Matter of Life & Health: Advocacy
Rancho La Puerta

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"The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge." Stephen Hawking

"The single biggest problem in communication is the illusion that it has taken place." George Bernard Shaw

Health care provider selection, communication, advocacy, and advanced directive

When you choose a primary care doctor for yourself or a loved one, make sure to choose a doctor you can trust. A primary care doctor can:

- Help you stay healthy by recommending preventive services, like screening tests and shots
- Treat many health problems — including physical and mental health issues
- Refer you to a specialist when you need more help with a specific health issue

When you and your doctor work together as a team, you'll get better health care. Look for a doctor who:

- Treats you with respect
- Listens to your opinions and concerns
- Encourages you to ask questions
- Explains things in ways you understand

Try the following tips to find a doctor who's right for you:

Ask for recommendations from people you know.
Getting a reference from someone you know and trust is a great way to find a doctor.

- Ask friends, family members, neighbors, or coworkers if they have a doctor they like.
- If you are looking for a new doctor because yours is retiring or moving, ask your current doctor for a recommendation.

Check with your insurance company.
If you have health insurance, you may need to choose from a list of doctors in your plan's network (doctors that take your insurance plan). Some insurance plans may let you choose a doctor outside the network if you pay more of the cost.

- Call your insurance company and ask for a list of doctors near you who take your insurance plan – or use the insurance company's website to search for a doctor.

- Once you've checked with your insurance company, call the doctor's office, too. Ask them to confirm that they take your specific health insurance plan.

Learn more about your top choices.
Make a list of the doctors you're interested in. Be sure to think about how easy or difficult it will be to travel to an appointment. Call their offices to learn more about them. The answers to some of the following questions may help you make the best decision, select questions that are important to you that you cannot find answers to from the medical practice written material or website. Do not ask all 74 questions in one interaction, if you do that doctor will not want you in their practice!

1. What are your credentials?
2. How many total years have you been in practice?
3. Is the doctor taking new patients?
4. Is the doctor part of a group practice? If so, who are the other doctors that might sometimes see or help treat you?
5. Who will see you if your doctor isn't available?
6. Which hospital does the doctor use?
7. If you have a medical condition, does the doctor have experience treating it?
8. Does the doctor have special training or certifications?
9. Does the office offer evening or weekend appointments?
10. What is the cancellation policy?
11. How long will it take to get an appointment?
12. How long do appointments usually last?
13. Can you get lab work and x-rays done in the office?
14. If you're more comfortable speaking in a language besides English, is there a doctor or nurse who speaks that language?
15. Where did you go to medical school?
16. Are you board-certified?
17. How many patients are currently in your practice? Do you have a limit of the number of patients you will accept?
18. Do you offer any unique services like wellness planning, hormone replacement therapy (HRT) pellets, genetic and genomic tests, health coaching, etc.?
19. Do you have a website? Look for transparent pricing, reviews, doctor bio and services clearly listed.
20. Do you take my insurance? Do you offer self-pay pricing?
21. How long do patients typically wait for appointments? Do you make same and next-day appointments for urgent matters?
22. What are your average wait times?
23. Do you offer basic lab tests in your office, or will I have to go somewhere else?
24. Tell me about your after-hours policies. What happens if I have an emergency?
25. Do you work with a certain hospital? Will you be involved in my care if I get admitted to a hospital?
26. Can I call or email you with non-urgent questions? How long can I expect it to take for you to get back to me?
27. Is this a group practice? Will I ever see Physician's Assistant (PA) or Nurse Practitioner (NP) or another doctor?
28. Can I bring a friend or family member with me to my appointments for a 2nd set of ears?
29. How do you simplify prescriptions? Do you offer prescription coordination, free delivery or preferred programs?
30. What level of communication can I expect? Can I speak to the doctor directly when I call in?
31. How do you feel about patients asking detailed questions? Do you take the time to explain so I can understand?

32. How do you handle specialist referrals? Can you personally expedite specialists appointments, avoid duplicate orders, etc.?
33. Will you help me with extra paperwork I may need for supplemental insurance, camp and school forms, etc? Is there a charge associated with extra paperwork?
34. Do you have expertise treating my condition?
35. What are your credentials? Are you board certified? What is your specialty?
36. Where did you go to medical school? Internship, residency, or fellowship? Are you current on continuing medical education?
37. How long have you been a primary care or specialty physician? How many patients in your practice, and how many with my condition?
38. What is your opinion on the patient-physician relationship?
39. How would you describe your communication style?
40. Do you encourage me to ask questions and express my opinion?
41. Do you take the time to consider my opinion and answer my questions in a way that I can understand?
42. Am I able to call you directly in case of emergency?
43. How does your office handle emergencies if I cannot get a hold of you?
44. Am I able to call or email you with non-emergency questions? If so, how long should I expect to wait for a response?
45. How long should I expect to wait for an appointment after calling to schedule one?
46. If necessary, am I able to schedule a same-day appointment for urgent situations?
47. What days and hours do you see patients for non-emergency appointments?
48. Is this a group practice? Or should I expect to see you each time I visit?
49. If you are unavailable, whom should I expect to see?
50. If I need to seek a specialist, will you work with me to find the right person?
51. Do you work with a certain hospital?
52. Do you keep paper or electronic medical records?
53. Are you comfortable with me bringing a friend or family member with me to an appointment?
54. Do you provide post-visit reports that summarize what occurred, what was discussed, and what actions need to be taken after the visit?
55. Do you have an online resource with additional information?
56. Do you have any experience with _____? (Any specific issue or condition you may have)
57. Where is the practice located? Will it be easy for you to get there? Is it accessible by public transportation? Is there ample parking?
58. Where are routine x-rays and laboratory studies performed? Can these be done in-office, or will you have to go to an outside laboratory?
59. Is the office staff friendly and courteous?
60. If you call with a question about your care, does a doctor or nurse return your call promptly?
61. Who covers for the physician when he/she is away? Whom should you call if you have a problem after-hours? If the doctor works in a group, are you comfortable with being seen by one of the practice partners?
62. Does the physician frequently refer patients to specialists or does he/she prefer to manage the majority of your care themselves?
63. Does the office process insurance claims, or must you pay up-front for services and file the claims yourself?
64. Is the doctor taking new patients, and is the doctor covered by my insurance plan?
65. Will language be an obstacle to communication? Is there someone in the office who speaks my language?
66. Is the location of the doctor's office important? How far am I willing to travel to see the doctor?
67. Is there parking? What does it cost? Is the office on a bus or subway line?
68. Does the building have an elevator? What about ramps for a wheelchair or walker?

69. What days/hours does the doctor see patients?
70. Are there times set aside for the doctor to take phone calls? Does the doctor accept emailed questions? Is there a charge for this service?
71. Does the doctor ever make house calls?
72. How far in advance do I have to make appointments?
73. What's the process for urgent care? How do I reach the doctor in an emergency
74. Who takes care of patients after hours or when the doctor is away?

Think about your experience after the first visit.
Did the doctor and office staff...

- Make you feel comfortable during your appointment?
- Explain things in a way that was easy to understand?
- Listen carefully to you?
- Show respect for what you had to say?
- Know important information about your medical history?
- Spend enough time with you?
- Give you a chance to ask questions?

If you answer "no" to any of these questions, you may want to keep looking!

Be a smart questioner

At the doctor's office:

- Experts suggest that patients go to an appointment with a set of questions or perhaps even e-mail or fax them ahead of time. "If you have a lot of questions, call the office to say that you may need a little more time," says Gloria Lopez-Cordle, author of The Personal Medical Journal.
- Ask whether your doctor has washed his or her hands before starting to examine you.
- Ask your doctor to draw pictures if it might help you understand.
- Ask for written instructions.
- Ask for permission to bring a tape recorder to help you remember them.

Questions to ask:

- How will this new medicine help me?
- What is the prescription? Does it have a brand or generic name?
- What is the dosage?
- What are the side effects? If I have a bad reaction or worrisome side effects, whom should I call, and when?
- Are there any food or drinks I should avoid while taking it?
- Can I take this medicine with any allergies I may have?
- Is it safe to take the medicine with other vitamins, herbs or supplements I take?

Be your own advocate in the hospital

- Don't be shy about asking your care providers if they've washed their hands.
- Make sure your doctors and nurses check your name or wristband before giving your medicine or performing any procedures.
- If you have an IV drip, ask the hospital caregiver how long it should take for the liquid to run out.
- Ask about having an antibiotic before surgery
- When you leave the hospital, ask what further tests should be done, who should schedule them and when to schedule a follow-up exam.
- Before you leave the hospital, ask what signs or symptoms should prompt you to call for a doctor's visit.

Bring a friend

- Take a family member, friend or caregiver with you to provide support, and to step in if necessary.

How to Prepare for a Doctor's Appointment

A basic plan can help you make the most of your appointment whether you are starting with a new doctor or continuing with the doctor you've seen for years.

List and Prioritize Your Concerns

Make a list of what you want to discuss. For example, do you have a new symptom you want to ask the doctor about? Do you want to get a flu shot? Are you concerned about how a treatment is affecting your daily life? If you have more than a few items to discuss, put them in order and ask about the most important ones first. Don't put off the things that are really on your mind until the end of your appointment—bring them up right away!

Some doctors suggest you put all your prescription drugs, over-the-counter medicines, vitamins, and herbal remedies or supplements in a bag and bring them with you. Others recommend you bring a list of everything you take and the dose. You should also take your insurance cards, names and phone numbers of other doctors you see, and your medical records if the doctor doesn't already have them.

Consider Bringing a Family Member or Friend

Sometimes it is helpful to bring a family member or close friend with you. Let your family member or friend know in advance what you want from your visit. Your companion can remind you what you planned to discuss with the doctor if you forget. She or he can take notes for you and can help you remember what the doctor said.

Tips: Getting Started with a New Doctor

Your first meeting is a good time to talk with the doctor and the office staff about some communication basics. First name or last name. When you see the doctor and office staff, introduce yourself and let them know by what name you prefer to be called. For example: "Hello, my name is Mrs. Martinez," or "Good morning, my name is Bob Smith. Please call me Bob." Ask how the office runs. Learn what days are busiest and what times are best to call. Ask what to do if there is an emergency, or if you need a doctor when the office is closed.

Share your medical history. Tell the doctor about your illnesses, operations, medical conditions, and other doctors you see. You may want to ask the doctor to send you a copy of the medical history form before your visit so you can fill it out at home, where you have the time and information you need to complete it. If you have problems understanding how to fill out any of the forms, ask for help. Some community organizations provide this kind of help.

Share former doctors' names. Give the new doctor all of your former doctors' names and addresses, especially if they are in a different city. This is to help your new doctor get copies of your medical records. Your doctor will ask you to sign a medical release form giving him or her permission to request your records.

Be Sure You Can See and Hear As Well As Possible. Many older people use glasses or need aids for hearing. Remember to take your eyeglasses to the doctor's visit. If you have a hearing aid, make sure that it is working well and wear it. Let the doctor and staff know if you have a hard time seeing or hearing. For example, you may want to say: "My hearing makes it hard to understand everything you're saying. It helps a lot when you speak slowly."

Plan to Update the Doctor. Let your doctor know what has happened in your life since your last visit. If you have been treated in the emergency room or by a specialist, tell the doctor right away. Mention any changes you have noticed in your appetite, weight, sleep, or energy level. Also tell the doctor about any

recent changes in any medications you take or the effects they have had on you. Discussing Changes in Your Health: Worksheet and Tracking Your Medications: Worksheet can help you get organized.

Request an Interpreter if You Know You'll Need One. If the doctor you selected or were referred to doesn't speak your language, ask the doctor's office to provide an interpreter. Even though some English-speaking doctors know basic medical terms in Spanish or other languages, you may feel more comfortable speaking in your own language, especially when it comes to sensitive subjects, such as sexuality or depression. Call the doctor's office ahead of time, as they may need to plan for an interpreter to be available. Always let the doctor, your interpreter, or the staff know if you do not understand your diagnosis or the instructions the doctor gives you. Don't let language barriers stop you from asking questions or voicing your concerns.

How to Use an Interpreter

- Consider telling your interpreter what you want to talk about with your doctor before the appointment.
- If your language is spoken in multiple countries, such as Spanish, and your interpreter does not come from the same country or background as you, use universal terms to describe your symptoms and communicate your concerns.
- Make sure your interpreter understands your symptoms or condition so that he or she can correctly translate your message to the doctor. You don't want the doctor to prescribe the wrong medication!
- Don't be afraid to let your interpreter know if you did not understand something that was said, even if you need to ask that it be repeated several times.

5 Ways to Make the Most of Your Time at the Doctor's Office

1. Be Honest

It is tempting to say what you think the doctor wants to hear, for example, that you smoke less or eat a more balanced diet than you really do. While this is natural, it's not in your best interest. Your doctor can suggest the best treatment only if you say what is really going on. For instance, you might say: "I have been trying to quit smoking, as you recommended, but I am not making much headway."

2. Decide What Questions Are Most Important

Pick three or four questions or concerns that you most want to talk about with the doctor. You can tell him or her what they are at the beginning of the appointment, and then discuss each in turn. If you have time, you can then go on to other questions.

3. Stick to the Point

Although your doctor might like to talk with you at length, each patient is given a limited amount of time. To make the best use of your time, stick to the point. For instance, give the doctor a brief description of the symptom, when it started, how often it happens, and if it is getting worse or better.

4. Share Your Point of View About the Visit

Tell the doctor if you feel rushed, worried, or uncomfortable. If necessary, you can offer to return for a second visit to discuss your concerns. Try to voice your feelings in a positive way. For example, you could say something like: "I know you have many patients to see, but I'm really worried about this. I'd feel much better if we could talk about it a little more."

5. Remember, the Doctor May Not Be Able to Answer All Your Questions

Even the best doctor may be unable to answer some questions. Most doctors will tell you when they don't have answers. They also may help you find the information you need or refer you to a specialist. If a doctor regularly brushes off your questions or symptoms as simply a part of aging, think about looking for another doctor.

About Your Symptoms or Diagnosis

- What is the disease or condition?
- How serious is my disease or condition and how will it affect my home and work life?
- What is the short-term and long-term prognosis for my disease or condition?
- What caused the disease or condition?
- Is there more than one disease or condition that could be causing my symptoms?
- Should I be tested for a certain disease or condition?
- What symptoms should I watch for?
- How can I be tested for a disease or condition, and what will these tests tell me?
- What tests will be involved in diagnosing my disease or condition?
- How safe and accurate are the tests?
- When will I know the test's results?
- Will I need more medical tests?
- Do I need a follow-up visit and if so, when?
- Do I need to take precautions to avoid infecting others?
- How is the disease or condition treated?

About Your Treatment

- What are my treatment options?
- How long will the treatment take?
- What is the cost of the treatment?
- Which treatment is most common for my disease or condition?
- Is there a generic form of my treatment and is it as effective?
- What side effects can I expect?
- What risks and benefits are associated with the treatment?
- What would happen if I didn't have any treatment?
- What would happen if I delay my treatment?
- Is there anything I should avoid during treatment
- What should I do if I have side effects?
- How will I know if the medication is working?
- What would I do if I miss a dose of medication?
- Will my job or lifestyle be affected?
- What is my short-term and long-term prognosis?

If You Need Surgery

- Why do I need surgery?
- What surgical procedure are you recommending?
- Is there more than one way of performing this surgery?
- Are there alternatives to surgery?
- How much will surgery cost?
- What are the benefits of having surgery?
- What are the risks of having surgery?
- What if I don't have this surgery?
- Where can I get a second opinion?
- What kind of anesthesia will I need?
- How long will it take me to recover?
- What are your qualifications?
- How much experience do you have performing this surgery?
- How long will I be in the hospital?

Health & Safety Tips

How Patients Can Take an Active Role in Their Care and Safety Participating in your own care has many advantages.Your doctor, nurse and other healthcare providers welcome your involvement. Below, find tips for you and your family to help us ensure your health and safety:

Tip #1: Be Proactive
Take part in all decisions about your treatment. Complete your advance directives and provide a copy to your healthcare provider. Share any special care needs that you have
Ask a trusted family member or friend to accompany you when you visit your doctor if you are too ill or stressed to participate yourself. Remember you are the center of the healthcare team.

Tip #2: Speak up if you have any questions or concerns. You have a right to question anyone who is involved with your care. To be sure you have all the information you need, it can help to write down questions to ask for the next time you visit the doctor.

Tip #3: Identify yourself. Be sure the healthcare professional asks your name and birthdate. Also, don't hesitate to inform the healthcare professional if you think he or she has confused you with another person.

Tip #4: Ask healthcare workers tell you what they plan to do before you consent to any procedure. Healthcare workers should tell you what they plan to do before any procedure. Also, you can remind healthcare workers who have direct contact to wash their hands. Handwashing is an important way to prevent the spread of infection.

Tip #5: Bring your doctor a list of your medications and mention any allergies you have. This list should include all over-the-counter medications, home remedies, and herbal medications including tea, vitamins and weight gain or loss products such as shakes, pills or bars. Sometimes they can be dangerous when you take them with other medications. Know what medications you are taking, why you are taking them, and potential side effects. Let the doctor and nurse know of any allergies and type of reaction or side effects you have. Also be sure to ask questions about the medications you are prescribed during your appointment.

Common Challenges in Asking Questions

Many patients fail to ask what's truly important to them. See if you recognize yourself or a loved one among these common reasons:

- You were raised to believe that challenging your physician in any way (including asking questions) demonstrates disrespect or distrust. Particularly true of older patients, this belief is both unfounded and damaging. Good physician partners want engaged patients. We want our patients to ask questions that specifically address their personal concerns. If your physician seems to feel disrespect by your questioning, find a new physician partner.
- Your physician intimidates you. True, many physicians are intimidating, given their education, medical lexicon, white coat, obvious frenetic pace, and the fact that you're on their turf (note: It's tough not to be intimidated when your back side is sticking outthrough that stupid gown). First, get over it (your intimidation). It's your disease, and our job to help you, so don't give in to your feelings of intimidation (which you control). And if a doctor tries to leave before you've asked all your questions, find a new physician partner.
- You think your questions might seem (or truly are) "silly" or "stupid." Particularly when it comes to your health, virtually all doctors (and all good ones) subscribe to the philosophy: There is no such thing as a stupid question!
- You don't remember your questions during the rush of the doctor's appointment. This is quite common. Write your critical questions down and have them with you and out when the doctor

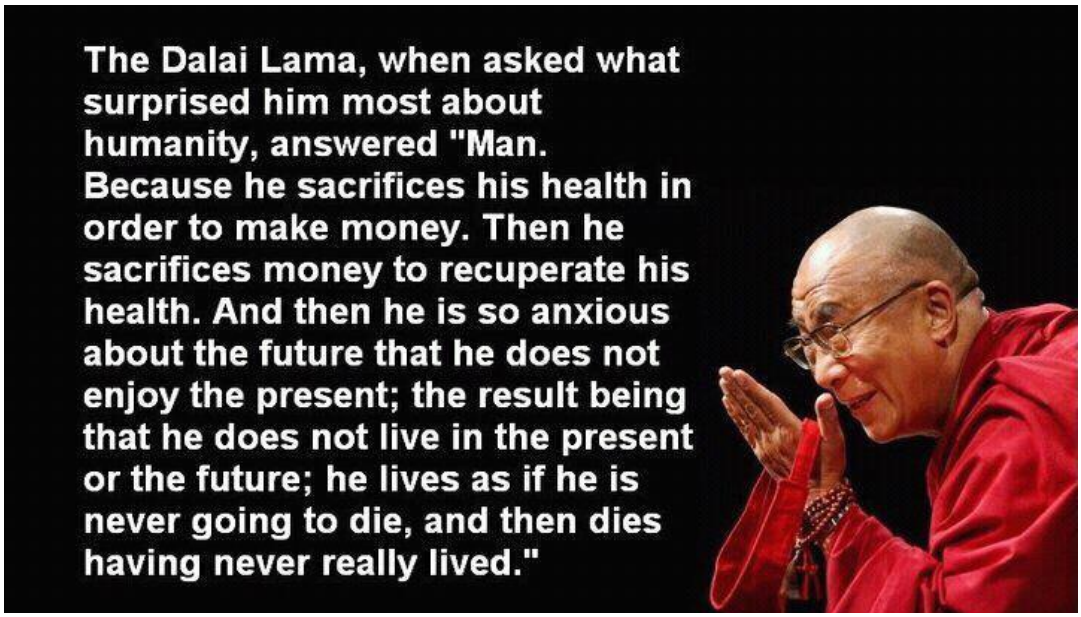
enters the room. And bring a loved one or trusted friend with you; between the two of you, you'll remember to ask.

- You don't know which of your doctors to ask. Common for patients with multiple or complex conditions, the answer is: ask any of them. Often any physician can answer a general question (as in the first scenario). And when an answer can best be answered by a specific doctor (as in the second scenario), other doctors will tell you who to ask.
- You may have asked a question before and don't wish to look foolish or unengaged or to upset your doctor by asking it again. Same answer as for the first, second, and third bullets points: your physician partner wants you to ask the questions that are important to you, even repeatedly.

Advocacy and Advanced Directive

Be your own advocate! If you are not comfortable or effective as a self-advocate ask a friend or relative for assistance, or hire a professional advocate, especially if facing an important health care matter. Maintain ready access to a current summary of your medical history, medications, and allergies. Have it available to advocate, caregivers, and health care professionals. An advanced directive should be current, witnessed in legally approved format, and specific to be certain that your guidelines are honored. Avoid general and vague terms like reasonable, normal, natural. Many advance directives leave family without guidance as to the wishes of the individual, and the decisions are very challenging without discussions that take place in advance.

It is not easy to consider challenging scenarios but a three minute to thirty minute discussion can make sure end of life, or extending life to the extreme, wishes and philosophy are honored. For example, if you have had a paralyzing stroke and cannot communicate would you want a procedure for placement of a feeding tube through the abdominal wall into the stomach, or to remain on a ventilator, if there was a 20% chance or greater that you would regain enough function to live in a nursing home? If there was a 5% chance you could recover to independent living, but with limited mobility and function? Without an advance directive the standard if care nay require a feeding tube, cardiac pacemaker, kidney dialysis, ventilator, and CPR with electric shocks to try to restart the heart in the event of a cardiac arrest? Case histories of what happened to others and the consequences of not having a clear advanced directive are all too common. Many people find that the discussion and crafting of an advanced directive is actually a great relief and comfort, to them and those who may be placed in the position of speaking on their behalf. It, along with financial and legal planning with a will, testament, trust, and ethical will can be of great value and benefit to all concerned.



Patient Advocacy - A Step in the Right Direction
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By Deepak Chopra MD, Lizabeth Weiss, BA, Nancy S. Cetel, MD, Danielle Weiss, MD, Joseph B. Weiss, MD

When the average American goes to the doctor, shows up at the ER, or enters the hospital, the risks and complexities of our healthcare system strike home vividly. Besides the expense of care and the intricate tests and procedures a patient faces, there is a widely under-reported risk of medical mistakes and "adverse events," as they care called, which can range from minor to disastrous.

The new idea whose time has come is the patient advocate, someone who represents the patient's best interest in any medical situation. An advocate might be a well-meaning relative who helps an older patient understand what's going on, stepping in to do attendant tasks like picking up prescriptions and organizing medical bills. But more and more we see the need for an advocate who is professionally trained to buffer the mounting risks in a healthcare system where less and less time is spent between doctor and patient, raising the possibility of a wide range of bad outcomes.

What the patient is all too aware of is the doctor visit that goes by in the blink of an eye. A 2007 analysis of optimal primary-care visits found that they last *in toto* 16 minutes on average. From 1 to 5 minutes is spent per topic discussed. Although a visit to a primary-care physician or specialist has increased to 20 minutes, a shift in a doctor's workload in recent years, some of it mandated by law, finds more time being allocated to computer and desk work, such as entering data in the Electronic Health Record (EHR).

The actual face-to-face time with a doctor or other health care provider actually comes down to 7 minutes on average. Therefore, a patient advocate clearly has a huge gap to fill. The advocate can begin by simply observing the visit or procedure to make sure that simple mistakes and errors in communication don't occur. Many of these are unavoidable byproducts of nurses changing shifts, hospital doctors on rotation, etc.

But in an aging population, the advocate's efforts become even more critical. An advocate can take time to take a detailed patient history, something often lacking in our rushed system. They can translate information into the patient's first language as needed, calm nerves in the stressful and unfamiliar surroundings of a hospital or clinic, and thereby bring to the fore the questions and answers that need to be transmitted. In the stress of a medical event, it's very common for patients, particularly the elderly, to be so flustered and anxious that they forget to ask important questions or give important information.

Not everything is potentially positive if patient advocates become a standard part of health care. If they have their own agenda because their employer is a hospital or insurance company, the patient's best interests may not be uppermost. One anticipates antagonism between the advocate and the doctor, who isn't used to third-party input and values his autonomy. And if the advocate isn't calm, professional, and common-sense, adding another anxious person in the examining room would be a detriment.

Still, we feel that the benefits far outweigh the potential downside. The key is for advocates to be accepted as a positive extension of the existing system, not an opposition party. A concerted effort to standardize a curriculum and certification for advocates is now being developed. It needs all the support it can get. The creation of an educated, licensed workforce of professional advocates can and should be an integral part of improving the safety and efficacy of our national health care. With your eyes now opened, you'll see how great the need is the next time you need to see the doctor.

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References:

Brennan TA, Leape LL, Laird NM, *et al*. Incidence of adverse events and negligence in hospitalized patients. Results of the Harvard Medical Practice Study I. *N Engl J Med* 1991;324:370–6.

Kohn LT, Corrigan J, Donaldson MS. *To err is human: building a safer health system*. Washington DC: National Academy Press, 2000. Department of Health and Human Services. Adverse events in hospitals: national incidence among Medicare beneficiaries. 2010. http://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf.

A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care James, John T. PhD Journal of Patient Safety: September 2013 - Volume 9 - Issue 3 - p 122–128 doi: 10.1097/PTS.0b013e3182948a69
Makary MA, Daniel M. Medical error-the third leading cause of death in the US. *BMJ* 2016;353:i2139. doi:10.1136/bmj.i2139

Measurement of patient safety: a systematic review of the reliability and validity of adverse event detection with record review. Mirelle Hanskamp-Sebregts, Marieke Zegers, Charles Vincent, Petra J van Gurp, Henrica C W de Vet, Hub Wollersheim Published 22 August, 2016 http://bmjopen.bmj.com/content/6/8/e011078.full

Weismann JS, Schneider EC, Weingart SN, et al. Comparing patient-reported hospital adverse events with medical records reviews: Do patients know something that hospitals do not? *Ann Intern Med*. 2008; 149: 100–108.

Overview of medical errors and adverse events. Maité Garrouste-Orgeas François Philippart, Cédric Bruel, Adeline Max, Nicolas Lau and B Misset *Annals of Intensive Care* 20122:2 DOI: 10.1186/2110-5820-2-2 Published 16 February 2012

Valentin A, Capuzzo M, Guidet B, Moreno R, Metnitz B, Bauer P, Metnitz P: Errors in administration of parenteral drugs in intensive care units: multinational prospective study. *BMJ* 2009, 338: b814. 10.1136/bmj.b814

Ridley SA, Booth SA, Thompson CM: Prescription errors in UK critical care units. *Anaesthesia* 2004, 59: 1193–1200. 10.1111/j.1365-2044.2004.03969.x

Garrouste-Orgeas M, Timsit JF, Vesin A, Schwebel C, Arnodo P, Lefrant JY, Souweine B, Tabah A, Charpentier J, Gontier O, *et al*.: Selected medical errors in the intensive care unit: results of the IATROREF study: parts I and II on behalf of the Outcomerea study group. *Am J Respir Crit Care Med* 2010, 181: 134–142. 10.1164/rccm.200812-1820OC

Garrouste-Orgeas M, Soufir L, Tabah A, Schwebel C, Vesin A, Adrie C, Thuong M, Timsit JF: A multifaceted program for improving quality of care in ICUs (IATROREF STUDY) on behalf of the Outcomerea study group. *Critical Care Med*, in press.

Overview of medical errors and adverse events. Maité Garrouste-Orgeas, François Philippart, Cédric Bruel, Adeline Max, Nicolas Lau and B Misset *Annals of Intensive Care*20122:2 DOI: 10.1186/2110-5820-2-2 Published 16 February 2012

Kennerly DA, Kudyakov R, da Graca B, *et al*. Characterization of adverse events detected in a large health care delivery system using an enhanced Global Trigger Tool over a five-year interval. *Health Serv Res* 2014;49:1407–25. doi:10.1111/1475-6773.12163 Google Scholar

Rutberg H, Borgstedt Risberg M, Sjodahl R, *et al*. Characterisations of adverse events detected in a university hospital: a 4-year study using the Global Trigger Tool method. *BMJ Open* 2014;4:e004879. doi:10.1136/bmjopen-2014-004879

Christiaans-Dingelhoff I, Smits M, Zwaan L, *et al*. To what extent are adverse events found in patient records reported by patients and healthcare professionals via complaints, claims and incident reports? *BMC Health Serv Res* 2011;11:49. doi:10.1186/1472-6963-11-49 [CrossRef][Medline]Google Scholar

Classen DC, Resar R, Griffin F, *et al*. 'Global Trigger Tool' shows that adverse events in hospitals may be ten times greater than previously measured. *Health Aff (Millwood)* 2011;30:581–9. doi:10.1377/hlthaff.2011.0190

Sari AB, Sheldon TA, Cracknell A, *et al*. Extent, nature and consequences of adverse events: results of a retrospective casenote review in a large NHS hospital. *Qual Saf*
J Health Care Finance. 2012 Fall;39(1):39-50.
The economics of health care quality and medical errors. Andel C, Davidow SL, Hollander M, Moreno DA. https://www.ncbi.nlm.nih.gov/pubmed/23155743

All of Us - Doctor and Patients - Need to Face Up to Healthcare Hazards
San Francisco Chronicle, February 15, 2017

By Deepak Chopra MD, Nancy S. Cetel, MD, Danielle Weiss, MD, Joseph B. Weiss, MD

Medical mistakes are a touchy subject in the medical community. Both sides of the healthcare system fear them - patients because of their general anxiety about going to the doctor, physicians because of the looming threat of malpractice. The situation needs to be faced squarely, with candor and above all, with reliable statistics. These have varied widely over the years. While the numbers of fatalities reported annually in US hospitals has had estimates from 44,000 to 440,000, even the lower estimate is a public health catastrophe.

We say this against the background of the vulnerable position even the best cared for patient faces. Entering the hospital represents a loss of freedom, exposure to anxiety-producing procedures, a sterile environment, and being handled, physically and emotionally, by strangers. Adding medical mistakes to the list must become unacceptable.

At present, however, preventable mistakes continue to persist and are often graver. Several publications over the past two dozen years, including our own, have highlighted the alarming frequency and consequences of adverse events during medical treatment. Among the most credibly researched and analyzed findings are the following:

- The US Department of Health & Human Services, Office of the Inspector General, reported that a review of in-patient records from 2008 confirmed 180,000 fatalities occurred in the Medicare population alone, because of medical errors.
- A 2013 evidence-based estimate, using a weighted average of 4 databases, suggested that the current range of annual deaths in US hospitals from adverse events was between 210,000 to over 400,000.
- Most recently, in 2015, journal authors from Johns Hopkins estimates the number as over 250,000 deaths per year, making hospital errors the third leading cause of US hospital deaths after heart disease and cancer.

Regarding the last citation, Dr. Martin Makary, Professor of Surgery and Health Policy at the Johns Hopkins School of Medicine, comments that medical care gone wrong is commonly due to “a communications breakdown, poorly coordinated care, or a misdiagnosis,” but these are rarely mentioned when a doctor fills out “primary cause of death” on a death report.

As a result, Makary notes, “these are issues that have lived in locker rooms, doctors’ lounges, and nurses’ stations…in the form of stories and not epidemiological errors.” A recent review of 4,000 medical journal articles showed that even the most accurate medical record review protocol identified adverse events in 2.9% to 18.0% of records, with preventable errors identified in 1% to 8.6% of records. Although alarming in its own right, this number is a significant underestimation of the true frequency of errors. In a telling report that interviewed nearly 1,000 patients in Massachusetts 6 to 12 months after discharge, patients recalled three times the number of adverse events reported in the medical record.

The many reasons why errors would be underreported is all too readily apparent. Avoidance of identification, liability, blame, guilt, financial penalty, malpractice action, job security, disciplinary action, hearings, reviews, etc. are just some of the powerful motivations to avoid reporting an error. Surveys of physicians confirm the obvious, that under-reporting is widespread. Yet without accurate statistics the full extent of the endemic problem, as well as the ability to monitor efforts to reduce errors, cannot be

accurately assessed. Human error is inevitable, but every effort must be made to minimize the risk and consequences.

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References:

Brennan TA, Leape LL, Laird NM, *et al*. Incidence of adverse events and negligence in hospitalized patients. Results of the Harvard Medical Practice Study I. *N Engl J Med* 1991;324:370–6.

Kohn LT, Corrigan J, Donaldson MS. *To err is human: building a safer health system*. Washington DC: National Academy Press, 2000. Department of Health and Human Services. Adverse events in hospitals: national incidence among Medicare beneficiaries. 2010. http://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf.

A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care James, John T. PhD Journal of Patient Safety: September 2013 - Volume 9 - Issue 3 - p 122–128 doi: 10.1097/PTS.0b013e3182948a69

Makary MA, Daniel M. Medical error-the third leading cause of death in the US. *BMJ* 2016;353:i2139. doi:10.1136/bmj.i2139

Measurement of patient safety: a systematic review of the reliability and validity of adverse event detection with record review. Mirelle Hanskamp-Sebregts, Marieke Zegers, Charles Vincent, Petra J van Gurp, Henrica C W de Vet, Hub Wollersheim Published 22 August, 2016 http://bmjopen.bmj.com/content/6/8/e011078.full

Weismann JS, Schneider EC, Weingart SN, et al. Comparing patient-reported hospital adverse events with medical records reviews: Do patients know something that hospitals do not? *Ann Intern Med*. 2008; 149: 100–108.

Overview of medical errors and adverse events. Maité Garrouste-Orgeas François Philippart, Cédric Bruel, Adeline Max, Nicolas Lau and B Misset *Annals of Intensive Care* 20122:2 DOI: 10.1186/2110-5820-2-2 Published 16 February 2012

Valentin A, Capuzzo M, Guidet B, Moreno R, Metnitz B, Bauer P, Metnitz P: Errors in administration of parenteral drugs in intensive care units: multinational prospective study. *BMJ* 2009, 338: b814. 10.1136/bmj.b814

Ridley SA, Booth SA, Thompson CM: Prescription errors in UK critical care units. *Anaesthesia* 2004, 59: 1193–1200. 10.1111/j.1365-2044.2004.03969.x

Garrouste-Orgeas M, Timsit JF, Vesin A, Schwebel C, Arnodo P, Lefrant JY, Souweine B, Tabah A, Charpentier J, Gontier O, *et al*.: Selected medical errors in the intensive care unit: results of the IATROREF study: parts I and II on behalf of the Outcomerea study group. *Am J Respir Crit Care Med* 2010, 181: 134–142. 10.1164/rccm.200812-1820OC

Garrouste-Orgeas M, Soufir L, Tabah A, Schwebel C, Vesin A, Adrie C, Thuong M, Timsit JF: A multifaceted program for improving quality of care in ICUs (IATROREF STUDY) on behalf of the Outcomerea study group. *Critical Care Med*, in press.

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Kennerly DA, Kudyakov R, da Graca B, *et al*. Characterization of adverse events detected in a large health care delivery system using an enhanced Global Trigger Tool over a five-year interval. *Health Serv Res* 2014;49:1407–25. doi:10.1111/1475-6773.12163 Google Scholar

Rutberg H, Borgstedt Risberg M, Sjodahl R, *et al*. Characterisations of adverse events detected in a university hospital: a 4-year study using the Global Trigger Tool method. *BMJ Open* 2014;4:e004879. doi:10.1136/bmjopen-2014-004879

Christiaans-Dingelhoff I, Smits M, Zwaan L, *et al*. To what extent are adverse events found in patient records reported by patients and healthcare professionals via complaints, claims and incident reports? *BMC Health Serv Res* 2011;11:49. doi:10.1186/1472-6963-11-49 [CrossRef][Medline]Google Scholar

Classen DC, Resar R, Griffin F, *et al*. 'Global Trigger Tool' shows that adverse events in hospitals may be ten times greater than previously measured. *Health Aff (Millwood)* 2011;30:581–9. doi:10.1377/hlthaff.2011.0190

Sari AB, Sheldon TA, Cracknell A, *et al*. Extent, nature and consequences of adverse events: results of a retrospective casenote review in a large NHS hospital. *Qual Saf*
J Health Care Finance. 2012 Fall;39(1):39-50. The economics of health care quality and medical errors. Andel C, Davidow SL, Hollander M, Moreno
DA. https://www.ncbi.nlm.nih.gov/pubmed/23155743

One Solution to America's Health Care Crisis
San Francisco Chronicle, January 11, 2016

By Deepak Chopra, MD, Rudolph E. Tanzi, PhD, Joseph B. Weiss, MD, Nancy Cetel Weiss, MD, and Danielle E. Weiss, MD

Complications in medical care occur at a staggering rate, resulting in over 440,000 accidental deaths from medical errors (the vast majority not considered malpractice, such as side effects from drugs) in U.S. hospitals each year. Self-governance by health systems and providers has not made significant inroads to reduce this catastrophic failure in patient safety. The inefficient and expensive medical malpractice lawsuit industry has neither reduced nor prevented the ever-growing numbers of medical injuries and death, nor provided compensation or justice to the vast majority of those injured.

The main beneficiaries of malpractice lawsuits are the attorneys, whose contingency fees can lead to multimillion-dollar windfalls, and insurance companies collecting high malpractice premiums. They profit at the expense of others and contribute to the continually escalating costs of medical care. The vast majority of medical injury and death does not result in a malpractice claim, and of those filed most fail at trial. In spite of this high failure rate, malpractice actions have worsened the situation by further encouraging excessive, expensive, and higher risk care under the rationale of defensive medicine.

Both our health and medical malpractice systems are severely dysfunctional and in critical need of corrective action. There is a better approach that can reduce medical errors and injury, enhance patient safety, and provide timely and fair compensation to those injured. A no-fault medico-legal compensation program should replace the present malpractice system with dedicated judges and expert panels to award compensation based on injury and need. Health care service providers should fund the program by the mandatory assessment of a fee that replaces malpractice insurance, based on a formula that incorporates practice type, volume, revenue, and quality assurance outcomes records.

Health care licenses should be issued based on results of the quality review, including input from reports of the error compensation program. Licenses of negligent and error-prone providers should be suspended or revoked on a national basis, with mandatory re-education and reassessment before being allowed to resume patient care. The billions of dollars consumed by the industry of medical malpractice lawsuits and insurance should be redirected to serve those injured, and to programs and services enhancing patient safety and welfare.

Most importantly we need to proactively and aggressively address medical errors at the source, and correct the existing health care and malpractice system that contributes to the ongoing catastrophic status quo. The dysfunction is multifactorial and includes poor communication, incomplete data and records, and a system designed for population-based treatments that ignore the unique characteristics of each patient. The system needs to be redesigned to place patient safety and health outcomes as the singular priority, and to embrace the coming paradigm shift of personalized precision medicine.

The present health care system is also deficient in that it allows health care providers to be lax in incorporating new information into their practice of medicine. Recertification, educational programs, and examinations should be available, with participation actively encouraged by being inclusive in the health professional licensing fee. The individual health professional can select self-education or participation in formal course programming, but time-limited licensure to practice in any health care discipline should require ongoing demonstration of competence. The licensing examinations and demonstration of clinical competence should be under national standards, and removed from agencies such as specialty boards that may have a conflict of interest such as limiting practitioners under the guise of quality, but in actuality engaging in the restraint of trade.

While the above suggestions can make a meaningful reduction in medical errors, as well as provide reasonable and reliable compensation to those insured, a more holistic solution is dawning. We as a society need to recognize that a once in a lifetime historic paradigm shift in medicine is taking place, with more efficient and safer therapy on the horizon. As the knowledge base expands exponentially, our old population-based medicine with one-size fits all approach has been exposed as a weak approximation of optimal care. The number of adverse events, fatalities, and disabilities that have resulted from the focus on the treatment of the 'average' patient highlights how primitive the approach has proven to be. Even the present medical malpractice system has supported this dysfunction by the acceptance of a 'standard of care defense' that excuses harm because it is commonplace.

The vast majority of the extraordinary health care expenditures today are on the treatment and management of existing and chronic disease. The critical importance of public health and preventive medicine, with an emphasis on healthy lifestyle choices and disease avoidance, has been severely underfunded. The multiple descriptors of healing arts as complementary, integrative, and alternative are not mutually exclusive. They are now scientifically evaluated, with proper and efficient therapy consolidated under the umbrella of medicine. Acupuncture, meditation, exercise, diet, nutrition, rest, laughter, yoga, are being rediscovered by science and included in the armamentarium of contemporary modern medicine.

The new era of a safer and more efficient form of the healing arts and sciences is due to the dramatic advances in the life sciences, the result of a remarkable confluence of technology, knowledge, and insight. The ability to sequence genes and completion of the Human Genome Project has opened an ever-expanding horizon into the understanding and treatment of disease. The recognition of the profound role of epigenetic factors, the environmental influences that alter gene behavior and function, further amplifies these breakthroughs. The extraordinary importance of the microbiome, the trillions of organisms that reside within and on our bodies, in human health and disease is at the forefront of scientific exploration. Stem cells, regenerative medicine, biotechnology with organ replacement, gene transfers to replace defective genes, personalized precision medicine with prescriptions tailored to the individual, and a cornucopia of advances are opening vistas to a safer and more effective approach to maintaining health, prevention, and curing disease.

Personalized precision medicine will integrate the latest breakthroughs in technology and the life sciences with the rediscovered and newly appreciated wisdom of other healing arts and science. A recently published book *Super Genes: Unlock the Astonishing Power of Your DNA for Optimum Health and Wellbeing (*Harmony Books 2015) by Drs. Deepak Chopra and Rudolph Tanzi, provides a clear look at the groundbreaking advances in the life sciences. The book provides a holistic approach that integrates the rapidly advancing states of knowledge in a broad range of disciplines that are interdependent for optimal health, into a readable and proactive guide for the general public.

While the advances and enhanced safety will become integrated into the standard of medical care over the coming years, the patient and health care provider must remain vigilant partners in avoiding and reducing medical errors. The health of the public and the individual is dependent on a knowledgeable population of health care consumers, as well as health care professionals. Those without sufficient experience to make informed decisions about their care in today's complicated heath care system should have access to the guidance and advice of medical advocates.

The empathy and compassion of a caring health care provider have been negatively impacted by ever-increasing stress leading to epidemic rates of 'burnout'. The loss of health care providers to this disabling malady aggravates the already critical shortage of health care providers. The degree to which stress and fatigue contribute to the extremely high error rate in health care requires further investigation into the

implementation of effective strategies for its management. The prevention of the loss of empathy and burnout would not only provide benefits in health care but in other relevant fields and aspects of society such as education, justice, business, etc.

As Dr. Francis Peabody so eloquently stated over one hundred years ago “the secret in the care of the patient is in caring for the patient.” All of society needs to care, health care providers, lawyers, insurance companies, health systems, and pharmaceutical companies included. Patient care and safety must become a non-negotiable priority. Human health and welfare are too important to allow any self-serving interests to detract from this moral and societal obligation.

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A Hidden Solution to America's Health-Care Crisis
Huffington Post June 25, 2016

By Deepak Chopra, MD, FACP, Dan Blumenthal, MD, MPH, FACP, David Brenner, MD, FACP, Nancy S. Cetel, MD, Linda L. Hill, MD, MPH, FACP, Bess Marcus, PhD, Paul J. Mills, PhD, Sheila Patel, MD, Larry Smarr, PhD, and Joseph B. Weiss, MD FACP

American health care is caught in a vise, which has created a dire situation. The squeeze comes from the positive gains in life expectancy on one side and unsustainable medical costs on the other. Meanwhile, headlines are being grabbed by crises as serious as the outbreak of Ebola, vaccine-preventable diseases such as measles, and an obesity epidemic. Hence, our call for a dose of preventive medicine.

Our health care costs are almost 150% as much per capita as the next most expensive health care system, Norway. And what do we get for this lavish outpouring of an estimated three trillion dollars a year? In rankings by the Commonwealth Fund of 11 western countries, the US ranked last in quality and health outcomes. And over the past fifteen years, preventable hospital deaths in the US due to medical errors in treatment quadrupled from an estimated 110,000 to 440,000.

At present, the most effective way to reduce health care costs is by reducing the rate of illness. We have a mechanism in place to do this — preventive medicine. Prevention and health education don't drain the national treasury but provide a strong return on the dollar. For every person who understands how to avoid heart disease, hypertension, and obesity, learns about effective contraception, or who gets health education on the dangers of tobacco and alcohol, the medical system benefits economically, not to mention the gains by humanity.

In 1900, the top three leading causes of death were influenza, tuberculosis and gastrointestinal infections. Thanks to preventive medicine and public health programs, including sanitation and vaccines, the rates of these diseases have plummeted over the last 100 years. Now, however, chronic diseases such as heart disease, cancer and non-infectious lung disease are the leading causes of death in the United States. One-half of adult Americans have at least one chronic disease, and the majority of these are preventable or lessened by the adoption of healthy lifestyles: physical activity, good nutrition and healthy weight, and the avoidance of tobacco. The adoption of these lifestyle factors alone is associated with a 93 percent reduced risk of diabetes, 81 percent reduced risk of heart attack, 50 percent reduced risk of stroke and 36 percent reduced risk of cancer. The acquisition of a positive lifestyle isn't as simple as 'Just Say No', as we have learned the hard way, but requires a concerted prevention and public health approach, incorporated into individual health care, community interventions, and the built environment.

Yet the funding for preventive medicine and public health is minuscule compared to the overall health care budget. Preventive Medicine has been a specialty for over 60 years (American Board of Preventive Medicine), but comprises only 0.8% of the physician workforce. There is an inadequate focus on prevention in medical school curriculum. Physician training in preventive medicine as a specialty is currently in a fiscal crisis due to the lack of training dollars. Medical Centers are reluctant to divert their graduate medical education Medicare training dollars from acute care to prevention, and the federal government's Health Resources Service Administration funds only a fraction of preventive medicine training programs. Despite the gains in access to health care achieved with the Affordable Care Act, including an emphasis on quality of care and improved outcomes, prevention training funds have not followed.

We all need to accept and build a future where prevention becomes a dominant force. Waiting to get sick before going to the doctor makes no economic sense. We need a proactive and prepared health care system to work with health-literate, motivated individuals to attain the widespread adoption of evidence-

based preventive measures. Nutrition, physical activity and stress reduction should be the backbone of a truly integrative, prevention-focused health care system. Without it, health care costs will continue to climb, while, paradoxically, the health of the nation suffers. We need to focus our efforts on the implementation of the vast amount of prevention science already well described. To do this, health care dollars will need to be directed to prevention and public health training programs. Senator Tom Udall and Representative Gene Green are leading this effort in the U.S. Congress. The rewards are potentially enormous.

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Bring Prevention Back from the Brink
San Francisco Chronicle March 5, 2018

By Deepak Chopra, MD, Robert Carr, MD, MPH, Linda Hill, MD, MPH, Nancy Cetel, MD, Joseph Weiss, MD

A crucial fact about American medicine goes largely ignored, even by doctors. Dollar for dollar, more people will gain years of healthy lifespan from prevention than from drugs or surgery. We don't tend to think that prevention costs money. Once you learn that cigarettes cause lung cancer, you can decide not to smoke. The choice is free if you were a non-smoker to begin with. If you get up off the couch and start a brisk walking program to help prevent heart disease, that choice also doesn't cost a penny.

What isn't free, however, is getting information out there. Poor and less educated Americans are known to have a higher prevalence of major lifestyle disorders like heart disease, obesity, hypertension, and type 2 diabetes. The reverse is also true: better lifestyle choices are made by the affluent and well educated.

You can't prevent what you don't know about. That makes it essential that we keep funding the most dollar-wise education for physicians so that young residents can go on to spearhead prevention programs. America cannot continue to rely on a reactionary stance of simply treating health issues. It must refocus its efforts and investments in prevention. The surgery to treat a lung cancer patient is highly unlikely to succeed and will be very expensive. Informing a middle-school classroom about the risks of smoking potentially saves lives at a fraction of the cost.

It's alarming, in the face of these facts, that the President's proposed budget for the fiscal years 2018 and 2019 calls for eliminating funds to Preventive Medicine residencies. Residencies (training programs after medical school) provide the knowledge base, skills, and experience to be experts at preventive medicine and public health. Compared to overall healthcare dollars, these programs cost pennies. It's unreasonable, inefficient, and against the public interest to cut these residencies.

Prevention is neither glamorous nor lucrative, but its importance is greater than ever. While the 20th century saw the average lifespan increase by 30 years (thanks to vaccinations, controlling infectious diseases, declines in heart disease, motor-vehicle safety, and reductions in smoking), life expectancy has now declined in this country for two consecutive years. Medical costs continue to rise, and serious new threats arise like the opioid epidemic, the Zika virus, and the decreased effectiveness of standard antibiotics.

Health care spending is out of control, which worries everyone. There is no medical argument against prevention as the best way to dramatically reduce the nation's medical bill. Who will avoid the ill effects of obesity? The person who doesn't gain weight to begin with? How do you increase the number of these people? Good habits go viral in a society, and so do bad habits. Teach the good habit of sensible eating on a wide basis, and you can start a lifestyle movement that will be set for coming generations.

America faces a serious problem over income inequality. The richest are getting richer while average income barely increases or stagnates for decades. When a Rolls-Royce passes you on the road, it's easy to see who's prosperous. Information inequality, however, is invisible, and far more crucial. The world's most expensive car won't add years of health span, which is a better measure than simple lifespan. Living longer when you're sick or disabled is not as valuable as a longer healthy life.

The average life expectancy in the U.S. is now 79.3 years, but there is no reliable statistic on how many of those years are healthy. What is known, however, is that the onset of major disorders of old age is either the same as in the recent past or getting worse. As more people live longer, they need to get sick at a later age, and that's not happening.

Yet the concept of health span is just now catching on in the general public, a prime example of why information is critical.

The future of preventive medicine in this country will be threatened if lawmakers don't take action. You must contact your members of Congress today and ask them to join two champions of prevention in Congress, Representative Gene Green and Senator Tom Udall—they are leading the fight for funding residencies in preventive medicine.

American healthcare costs are nearly three times developed countries, but our life expectancy is shorter than 30 other nations. We all need to build a future where a culture of prevention becomes a dominant force. The Center for Disease Control (CDC) acknowledges this; the science is there; the economic benefits are clear. What's needed now is to get Congress to do the right thing.

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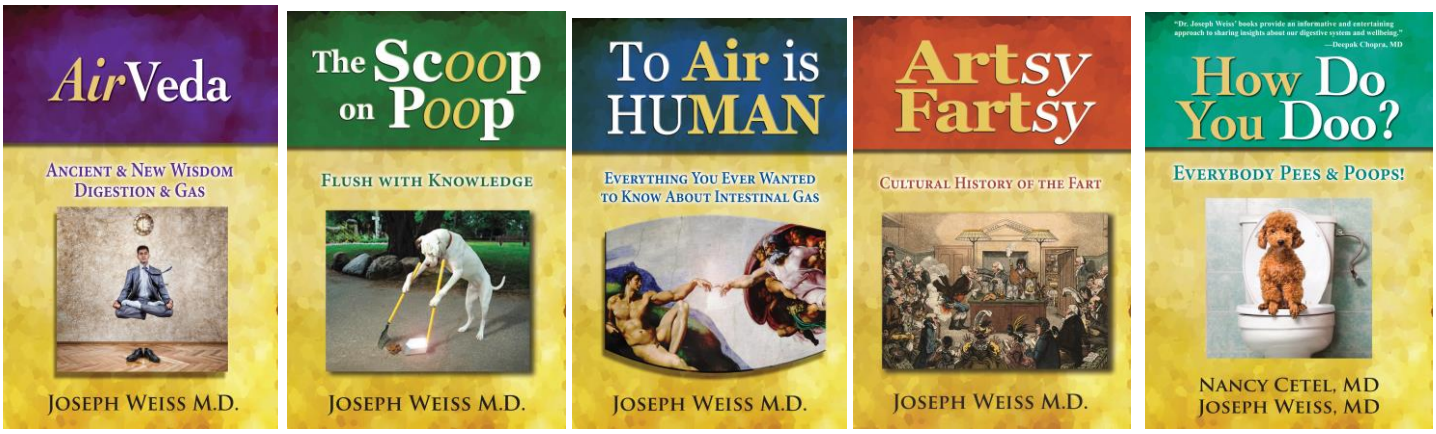
The programs offered are continuously updated with cutting edge information. Well-spoken, enlightening, and entertaining the programs are also visually engaging. Frequently requested programs include To 'Air' is Human (intestinal gas), The Quest for Immortality (longevity & vitality), The Scoop on Poop (gut microbiome & scatology), Digest on Digestion (digestive health & nutrition), Medical WisDumb (marketing hype to health advances), Laughter (& Chocolate) is the Best Medicine (humor in health & wellness), Food for Thought (brain-gut-microbiome axis) and others. For further information, contact Dr. Weiss at speakingofhealth@gmail.com or weisscme@ucsd.edu.

These colorful, informative, and entertaining volumes are available at www.smartaskbooks.com, Amazon.com, BarnesandNoble.com, and major booksellers.

"Dr. Joseph Weiss' books provide an informative and entertaining approach to sharing insights about our digestive system and wellbeing." ***Deepak Chopra, MD***

"Joseph Weiss, M.D. has a gift for books that are uniquely informative and entertaining. **Jack Canfield**
Coauthor of the Chicken Soup for the Soul® series



The Scoop on Poop! Flush with Knowledge is a uniquely informative tastefully entertaining, and well-illustrated volume that is full of it! The 'it' being a comprehensive and knowledgeable overview of all topics related to the remains of the digestive process. Whether you disdain it or appreciate it, it is part of the human (and animal) experience. The purpose of this volume is to share rarely discussed but very important knowledge about the important role of digestion and the gut microbiome in human health and wellness www.amazon.com/Scoop-Poop-Flush-Knowledge/dp/1943760004

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Artsy Fartsy, Cultural History of the Fart is a fascinating and colorful review of the fart through human culture and history. A cough, sneeze, hiccup, stomach rumble, burp, belch, and other bodily sounds simply cannot compete with the notoriety of the fart. Whether encountered live and in person or through the medium of literature, television, film, art, or music it may leave a powerful and lingering memory. www.amazon.com/Artsy-Fartsy-Cultural-History-Fart/dp/1943760039

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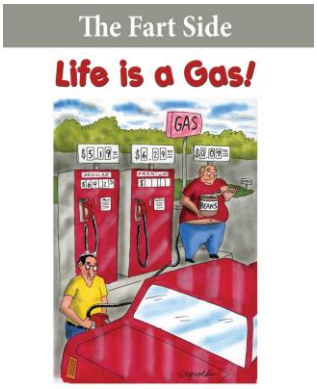
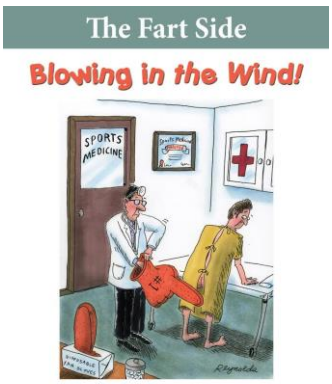
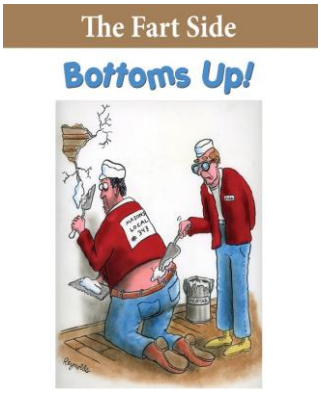
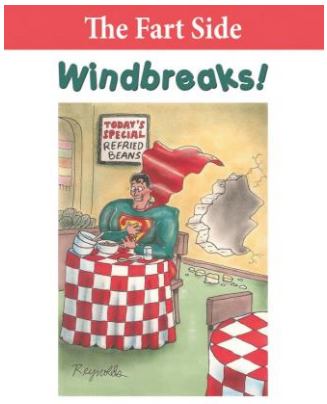


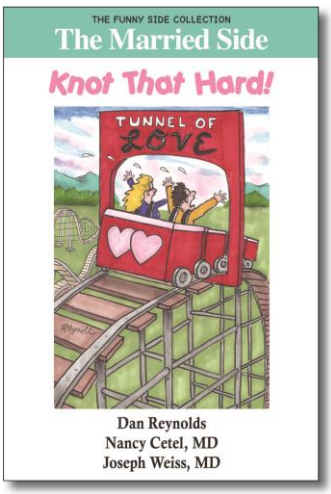


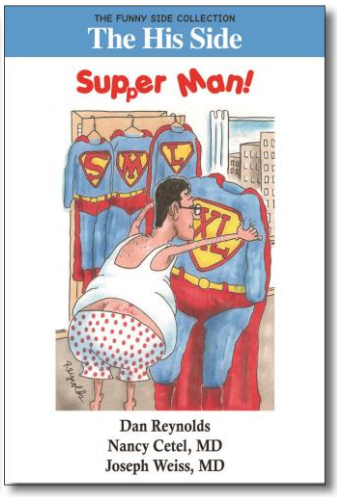


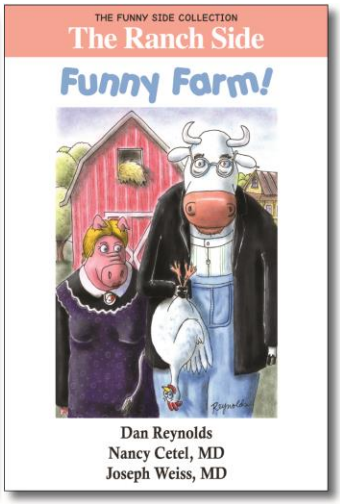


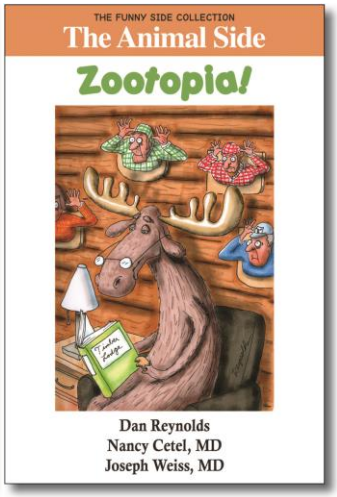
The Fart Side series is an enjoyable and informative collection of tasteful hilarious cartoons, fascinating factoids, and obscure trivia that will entertain and enlighten. Combining the award-winning talents of both a master cartoonist, and a physician professor, the volumes are proof that **'Laughter is the best medicine!'** The compact Pocket Rocket Edition! is 5" x 7", 96 pages, with 62 images and full color cartoons. The Expanded and Full Blast Edition! is 6" x 9", 122 pages, with 70 images and full color cartoons.

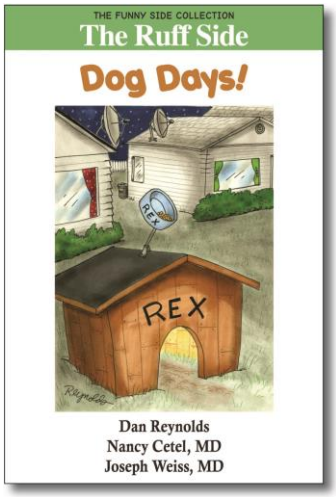
The Funny Side Collection is a series of books, with each volume (6"x9", 122 pages, 86 full color illustrations) focused on a single subject with tasteful hilarious cartons, fascinating factoids, and obscure trivia that will entertain and enlighten. Combining the award-winning talents of both a master cartoonist, and physician professors, the volumes are proof that 'Laughter is the Best Medicine!

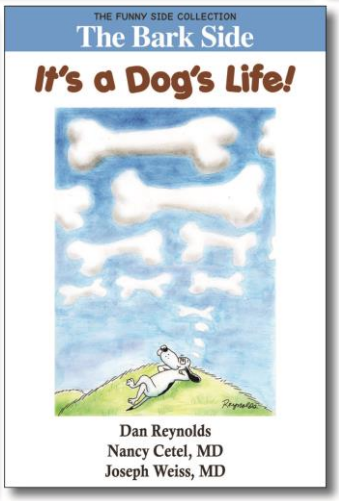


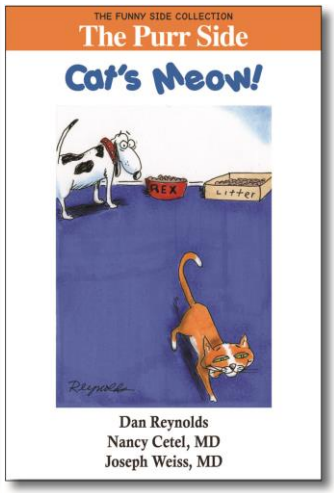


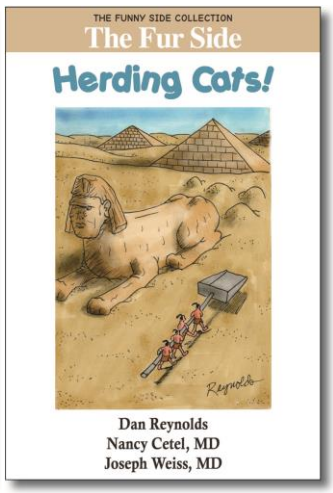


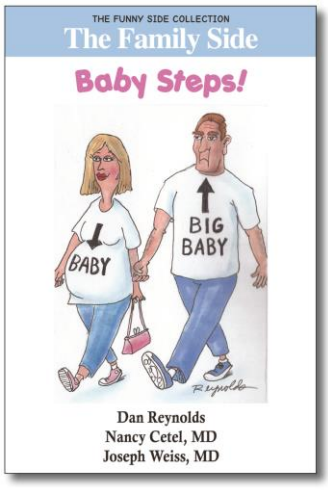


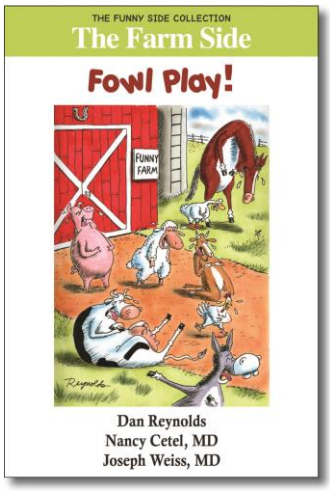


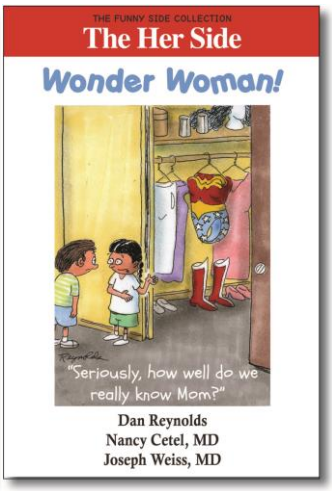


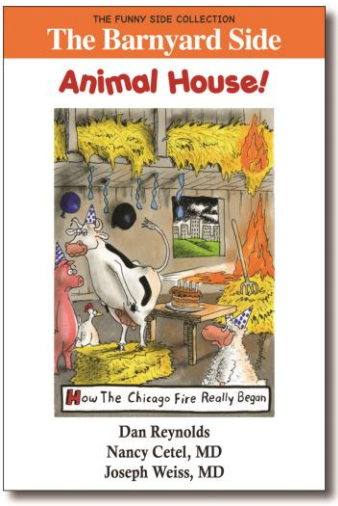


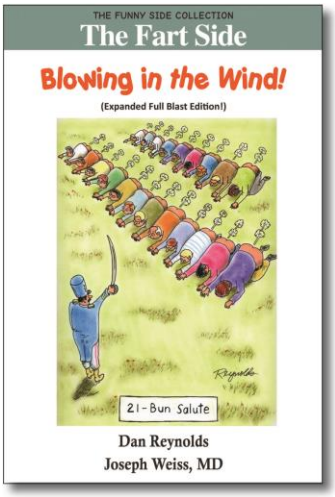


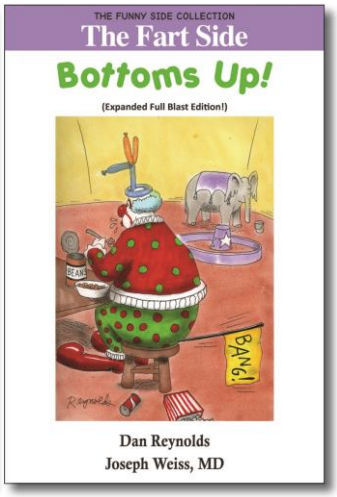


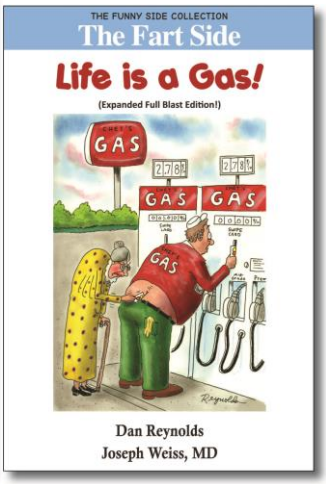


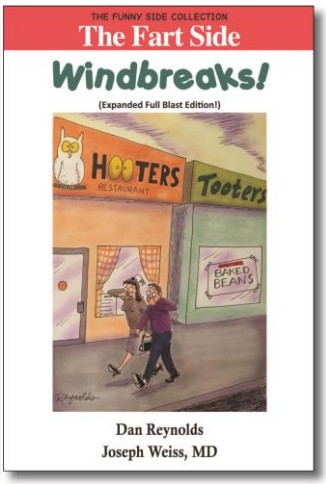


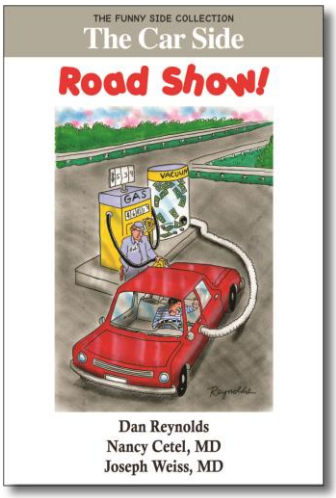












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