

TEN QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER PRIOR TO INITIATING CARE:

Once upon a time, those who went to doctors were called patients. Now patients are called health consumers. Doctors were once called physicians, wise and caring gatekeepers of our health who intervened on our behalf when we got sick. Now they are called tier one health care providers.

Once there were doctors (MDs) and nurses (RNs). Now, there are so many different licensed health care providers it's hard to keep track of them all.

In an article in MainSt by S.Z. Berg, health consumers give better ratings to non-physicians to handle their care than traditional M.D.'s. In an interview study of 28,000 patients conducted by Vanguard Communications, patients rated naturopaths as five stars, Osteopathic doctors were close to the top. But internal medicine and family practice M.D.'s were near the bottom.

Patients rave about their chiropractor (D.C.), naturopathic doctor (N.D.), or doctor of acupuncture and oriental medicine (D.O.M.) or (D.A.O.M.). They're okay with nurse practitioners (N.P.) and physician assistants (P.A.), but see them as lower paid extensions of traditional medicine, so no rave reviews for N.P.'s or P.A.'s

What are we to make of our doctor's advice? Are traditional doctors deluded and controlled by corporate financial interests? Do we have to go it alone when it comes to our health? Is there a time when it's in our best interest to ignore our traditional doctor?

Comparison Health Care Shopping

Health consumers would like to comparison shop for their health care. But access to medical services is government sanctioned and corporate controlled. Most health insurances will only pay for services when performed by an M.D. But M.D.'s are largely ineffective in treating chronic disease, advising on wellness or nutrition, and safely managing aging in a manner that supports the dignity of older people.

Health care for chronic disease is expensive. M.D.'s have never been part of a solution for reducing the cost of care, but patients with chronic disease are shouldering more of their health care costs while paying higher insurance premiums.

Everyone wants safe and effective therapies at a fair price. No doubt about it, out-of-pocket expenses for those with chronic conditions can be high. Patients will pay if they can, but want more transparency. They want to know what medical services costs. For example, a female patient with suspicious breast cysts by mammography wants to know if her health insurance won't cover a breast MRI how much will it cost if her N.D. orders it.

There is an ever expanding paradigm shift throughout the United States of America with health care utilization. There is much more spent with monetary expenditures on non-pharmaceutical preparations vs. prescription medication for the treatment of the health challenged. When 90% of disease conditions are chronic in nature vs. 10% which are acute, most, of not all, prescription preparations are of little to **NO** value in addressing the elimination of the causes of disease.

America is ranked 37th in the world as far as overall health concerns, yet we spend more money than the total world's expenditures in health care. Something just isn't right with that scenario??

American patients with chronic disease want better value for their health care.

If they can't get what they need in the U.S., they go elsewhere. Medical tourism is big. For example, off shore cosmetic surgery clinics in the Caribbean and high-tech stem cell therapies in Tijuana are easy to find on the Internet.

You can order genetic drugs online from Canadian pharmacies that broker direct shipping from pharmaceutical manufacturers in India at a fraction of the cost in the U.S.

But, many other obstacles besides price stand in the way of health consumers, with the biggest one being their doctor. Patients need to know when to ignore their doctor's advice and seek help elsewhere.

10 Reasons To Ignore Your Doctor and Seek Another Health Care Provider: Immediately!

1. When you're told there is nothing more to be done for your condition.
2. If you have a chronic condition and your doctor spends less than 15 minutes with you on your first visit.
3. When therapeutic inertia sets in.
4. If your doctor orders specialty lab tests without a clear therapeutic goal or diagnostic expectation with detailed explanation of findings.
5. If goals and expectations are not explained clearly.
6. If your doctor resorts to prescription drugs as the sole option (Red Flag!)
7. When your doctor won't explain the risks and benefits of a prescribed drug.
8. If you're on more than five different prescription medications and your doctor is not managing them or reviewing them regularly.
9. If your doctors want you to be on a prescription drug for the rest of your life.
10. If your doctor prescribes drugs even for healthy patients.

The Perils of Therapeutic Inertia

Chronic diseases count for 7 out of every 10 deaths in the United States. It gets worse as people get older. Ninety percent of those over 65 have one or more chronic conditions. By 2020, it's expected that nearly half of all Americans will have chronic disease.

But even though we see a landslide of chronic disease heading our way, American medicine remains unprepared. Medical doctors have limited – if any— NUTRITIONAL training in medical school. They are unprepared to diagnose or manage chronic diseases like fibromyalgia, fatigue syndromes, celiac disease, or multiple allergy syndrome and food sensitivities. They know little about the micro biome (Probiotics) and its relationship to health and disease.

It gets highly complicated. It takes too much time to sort through a complex case. In chronic disease, more than one body system may be involved. For example, an

obese patient may also have fatty liver disease and a cardiovascular condition with high triglycerides and elevated LDL and pre-diabetes.

Therapeutic inertia is when a provider fails to modify a therapy when the original treatment goals remain unmet. For example: failure to change therapy in hypertensive patients with blood pressure greater than 140/90 has been reported in as many as 86.9% of visits. Or, if an overweight patient doesn't lose enough weight, fails to make dietary changes, so triglyceride levels come down, or even go higher.

A more benign example of therapeutic inertia is when you make progress early in your therapy but don't actually get better, but your doctor continues to prescribe the same drugs. Unfortunately, this kind of inertia is common among integrative and holistic doctors.

You're Looking For A Good Doctor, I'm Looking for a Good Patient

My mentor, Dr. Bernard Jensen, hung this sign over the front door to his office. Good patients are not just passively cooperative, but positive and proactive. They partner with their doctor in achieving results.

Whether you're taking drugs or supplements, your doctor needs to re-evaluate regularly (once every 30-60 days), provide clear goals, give you an idea of when you might see changes for the better, and what back up plans, referrals, and other therapeutic options are available.

Accessing good health care and preventive medicine can be complicated. Ditching your doctor doesn't mean you should go it alone. But, not all naturopaths, chiropractors, or acupuncturists are trained well enough to manage challenging chronic disease. It usually takes a team of different kinds of doctors to effectively diagnose, treat, and manage complex chronic conditions. You must go to a Licensed Health Care Provider trained and seasoned in Integrative/Functional medicine who is Board Certified.

The Distraction Of Too Many Healthy Therapies

Models of health and disease differ. Traditional medicine has a long history of studying pathology, the science of the cause of disease, in sick people; it's very focused.

Naturopathic and Chiropractic medicine takes a broader, holistic approach. Oriental medicine is also holistic, emphasizing balanced relationships of the flow of energy in the body between organ systems. Integrative medicine utilizes the best of Eastern and Western models, holistic and scientific medicine. The emphasis of these practices is on wellness and supporting the body's self-healing capacity. However, they can be generalized that they miss the mark.

When you want a mind-body approach, ask is your doctor trying to cover too many areas? Are you doing more and more yoga, meditation, psychotherapy, and mindfulness, but getting nowhere? Are you taking too many supplements? By doing too much or too little, you risk not focusing on your specific health condition.

The Prescription Drug Dilemma

Modern medicine can save lives in an emergency situation (10% of the time). It can also harm you with chronic health challenges (90% of the time). The policies of pharmaceutical companies are complicated. Many helpful drugs never make it to market. Some bestselling drugs like statins, thyroid and psychological (mood altering drugs) may work in the clinical trials, but once they're in use for several years new risks appear.

The NNT publishes quick summaries of commonly used drugs and therapies, which are, in many cases, reveal significant harm and little benefit of commonly prescribed drugs. In the case of statins, people with high cholesterol but without known heart disease, got no lifesaving benefits. In fact, 1 in 50 developed diabetes, and 1 in 10 had serious muscle damage.

Should you trust your insurance companies' drug formulary? A formulary is a list of approved drugs matched to specific ailments. We used to be able to trust our doctor to prescribe the safest and most effective pill. Not anymore. Doctors are often limited to drug company recommendations and health insurance formularies, which may have little benefit to you.

Five Reasons To Not Trust Prescription Drugs:

1. When your doctor doesn't know the interactions with other drugs or supplements.
2. When newer research has found the drug to be dangerous or ineffective.
3. If you're healthy and a drug is recommended to promote even better health.
4. When the drug company that makes the pill promotes only biased scientific evidence.
5. If you have a history of allergic reactions or have experienced adverse effects from taking drugs.

Health Care That Fits

Health care should have clear objectives that advance patient goals. This is understandable and achievable for a broken wrist or a severe bacterial infection. A broken bone needs to be reset and immobilized, or surgically repaired. A life-threatening infection requires antibiotics. With help, the body heals itself. But what happens when the patient has a reaction? What about those with chronic disease who have complicating factors?

Effective medical care programs should be designed and carried out in a manner that respects the capacity of the doctor and the ability of the patients to comply with therapy.

Cost of therapy must be in line with what the patient can pay and what their insurance will cover. If it's too expensive, the patient won't continue with treatment.

In evaluating and treating chronic disease, the workload for doctors goes up. Chronic disease care is a burden for doctors. But, that's no excuse for shoddy medicine. What's required is a new relationship between doctors and patients, which I call the physician-patient partnership.

Patients can be more proactive. I advise patients in advance on what tests to get, when to get them done, and I go over all the individual results of each test to give the patient knowledge which is **power**.

You can reduce the risk of drug reactions if your doctor or someone in their office, or the pharmacist goes over drug recommendations with you. You can find out if your liver is working to capacity for processing drugs by getting specific functional lab tests to see if the detoxification pathway is clear and open for detoxification.

The bottom line is that every patient needs health care that fits their condition and their individual capacity to heal.