



# My comprehensive guide to getting the most out of your doctor's visit

I've been thinking recently about Sir William Osler, the Canadian physician who is considered the "father of modern medicine." Dr. Osler, who practiced from 1872-1919, said the patient will always tell you the diagnosis, if only you listen.

That "low-tech" approach to medicine is almost a bittersweet memory today, when patients typically spend more time in the waiting room than the exam room. In fact, a new survey of nearly 20,000 physicians nationwide found that a whopping 70 percent of all doctors spend just *10 to 20 minutes* with each patient.<sup>1</sup>

Is it any wonder that patients feel the pressure to quickly spill their symptoms during these drive-by medical appointments? One study found that patients talked for only a minute and a half, on average, during their doctors' visits.<sup>2</sup>

That certainly doesn't give a doctor much time to listen to you—let alone probe for any less-obvious health issues you might have.

Even worse, the researchers noted that "the average patient visiting a doctor in the United States gets 22 seconds for his initial statement, then the doctor takes the lead. This style of communication is probably based on the assumption

that patients will mess up the time schedule if allowed to talk as long as they wish to."

"Mess up the time schedule"? The good Dr. Osler must be rolling over in his grave.

### Tell me all your troubles—in 22 seconds or less

The sad fact is, in today's medical environment, many doctors who truly want to understand a patient's mind and body simply don't have the time to engage in much meaningful dialogue during a typical office visit. And that not only leaves patients frustrated, but at greater risk of a wrong diagnosis.

But there are things you can do to get the most out of every doctor's visit—even if your appointment only lasts as long as it takes to drink a cup of coffee (or two, if you're lucky).

In the following pages, I'll share my comprehensive guide on what you need to know the next time you go to the doctor or hospital.

On page 4, I'll discuss the medical tests you *really* need (hint: they're often not what your doctor suggests). I'll also divulge the potentially dangerous secrets your doctor may not want you to know about your test results.

On page 3, I'll tell you why you

should be extra diligent about your physician's visits if you're a woman.

And finally, on page 8, I'll reveal the one month of the year when everyone should avoid the hospital if at all possible.

But overall, the key to a successful doctor's visit is to actually be able to *talk* to your physician. So let's dive right into my list of questions designed to help ensure you're getting the best diagnosis and treatment from your doctor—no matter how time-strapped he or she may be.

### Eight important questions you can (and should) ask your doctor

1. **How are you?** While the focus of your visit should be on your medical concerns, there's certainly nothing wrong with a little ice breaker. In fact, I encourage it. Asking your

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doctor how his or her day is going, or even telling a joke, serves as a subtle reminder that you're more than just another body to be examined (and potentially forgotten) during a doctor's busy day.

**2. Will you please look at this list of my concerns?** Talking about everything that ails you can be challenging—especially when your doctor is crunched for time. That's why I recommend you prepare in advance.

Make a list of every symptom or concern you have (I've found that using bullet points can be effective). It saves time and reduces the chance of miscommunication, or incomplete communication, when you're in the exam room.

And if you have a problem that has arisen since your last visit, make sure your list includes that. Don't accept a new symptom as just another sign of aging.

**3. May I have a minute alone with you?** The key to talking to your doctor is to be honest—and that can include discussing potentially uncomfortable topics like substance abuse, sexuality, or bladder and bowel issues.

But there's no guarantee your doctor's visit won't be interrupted by nurses, interns, or a whole host of other healthcare personnel. So don't be afraid to ask for privacy to make it easier to raise sensitive topics. Your doctor is a human being too, and may also be more comfortable delving into certain subjects alone with you.

**4. Can you repeat that, please?** If you are unclear about any information regarding your diagnosis or treatment, ask your

doctor to go over it again—and make sure to take notes so you can consult them later or share them with others.

You can also bring a family member or close friend to your appointment. A second set of ears is particularly valuable when your doctor is discussing a serious diagnosis or complication, as it's common for patients to emotionally shut down in these situations.

And make sure you have clear instructions about any medications (and, preferably, dietary supplements) your doctor recommends. You should ask about any and all medication side effects, so you can anticipate whether certain treatments will make you feel worse before they help you feel better (if ever). This is particularly relevant for blood pressure and heart medications—especially statins, which you should not be taking anyway.

**5. Why do you recommend a certain test, prescription, or procedure?** As I discuss on page 5, doctors often want to subject you to unnecessary tests, or are cagey about their results. Do your homework by reading *Insiders' Cures*, but also give your doctor a chance to explain his or her reasoning.

**6. What if I already know I can't, or won't, do what you recommend?** As I have reported before, doctors may not be aware of the costs of follow-up treatments they prescribe. Or they may suggest onerous exercise routines or drastic diets that can feel impossible to achieve.

Further, as you know from reading *Insiders' Cures*, most doctors

don't fully understand nutrition and lifestyle—and tend to repeat politically correct recommendations from public health or crony-capitalist medical organizations.

So ask your doctor to suggest an alternative to a recommendation you can't afford, or flat out just don't want to do—for any reason. And if your doctor prescribes a drug, always ask if a generic is available. Generics are not only less expensive, but have also stood the test of time—meaning all of the side

effects have been uncovered and evaluated.

7. **Do you have printed take-home materials or recommended websites?** Ask for any information regarding the background and treatment recommendations for your condition(s). Many medical and health-library sources now make such materials available to doctors' offices.

8. **Do you have a patient portal or an email address for additional questions?** If you run out of time,

think of something later, or were simply too uncomfortable to ask about certain subjects, find out if your doctor has an online patient portal or accepts emails from patients. That way you can send your questions privately and securely, and review answers in the convenience and calm of your own home.

Finally, remember your doctor works for you—not the other way around. If you discover he or she won't answer these questions, or doesn't appear very interested

## The real war on women's health

As recently as a quarter century ago, researchers typically never included women in clinical trials—including studies of major chronic diseases.

And yet, women are biologically, metabolically, and medically different from men in key ways (regardless of what politically correct ideologues want us to think). In other words, some treatments or dosages that research shows may be effective for men could actually be ineffective for women.

While working at the National Institutes of Health in the mid-1980s, I tried to put a stop to men-only clinical trials by organizing what eventually became known as the Women's Health Initiative—a study designed to evaluate major chronic diseases in women. And when I was working at the National Cancer Institute, I made the rounds to recruit researchers and funding from government organizations like the National Heart Institute and the National Aging Institute so we could study holistic health in women.

But it was not just the word "women" that was problematic in the study title—it was also the word "initiative." After decades of my do-nothing bureaucratic bosses sitting on their hands, it seems I was suddenly showing too much initiative in trying to do the most for women's health...not to mention making the most of institutional research resources and funding for taxpayers.

Disappointed, I went on to an executive physician position at Walter Reed National Military Medical Center, where showing some real initiative was part of my job description (something not unknown to the military, fortunately).

Eventually, those left behind at the NIH fumbled around and finally went ahead with the Women's Health Initiative, which has yielded important results that I regularly report about decades later.

Of course, this study should have been done a lot sooner. But sadly, despite my hopes, it wasn't the end of gender bias in clinical trials.

The more studies change, the more they remain the same

In 1993, Congress finally decided to order the NIH to include women in all clinical trials it funded.

(This was the same year Congress also required the NIH to study natural alternatives to mainstream medical approaches. From my position at Walter Reed, I worked with the new program before they even had a permanent office to host meetings and educational seminars. But since then, the NIH has made an almost complete botch of its "complementary/alternative medicine" research, effectively ensuring that promising natural treatments don't make it into mainstream medical practice.)

The FDA made its own foray into gender

inclusion in 1998, when it ruled that it can turn down a new drug application that doesn't have study data showing efficacy and safety of the drug in both men and women.

And yet, despite these governmental actions, the majority of studies—even the most recent ones—still include more men than women.

A 2006 survey of research published in nine well-respected medical journals found that only 37% of the study participants were women.<sup>3</sup> And a 2015 report cited studies showing that women are underrepresented in research on the two most deadly diseases—cardiovascular disease and cancer.<sup>4</sup>

But men, before you relax, gender bias works in reverse too. The International Osteoporosis Foundation reports that men suffer one-third of all hip fractures—and a jaw-dropping 37% die within one year after they break a hip.<sup>5</sup> But almost all of the research on osteoporosis has been done on women (since mainstream medicine sees osteoporosis, or brittle bones, as a "female condition").

The sad fact is that it may be up to you to make sure your doctor understands the differences, and the limitations, of recommending "standard" medical treatments (based on men) for women. Above all, don't be afraid to ask for studies and handouts that are targeted specifically to women.

in hearing what you have to say, I recommend finding another physician.

Because although Dr. Osler is no longer with us, his philosophy of

truly listening to his patients lives on. Even in today's medical pressure cookers, there are still doctors who treat their patients as individuals—rather than putting them into a one-

size-fits-all pigeonhole in order to just send them away with the right prescription.

I'm one of those doctors. Make sure your personal physician is too. **IC**

## 8 lab tests your doctor should be doing— and 3 tests to avoid

It's no secret that, in general, I'm not a fan of routine annual physical exams...and the battery of tests that come with them.

Even though your doctor may tell you certain tests are "recommended," the science often doesn't support that. And rather than detecting real problems in healthy adults, some tests are more likely to find false positives that lead to useless or even dangerous procedures—not to mention more meaningless tests.

That said, there are some lab tests that are actually useful. Meaning they're designed for your health rather than for the convenience and profit of the clinical lab industry.

However, even with worthwhile lab tests, your doctor may not give you the complete picture in regard to your results. I'll tell you how you can protect yourself against potentially life-threatening misinformation in just a moment.

But first, here's a checklist of the tests your doctor *should* be performing on you....

### Ask your doctor about these tests

**Complete blood count and a basic metabolic panel.** The battery of automated blood-chemistry

tests done every time you go to the doctor are, for the most part, unnecessary. But I do recommend having regular complete blood count and hemoglobin tests.

These tests can reveal if you have anemia, an infection, or possibly blood cancer.

And a basic metabolic panel measures blood levels associated with heart, liver, and kidney function, including glucose, calcium, and electrolyte levels.

**Cortisol.** This hormone, which is produced in your adrenal glands when you're stressed, can be measured in your saliva. High cortisol levels can lead to weight gain; reductions in brain, bone, and muscle mass; and heart damage. Low cortisol can mean your adrenal glands are "burned out," which can harm your immune system.

So what is the optimum cortisol level? That's difficult to answer because your cortisol levels drop throughout the day. So if your doctor thinks your cortisol may be too high, he or she will probably test you later in the day. You'll likely be tested in the morning if your doctor suspects your cortisol is low.

**C-reactive protein (CRP).** This

substance, which is naturally produced in your liver, is a general marker for chronic inflammation in the body. Specifically, Highly Sensitive CRP (Hs-CRP) tests evaluate the health of your coronary arteries, and are a much better measure of heart health than cholesterol tests.

The science varies on optimal CRP levels, so it's best to ask your doctor about what your individual test results indicate.

**Homocysteine.** High levels of this amino acid are a major risk factor for heart disease, stroke, and dementia. A variety of studies show that homocysteine levels lower than 9 umol/L are optimal.

**Hemoglobin A1c.** A single measurement of blood sugar does not tell you all that much...and the results depend upon your last meal and fasting. But an HbA1c test tracks your average blood sugar levels over approximately four months. That makes this test important for predicting or monitoring diabetes and its complications.

A normal, healthy HbA1C level is under 6.0. (In the U.K., they say 7.0, but with a nationalized government health system, they are already well

into healthcare rationing rather than actually treating patients]

**Omega fatty acids.** A blood test can measure the ratio of omega-3 fatty acids (from fish, seeds, and nuts) to omega-6 fatty acids (from most vegetable oils and shortening) in your cell membranes. The average ratio in Western societies is about 16 to 1 omega-6 to omega-3, but research shows that for optimum health, that ratio should be 4 to 1 or lower.<sup>1</sup>

**Vitamin B12.** Low levels of this nutrient are associated with anemia, fatigue, neurological disorders, and even osteoporosis. Antacids and metformin can deplete your B12 stores, so it's also a good idea to get your levels tested if you take these drugs.

There are varying opinions on what constitutes "normal" B12 levels—anywhere from 200 to 400 ng/L or higher—so you'll need to discuss your test results with your doctor.

**Vitamin D.** I know I don't have to tell you the serious health issues that can result from a lack of this crucial vitamin, including osteoporosis, heart disease, cancer, mood disorders, and immune-system issues. A 25(OH)D test will measure the amount of vitamin D in your blood. Your levels should be in the 50-90 ng/ml range.

### What your doctor may not tell you about your lab tests

Getting the right tests from your doctor is, sadly, only half the battle. The other half has to do with how the tests are interpreted. Beware of these three key factors the next time your doctor delivers your test results.

### Different definitions of "normal."

Many doctors flag only abnormal test results, often with an eye toward handing you a prescription for whatever is out of balance. But the problem is that "normal" and "abnormal" can have varying meanings based on several different factors.

For instance, "normal" blood cell counts differ between sexes and population groups. Twentieth-century medical textbooks based normal blood cell measurements on a handful of healthy, young, male medical students who just happened to be on hand when the research was conducted. But subsequent research shows that normal blood cell levels are lower in women than in men. (See the sidebar on page 3 for more information on the discrepancies between men's and women's health.)

I also did original research during the mid-1970s, published by the World Health Organization, that showed that "normal" levels of blood cells were much lower in Asian women compared to Western women.

Age also affects blood cell count. Normal blood cell levels are lower in children and higher in adults.

And your diet, certain illicit or prescription drugs, and even some dietary supplements may cause lab results to fall outside the normal range. That's why it's important to tell your doctor your whole health story (see page 2).

**Fake findings.** As I've written before, false-positive test results happen more often than doctors typically realize—or tell you. This is particularly true for cancer

### Think twice about these 3 tests

**Chest imaging studies.** Annual chest x-rays to detect lung cancer were shown to be worthless long ago. But the government and some doctors have been shockingly slow to tell you about research conducted *five years ago*, as part of the half-billion-dollar National Lung Cancer Screening Trial.

Among the findings: Giving high-risk smokers and ex-smokers annual chest CAT scans would prevent a whopping 12,000 lung cancer deaths per year.

Unlike x-rays, high-resolution CAT scans can spot suspicious lung nodules...and catch lung cancer in the early, more treatable stages. So if you're a smoker or ex-smoker, talk with your doctor about a CAT scan rather than a useless chest x-ray.

**EKG.** Routine EKGs are mostly a waste of time—unless you are being monitored for a known heart condition.

**Lipid panel.** This overblown blood cholesterol test is most often used as an excuse by doctors to prescribe more dangerous and useless statins.

Whatever the result of your lipid panel may be, it never seems to be good enough for statin-pushing cardiologists. And when it is "good enough," big pharma gets the National Institutes of Health to change the rules for prescribing statins.

So basically, cholesterol tests are a lose-lose proposition for your health. Ask your doctor to perform CRP, homocysteine, and vitamin D tests instead to measure your heart health.

screenings. (And, of course, when it comes to cancer tests, there are also so-called "true positives" that detect conditions that aren't really cancers at all. You might say these are true positives, but for fake cancers.)

And sometimes, you may have a disease or disorder that a test doesn't detect. If you have symptoms or otherwise think you're at risk for a certain medical condition, you can

have any test repeated.

### Different measurement criteria.

Test methods and calibration can vary from one lab to another. Normal ranges are based statistically on all of the same kinds of tests done in that lab, using its instruments, on its particular patient population. So don't be surprised when the exact same number is read as normal at one lab (and the doctor's office that uses that lab), and abnormal at another.

(The same applies to toxicology

testing in forensic medicine, which has often made for interesting expert-witness testimony.)

Also, measurements differ between countries. As I mentioned earlier, in the U.K., a HbA1c test for long-term blood glucose is considered normal if the level is below 7.0. But in the U.S., normal is under 6.0.

Vitamin D testing also presents technical challenges. First of all, the vitamin is stored in the liver but may be metabolized in the blood, so blood levels can vary.

And chemically, it's like a fat, so it doesn't mix well with blood. There are also different forms of D that circulate in your blood. Not all lab tests measure the same forms, so there is lack of standardization. And to further complicate matters, there are two different units of measurement for vitamin D, and they're not directly comparable.

Finally, mistakes happen. Samples get mislabeled, misplaced, and misdirected. If a test result seems questionable to you, don't be afraid to ask for a repeat. **IC**

## An important new reason to stay away from sugary drinks and sports beverages

Hydration "experts" have all gotten the message that your body needs both fluids (water) and electrolytes (minerals and salts) for healthy hydration. That's because the blood and other fluids in your body match the mineral and salt levels that were present in the ancient seas when animal life first emerged onto land about 300 million years ago.

So, based on this information, these experts think if you drink beverages full of electrolytes, you'll be fully hydrated.

But the truth is that these drinks actually end up *dehydrating* you, because the so-called experts have missed two key questions:

- How do the fluids and electrolytes you drink penetrate into your cells?
- How does your body know that you have drunk enough fluid and electrolytes so that it signals to

you to stop drinking—the famous "thirst mechanism"?

We know the answer to the first question. But we didn't know the answer to the second question until recently.

New research out of Australia reveals how the thirst mechanism apparently works. And the implications of this finding for the pushers of sugary waters and sports drinks *are even worse than we thought*.

I'll tell you more about that in a moment. But first, let's look at how the basic hydration process works in your body.

### Water doesn't go directly into your cells

As I've told you before, the answer to the first question is that the water you drink does *not* get into your cells. Any high school chemistry student (let alone medical students)

should be able to tell you that.

In order for cells to be hydrated inside their membranes, they must make their own water. They do this by burning carbohydrate fuel (glucose) to make energy *and* water. But this process only occurs at an optimal level when the cellular mitochondria that conduct cellular respiration are properly nourished and supported.

Nutrients like Co-Q10 and herbs like aspal, or rooibos, provide this support. But statins and some other drugs actually *poison* the mitochondria.

No imaginary mechanism proposed by sports drink marketers can reverse the laws of physics, chemistry, and thermodynamics for moving fluid and electrolytes across cell membranes, unless the cells are making their own water—which, fortunately, they do.

The ancient physician Avicenna had this insight 1,000 years ago, but today's hydration "experts" still have not caught on (for a groundbreaking translation of Avicenna's seminal work, see my book available on [www.drnicozzi.com](http://www.drnicozzi.com)).

### How your body knows when enough is enough

So now we move on to the second question: How do you know when to stop drinking fluids? This is a key consideration because consuming too much water actually throws off your normal mineral and electrolyte balance.

The simple answer is that you get thirsty when you're dehydrated. And studies show that, typically, the amount of water you drink to satisfy thirst matches your deficit in body fluids. In other words, the thirst sensation works like a highly accurate water meter.

But *how* this thirst sensation actually regulates hydration has remained a mystery to modern medicine.

I often describe how mainstream medicine rejects the use of "complementary/alternative" approaches such as mind-body and natural medicine. Even when there is clear evidence that a natural approach *does* work, the mainstream still rejects it because they can't explain *how* it works. (In other words, they claim it *doesn't* work, because it *can't* work, even though it *does* work!)

This attitude would logically mean that doctors should not recommend drinking water when you are thirsty, because they don't understand how the thirst process works. Now, that

would be hard to swallow—but it's using their same logic.

Fortunately for those misguided doctors, the Australian study I mentioned earlier finally answers the mechanism of action for thirst.<sup>1</sup>

The researchers used MRIs to discover that *inhibition of the swallowing reflex* is an important factor in thirst.

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### Drinking a beverage with sugar cannot actually satisfy thirst...

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Researchers rated the effort required to swallow, and measured regional brain responses, in participants who drank small amounts of liquid when they were thirsty, and again after they had had enough to drink.

The researchers discovered that swallowing took three times as much muscular effort in the people who had drunk enough fluids, compared to those who were thirsty.

To put it simply, the more you drink, the harder it is to swallow.

### How sugary drinks play havoc with your thirst sensation

Here's the really disturbing thing about this new study. Adding sugar to water had a minimal effect on the study participants' swallowing efforts—even in those who had already drunk enough fluids.

That means that sugar water may actually *interfere* with the normal regulation of thirst.

What a double whammy—drinking a beverage with sugar cannot actually satisfy thirst (because sugar is dehydrating) *and* it can also apparently fool the mechanism that

controls thirst.

Basically, you can keep on drinking more and more of these unhealthy beverages—and not only do you become dehydrated, you never know it because your thirst-regulation mechanism doesn't kick in!

Still think so-called sports beverages, full of sugar and unhealthy oils, are a good idea for hydration?

And consuming sports beverages with artificial sweeteners isn't the answer either. As I explained in the May issue of *Insiders' Cures*,

research shows that artificial sweeteners can lead to obesity, diabetes, and other chronic diseases.


### What's the best way to stay hydrated as the temperatures rise?

Hydration is important year-round, but it becomes more noticeable in the heat of the summer.

My favorite hydration option is European mineral waters, bottled at the source (for more information, see "The slimy secret water companies don't want you to know" in the July 2015 issue of *Insiders' Cures*.)

For example, when I have a glass of San Pellegrino (also sometimes called the Italian Bromo-Seltzer), my body can actually feel its medicinal benefits. And it helps with healthy digestion of any meal.

To stay hydrated at the cellular level, consider adding powdered extracts that contain aspal to your mineral water.

And remember to drink up, until you no longer feel thirsty. After all, one swallow doesn't make a summer. 

# Beware the July “perfect storm” in hospitals

You already do whatever you can to stay out of hospitals. But if you do need to visit a doctor or schedule a non-emergency surgery, by all means try not to do it in July.

And if it turns out that you can't avoid a July hospital visit, consider asking a family member or friend to be extra vigilant in overseeing your care.

Why? Well, first of all, this is the month when new interns and residents join hospital staffs, and others depart. That plays havoc with staffing coverage, consistency and scheduling.

And, to contribute even further to the confusion, many seasoned, senior doctors and nurses still insist on taking their vacations during July.

Finally, more often than not, the staffing change happens in the middle of the Independence Day holiday, when hospitals tend to already be understaffed.

All of this creates a perfect storm for a medical disaster. But unlike meteorological hurricanes, “Hurricane Hospital” is totally predictable and comes at the exact same time every year.

In fact, this phenomenon is so consistent it even has a name: *the July Effect*. And numerous studies show that the July Effect results in more hospital mistakes, accidents, and deaths throughout the month, and even into August.

But despite these well-documented problems, neither hospital nor medical school schedules change—

even though their mechanisms are outdated...not to mention unsafe.

And to make matters worse, beginning this July, hospital physician residency programs will be allowed to increase shifts for first-year trainees from 16 to 24 hours, according to the Accreditation Council for Graduate Medical Education.

As a result, doctors first starting out in a hospital can have shifts that are just as long as those of more senior residents. However, there's evidence that longer shifts for doctors—*especially* new doctors—increase sleep deprivation, which boosts the risk of medical mistakes.

## My own experience with the July Effect

Sadly, my family and I have recently struggled with this deadly July Effect.

At the beginning of July 2016, our 86-year-old mother was living as she chose, independently, in her home of 50 years. Her father had lived to age 97, and his father to age 98, so we always thought we had more time left with her.

My mother's home was high in the mountains above Los Angeles (which sometimes, but not always, was above the persistent smog line). It reminded her of the Mediterranean climate of southern France, where she was born and raised.


We had often considered moving her to a smaller, safer home that was more accessible for medical care and other community services. But

due to the crazy, counterintuitive policies in California, property taxes would have been more than four times higher in a new space less than one-fourth the size of the home she was already living in.

Understandably, mom did not want to make that move. Just one more example of how unaccountable government policies interfere with people making the logical decisions that are best for them to live their own lives.

Suddenly, right after the July 4 holiday last summer, mom visited her doctor one day, went to the hospital the next day, and the following day, she was gone. We know she had developed sepsis, but are still trying to figure out what happened.

As difficult as all of this was and is for us, it did help remind me to view healthcare from a different perspective—as a patient and family member rather than primarily as a doctor. In fact, I decided to write this article to help make others aware of these potential dangers...and hopefully avoid a similar tragic outcome. Indeed, much of the information in this issue, and the article beginning on page 1 in particular, comes from my experiences with my mother's healthcare over the years.

So I would like to dedicate this issue...and the important tips it includes...to the memory of my mother, Huguette Picon “Nicky” Micozzi (1930–2016). 

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