difference between life saving treatment or death. Also, the treatment path can vary depending on the doctor's experience, training, and overall approach to medicine. Some treatment paths can be more integrative, 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 interest in researching the root cause of the problem beyond what the lab tests indicates.

First let’s examine the foundation of medical practice as it is structured, and we know of 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 and 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 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 medicine practices or approaches to medicine.[[1]](#endnote-1)

* [**Conventional medicine**](https://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=CDR0000449752&version=Patient&language=en)is a system in which health professionals who hold 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 shown through science to be safe and effective. This approach often stresses the patient's preferences, and it attempts to address the mental, physical, and spiritual aspects of health.
* **Standard medical care** is treatment that is accepted by medical experts as a proper treatment 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 that would normally be 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 traditional 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 is comprised of 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

Why does it all matter for you?

What could we have done differently?

In conclusion, patients must not leave their health journey solely in the hands of the physicians. They should be active in their understanding their health journey, treatments options, and preventative methods enabling them 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 7 moved ] Chapter 2 The Misconceptions about 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 they usually do before most surgeries and asked her if she knew what type of surgery she had, and she responded yes, and repeated to him the type of surgery and the type of valve she would receive. Then he questioned her about her decision to use the tissue valve instead of the mechanical valve, and I noticed there seemed to be some agitation in his tone while asking. He responded, informing her that the tissue valve would only last ten years, and she would have to return for additional surgery at an older age if she proceeded with the tissue valve, which could include more complications since she would be later in age. I could tell she was starting to tense up. She gently responded reminding him that the tissue valve is the original choice they agreed upon when they initially met. She also reminded him of the reason for her decision.

As she closed out her statement, she smiled turning to look towards me and pointed at me to inform him that I was her daughter so he would know it was okay to talk in front of me and I would be the person taking care of her. He looked over at me, turned his head back toward her, and slightly softened up. He patted her on her feet with a slight smile and said not to worry because they use the best tissue replacement on the market, so she would be okay. He closed out his comments, reminding her that the procedure was necessary, emphasizing it was due to her childhood rheumatic fever complications. He said next, she would be taken back for surgery in a few moments, and before leaving, he asked if we had any additional questions. I noticed he looked my way while I was deep into my computer, but still listening to everything going on. 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 in a sharp sarcastic tone, "When I finish." I looked a little bewildered when he replied. But I didn't think anything about it, and I 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 make sure I was prepared for when she was coming home. I responded yes, figuring it was okay to ask. I said, “are you going be the person who teach me how to take care of 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 responded, “I will be caring for her, and I 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 leave the room to attend to other patients. During the rant, he mentioned three times that my mother had huge breasts for this procedure.

I was confused at that point and somewhat in shaken by his response. I asked him what did her breast and presurgy consult have to do with my question regarding her after-surgery care. I was shocked by the aggression and how quickly he escalated. After he continued to scold me and continued yelling at me, I finally told him that his response was rude and insensitive because I only asked two simple, straightforward questions which explaining 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. He yelled back at me as if I were 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 refuse to do her surgery.

I was extremely shocked at his response and calmly asked, with my soft-spoken voice, 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 hastily storm out of the room, but, noooo, he was not done telling me off. He turned back 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 foreknew 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 confrontational or angry. Only two simple questions were asked, one of them being, does he know how long the surgery will take which was only asked because all of the family was contacting me asking.

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 particular 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 question was wrong, and she said absolutely not. 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 walk the hall with pure embarrassment and she whispered he was like that often and to just thank God that he was not doing her surgery, because he may have just saved her life. By the time she 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 telling about being kicked out of surgery forwarded us some online reviews of the same doctor. We were surprised that the reviews revealed that this behavior seemed to be a pattern. One of the reviews stated that after he performed the same surgery on their spouse, he died during the procedure, and the doctor never came to tell the spouse. The following Sunday, I told the story to one of my church members. She mentioned her ex-boyfriend, a young white male previously worked at that same hospital in that unit, and she was curious if he knew of this doctor. She asked if she could call him, and I said yes, of course. 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 blow out towards 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. He also said he was very selective on those of color he would operate on. He said he was very arrogant and despised anyone regardless of color who was poor. He, the struggling medical student, had encounters with him also because the doctor often trash talked him because he did not drive a luxury vehicle.

 *Example Denied a heart transplant (Politicizing the Vaccine)*

What is implicit bias?

Statistics and data pertaining to incidents

How to recognize it and what to do?

[Chapter 2] Chapter 3 Misconceptions about being diagnosed

 The edge of death - The incorrect diagnoses *(add her story about how she was wrongly diagnosed)*

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. It is widely believed that they do not make mistakes that could have fatal consequences, which is one of the biggest misconceptions about physicians. According to reseach 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 serious misdiagnosis-related 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.**[[2]](#endnote-2)** We often think, "It won't be me," 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. We have fifteen minutes or less with our physicians to be heard, helped, and on the path to healing. Even though most physicians do an excellent job understanding our health concerns and helping us to get well. The fact remains that they have less than fifteen minutes to make decisions that could adversely impact our lives.

**HELP THEM HELP YOU –VISITING THE DOCTOR TIPS**

The best thing you can do is advocate for yourself. The most effective way to ensure quality healthcare and minimize the chances of being misdiagnosed is to be your own advocate. You and your doctor can make better medical decisions when you voice your preferences, concerns, or needs.

A significant aspect of the physician's information-gathering process is the patient's health history, which also plays a role in risk assessment for different diseases.

**KNOW YOUR HEALTH HISTORY**

**1**

Provide as much detail as possible regarding your symptoms, including how often, how long, if you have been treated previously, and other relevant details.

.

**KNOW YOUR SYMPTOMS**

**2**

Preparing a list of questions for your doctor is a good idea; it is easy to learn something new and forget to ask something important.

**ASK QUESTIONS**

**3**

Get a second opinion regarding a diagnosis, because it may provide a different perspective or treatment option than your doctor's.

**GET A SECOND OPINION**

**4**

Other misconceptions pertaining to diagnose is that the treatment plans provided must be followed just because the Doctor said this it. You have the option to ask about other treatment options and make suggestions. You have several options when …..

* That you come to an agreement with your doctor
* Trying something natural
* Seeking a second opinion
* Do nothing and see if it resolves on its own.
* Request a different medication or treatment process
* If the doctor is not comfortable or proficient in the type of treatment you are looking to try, find one who is.

Second Opionions and Referrals Matter!

Important questions to ask once you receive your diagnoses?

[Chapter 3] Chapter 4 The Misconceptions about surgical procedures

 Being Admitted To The Hopital (*The story of how she prepared and it aided in saving her life*)

Is the procedure suggested or required now?

Plan for the worse while believing for the best

Power of attorney, Medical Directives, Estate Planning, Passwords

 Being admitted to the hospital should be the day the patient plans for the worst while believing for the best outcome.

Many patients are not prepared if their procedure doesn't go as planned and have a power of attorney on file.

Never leave your loved one alone in the medical facility without being prepared to be a fully informed advocate for the patient.

In conclusion, being prepared for the worse possible outcome when being admitted in the hospital possible save your life.

[Chapter 4] Chapter 5 The Misconceptions of anestesia

 The Cover Up! (*Her story of hearing while under anestesia that something was wrong LVAD & Impella*)

Who Is Going With You? Don't Just Get A Ride To The Hospital, Get An Advocate.

Why you should never leave your loved one alone in any medical facility?

How to advocate for your loved one?(*Rounds, Medical Records, Decisions)*

[Chapter 5] Chapter 6 The Misconceptions about the ICU

 CODE BLUE! *(The Story About Day She Died In The Icu In Front Of Me) ICU GOD/Fear/Faith/Advasary*

 The ICU Is The Most Sanitary

The Most Skilled Medical Team Are In The ICU (*the doctors fighting/angel student doctor*)

There Is Nothing You Can Do

[Chapter 6] Chapter 7 Medical facilities and insurance billing misconceptions

 On A Ventilator, Headed To Long Term Care *(The Story Of Her Fight To Get Off The Ventilaor)*

They are on life support - should let them go peacefully?

When the facility want the bed, to make room for another patient.

Rehab vs. Longterm care

[Chapter 8] The Misconceptions of Faith and Healing

 A Musterseed Of Faith *(The Story of being sent home on hospice, and how vitamins and nutrition saved her)*

Data and statistics about personal faith in healing

Your faith can make you whole

Faith without works is dead, take action!

Why specfic bloodwork is important, what should you request.

[Chapter 9] The Misconceptions of Medical Malpractice Accountability

The Fight For Justice *(The story of fighting for justice and being denied and the hospital coverup)*

The medical facility cares that a mistake happened and will help you

Understanding whats needed for a malpractice suit

Understanding the laws of the state

Why Voting Beyond The Presidental Election Matters *(Dr. Death)*

[Chapter 10] Medical Treatment Survival Resource and Checklists

Medical/Health Advice Disclaimer

Bloodwork To Consider Annually

Specialty Test to consider

Great Health Monitoring Apps

Medical essientials for home

Hospital Admittance Checklist

Vitamin and Supplement Cheat Sheet

Suggested Daily Supplements

Tips for making the most of doctor visits

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# Conclusion

# References

# About the Author

1. https://www.cancer.gov/about-cancer/treatment/cam [↑](#endnote-ref-1)
2. https://effectivehealthcare.ahrq.gov/products/diagnostic-errors-emergency-updated/research#field\_report\_title\_1 [↑](#endnote-ref-2)