

WELCOME TO THE FINAL EPISODE OF MY INSPIRE JOURNEY

Hi everyone, and welcome. I'm Scott Saunders, president of Healthy Mouth Media.

This PDF is part 3 of Episode 28 - at least for now - the last of my Inspire OSA Journey.

I've recapped all the interesting – and valuable - experiences I had in the healthcare environment at Tampa General Hospital before, during, and after my last surgery to successfully remove a tiny piece of Inspire 'shrapnel' from my chest. Here in Part 3, I'm looking forward to sharing with you some of what I learned.

But first, to keep the lawyers happy, please read the following DISCLAIMER:

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PREPARING FOR YOUR HOSPITAL STAY

PREPAREDNESS – THINK AHEAD TO WHAT IT WILL BE LIKE IF – OR WHEN – YOU NEED TO GO INTO THE HOSPITAL FOR AN ELECTIVE PROCEDURE – the best way to be in control of your medical treatment is to BE PREPARED – IN ADVANCE – there are always risks when having any kind of invasive medical treatment, especially in a hospital setting...especially one involving general anesthesia. Even for a - **SAME DAY PROCEDURE** - the following steps are ***JUST AS CRITICAL!***

DO YOUR OWN RESEARCH – ask questions of your doctors, nurses, physician assistants, and other medical staff. Search and review online resources on what you're having done...put together a list of questions based on your research. Get answers that make sense to you.

IF YOU HAVE AN UPCOMING HOSPITAL STAY, have a clear understanding of whatever you're having done. If you're confused about – or even afraid of – anything related to that, say so. Sometimes the answers you get will allay your fears. Knowledge is power.

BE PROACTIVE - EVEN IF YOU DON'T HAVE A HOSPITAL STAY SCHEDULED...GET THE MEASURES WE'LL BE DISCUSSING IN PLACE NOW!

That can alleviate stress IF or WHEN you DO need to go into the hospital.

HOWEVER UNPLEASANT, ASK YOURSELF WHAT IT MIGHT BE LIKE for you and your loved ones – if you were not able to communicate what treatment you DO or DON'T want and above all...

UNDERSTAND YOUR OWN WISHES – so you can communicate them clearly to others IN WRITING...IN ADVANCE of your hospital stay. In such a situation, you'll need someone you trust – literally, with your life – to act on your behalf...

...more details in a moment about the role of your **advocate** – in legal terms, your **agent** – also commonly called a **proxy, or surrogate**

YOUR ADVANCE HEALTH DIRECTIVE

...YOU'VE TAKEN A HARD LOOK AHEAD – YOU'VE ENVISIONED THE RISKS - AND POTENTIAL ADVERSE OUTCOMES - OF A HOSPITAL STAY – HOWEVER UNLIKELY...and you've asked yourself:

“WHAT WOULD I WANT if something DID go wrong, and I could NOT communicate”?

...YOU NEED TO HAVE A PLAN – ALREADY IN PLACE – TO STATE – TO COMMUNICATE - CLEARLY – LEGALLY – IN WRITING, WHAT YOUR WISHES ARE – EVEN IF YOU'RE NOT CAPABLE OF DOING SO COMPETENTLY YOURSELF BECAUSE OF UNFORESEEN CIRCUMSTANCES. [See an overview of the advance health directive process here](#)

THE BROAD LEGAL TERM FOR THIS IS **ADVANCE DIRECTIVE**...in health care settings, more commonly and specifically, **ADVANCE HEALTH DIRECTIVE**

*Your **ADVANCE HEALTH DIRECTIVE** IS THE MOST BASIC STEP IN PREPAREDNESS FOR A HOSPITAL STAY.*

A COMPLETE **ADVANCE HEALTH DIRECTIVE** HAS TWO PARTS:

1) a medical – or health-care – power-of-attorney; and...

2) a living will – sometimes called a type of advance directive...sometimes the different components can be confusing...[click here for an overview of components and clarification](#)...for your medical POA, you'll need a health care proxy or agent...

YOUR HEALTH CARE PROXY (SURROGATE, AGENT) ...and MEDICAL POWER-OF-ATTORNEY

MAKE SURE YOU HAVE A **TRUSTED HEALTH ADVOCATE** to work with you in your health-care situations – in legal terms, a **PROXY**, a **SURROGATE**, or **AGENT** – this can be your **SPOUSE**, **PARTNER**, **CLOSE FRIEND**, **FAMILY MEMBER**...*someone WHO*:

...IS SOMEONE YOU TRUST...

...KNOWS YOUR MEDICAL HISTORY...

...IS FAMILIAR WITH WHAT YOU'RE HAVING DONE DURING YOUR HOSPITAL STAY...

Your **HEALTH PROXY'S** job is:

...to clearly communicate your wishes and preferences to medical personnel, other hospital personnel, and perhaps other individuals (like family members who are NOT your health proxy) for the medical care you receive if you can't speak or otherwise communicate effectively to make decisions for yourself

Your **HEALTH PROXY** is **that person you designate in your advance health directive...**

...and to whom you convey **medical (or health-care) power-of-attorney (POA)**

Your advance health directive designates your proxy or agent — sometimes called a surrogate — and grants that person POA. This provides appropriate legal authority to your HEALTH PROXY to make decisions and act on your behalf – [see more details about this process here](#).

YOUR LIVING WILL: THE FINAL – CRITICAL - PIECE OF YOUR ADVANCE HEALTH DIRECTIVE

...A living will is also called a **DIRECTIVE TO PHYSICIANS** – because it's your legal authority to tell your doctors what you want – or DON'T want – in terms of treatment – when you can't communicate...but it's not that simple...

...some sources state that **a living will functions to express your preferences for medical treatment only if you become terminally ill**. While that's a true statement, it's not the complete picture. **Why?**

...even if you're NOT terminally ill, situations can arise in hospital settings – often unexpectedly – that are frequently more complicated than that, including...

...if you're **comatose, vegetative, 'brain-dead', or otherwise unresponsive...**

Especially if you're permanently unconscious, in an end-stage condition, or if - importantly - you legally state that **you allow your agent to decide for you that the burdens of your condition outweigh the benefits of life-saving measures...**

In each of these situations, you must, by law, express your wishes in your living will, which makes the power-of-attorney you're granting your proxy equally important in each of these situations.

...your living will is **the only legal way to tell your doctors** if you **do** – or do **NOT** – want them to take specific – sometimes called **'heroic' measures** – (eg, tube feeding, CPR, advanced life support or resuscitation, use of a heart defibrillator, use of a ventilator, even simple insertion of a breathing tube) to keep you alive.

THE REAL KICKER: In the absence of a living will, any wishes you expressed verbally BEFORE you became unresponsive might not even legally matter!

Without a preexisting living will, something other than what you really want could likely come to pass...your doctors' (and loved ones') hands could be tied...

[Find out more specifics on what living wills can and CANNOT do - here](#)

...so, please make a living will!

COMMUNICATING WITH YOUR HOSPITAL STAFF

Your hospital will be YOUR NEW HOME for the length of your stay...you'll have people interacting with you – FREQUENTLY – to facilitate your care – so communicating effectively with them is ESSENTIAL.

Ask your doctors – **in advance** – about standard practices at your hospital – what should you be aware of? Are there standard medication protocols? Will they change your meds? *THESE QUESTIONS SHOULDN'T SURPRISE ANY PHYSICIAN!*

Make sure your **primary-care doc** (who likely prescribed most of your meds in the first place...) is in the loop about all your hospital treatments!

Bring a copy of a list of ALL prescription medications you take for the hospital staff. You – or a hospital staff member – may need to refer to this when you ask about the meds they are giving you. Your medical records may NOT have been correctly entered into their system!

Most importantly – for your health AND safety...for **your prescription meds**:

...unless there's a clear-cut reason to stop taking – or change – any one of them, make it clear to your doctors and hospital staff that you do not want to **stop** – or **change** – any of your regular meds.

This is a discussion that should take place PROACTIVELY – before you go into the hospital...*why?*

...hospitals have **standard medication protocols**, which sometimes call for **substituting one drug for another** prescribed for the same condition. In my case, **they substituted a different blood pressure drug**, which (according to my consulting cardiologist) **may have contributed to a dramatic drop in my heart rate**.

...most people going into the hospital are **unaware of these protocols** – even with my own clinical background, **I had NO IDEA about this common practice**.

Standard medication protocols – by themselves – ***SHOULD NOT OVERRULE THE JUDGMENT OF YOUR PRESCRIBER – OR YOU !!!***

SUMMARY

AS WITH **ANY IMPORTANT LIFE DECISION...BE PREPARED** FOR YOUR HOSPITAL STAY (UPCOMING OR NOT):

- **BE INFORMED.** BE AWARE OF YOUR RIGHTS AS A PATIENT...
...ask your hospital for a copy of its 'Patient Rights and Responsibilities' document.
- **DO YOUR OWN RESEARCH.**
- **ASK QUESTIONS** – LOTS OF THEM – OF YOUR **DOCTORS** AND HOSPITAL – GET THEM ANSWERED.
- **BE PROACTIVE.** DON'T WAIT UNTIL YOU'RE IN THE HOSPITAL. KNOW BEFORE YOU GO.
- **DECIDE PROACTIVELY BASED ON SOUND INFORMATION** – USE **THIS PDF AS A STARTING POINT.**
- **BE CLEAR ON WHAT A HOSPITAL STAY WILL BE LIKE.** UNDERSTAND THE RISKS – HOWEVER SMALL.
- **SAME-DAY PROCEDURES** CARRY RISKS ALSO! TAKE THESE SAME STEPS FOR THEM, TOO!
- **HAVE LEGAL MEASURES IN PLACE...**JUST IN CASE SOMETHING DOESN'T GO AS PLANNED.
- **BE PREPARED.** *ESTABLISH YOUR **ADVANCE HEALTH DIRECTIVE NOW.** ITS TWO ESSENTIAL PARTS ARE:*

*1) **YOUR HEALTH-CARE POWER OF ATTORNEY.** A legal document in which you appoint your **health proxy (...aka your health surrogate, or agent)** – someone you trust – your decision-maker who'll **make sure your wishes are carried out** if you're unable to make decisions yourself – and...*

*2) **YOUR LIVING WILL.** This document states your wishes – in advance – if you're comatose, brain-dead – unresponsive - or otherwise **not able to speak or otherwise communicate** – or if you're **terminally ill**.*

THESE ADVANCE HEALTH DIRECTIVE COMPONENTS CAN BE DONE EITHER **WITH AN ATTORNEY** – OR USING AN **ONLINE RESOURCE** LIKE www.nolo.com (neither Scott Saunders nor Healthy Mouth Media has ANY financial or other relationship with NOLO).

*Both you and your health-care proxy need to stay on top of exactly what care — and medications — you're receiving — and for WHAT. You both need to ASK your doctors and hospital staff SPECIFICALLY about **standard medication protocols...**make it part of your record that you **want all your regular prescription meds continued** during your stay, and that you want **no substitutions** without a **clear medical need** – and that you're to be informed up front before you're given any new or different med!*

Prescription drugs are in everyone's life. According to the Merck Manual, [over a third of people age 65 and over regularly take 5 or more prescription drugs](#)

...I'm 65 and only take 3...that number **more than doubled** at the start of my stay at TGH...**so be aware:**

You'll receive new ones in the hospital – guaranteed – make sure you ask what each one does - and why – or if – you need it.

I KNOW THERE'S A LOT OF INFORMATION HERE, so I hope you will download and print this PDF and save for future reference — and planning.

FINALLY...I want to **thank you sincerely for watching my Inspire video series...**

– I hope you've found it helpful!

Stay healthy,

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Resources - Links

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https://americanbar.org/groups/real_property_trust_estate/resources/estate_planning/living_wills_health_care_proxies_advance_health_care_directives/

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<https://www.freewill.com/learn/advance-directive-vs-living-will>

https://www.americanbar.org/groups/law_aging/resources/health_care_decision_making/power_atty_guide_and_form_2011

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<https://www.stimmel-law.com/en/articles/living-wills-directive-physicians>

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www.nolo.com

<https://www.merckmanuals.com/home/older-people%E2%80%99s-health-issues/aging-and-medications/aging-and-medications>

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