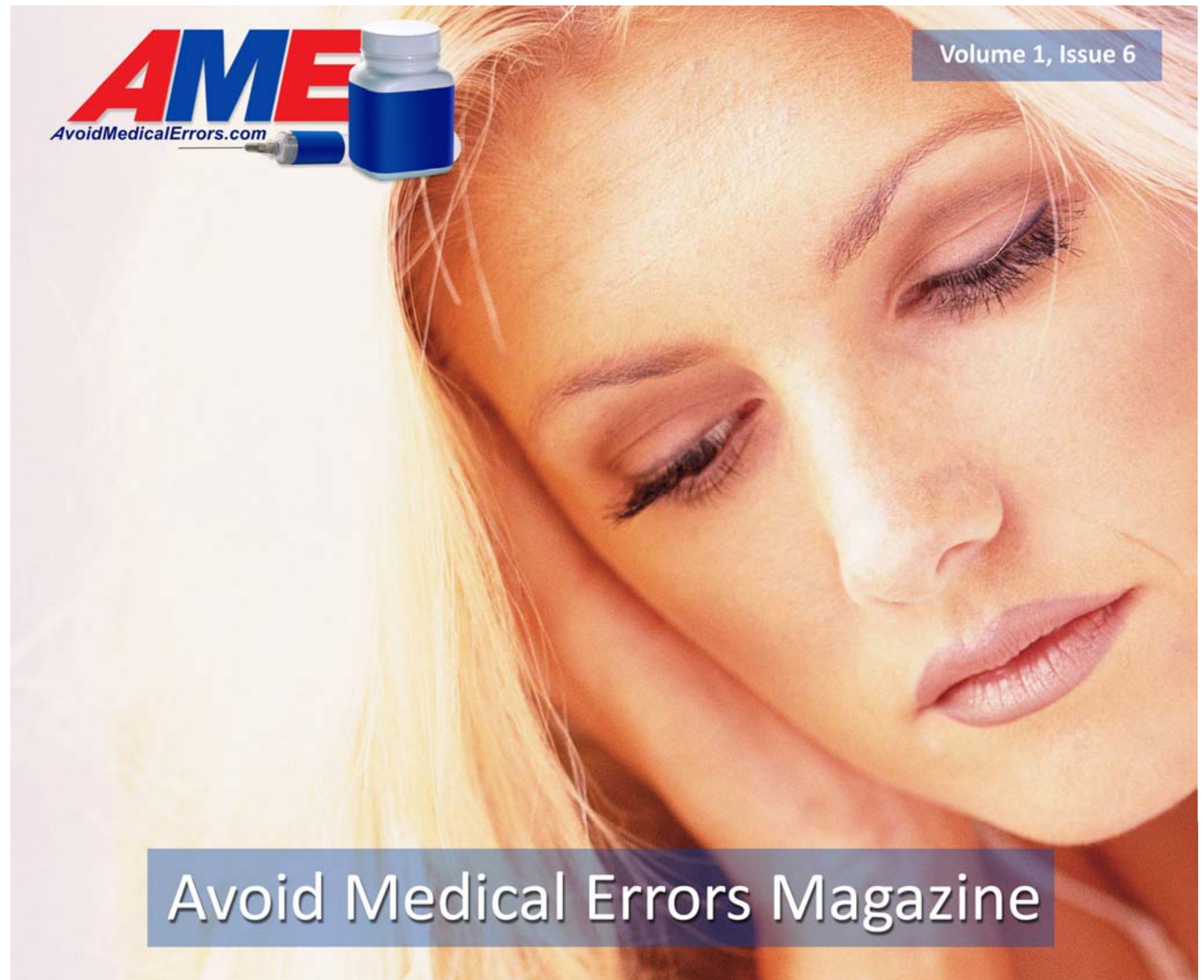

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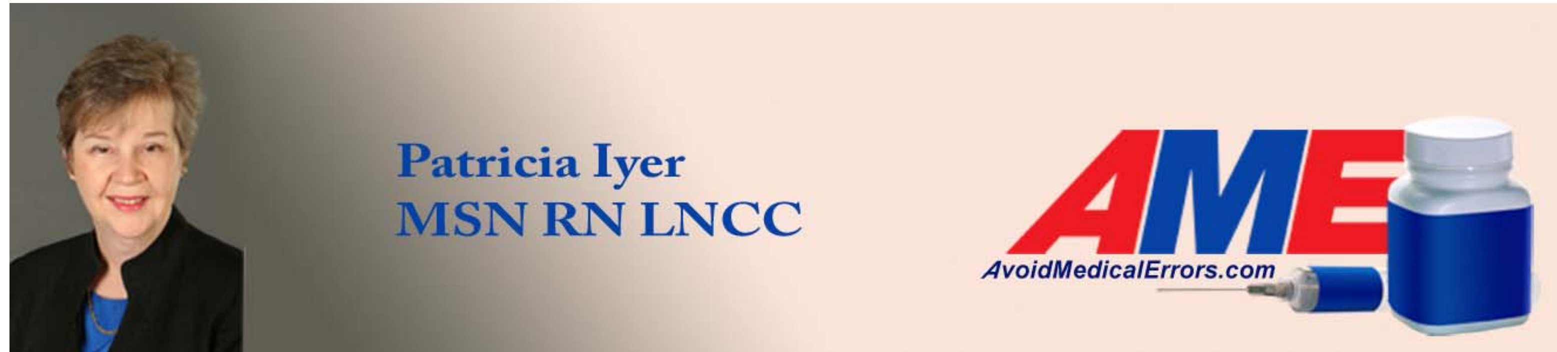

Women Make Teams Smarter

New Harvard research looked at how teams perform.

“The methodology: People aged 18-60 were provided IQ tests and assigned randomly into teams. Teams were evaluated with a collective IQ score as well, after being asked to complete tasks (brainstorming, decision making, visual puzzles, etc.) and solve a complex problem.

The finding: Teams that had members with higher IQs didn’t earn higher team intelligence scores; however, those teams who had women did. In other words, if a team includes more women, its collective intelligence rises.

The conclusions of the researchers centered around how females behave in teams. One of the researchers explained, “What do you hear about great groups? Not that members are all really smart but that they

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listen to each other. They share criticism constructively. They have open minds. They're not autocratic." Wooley said, "In our study, we saw pretty clearly that groups that had smart people dominating the conversation were not very intelligent groups." Read more at http://bostinnovation.com/2011/06/21/harvard-research-women-make-teams-smarter/

The last sentence in the paragraph above is key: "Groups that had smart people dominating the conversation were not very intelligent groups." The expression is that we were born with two ears and one mouth so we would do twice as much listening as talking. If you dominate the conversation, you lose the opportunity for others to offer ideas, feedback, and criticisms. People who are not given a chance to talk will shut down. Now we know the group intelligence goes down.

I learned firsthand the value of teams when I took my first job after graduate school. When I first graduated from University of Pennsylvania with my Masters Degree in Nursing, I was director of a nursing staff development/ inservice/orientation department of a hospital. I began having staff meetings with my (female) instructors to plan our activities. I quickly learned that the ideas our group came up with in many cases surpassed what I thought was the best plan. This was not because I was limited and they were brilliant. Together we arrived at decisions that considered everyone's perspective. We made decisions about courses we would teach and how we would provide inservices on the nursing units, as well as how we would solve administrative issues.

How does this relate to medical errors? Let's consider one aspect: what goes on in your doctor's office. A smoothly functioning physician practice has people who work together to solve problems within their practices. Both administrative and clinical problems arise that need to be addressed. Administrative issues might deal with the customer service aspects of the practice: How

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long do you have to wait before being seen? How are you greeted? How are disputes over billing handled?

Clinical issues can develop when your physician is diagnosing and treating your medical problem. Think about this: A physician who is having trouble diagnosing your problem or coming up with the right treatment plan may ask advice from a colleague. A physician may be willing to seek guidance from a colleague who will listen, ask questions to help identify the problem, and do so in a non-judgmental way. Wouldn't you rather be cared for by a physician who is willing to talk to another physician to help solve your problem, rather than jumping to a conclusion that might be wrong?

Don't you want this level of collaboration and cooperation when your health is at stake?

Tips:

1. If you had a choice between going to an all-male physician practice and a practice that was all female or had a mix of males and females, this research would suggest you should consider a team with women in it.
2. If you are part of an all-male practice and cannot switch, consider asking your male physician questions that would encourage him to collaborate with others. For example, if he says, "I am not sure what is causing this rash." You can say, "Is there anyone else you could consult with to help solve this problem?"
3. If your physician is dominating the conversation and not giving you a chance to talk, take control of the conversation. "I'd like to be sure I have a chance to tell you about my symptoms. I want you to have all the information you need to make your diagnosis and treatment plan."

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About the Author

Patricia Iyer MSN RN LNCC spent 7 years as Director of Staff Development for Mercer Medical Center, now Capitol Health System, in Trenton, NJ before starting her own business. She is coeditor of the newly released 4th Edition of *Nursing Malpractice*, available at www.patiyer.com. She is President of Avoid Medical Errors, LLC.

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What Can You Do When Your Aging Parent Doesn't Understand What You're Saying?

Human beings need connection. One of the main ways we connect as humans is with our verbal communication.

What happens when you can no longer be understood by your aging parents?

How can you know their needs, their wants, and their feelings if they are not hearing what you are saying?

I decided to focus on this topic after going through the experience of my mom aging, developing a hearing loss, and her diagnosis of Alzheimer's disease.

There can be a number of reasons why your parent does not understand what you are saying.

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Let's look first at what happened as my mother moved through her 80s. She was hearing really quite well with her hearing aids, but she often was frustrated with conversations that were focused on new technology that she couldn't visualize. Computers really baffled and scared Mom. If she couldn't understand how it worked, she wasn't comfortable talking about it.

Dad enjoyed learning how to use a computer, but Mom avoided it. I saw a simple product that did only one thing—text email. I bought her the Mail Station and wondered how it would go. It was a small unit, about the size of a net book. To my relief, she was comfortable learning how to press the few buttons needed for functioning and enjoyed typing emails to all of the family. Simpler was definitely better for her!

When Mom's hearing got worse, it became more difficult for her to catch what people were saying, particularly with speakers at a distance from her or when she was having phone conversations.

In this case, it became apparent that Mom understood us much better when she could do some lip reading to help her comprehend certain sounds.

It also made a huge difference whether a person was speaking rapidly or at a clear, moderate pace. Louder was not better! I can still see how aggravated Mom would get when someone just talked louder. She would say, "Slower, not louder, please!"

Ideally, for her to understand, these components needed to be present: eye contact, moderate speaking pace, clear enunciation, and ideas that were within her realm of understanding.

When Mom developed Alzheimer's disease, another challenge was added to the mix. I soon realized that unless the communication was VERY simplistic with few thoughts presented at once, Mom would just check out, either with a blank stare or by falling asleep.

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Since I was the only sibling living in the Phoenix area with Mom, I would often call my brother and sister in Ohio when I went to visit Mom, so that they could have some connection with her. Mom used to love to talk on the phone. Now she could no longer make a phone call.

I did my best to translate language from one end of the phone line to the other. I never really could get my brother to understand that she was not able to understand him. His sentences were too long. Ideas were too abstract. You could see her frustration. Then the "light in her eyes went out," and she would hand the phone to me.

My sister was a bit more teachable. When she would say very simple things, Mom was able to feel the connection and love coming through to her via the phone.

Mom became less and less verbal as time went on. Touch and closeness seemed to be the best way for her to feel the connection. Words that I did choose were very personal to her. Love. Food. Comfort.

As you've read through what I experienced with my mother, I hope it gave you some insight into how you can be better understood by a parent or some other elderly person in your life.

We humans DO all need connection. With some attention to the details of how to be understood, you'll be able to meet that need for someone who has some challenges in comprehension.

About the Author

Suzanne has a masters degree in education specializing in counseling and has been an educator of psychology and technology. She's had extensive coach training through Thomas Leonard's Graduate School of Coaching and the University of Texas, Dallas. Suzanne is also an Emotional Intelligence Certified Coach.

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Want to Stop Emotional Eating Once and For All? Part I

I admit it … I'm an emotional eater. When the stuff hits the fan, I hit the potato chips and ice cream. Ever since puberty, I've turned to food to comfort me in times of sadness, fear, or stress. Of course, as any emotional eater knows, that comfort is very short-lived.

Nonetheless, many of us return again and again to the comforts of the kitchen, spending decades trying to break the self-destructive habits that make us hate ourselves later, yet give us at least a few feel-good moments in exchange.

They make it seem so funny in chick flicks when we see the female lead watching a heart-wrenching movie while sitting on her sofa bawling and shoveling large spoonfuls of ice cream into her mouth–all with the backdrop of a sappy love song–as she tries to get over the guy who dumped her. In real life it's not quite so funny. In fact, it's really not funny at all when you're the one doing it.

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Even more "unfunny" is when none of your clothes fit because that ice cream has made a beeline to your hips, thighs and backside. And your zippers won't zip. And your seams are stretched to their limits. And you're cutting the already-ripped lining out of your dress pants to fit just a few more pounds into them. Nope–not funny at all.

It takes many people years to see the connection between their over-indulgence and the circumstances in their life. They may know that they are feeling depressed, yet not be able to really identify the root of what is causing their sadness. So they continue stuffing that sadness down–or anxiety, stress, resentment, jealousy–with comfort food.

Others actually know that their overeating is in response to the emotions they are feeling, but they just can't stop themselves. The need to keep those emotions from rising to the surface is just so great that they, too, keep it at bay by overeating.

The real key to putting an end to emotional eating, or at least keeping it under control most of the time, is to deal with the actual cause of the behavior. Going on diet after diet, even if you do lose weight, is really only treating the symptom, not the root problem. This is why so many people who lose weight ultimately gain it back. They didn't dig down deep enough to get to the root of the weed. They just pulled it out from the top. As weeds are apt to do, they come back, and so does the weight.

I once heard someone say that the day you become aware of your self-sabotaging behaviors is the day you're set free, but I haven't found that to be the case. In fact, sometimes becoming aware that you are indeed the one creating your own weight problem can cause you to be more depressed. You end up eating to comfort yourself.

However, I do agree that awareness is the first step to any sort of recovery or life change. So we can start there. The only real way to understand why you eat to comfort your

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uncomfortable emotions is to do something extremely uncomfortable … stop eating.

It's just that simple. Stop eating. Try it just once … you'll be amazed at just how quickly your emotions come rushing to the surface when they've been released from behind the dam of cookies and french fries that had held them back for so long.

Don't stop eating altogether. Just stop eating the things that you usually turn to for comfort–junk food, fast food, extra carbs, sugary snacks, vending machine food, etc.

At first this suggestion may seem sort of insulting. You might be thinking something like, "Hey, if I could stop eating, I wouldn't be reading this article." But its magic is really in its simplicity.

In next month's article, I'll share some specific tips for getting control of emotional eating.

About the Author

Kimberly Stevens is an author, speaker and coach who frees people from their self-imposed traps around food, money, and relationships. Her upcoming book, *You Can't Outrun a Candy Bar,* will inspire, educate and guide readers to attain healthy and sustainable weight loss once and for all. She writes frequently on topics including diet, fitness, marriage, divorce, happiness and money on her blog at www.kimberlystevens.com

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Do You Know What's In Your Medical Records?

My medical records indicated that:

- I had gotten a brain fluid leak as a result of brain surgery. (Reality: the *purpose* of the brain surgery was to repair the brain fluid leak, which pre-dated the surgery by six months.)
- I had a shunt surgically implanted in my brain. (Reality: I never had a brain shunt.)
- My left wrist was broken in a bicycle accident. (Reality: My *right* wrist was broken.)
- A certain antihistamine reduced my symptoms. (Reality: that antihistamine *increased* my symptoms.)
- I had been treated for one troublesome condition for ten years before it was resolved. (Reality: I had been treated for *two* years.)

The above are only a few of the errors I discovered. One study found that 25% of patients reported finding errors in their medical

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records.[1] Errors in your medical records can lead your doctor to misdiagnose you, to order unnecessary tests for you, to prescribe treatments that are inappropriate for you, and to ignore problems that are important to you.

In short, your doctor may end up missing the mark with your care because of errors in your medical records. You may be injured or even die as a result. Six action steps you can take can help solve this problem.

1. Understand your rights to your medical records.

Research shows that doctors are often reluctant to let patients see their own medical records.[2] However, you have a legal right in all 50 states to see the content of your medical records. (In some cases, exceptions apply to records related to mental illness or to alcohol or drug abuse.) If you know what procedures to follow, getting your records can be fairly straightforward.

The exact steps you need to take are different in every state. Georgetown University has established a Center on Medical Record Rights and Privacy. The Center has created a brochure for each state that explains very clearly how to go about getting your medical records. Each brochure is titled "Your Medical Record Rights in [name of state]." You can download these at no charge from http://ihcrp.georgetown.edu/privacy/records.html.

2. Request your medical records.

Follow the procedures in the brochure(s) you downloaded above.

If you have an extensive medical history, you may decide to limit your requests for medical records to major events (related to surgeries and other hospitalizations, for example); any conditions that are currently interfering with your ability to lead the life you want; and any chronic conditions that require ongoing

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monitoring and attention (such as diabetes, asthma, and heart disease).

3. Track your requests.

Keep a record of the requests you have made. If you haven't received the requested records after the allotted time, as specified in the brochure(s) you downloaded, follow up with the provider(s) until you have the records you requested.

4. Read your records and note any errors.

You may find it useful to invest in some sticky notes to mark any lines in the records that have errors in them.

Note that you can typically challenge only content you provided, such as a description of your medical history that predates your contact with this doctor, or your reports of your symptoms.

5. Request corrections in your records as needed.

Following the instructions in the brochure(s) you downloaded, request corrections (known as "amendments") to your records. Note that the incorrect information will not be removed; your statement(s) will simply be added to your record. Ask for confirmation that the amendments have been added to your records.

6. Track the corrections.

Keep a record of the requests you made for corrections. If you haven't received an acknowledgment after a reasonable period of time (perhaps 30 days), follow up and persist until you do get confirmation that the amendments were made.

By following the above six action steps, you can help ensure that errors in your medical records won't harm you—or even cost you your life.

1. Andrea Hassol, James M. Walker, David Kidder, Kim Rokita, David Young, Steven

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Pierdon, Deborah Deitz, Sarah Kuck, and Eduardo Ortiz, “Patient Experiences and Attitudes about Access to a Patient Electronic Health Care Record and Linked Web Messaging,” Journal of the American Medical Informatics Association, November/December 2004.
2. Ibid. Five years later, the story remains the same. See Liz Kowalczyk, “Patients to Get a Look at Physicians’ Notes,” Boston Globe, 19 June 2009, which reports: “Many doctors say they are uncomfortable with the idea of sharing their notes. Of course, patients have a legal right to obtain their paper records, which usually include notes, but they often have to wait months to get copies and must pay a fee. Online access would be easy and immediate.”

About the Author

Elizabeth L.Bewley is President & CEO of Pario Health Institute and the author of *Killer Cure: Why health care is the second leading cause of death in America and how to ensure that it’s not yours.* She is also the author of a weekly newspaper column called “The Good Patient.” To tell Elizabeth your story or to ask her a question, write to: thegoodpatient@pariohealth.net

This month’s Interview in the Inner Circle:

Same Day Surgery Risks

Pat Lewis is a nurse and risk manager of a same day surgery unit. She offers practical tips for staying safe during same day surgery. Inner Circle members will receive the interview, transcript and a handy tip sheet with key strategies for a smooth and safe surgical recovery.

Only members of the Inner Circle have access to this membership benefit. Sign up today at www.avoidmedicalerrors.com

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Sarah Jean Fisher
MSN, RN-BC, BA

Is There True Safety in Using Restraints on Elders?

While I was still in nursing school and working part-time as an aide in a major city hospital on the oncology floor, one day my assignment included an elderly woman, “Agnes”, with lung cancer and dementia. She had just been admitted the night before. During the morning report, I was told that she was as “thin as a rail”. She was strong both physically and in determination. She kept getting out of bed and falling, thankfully without any injury.

The night shift nurse had raised all four side rails and applied a restraining vest to keep her safely in bed. My charge nurse and I made rounds only to find her head and neck jammed between the two half rails on one side of the bed. The vest was bunched up around her throat. She was not breathing and her eyes were bulging from the sockets. Agnes had lung cancer and dementia, but she died unnecessarily and prematurely. She was strangled well before either of her illnesses would have taken her.

Unfortunately, Agnes’ case is not isolated. In 1999, an estimated 200 deaths occurred due to

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suffocation or strangulation from restraints (Guttman et al, 1999). Public awareness of the potential danger arising from use of physical restraints has increased since the Omnibus Budget Reconciliation Act (OBRA) of 1987. It proclaimed, “residents have the right to be free from . . . any physical or chemical restraint imposed for purposes of discipline or convenience and not required to treat the resident’s medical symptoms” (HCFA, 42 CFR 483.13(a)).

Vest restraints and side rails are only two among many types of restraints being used in hospitals and nursing homes today. A definition of a restraint is “any physical, chemical, or mechanical means which prevents or impairs a patient/resident’s ability to stand, turn, or walk or denies them access to any part of their body.” So, we must also include tucking in a sheet so tightly as to prevent movement, using a removable Velcro belt on someone in a wheelchair/Geri chair to prevent rising, and placing a wheelchair/bed flush to the wall on one side to prevent the person from rising.

Even one-quarter side rails are a potential source of fracture, bruise and skin tear.

The Joint Commission requires facilities to limit the use of restraints and provide an ongoing plan for reducing the use of those now in effect. The facility must provide scrupulous documentation why the restraint is medically warranted and what has already been tried unsuccessfully. The facility has to ask the family for written consent to use restraints,

In addition, a physician’s order is needed stating the medical reason for restraints and when the restraints should be removed. For example, the order would read “Must be removed every two hours for at least ten minutes for hygiene and checking blood circulation.” There should be a documented stop date.

Restraints are not to be considered a long-term solution to a perceived problem. Restraints have been used for cognitive impairment with disruptive behavior, older age, wandering,

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history of falls, to protect placement of a treatment device, and for the protection of other residents. They absolutely may not be used because a nurse or aide does not want to keep answering a personal alarm because the resident is attempting to move, or because the employee does not want to make frequent checks on the patient/resident.

Facilities across the country are making a concerted effort to eliminate/reduce their use of restraints of any kind. Concerned family members may think that tying the elderly down will protect against falls. Nurse researcher Dr. Elizabeth Capezutti (2002) noted that adding bilateral side rails did not reduce or eliminate falls, with or without injury. A resident who is not restrained has dignity, a greater independence in toileting, hygiene, feeding, mobility and the ability to attend more social activities and gatherings.

Facility staff should address the complex needs of residents individually through a multi-disciplinary quality improvement approach. Then, restraint use would become the rarity. Dr. Neville Strumpf, another nurse researcher, wrote, “The goals of individualized care include promoting comfort and safe mobility, optimizing function and independence, and achieving the greatest possible dignity and quality of life. Such care requires clinicians to make sense of behavior rather than to control responses of clients.” (Strumpf et al, 1998). Reducing the number of any type of restraints in a facility complies with federal regulations and also marks improvement for the facility, the staff and the residents and their families.

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About The Author

Sarah Jean Fisher earned a master's degree in nursing from Thomas Jefferson University with emphasis on education and has been certified in gerontology for over 13 years. She has end-of-life training certification by ELNEC (End of Life Nursing Education Consortium) and her bachelor's degree in English is from Bucknell University. Sarah Jean has been a nurse for over 18 years. Long-term care has been her only focus. She has worked as a charge nurse, shift supervisor, and has been specializing in staff development/infection control for the past 8 years. She has presented original programs at the annual National Gerontological Nursing Association (NGNA) Conference and was the founding president of the Southeast Pennsylvania Chapter of NGNA.

Sarah Jean has also worked for four years as a geriatric nursing expert witness with Med League Support Services reading and evaluating medical records for attorneys related to potential litigation. She is a widow with 4 grown children, 11 grandchildren and her first great-grandchild. She can be reached at patmedleague@gmail.com.

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The BEST Way to Avoid Medical Errors

I'm going to be quite up front and straightforward on this one. The BEST way to avoid medical errors is to avoid going to the doctor in the first place! Now let me give you my disclaimer right here–I am not suggesting that you stop any treatment you are receiving without discussing it with your physician. And if I broke my leg, or had some other sort of medical emergency, I wouldn't hesitate to head straight to my local emergency room for treatment.

However, the very best way to avoid medical errors is to take care of your health in a way that you do not need to go to the doctor for treatment! If you think that getting sick and having ailments is just part of life and the normal aging process, you are dead wrong. (Yes, that pun was intended!)

Did you know that the Centers for Disease Control has come out and said that at least 75% of the diseases we associate with aging

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are actually diseases caused by lifestyle choices and stress? The American Cancer Institute issued a statement several years ago stating that more than half of all cancers are completely preventable by our lifestyle choices.

So, if you think you have no choice about going to the doctor and being in the healthcare system you are dead wrong. (There's that pun again.) You have the power to take control of your health. When you begin to take steps to promote a healthy lifestyle and manage stress on a day to day basis then you will find out how much power you have to influence your health and your state of well-being. You get to choose how you look, how you feel, and how you age. I think that is great news.

When I was studying Mind Body Medicine at the Chopra Center, we learned there are seven stages of disease. It is only in the very last stage of disease that we have an illness that can be diagnosed by lab tests or a doctor using only Western allopathic medicine. Western medicine treats us like a bag of molecules by prescribing a medication designed to manipulate the molecules in our body. It is rare that a Western doctor will prescribe lifestyle changes, or stress management techniques that would address some of the causes for the symptoms.

Right now, let me challenge you to imagine what good health means to you. What things would you be able to do? How would you look and how would you feel? Is it different than the way you are today? If so, I'd like for you to write down three to five steps that you can take right away to improve your health. This may mean that you learn some ways to manage your stress, start exercising regularly, or adopt some healthier eating habits. If you are very motivated and ready to make more changes, reach out and get some support. Read a book or hire a coach, personal trainer or nutritionist to put you on the right path.

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About the Author

Kay is a Primordial Sound Meditation Instructor and Vedic Master, certified by the Chopra Center for Well-Being. Primordial Sound meditation is a mantra-based meditation process in which individuals receive personal mantras based on their birth information. If you would like more information about meditation or Primordial Sound Meditation, please contact Kay at kay@kayrice.com or visit her website at www.kayrice.com

Sign up for the Avoid Medical Errors Inner Circle for monthly advice from experts, special reports, to share your story, and get answers to Frequently Asked Questions.

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How Chronic Stress Leads to Chronic Illness

Stress is your normal response to a threat. On a short-term basis your stress response is a protective mechanism. It is designed for survival against short-term threats. Prolonged or chronic stress, however, can lead to acute illness and chronic disease.

How Stress Works

When you are faced with a situation that feels out of control, your body prepares to meet the challenge. On a primitive level we call this response *"fight", "flight"* or *"freeze*". Your body is preparing to fight the challenge, run from it, or freeze in place. Breathing speeds up and becomes shallower and blood pressure rises along with adrenaline and cortisol. Your heart beats faster, and other changes occur that put the body on *"red alert"*.

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In this alert state oxygen and nutrients are used up fast, and your immune system shuts down to free up those resources. Once you are through the crisis, there is a recovery period, when all systems come back to normal.

Chronic Threats

Your body is not designed to be on *"red alert"* continuously. The stress response is designed for short-term bursts to prepare to face and survive a physical threat.

Unfortunately, our modern lifestyle presents us with psychological and emotional threats from which it is hard to physically fight or run. And we often face those threats on a daily basis without a break. Job stress, relationship stress, or just listening to the news can elicit the stress response.

For example, research shows that heart attacks occur most often on Monday morning.

Chronic Stress

When you perceive that life presents continuous threats, your body stays on *"red alert"* for long periods without relief.

Blood pressure and heart rate can remain high too long. Your immune system becomes depleted, and normal body systems are out of balance. This includes imbalances in insulin, triglycerides, cholesterol and other essential hormones.

These long-term changes are also proven to affect mental functions, including memory, anxiety, and depression.

When chronic imbalances continue unchecked, chronic illness is the result.

Chronic Illness

Research has linked chronic stress to a wide variety of conditions, including halitosis, heart disease, high blood pressure, cholesterol, diabetes, and a variety of autoimmune

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conditions, including cancer, fibromyalgia, and chronic fatigue.

It makes sense that when your essential resources are depleted or out of balance for long periods illness results.

How to Break the Cycle

Here are a few simple steps that you can take to reclaim control over chronic stress.

1. **Observe what triggers your stress response.** Notice your shallow breathing, heart racing, changes in temperature, feeling hotter or colder, difficulty sleeping, and overeating or not eating enough. Also be alert to changes in thinking such as lack of concentration, clarity, or memory issues.

2. **Acknowledge that you are feeling out of control in the situation.** How are you feeling powerless or stuck? Take a deep breath and let it out. Feel your shoulders drop. Feel your feet on the ground. Acknowledge that while you are not in control of the events or people outside of you, you are in full control of your own breathing and your own choices.

3. **Take a simple action to replenish your body.** Get some fresh air, drink a glass of water, eat a fresh salad or something light and nutritious, and take a walk and stretch. This step accomplishes two things. It's a way for you to take control of what you *can* do and it gives your body the time and resources it needs to rest and rebalance.

Summary

Chronic stress is a chronic habit that over time leads to chronic disease. You can improve your health and strengthen your immune system by being more aware of your stress and by taking simple actions to stop the chronic stress cycle.

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About The Author

Aila Accad, RN, MSN is an award-winning speaker, bestselling author and certified life coach, who specializes in quick ways to release stress and empower your life. A health innovator, futurist and member of the National Speakers Association, she is a popular keynote speaker and radio and television guest. Her bestselling book *Thirty-Four Instant Stress Busters: Quick tips to de-stress fast with no extra time or money* is available at www.stressbustersbook.com. Sign up for *De-Stress Tips & News* at www.ailaspeaks.com and receive a gift, *"Ten Instant Stress Busters"* e-book.

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Dean Dobkin MD

Heart Attack: What are Your Odds Of Surviving? It Depends

There is always room for learning. Although I'm a seasoned ER doctor, I came across something the other day to which I had not given any thought.

There are two types of heart attacks. One is called a "STEMI," the other is a "non-STEMI". If you have a STEMI, it shows up on the EKG, and you will do better. You will have an increased chance of living and being healthy. Your odds are better if you are able to get a cardiac catheterization within 90 minutes, maybe 120 minutes, but not much longer. With this procedure, sooner is better.

If you're over 50, and—like most readers of these pages—have some reasonable idea of what might be expected with a heart attack, what happens if you go to a small community hospital? They see you; they treat you; they stabilize you to the extent they can, and they transfer you to a large center where they do

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cardiac catheterizations, and they do them 24/7.

Will you be there in time?

Unfortunately, the answer is likely, "No." According to recent articles in the *American Journal of Cardiology*, only 10% of patients with a STEMI who are transferred to a center have the catheterization in the optimal time frame. The average time is 149 minutes.

Why are your odds so poor? The hospital from which you are being transferred has to find a hospital willing to take you (usually not hard), and stabilize you, and get an ambulance to get you there. You lose time.

What happens if you initially go to the larger center? Almost every patient with a STEMI gets a cardiac catheterization within the optimal time frame.

Here is what you should remember:

If you're at home, and you or your loved one has chest pain that might be related to cardiac disease, what do you do? Your safest transportation is an ambulance. The crew may—or may not—insist on taking you to the closest hospital.

Never take a car ride to where you want to go. You could pass out at the wheel. Even if someone else drives you, the car ride can be dangerous. There is no cardiac monitor, no cardiac medications, nothing. However, you may be able to get to the larger center in the proper time frame—if you can get there alive.

One of the greatest dangers right after a heart attack is that your heart goes into an abnormal rhythm that does not sustain life. If you're with paramedics, they "shock" you out of that rhythm. If your wife or husband is driving you in the family car . . . that is not an option.

For now, if you develop chest pain, first chew four baby aspirin or one whole adult aspirin. After that, you need to decide on your own.

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About the Author

Dean Dobkin, M.D., is a practicing emergency physician at the Philadelphia Veterans Affairs Medical Center. A graduate of Albany Medical College in 1976, Dr. Dobkin completed residency training in Emergency Medicine at the University of Illinois while the specialty was in its infancy. He has been certified and recertified three times, as a specialist in Emergency Medicine by the American Board of Emergency Medicine. He has experience acting as faculty for an emergency medicine residency program, has held academic appointments at two Philadelphia medical colleges, and acted as an emergency department director at a variety of different hospital emergency departments. He has been honored by being named a Life Fellow of the American College of Emergency Physicians (ACEP), after serving with distinction for that organization. Dr. Dobkin chaired the Pennsylvania Chapter's membership committee, represented the Chapter at the National Council, coordinated their one day seminar series, and was elected as Officer of the Board of Directors for six years. Dr. Dobkin has acted as a consultant for PEER Review organizations, the Jefferson Health System, the Commonwealth of Pennsylvania, and the United States government. Dr. Dobkin lives with his wife and family in southern New Jersey. He testifies as an expert witness in emergency medical care. Contact him through patmedleague@gmail.com.

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Theresa Healy RN

Who is Responsible?

When it comes to your health, who do you claim is responsible for your health and well being? Are you of the thought that the physicians and nurses are responsible? Is it the insurance companies? Maybe you believe it is the government's responsibility to see to it that everyone has health care.

What does wellness mean to you? Have you ever stopped to think about it? It has become a vague buzzword. There are many interpretations for the word. One of the best ways I can explain it is: Wellness is more than the absence of disease. It is a sense of balance and peace within oneself. It is the ability to know what you need to function optimally, both physically and emotionally. It is up to you to supply the body and your life with the proper fuel.

Our healthcare system has turned into a disease maintenance system whose practitioners treat a symptom and hope the odds will be in your favor and that the problem will be gone as a result of the treatment. However, fixing the symptom will not cure the

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problem that caused the symptom. In fact, many of the treatments, i.e. pills, will only cause more problems.

In the book*, Selling Sickness*, Moynihan and Cassels, 2005, you can find in great detail the overwhelming data on how the pharmaceutical companies have become so “big” that it wasn’t enough for them to come up with authentic medications, such as antibiotics, that truly eliminate the problem. They have expanded “guidelines” for placing consumers on medications.

Through ads in magazines, even healthy people can be told they are sick and started on medications. Marketing strategies use celebrities and rebrand conditions or create new ones to convince the population that a new disorder has come into being. Then they tell people not to worry because Big Pharma has come to the rescue! We can help with our newest medication! “You don’t have to suffer with…”, Live your life free of pain with…”, and then there is the fine print or the quickly stated, very quiet disclaimers; “call your doctor immediately if you experience this side effect or that side effect, and it could even cause death.” Really?

The thought that drug companies would create new illnesses may seem outrageous to some, but according to industry insiders, it is actually all too familiar. *Reuters Business Insight*, designed for pharmaceutical company executives, reported that the ability to create new disease markets is bringing untold millions in drug sales. [1]

Anyone working in the healthcare system for any length of time can testify to the fact that parameters for dangerous numbers have changed quite a bit over the years. And the worst part is all it takes is one high number and you are prescribed a pill. It’s not considered that stress or a passing flu might cause these numbers. And once the stress or illness has passed, the numbers will return to normal ON

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THEIR OWN! Or you could prescribe some lifestyle changes that would actually correct the problem, instead of covering it up with a pill.

Let's discuss cholesterol. Nations everywhere have spent more on cholesterol-lowering drugs in recent years than any other category of prescribed medicine. [2] AS A GROUP THESE DRUGS GENERATE 25 BILLION A YEAR IN REVENUE FOR THE MANUFACTURERS. Cholesterol is another parameter that keeps being expanded to include healthier people. Eight of nine experts who wrote the latest cholesterol guidelines are paid speakers, consultants, and researchers to the world's big pharmaceutical companies. [3]

So what are we to do? The first step is to challenge and question the status quo. It is very difficult finding any information on drugs and disease that is free from the influence of drug companies. The boundaries of what are real illnesses and what is health are stretching. It is important to talk to family and friends to help determine for yourself if your present pain, soreness, etc. are reasons to see a physician or something you can care for that will resolve itself without medical intervention.

The body has an amazing ability to heal itself, without interference from chemicals. I am not dismissing that there are real diseases and problems that need intervention from our healthcare system. All I am saying is that I would not recommend depending 100% on the healthcare system.

My point in sharing this information is to ask the questions that will have you look at how you perceive your health, your role in your health, and to evaluate for yourself what is happening in health care. If you do not like what you see, evaluate if it is time for you to take your health back. Can you change your choices in food, adjust your thoughts, and increase your physical activity? Your health is ultimately your own responsibility. It is up to us to make better choices and listen to our body,

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because it will tell us what we need. If you treat your body well, it will give back great health to you.

1. J. Coe, “Healthcare: The Lifestyle drugs outlook to 2008, unlocking new value in well-being,” *Reuters Business Insight*, Data monitor, PLC, 2002.
2. Ray Moynihan, Alan Cassels: “Selling Sickness,” 2005; Chap.1. Pg 1.
3. http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04_disclose.htm

About the Author

Theresa Healy, RN, CCH, CHH, is the founder of *Rx: Food - Let Food be Your Medicine* and coauthor of *11 Weeks to Discover Nutrition.* She has been a registered nurse for more than 25 years. She believes that health and well-being depend upon both good nutrition and healthy lifestyle. Theresa is available for company wellness programs, youth programs, group and individual counseling, and educational talks. theresa@theresahealy.com

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Nancy Collins
PhD, RD, LD/N

Beans: Adding Beans to Your Diet

Most Americans know that beans are a healthful food, but they may intimidate those who have not grown up eating them. It seems daunting to figure out what beans are the best, how to cook them, and if it is worth eating them, because gas is a common side effect.

Nutritionists and health professionals tout beans for their role in:

- Lowering risk of colon cancer
- Reducing blood cholesterol, as well as LDL or "bad cholesterol," a leading causes of heart disease
- Lowering the risk of type 2 diabetes
- Improving diabetes control for existing type 1 and 2 diabetics
- Strengthening the immune system

Thousands of bean varieties exist worldwide, and many different names are used for each variety. For example, chickpea, garbanzo bean, and Indian peas are all the same thing!

On average, cooked dry beans provide roughly 120 calories per ½ cup (C) and are full of B vitamins, folic acid, selenium, zinc, fiber, and low-glycemic carbohydrate. It is recommended

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by the USDA that people consume 3 C of beans/week.

You can try:

- Adzuki beans
- Butter beans
- Black beans
- Black-eyed peas
- Cannellini beans
- Chickpeas
- Great northern beans
- Kidney beans
- Lentils
- Lima beans
- Mung beans
- Navy beans
- Pinto beans
- Snow peas
- Soybeans/edamame
- Split peas
- White beans

Try tossing canned beans onto a salad, into a rice dish, or in a stir-fry. Try hummus as an alternative dip. Beans are easy to incorporate into stews, soups, pasta dishes, and side dishes. As an alternative to meat, fish, or poultry, make stewed lentils or bean salad. Always have cans of beans in your pantry, ready to rinse and add to your meals for a quick nutritious boost. Keep dried beans in your pantry for when you have time to really prepare, as they take some time and effort to use.

Dried beans

To prepare dried beans:

- Rinse the beans under cool water and remove any stones or debris (you do not have to rinse split peas, lentils, or mung beans).
- Soak beans in water in a large bowl that doubles the height of the beans for 8-12 hours.
- Replace the water every few hours.

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- Transfer the beans to a pot and boil them for 10 minutes.
- Lower the flame and simmer the beans for 1-2 hours until tender.

Replacing the water and slowly cooking the beans should greatly reduce the raffinose, which is the compound that may cause gas or bloating. Also, increasing bean consumption slowly should cut down on the gastrointestinal discomfort sometimes associated with beans.

Black bean casserole

Picture a thick cornmeal spoon pudding. Now picture that spoon pudding chock full of black beans, chilies, tomatoes, corn, and spices. You'll love it!

1 Tablespoon (Tbsp) olive oil
1 C chopped onions
¾ C + 2 Tbsp yellow cornmeal
2 teaspoons (tsp) chili powder
1¼ C skim milk
One 1-pound (lb) can black beans, rinsed and drained
One 1-lb can whole kernel corn, drained
One 1-lb can stewed tomatoes
One 4-ounce (oz) can chopped green chilies (mild or hot), drained
¼ C shredded low-fat cheddar cheese (1 oz)

Preheat oven to 350˚F.

Lightly oil an 8˝- square baking pan or spray with a nonstick cooking spray. In a large bowl, combine all ingredients, except the cheddar cheese. Mix well. Place in prepared pan. Sprinkle with cheddar cheese. Bake uncovered for 45 minutes.

Nutrition information:
253 calories
11 g protein
5 g fat
44 g carbohydrate
516 mg sodium
4 mg cholesterol

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Reference

Hinman B, Snyder M. *Lean and Luscious Meatless*, Volume 3. Rocklin, CA: Prima Publishing, 1992.

About the Author

Dr. Nancy Collins, founder and executive director of RD411.com, is a registered and licensed dietitian. Dr. Collins has over twenty years of practitioner experience in clinical nutrition and consulting to the health care industry. She is nationally known as a medico-legal expert dealing with the issues of malnutrition, wound healing, and regulatory compliance and has served as an expert witness in over 400 legal matters.

Dr. Collins is a frequent speaker at medical education symposia and a prolific author. Dr. Collins is an editorial advisor to the journal *Advances in Skin and Wound Care*, a contributing editor for *Ostomy-Wound Management,* and a columnist for *Today's Diet and Nutrition*. She is also the member of many medical advisory boards including the American Professional Wound Care Association, which granted her Fellow status.

Dr. Collins is a Past President of the Florida Dietetic Association and a past Chair of the Nutrition Entrepreneurs DPG. Currently, she holds the position of Delegate to the American Dietetic Association. In 2003, Dr. Collins was awarded the Dietitian of the Year Award for her longstanding contributions to the profession of nutrition. In 2009, she was awarded Nutrition Entrepreneur of the Year for her visionary projects and forward thinking.

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