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Table of Contents

Are You Ready To Change? 3

Pain Medication May Trigger Cardiopulmonary Arrest in Patients with Sleep Apnea.....7

Food! Glorious Food! Part I 10

How Do I Recover From a Binge? 14

Should You Worry When Hospital Patients Lose Touch With Reality? 16

Advance Directives: Having It Your Way at End of Life 20

YES, We Want To Hear From You! 23

Is It a Coincidence? 24

When Work Stress Is Hazardous to Your Health Abuse..... 27

The Truth About Food Part 1 30

Get Me Out of Here! 34

Can A Healthy Diet Cure Osteoporosis?..... 37



Patricia Iyer
MSN RN LNCC



Are You Ready to Change?

Although we know that stopping smoking, losing weight, and becoming more fit are desirable goals, we don't always act on that knowledge. Recently I was asked to review a manuscript on nutrition written for advanced-practice nurses who are nurse practitioners. One of the chapters described a model of change that made a lot of sense to me. Prochaska and DiClemente of the University of

Rhode Island called it the Transtheoretical Model or TTM. Don't let the name intimidate you. It is a model used to describe health behavior change.

TTM identifies stages of change. As you read the stages, think of where you are regarding adopting a change in your health behavior.

1. **Pre-contemplation:** You are not yet considering a change in your diet or lifestyle to reduce your health risks. You are unaware that your behavior is a problem but you rationalize: "My spouse

likes me plump.” You may change your mind if you get information that points out the risks of your current behavior. The negatives of change seem so much larger than the benefits.

2. **Contemplation:** You begin to recognize that you should make some changes in your lifestyle. You take a hard look at the pros and cons of your current patterns. You realize your clothes are not fitting well, or they reek of cigarette smoke. Still, you may be ambivalent about undertaking change.
3. **Preparation:** While you want to change many aspects of your health, you think about which change you should make first. You plan to make changes and make a resolution to change. (New Year’s resolutions are great for this.) You recognize obstacles and start looking for solutions. (While you want to cut down fat in your diet, you love donuts, ice cream, cream cheese, and fries. Your children, who also love these

foods, think they are being deprived if you stop having this food in your house.) When you tell your friends you plan to change, you hope they will encourage you and hold you accountable, but you are also afraid of failing.

4. **Action:** You take steps to carry out your plan of changing. You see positive results. Your clothing is not tight, or it no longer carries the smell of cigarette smoke. You put coins in your car ashtray instead of cigarette butts. You recognize and solve problems that would permit you to slip back into unhealthy habits. Others around you reinforce your commitment to change. You give yourself rewards for taking action, and you feel good about the way you are changing. You avoid triggers—situations or people that may cause you to slip back into unhealthy patterns.
5. **Maintenance:** Your new habits are no longer new; they are a part of your life. You routinely exercise and feel

unfulfilled if you cannot. You park further away from your worksite and walk. You recognize how good you feel with the changes you have made.

Temptation is never far away, and you have to consciously fight to avoid backsliding. You seek out friends with healthy lifestyles, and encourage them to give you support as you sustain your changed behavior. Instead of drinking alcohol, smoking, or eating while under stress, you practice yoga, meditate, or take a walk. You recognize another area of your lifestyle that you want to change and go through the preparation and action stages.

6. **Relapse:** Although not a stage, a relapse occurs when you abandon healthy behaviors and return to previous behaviors.

What prevents you from succeeding? Look at the some of the obstacles you may encounter

as you consider changing, or sustaining your changes. Here are some of the factors that may hold you back when you doubt that you will be successful.

- “I’ve tried to lose weight before, and it keeps finding me.”
- “My spouse won’t be able to deal with me because I will be stronger and more self-assured.”
- “If I lose weight, I will have to buy new clothes and I can’t afford to.”
- “If I give up caffeine, I won’t be able to wake up in the morning.”
- “My mother (or father) told me I was not capable of changing.”
- “My children will not love me if I stop stocking the house with my (and their) favorite high-calorie foods.”

Some of your beliefs are irrational. They are excuses. The secret of successful change is to take small steps and to continue to forge

ahead. Keep your eye on the goal of health, and carry out the steps you need to change. It is one of our goals at AvoidMedicalErrors.com that our magazine and Inner Circle help you recognize the need to change and to feel encouraged to do so. Tell us of your successes. Here's to your health.

About the Author

Patricia Iyer MSN RN LNCC 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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Pain Medication May Trigger Cardiopulmonary Arrest in Patients with Sleep Apnea

Apnea is defined as the absence of airflow at the nose and mouth for longer than 10 seconds. Sleep apnea syndrome (SAS) is described as the occurrence of more than 30 apnea episodes over a seven-hour period of sleep. The majority of sleep apnea cases are caused by blockages in the airway. The upper airway becomes blocked while breathing and

diaphragm movement still occur. In the absence of formal sleep studies, the diagnosis can be made clinically by interviewing patients and their sleeping partners. Clinical signs include loud snoring, observed apneic episodes, and excessive daytime sleepiness.

Studies have demonstrated that patients with SAS have narrowed upper airways to start with, so they are more susceptible than other patients to drugs or anesthetics that suppress muscle tone in the pharynx inside the neck. In normal, awake patients, there is activity of the pharyngeal muscles that contracts them immediately before respiration, helping to resist the negative pressure generated by the

diaphragm and keeping the airway from collapsing. This pharyngeal contraction is markedly reduced both by REM (rapid eye movement) sleep and by narcotic pain administration. Patients with sleep apnea appear to be much more sensitive than normal individuals to even minimal levels of sedation. The increased sensitivity of their hypoglossal nerves to low doses of anesthesia has been well described.

Traditional Nursing Protocols Are Inadequate

Literature review suggests that the traditional nursing measurement of respiratory rate is ineffective in SAS patients for a number of reasons. Critical losses of oxygen levels occur during sporadic episodes of obstruction. This happens when continued respiratory effort could be difficult to distinguish from effective breathing.

These episodes are only rarely associated with slow respiratory rates (fewer than 10 breaths

per minute), making rate alone not a good indicator of troubled breathing. One solution would be to use audible pulse oximeter monitoring on the nursing unit. Although this is not currently the standard of care, the high incidence of respiratory obstruction in SAS patients should make this a great recommendation, especially if narcotic analgesics are to be used.

Diagnosing Sleep Apnea

Sleep apnea should be suspected in patients who are obese and have short, thick necks. A history of loud snoring reported by the sleeping partner is an important sign mentioned in almost all case reviews. One study suggests that snoring be considered significant if obstruction was noted by the sleeping partner, including episodes of gasping and choking while asleep. This is particularly serious if the noise obliged the couple to sleep in different rooms or the snoring was associated with excessive daytime sleepiness.

Although these signs are noted in a number of studies, these are not questions routinely asked by anesthesiologists. Perhaps not all patients exhibiting these symptoms will have sleep apnea if evaluated by formal sleep studies, but it might be safer to treat them as if they did until proven otherwise.

There have been many medical malpractice cases involving patients with sleep apnea who became oversedated by narcotics after surgery. Many of them died. If you suspect or know you have sleep apnea, and you are told you need to have surgery, be sure to mention this to the anesthesiologist who takes your history. Tell your surgeon. Your pain relievers after surgery will need to be carefully controlled.

AMFS

About the Author

This article was written by an AMFS physician. For more than two decades, AMFS has offered

the most comprehensive network of Board Certified, medical and related experts in all recognized specialties, nationwide. AMFS experts have assisted in more than 10,000 medical-legal matters and provided testimony in areas of medical negligence, personal injury, product liability, hospital/managed care negligence, criminal matters and toxic torts. AMFS takes the guesswork and legwork out of medical expert selection and provides a valuable consultative resource in the form of experienced staff, medical directors and attorneys. AMFS offers:

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Food! Glorious Food! Part I

Who doesn't love food? What I'd like to share with you is not only the foods that can optimize your brain, but ways for you to get these foods into your meals without having it be a big project and an expensive venture.

You'll discover some great ways to plan and prepare scrumptious easy meals that are a great support for your brain. We need to be proactive to give ourselves every opportunity to

have the healthiest brains possible. Also, if you prepare food for a person with dementia or Alzheimer's disease, anything you can do to enhance the brain will help to slow down the progression of the disease.

I've done a lot of research in this area of brain health for my own benefit as well as for my clients. I've always been interested in brain health, and over the years I've been open to learning more. When my mother was diagnosed with Alzheimer's, my awareness grew much greater. There's nothing like having a parent with Alzheimer's for you to think about your own brain.

Over the years, food has been used on many occasions to bring people together, be it welcoming a new neighbor with freshly baked cookies, catching up with a friend over a cup of coffee, or throwing a birthday party for a loved one, child or adult.

Different people have different love languages and some speak in the language of food. They delight in preparing and serving a meal to the people they love to express their love towards them.

One such person was Mom. We weren't short of parties growing up, and Mom involved us in the process of preparing the meals. It filled her with immense joy to see us all together and going through the process, from selecting ingredients that went well together to eventually coming up with the perfect meal, perfect because it was shared by people who had love for each other.

Christmas time always meant baking a lot of cookies, preparing boxes with a variety of

cookies, and taking them around to people who were housebound. We often did these deliveries early on Christmas Eve before going to church.

We also had many big events at our home: children's birthday parties and dinner parties for the adults! We kids enjoyed the adult parties as we helped out in the kitchen and found it a time to get a little crazy. A favorite memory for all of us is how we expressed ourselves by playing with cans of whipped cream as we garnished many desserts with it!

When Mom and Dad moved into a retirement community that included dinner every day in the dining room, Mom didn't cook as much. Her cooking decreased more and more over the years and finally stopped altogether. Sometimes I wonder how much the loss of that creative outlet and of her "food love language" may have contributed to the progression of her Alzheimer's disease.

Food is one of our basic necessities, but the

role it plays is far more important than simply for survival purposes. We all love food. It may be prepared differently from person to person or one culture to another, but it remains an integral part of our social and emotional lives.

The act of preparing and designing food into meals that nourish and sustain us is an act of service. Food can help us demonstrate that we are there for others, that we care for them, and that we want to nourish, encourage and sustain them. And that's where true fulfillment lies. The reason nothing beats a home cooked meal is the amount of heart, soul and love that is put in the process of cooking it.

Food has always been viewed as a powerful symbol of life. It's interesting to note that there are over 600 references to food in the Bible.

Even in our language, food has a significant influence in some expressions.

- “He’s a good egg.”
- “She’s a bad apple.”

- “You’re the big cheese...and the apple of my eye!”

In recent years, we are learning more and more about the brain and how what we eat actually makes a big difference in how we think. What's interesting is that the typical “heart-healthy” diet is actually very similar to what studies are finding beneficial to the brain. Our cardiovascular health is a primary indicator of our brain health. Our brains have to have a constant supply of nutrients.

You want to do your best to choose food that is premium fuel for your body. You are what you eat. Many people don't realize that all of your cells renew themselves every five months. Your diet is an important part of having those cells grow healthfully.

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.

Contact Suzanne at www.suzanneholman.com



Untangling Charlotte's Web:
The Story of a Life Cut Short by Medical Errors

Barbara J. Levin BSN RN ONC LACC
Mary Ann Shea JD BS RN Patricia Iyer RN MSN LACC
www.PatientSafetyNow.com



Untangling Charlotte's Web: A DVD

Charlotte was a vibrant woman who died as a result of medical errors.

Her story has stunned audiences nationally and internationally. This program presents a multimedia overview of the events that led up to Charlotte's death, and the changes that resulted from her life events. You'll learn how her story made patient care safer for all. Presented by Mary Ann Shea, Barbara Levin, and Pat Iyer at an annual nursing conference.

This DVD is available at high price for Avoid Medical Errors Magazine readers. Order for \$43.50 at <http://tinyurl.com/3ewwyte>. See our Store at www.avoidmedicalerrors.com.



Kimberly Stevens



How Do I Recover From a Binge?

Ah, such a good question!

Anyone who is an emotional eater has had their share of binges. And usually it's part of a bigger pattern of eating, not just a solitary blip.

The only way to recover from a binge is to put it behind you, to not get caught up in the emotional aftermath of shame, regret, anger, depression or berating yourself. What's done is done. The longer you "choose" to hang onto it, the longer you will suffer.

The other pitfall to avoid is swinging to the opposite extreme—making extreme cutbacks in your caloric intake for a few days in order to "make up" for the binge.

All you're doing if you do that is further establishing a pattern of bingeing: binge eating and then binge starving. We're trying to get away from that pattern, remember?

The difference you make in your weight with a few days of binge starving is not worth the rut of extreme behavior that you are further reinforcing in your head.

So put it behind you, avoid extreme cutbacks, and give yourself just one good, healthy day of fruits, veggies, water, sleep, and protein.

Then get one more good, healthy day under your belt. Repeat. One foot in front of the other.

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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Elizabeth Bewley MBA



Should You Worry When Hospital Patients Lose Touch with Reality?

Mildred said fretfully, “I don’t see why I can’t join the family out on the patio. Everybody is out there. I can hear them. Why do I have to stay inside?”

“Mom,” Carol said carefully, “You are in the hospital. You broke your hip. You had surgery

yesterday to replace your hip joint. The people you hear outside the door are hospital employees. This isn’t the family reunion at my house. That was two months ago.”

“But I just want to be with the family. I don’t see what harm it will cause if I go outside to be with the family for just a little while.”

The next time she saw Mildred’s doctor, Carol said, “She’s irrational. She keeps trying to fold the sheet that she’s lying under to put it away ‘upstairs in the linen closet.’ She hasn’t lived any place with an upstairs for seven years. She thinks the television set is a window. She

thinks it's night all the time because the TV is dark, since it's turned off. What's happening?"

"Oh, don't worry," the doctor assured her. "That's completely normal. It happens to everybody. It's disorienting to be in the hospital. As soon as we can discharge her and get her back into a more familiar setting, she'll be fine."

Researcher Dr. Wes Ely at Vanderbilt University has created the website www.icudelirium.org. On it, he explains that hospital patients often lose touch with reality. This altered mental state is called delirium. Mildred's doctor was right that this experience is very common. However, he was mistaken in believing that people return to their normal state afterwards.

Research shows that people who experience delirium in the hospital are more likely to develop other medical complications, to be less able to take care of themselves once they get

out of the hospital, to have trouble thinking clearly, to land in a nursing home, and to die within six months.

Laura Landro reported in a *Wall Street Journal* article, "50% to 80% of people who leave the ICU later suffer from long-term cognitive impairment that appears to be related to how long they were delirious in the hospital." She quotes Dr. Ely as saying that these memory and thinking problems may make it impossible for people to keep their jobs. They may feel "like their brain is swimming in molasses."

Three of the biggest risk factors that determine whether people will become delirious are:

- **How old they are.** About 60% of patients age 40-60 develop delirium. The risk rises rapidly, and by age 85, about 85% of patients develop delirium.
- **How sick they are.** Sicker patients are more likely to develop delirium.

- **Whether they are given drugs called benzodiazepines.** People who are given one of these, midazolam, are three times as likely to become delirious. Another, lorazepam, is almost certain to cause delirium at some doses.

It is best if delirium can be prevented. Failing that, the harm patients suffer can be reduced if the delirium is short-lived. However, Dr. Ely reports, delirium “remains unrecognized in 66% to 84% of patients, whether they be in the ICU, hospital ward, or emergency department.” If it isn’t recognized, it is unlikely that steps will be taken to halt it.

One worksheet that hospital staff might use to figure out if your friend or family member is delirious can be found at: http://www.icudelirium.org/docs/CAM_ICU_worksheet.pdf. It includes simple questions that doctors and nurses ask the patient. An

example is, “Will a stone float on water?” Using a worksheet like this, it takes less than 30 seconds to tell if someone is delirious.

Some of the steps that doctors and nurses can take to help nip delirium in the bud are:

- Bring the patient’s blood sugar and electrolytes back to appropriate levels
- Check for and treat infections
- Reduce the dose and frequency of drugs that sedate them
- Remove restraints
- Get patients up and moving around as soon as possible
- Have lights on during the day and dimmed at night
- Encourage interaction with family

If family members or friends are in the hospital and you’re concerned about their mental status, five steps you can take are:

- Recognize the risk. One source for more information is a brochure that you can find at:
http://www.icudelirium.org/docs/delirium_education_brochure.pdf.
- Ask how often the staff will check the patient's mental status and write the results in the patient's chart. A good answer to this question, according to Dr. Ely, is every 4-6 hours.
- Make sure that the patient has any eyeglasses or hearing aids that they normally use. It is hard for people to stay alert and focused if they can't see and hear the way they usually can.
- If possible, try to engage the patient with familiar photographs, music they enjoy, TV or radio programs they like, and/or conversation about familiar people and activities.
- Watch for behavior or thinking that is not typical of the patient and report it to the doctor or nurse. Ask that these

observations be written into the patient's chart. Ask what steps will be taken to figure out what is causing their altered mental state and how it will be addressed.

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



Sarah Jean Fisher
MSN, RN-BC, BA



Advance Directives: Having It Your Way Near End of Life...

Have you considered how you would want your care to be handled when you are near death?

Even if you are a healthy individual, you, or a loved one that you are responsible for, can suddenly and unexpectedly be placed in a life-threatening or life-altering situation.

You should have an advance directive. This document explains what you would like to have done at the end of your life. Do you want your life to be prolonged by any means available? Do you want nature to be permitted to run its course in the most painless and humane manner possible? Do you want to be resuscitated if your heart stops beating?

If you are suddenly not breathing, do you want a tube inserted into your throat to breathe for you? Would you want blood products given to you, or antibiotics, or have a tube inserted into your stomach to take nourishment and fluids

for you? Have you confided in anyone on what your end-of-life wishes are?

It is even more important to have an advance directive if you have a chronic progressive disease, an end-stage medical condition or are frail.

You can make sure that you receive only the treatments and care options you desire if you have an advance directive and have assigned a medical power of attorney (MPOA). The MPOA should be someone to whom you have explained what kind of decisions you want made about prolonging your life if you are unconscious or otherwise unable to make that decision when the time comes. The MPOA does not have to be medically trained, but should be someone that you trust to follow the guidelines of your advance directive.

Ideally, the time to make that decision is when you have time to be told about your choice, and it is not an emergency. Investigate what all

your options may be and consult with your primary physician to ensure that you clearly understand your choices, with their pros and cons. When you have made a decision regarding which options you desire, you must appoint someone other than your physician as your agent or surrogate for medical decisions, known as a medical power of attorney.

There are several popular forms of advance directive, with "The Five Wishes," also known as a living will, among the most popular. They all more or less perform the same function: They explain all possible choices available when the end of life is near and the potential results of each choice. Forms and options can differ from state to state, so make sure your source is based on your own state parameters.

Advance directives will act like physician's orders and inform the hospital staff how far you want them to go to maintain your life at the level of quality you choose if you are unable to tell them yourself. Your advance directive bars

them from doing anything not spelled out as OK with you.

When you have filled out your advance directive, you should have three originals prepared, one for you, one for your physician and one for your MPOA. Some options offer a wallet-sized card to carry with you, near your ID, at all times. It's a good idea to also have several extra copies, for a safe deposit box, with your will, and any other place you think might be useful.

More information on advance care planning can be found at these websites:

www.ezlaw.com www.health.state.pa.us;
www.hardchoices.com;
www.agingwithdignity.org; www.medicalert.org

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.

Resources

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[Sleep problems](#): Insomnia - Are these 7 mistakes killing your sleep? Learn how to wave insomnia goodnight.

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YES, We Want To Hear From You!

We need your feedback in order for us to continue to improve our publication for you.

- We want to know how you liked it.
- We want to know what you want to learn about.

Send us an email with your suggestion, testimonial or enhancement.

Send all emails to:

avoidmedicalerrors@gmail.com

Editor: Pat Iyer

Layout: Constance Barrett



Kaye Rice MED CN



Is It A Coincidence?

Recently I spoke with a friend who had an unfortunate accident. As he was waiting in a line of traffic, two cars collided and then slid into his vehicle. Happily, he was unhurt and was trying to remain positive. Trying to find meaning from the situation, he said that he had been searching for the answer to a question and wondered if this accident could be a sign.

I've pondered his comment all day, wondering whether such an unfortunate event could be a clue to the answer he has been seeking.

How do we know if the Universe is conspiring to give us answers, and how do we tune in to recognize the clues? I believe answers and opportunities are all around us every day if we just learn to recognize them.

When the Universe is aligning itself with our desires, we generally attract positive circumstances and opportunities, not negative ones. Coincidences begin to happen . . . and what is a coincidence? Break the word down co-incidence, meaning things or incidents, which happen or arise at the same time.

I do believe that when we ignore messages, they will tend to get louder and louder until we cannot ignore them. But if we are already searching for the answers, and paying attention to the messages we receive, we will rarely get an unpleasant wake-up call for an answer.

So, when faced with a destiny-altering decision, how do we know if we are making the right choice? And if we are stuck, how do we get moving? I do believe that the Universe will conspire to force you to make a change if you continue to cling to a situation that is not serving you. I also believe positive intentions will attract positive opportunities and situations. How do we recognize the clues?

Do you want to lose weight, give up smoking, or start exercising? Make a list of your options. List the pros and cons for each possible choice, and ask yourself “What is the worst thing that could happen if I make this choice?” Then ask, “What is the best thing that could happen if I make this choice?” Be sure to ask

yourself the consequence of doing nothing at all.

Now, considering the results from the exercise above, ask, “What do I want?” What outcome are you truly looking for? Go deep when you ask this question. Ask yourself what you are truly seeking—we all ultimately want happiness. Which choice will support your deepest desires and make you the happiest in the long run?

Take these thoughts with you into meditation, setting an intention to find the answer. Have no expectation that the answer will come to you during your meditation, but do have the expectation that it will come. Begin to notice co-incidences and opportunities that show up outside of your meditation. These things should happen with effortless ease, and you should not have to force them.

Be willing to “let go” and be open to the opportunities that present themselves. Fear of the unknown will often cause us to feel stuck. Notice as you consider your options how you

feel in your body. Do you feel comfort or discomfort as you consider each option? This is sometimes referred to as "listening to your gut." If you are unsure of what you are feeling, then postpone your decision until it feels comfortable or right. If you need to make a change, eventually it will be more uncomfortable to stay where you are than it will be to move forward.

Choose the option that feels the most comfortable and creates the most happiness. Be open. The Universe may come up with an option even better than the ones you had thought of on your own. Be assured the Universe will support you as you take steps to move in the direction of your desired outcome.

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

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Aila Accad



When Work Stress is Hazardous to Your Health

Job stress occurs when you work too much, work in conflict with your values and talents, or work under difficult conditions. It is a fact that job stress can make you sick.

Not only can stressful conditions at work make you sick, but once you get sick, your lower energy levels and focus can affect the quality and quantity of your work. Eventually, impaired

performance can result in errors and ruin your career.

A Costly and Growing Issue

Whether you are an employee or work for yourself, stress on the job is a growing problem. With increasing financial constraints, employers are asking workers to do more with fewer resources. Your personal stress is not the only concern. Others' stress can affect your work and health as well.

According to NIOSH (The National Institute for Occupational Safety and Health), exposure to stressful working conditions can have a direct

effect on safety and health. The U.S. Bureau of Labor says stress costs U.S. business \$300 billion a year in lost productivity, absenteeism, accidents, employee turnover and medical costs. The Centers for Disease Control and Prevention report that up to 90 percent of doctor visits in the U.S. may be triggered by a stress-related illness. Studies also show a significant increase in blood pressure and heart attacks as employees return to the office Monday morning.

What You Can Do

- Notice your stress symptoms. Know what you can & cannot control.
- You have NO control of anything outside yourself.
- You have TOTAL control of everything inside yourself.
Focus and take action on what you *can* control.

Value your work

- Define your job by its larger benefit to the world.

- Find ways to increase your value to the bottom line of your current job.
Where can you help shave costs and increase profits in your work area?
What value added services or products can you create? By putting energy into adding value to yourself or the job, you stand out from the crowd as an asset to your organization and in your portfolio. Over time, you may get rewarded your actions and ideas.

Control your use of time

- Ask yourself frequently, *“What is the best use of my time right now?”*
- Let go of trying to get everything done perfectly.

Take responsibility for you

- Make personal choices and take responsibility for them.

- When others are hostile, angry, complaining or negative, take control by setting boundaries for yourself.
- Seek and offer feedback to lower the stress of miscommunication.
- For example, when you delegate a task, ask people to repeat back the instructions. This gives you a chance to clear up misconceptions quickly rather than cleaning up messes later.
- Put limits on gossip.

Adapt to the changing workplace

- Be proactive. Continuously update your resume or job portfolio.
- Be aware of expanding and new markets for your talents and skills.
- Focus time and energy on productive preparation rather than wasteful worry. Check with Human Resources on opportunities for education, training or career development.

- Get career counseling or coaching to identify your strengths and talents. Then set a plan to attract a position either within your work place or another.
- Communicate your interests through networking.

Energize your environment

- Surround yourself with colors, sounds, odors, or images that soothe, energize or improve your mood.
- Connect with nature. If you cannot go outdoors, look out a window or use flowers, water, seashells, rocks or even a photo of nature.
- Take deep breaths during the day.
- Eat regular meals and drink purified water.

Get support

- Access your Employee Assistance Program (EAP) or Employee Health

Program for resources to help you reduce work stress.

- Develop a strong support system of family, friends or co-workers.
- Invest in counseling or coaching to regain control over your stress.

Summary

While you cannot control the growing stresses in the modern workplace, you can take actions that will help you stay safer and healthier when you must work under stressful conditions.

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.

Dramatically reduce stress and build an unshakable lifelong resistance to it. The damaging emotional and physical problems associated with stress may never be a problem again. Increase your mind power by switching on "hidden" receptors in your brain. These are shut off due to years of external noise and stress and even stress inducing signals from the T.V. and radio, negative thinking and poor education. Get help with feeling low, overwhelmed and anxious.

You may break free from phobias and behavioral problems such as ADHD, OCD, overeating, smoking, drugs and alcohol abuse. [Get more information.](#)



Theresa Healy RN



The Truth About Food Part 1

The foods Americans consume today are not the same food Americans consumed fifty to sixty years ago, and it is definitely not the same food God put on this planet to nourish our human vessel.

Understandably, some degree of industrialization was necessary to provide food for our growing population. Therefore, corporations grabbed this opportunity to

become leaders in the food industry, producing the “best” and most nutritious foods to sell to consumers. Unfortunately, the best intentions are not always followed by the best results.

At the same time, factories began making our food, Americans started to get sicker. It was so apparent at its inception. As with taking a pill, one never knows how it will affect you immediately or in the long term. But the food lasted and in some instances still does taste really good! So we bought, we consumed, the corporations and food industry produced more and better, and to save costs the ingredients used were focused on mass production at the

cheapest cost, so that it would not cost the consumer too much to buy.

As stated earlier, the best intentions are not always followed by the best results. The five leading causes of death in this country are heart disease, cancer, stroke, chronic lower respiratory diseases, and diabetes (Alzheimer's is # 6) [CDC.com](http://www.cdc.com). 2009. We are now well aware that all of these are results of lifestyle and nutrition choices. Our kids today are less active and are unacceptably predicted to die before their parents (*NY Times*, March 17, 2005) from the same consequences of lifestyles and nutrition.

Yet the real story, the truth about how our food is being produced, is not being told loud or often enough. This truth includes facts about food being genetically changed, animals being fed pesticides that are known to be poisonous for human consumption, and GM (Genetically Modified) corn and soy. Industry leaders have taken ownership of our seeds. Feedlots for

cattle, chickens, and pigs are filthy, full of bacteria, and occupied by animals that rarely, if ever, see the outdoors. Physicians are not taught about the connection between health and what we eat. The truth is not being told loud enough or often enough.

So let me share some information with you. All food starts with a seed, right? At least, that is nature's way. Seeds need to be collected as plants, and trees grow in order to produce more of the same. Suppose there is one company or a small group of companies that slowly and methodically buy up all the seed companies globally, and their mission is to have total control of all our seeds. The scary part is this: Global corporations are stealing the harvest from nature through their genetic engineering technology (biotechnology) and establishing patents on these seeds. In order to establish a patent on life forms (seeds), the company has to prove it is their "invention."

Hence, GM seeds are an invention because through genetic engineering, scientists have “invented” a stronger and different seed.

(These four products are the largest genetically modified crops: Corn 91%, soybeans 85%, canola 85%, sugar beets 95%. These figures represent the percentage of the crop that is genetically modified.) This information comes from *Stolen Harvest, The Hijacking of the Global Food Supply*; Vandana Shiva, 2000, South End Press.

Once someone owns a patent on seeds, they control its sales, the crop it produces and the harvest it reaps. The one particular fact that many do not realize, is that there is technology already developed to modify seeds into “Terminator” seeds. In other words, the plant, fruit, or vegetable will be sterile and not able to produce seeds.

The farmers have relied on the ability to save seeds for the next year’s crop for centuries. This new development means the farmers will

need to always buy new seeds every year, from the corporations who own them.

I will say that according to research, corporations have stated they do not plan to produce these terminator seeds, but my trust in them and their word is about zero out of ten (ten being the highest level of trust). Do you eat seedless watermelons? Or seedless grapes? Has it even occurred to you to ask yourself, “Why is this fruit seedless? Aren’t fruits supposed to have seeds in them?”

Eliminating the seed from a fruit or vegetable eliminates the life force from the food. Are these fruits being grown from terminator seeds? I am just asking. I cannot find information on terminator seeds being used. But the question is valid.

In health and gratitude,

Theresa Healy, RN, CCH, HHC

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Dean Dobkin MD



Get Me Out Of Here!

You get to the hospital's ER, and look around. Every bed is filled, the staff is disheveled, the doctors and nurses are running around, there's urine on the floor, and the place has a bad odor. Very bad signs. Would you stay in a doctor's office that had those conditions or at any other health-care facility?

It might not even be the fault of the doctors and nurses; they might just not have enough staff. But does that matter? Not to you; you have a smaller chance of getting the care you might need if the place is short staffed and the

resources are stretched. If your food doesn't reach you in the restaurant because the waiter has too many tables, does it matter to you why he has too many tables? He might be the best waiter in the world, and the chef might be superb, but if the food doesn't get to you or, in an ER, if the personnel can't get to you, it doesn't do you any good.

Believe it or not, it is possible to walk out. Even call a cab. You are in a hospital, not a prison. The staff may ask you to stay, but if they're really overwhelmed and understaffed, they are, more likely than not, simply "covering" themselves in case you have a problem after

leaving. If you are capable of leaving in a cab, fine. It's way, way cheaper than a private ambulance, which you might or might not be able to get.

If the place isn't cleaned, there's a greater chance of infection. If you are a patient there, you are presumably sick, and you are therefore at a greater chance of catching whatever might be there. If the staff takes hours and hours to provide care, it's a bad sign. If you think you are sick enough to need care right away, you might still have to wait for other patients who are deemed to be sicker than you. That's normal. Still, if your wait is really absurd, like hours, consider where else you might want to go.

Some hospitals also have specialized care that is not advertised. Hand specialists can be found, but there are hospitals which are "hand centers." Find out, if you have a hand injury, where fingers are re-implanted. It means they

have a high degree of expertise at that hospital.

Sometimes you can by-pass the ER if you require admission simply with a phone call or two. A physician I know had a child with a burn injury for which he was caring. He needed consultation. He called the local pediatric burn center, and spoke with the burn specialist. It was an easy phone call. Burn centers are great for caring for burns, and they generally want to see as many burn patients as possible.

The child was then a "direct admit," walking right past the four-hour wait in the ER. You can do that too.

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.

This month's Inner Circle Interview

Kay Rice speaks about Mind Body Medicine.

Kay Rice is skilled in understanding Aruvedic medicine, or the mind body connection. In this interview, she shares practical suggestions for harnessing the power of your mind to help in your healing process and to increase your enjoyment of life.

This interview is an exclusive benefit of joining the Inner Circle. Sign up at avoidmedicalerrors.com.



Nancy Collins
PhD, RD, LD/N



Can a Healthy Diet Treat Osteoporosis?

What is osteoporosis?

Osteoporosis is a thinning of bone tissue and a loss of bone density over time. It occurs when the body doesn't form new bone, or when old bone is reabsorbed by the body in large amounts. Osteoporosis is the most common type of bone disease.

Who is at risk for osteoporosis?

Women get osteoporosis more than men, probably because they have smaller bones. Those who are thin, have poor diets, who smoke or drink excess caffeine or alcohol are at greatest risk. Caucasian and Asian women are at greater risk than other races. Bone mass is lost beginning around age 30 and speeds up after a woman reaches menopause, so age is a risk factor for osteoporosis.

What are the symptoms of osteoporosis?

One of the reasons that osteoporosis is so dangerous is that in many cases there are no symptoms until a bone is broken. Before osteoporosis is even diagnosed, a minor impact can cause a serious fracture. Sometimes back pain is a symptom of

osteoporosis. With time, compression fractures in the spine can cause a “dowager’s hump”, or severely humped back.

Can osteoporosis be treated with a healthy diet?

Possibly! The best treatment for osteoporosis is prevention. A healthy diet that contains calcium, vitamin D, and other nutrients is key to osteoporosis prevention. Weight-bearing exercise (to help strengthen the bones), avoiding alcohol and caffeine, and not smoking are also good ways to help prevent osteoporosis. Once osteoporosis is diagnosed, the same recommendations can also help treat it by preserving bone mass.

Why are both calcium and vitamin D important?

Both vitamin D and calcium have many functions in the body. However, they work together to help keep bones healthy. Vitamin D helps promote absorption of the calcium you eat and helps form and maintain strong bones.

Eating lots of calcium or taking calcium supplements without vitamin D may not have much benefit to your bone health.

How much calcium do I need?

The Dietary Reference Intakes recommend 1300 milligrams daily for those 9 to 18 years old, 1000 milligrams daily for those 19 to 50, and 1200 milligrams daily for those older than 50. In general eating 2-3 servings of dairy products daily, liberal use of green vegetables, and regular use of calcium-fortified foods like orange juice, soy products, and breakfast cereals can make getting enough calcium easy. For example, one 8-ounce serving of milk or yogurt has about 300 milligrams of calcium. A half cup of cooked spinach has 120 milligrams, and 6 ounces of calcium-fortified orange juice has around 200-260 milligrams.

How much vitamin D do I need?

The need for vitamin D increases with age. Those ages 14-50 years old need 200 International Units (IU) or 5 micrograms daily,

and ages 51-70 years need 400 IU or 10 micrograms daily. Those over 71 need 600 IU or 15 micrograms daily.

Vitamin D can be found in the diet or can be made in the skin when it is exposed to sunlight. Good food sources include fortified milk, (98 IU's per 8 ounces) and fish like salmon, mackerel, tuna, and sardines (200-360 IU's per 3 ounce serving). Ten to fifteen minutes of sun exposure at least twice weekly (exposure to arms, hands, face, or back without sunscreen) will allow your body to make as much vitamin D as it needs.

What about other vitamins and minerals?

Eating a healthful diet that includes fruits, vegetables, protein sources, dairy foods, and whole-grain breads and cereals will help provide the right amount of all the nutrients needed to treat your osteoporosis. Eating according to the Food Guide Pyramid (www.mypyramid.gov) is a good way to keep your bones as healthy as possible.

Should I take supplements to treat my osteoporosis?

Maybe. Your registered dietitian can look at your eating habits and your medical history and decide if calcium and vitamin D supplements will help you. If your doctor prescribes medicine to increase your bone density or help prevent bone loss, supplements are a good idea. A healthy diet that contains a variety of foods, including good sources of calcium and vitamin D, should be part of your osteoporosis treatment plan.

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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.