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Book Review
Hospital Warrior:
How to Get the Best Care for Your Loved One
By Bonnie Friedman
Reviewed by Sarah M. Andrew, CELA

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Book Review

Hospital Warrior: How to Get the Best Care for Your Loved One

*By Bonnie Friedman.
(People Tested Media, 2016, 229 pp.)*

Reviewed by Sarah M. Andrew, CELA

Many people facing hospitalization may rightly feel as though they are going into battle without armor or weapon. Bonnie Friedman wrote *Hospital Warrior* to level the battlefield. Friedman draws upon her years of experience as an advocate and caregiver for her husband through his several life-threatening illnesses thereby bringing the wisdom and stamina of a seasoned warrior to her writing. Friedman's personal anecdotes and interviews add some narrative flair to what is otherwise a guidebook with instructions on how to advocate and receive good care in a hospital setting.

The book's central aim is to offer advice on how to effectively interact with hospital systems in general drawn from Friedman's personal experience. Each chapter covers common experiences and services that appear in most hospital settings. Certain themes and topics are covered in several

places throughout the book, in varying levels of detail. This non-linear organization serves to bring up certain topics repeatedly, but the effect is a net positive: a reader who is in the throes of an ongoing medical crisis is more likely to catch the essential points.

Individual chapters are well-defined making it possible for readers to easily find the information that is most useful for their situation. In that sense, the book has a sort of "Choose-Your-Own-Misadventure" quality to it. There is a chapter devoted, for example, to the culture of emergency rooms and how to plan for a sudden trip there versus how to plan for an admission in advance.¹

Another chapter covers the organization and management of the major different types of hospitals systems and how to learn more about the way a particular hospital operates.² There are several valuable suggestions in this section of the book. For example: you should avoid an emergency admission to a teaching hospital on the Fourth of July, a holiday ("patchy because of staff shortages") that falls when most recent medical school graduates start their very first rotations (and undergo "a

About the Reviewer

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1 Chapter 2: Getting Started – Hurry up and wait!

2 Chapter 3: Figuring Out the Hospital – Visiting a Foreign Land!

steep learning curve” of which you probably don’t want to be a part).

Another section of the book provides brief descriptions of and tips for navigating specialized care units such as surgery and recovery, intensive care, or cardiac care.³ Any person suddenly faced with the need to interact with a hospital system will definitely benefit from having this information, even if they may not be in a position to use all of it immediately.

In addition to covering the structure and operation of hospitals in general, the book provides advice on the need for self-care⁴ and how to form a strategy for short- and longer-term interactions with a hospital system.⁵ The advice ranges from fairly obvious to subtly helpful. Friedman doesn’t overlook the little things. There are frequent checklists and anecdotes about the importance of accepting help from friends and family members, packing a “go bag” with essential comfort items and relevant health records, and taking a break if the process becomes overwhelming. Sometimes people need to be reminded of these simple but effective tips for surviving a stressful situation.

There are also less intuitive, but no less helpful pieces of advice. Friedman, for example, suggests that family members settle differences outside of the hospital room and appoint a principal contact and family spokesperson early in the process. She also shares a chilling story about a time when she was discussing end-of-life decisions with a physician in front of her comatose husband, who heard every word but could not react. This serves as a re-

minder to have those tough conversations out of earshot of the patient, if he is not able to participate. These chapters give the reader a sense of just how much time the author has spent caring for her husband and hanging out in hospital rooms. Friedman’s advice is clearly hard-won.

Still other chapters focus explicitly on how to interact with the people who create the hospital experience: the physicians⁶ and nurses.⁷ The foundation of this section of the book is the idea that when your loved one is hospitalized you are the case manager, the quarterback, and the only person who is able to step back and see the big picture. Your job is to understand who all the players are, to communicate respectfully with each of them, and to advocate for the patient’s preferred outcome. Friedman notes the trend toward patient-centered care, and the critical importance of coordinating care to best serve the patient’s needs. This can be challenging when multiple medical professionals are involved, each with a different focus, and not one of them clearly “in charge.” Friedman also helpfully reviews the chain of command for decision-making and levels of specialization, providing detail on everyone who is likely to be involved from the Certified Nurse Assistant (CNA) up to the hospital administrator.

In these chapters, and throughout the anecdotes in the book, I was surprised at how much time Friedman spent directly speaking with and negotiating with the various physicians, specialists, and surgeons who treated her husband. She repeatedly emphasizes the importance of knowing when doctors do their rounds so

3 Chapter 4: Understanding the Special Units – Travel to other planets!

4 Chapter 1: Taking Care of Yourself - But I’m not the patient!

5 Chapter 5: Arming Yourself – I didn’t know I’d need a battle plan!

6 Chapter 6: Working with the Doctors – You mean they aren’t gods in white coats!

7 Chapter 7: Getting Along with the Nurses – Your New Best Friends!

that you can plan to intercept them for a direct conversation. This way, the family spokesperson and patient can prepare questions or feedback and interact with the physician in a way that respects everyone's time. She also encourages becoming familiar with when shift changes occur and advocates participating in the "shift-change discussion" when critical care information is shared with the next shift nurse. Her basic underlying philosophy is that an effective advocate is informed and involved with the care providers, and this concept is woven through each chapter.

Finally, the book focuses attention on patients' rights,⁸ how to plan for a safe discharge,⁹ how to make hard choices regarding care, and facing the limits of medical intervention.¹⁰ The chapter on patients' rights makes much of the concept of informed consent, in keeping with the principle that patients and their agents have the right and responsibility to make sure they understand the information being presented to them. Aside from this, the chapter is a perfunctory review of federal regulations governing health care, legal documents that impact health care decision-making, and insurance appeal rights. The topic clearly had to be included in this book, but the treatment is somewhat random.

The section on discharge planning, however, was thorough and full of practical advice. Friedman repeatedly urges the reader to begin discharge planning at admission or soon thereafter, which is not an intuitive concept for most people. The book makes it clear that a rushed discharge

at the end of a hospital stay will have negative health impacts on the patient and the family at home. This chapter also contains a more comprehensive review of Medicare and Medicaid rules for coverage of rehabilitation after a hospital stay. This is another topic with which most laypeople are probably unfamiliar and that has a tremendous financial impact on patients. It is ironic that the chapter about leaving the hospital will probably be the most valuable chapter of this book for most readers, but this section has the broadest practical use for all hospital patients.

In the final substantive chapter, Friedman addresses the fact that not all people who enter the hospital leave the hospital alive. Her treatment of this topic is gentle and recognizes that the patient's own wishes should be the most important consideration. She focuses attention on the benefits of palliative care and the purpose of hospice. The book ends with a list of resources, arranged by topic, directing the reader to trustworthy sources for further study.

One of the more useful features of the book is the final few pages, which contain a template for organizing information and keeping notes most effectively. The sheer volume of bullet-pointed lists and checklists throughout the book can be overwhelming, but the lists are also full of helpful advice and things to consider, broken into bite-sized pieces. I came away with different tidbits every time I opened the book and was thankful for how efficiently Friedman covered a broad range of material. No one topic is discussed in particular depth, but the book is intended to be a sort of crash course, and that goal is achieved.

It's worth mentioning that the cover of the edition used in this review is a photograph of a woman with aggressively

8 Chapter 8: Knowing the Patient's Rights – Laws mostly on your side!

9 Chapter 9: Going Home or Someplace Else – We're getting out of here!

10 Chapter 10: Making Hard Choices – No one said it's easy!

crossed arms standing before a physician who is taking notes. The woman appears to be spoiling for a fight, or confidently asserting herself, depending on one's perspective. Throughout the book, Friedman is careful to express her appreciation of and respect for the medical system and the medical professionals who treated and cared for her husband during his times of illness. Nonetheless, it becomes clear that not all of her experiences were positive. She repeatedly mentions integrative medicine,¹¹ and how hard she had to work to bring some humanity and peace to her husband's hospital experience. The exasperation she felt with our hospital system apparently compelled her to write this book in an effort to help others find an easier path to quality care. Her experience reinforces how disconnected our health care system is from the idea of wellness and holistic care on a human scale.

At the time that I was reviewing *Hospital Warrior*, I came across an excerpt from a Wendell Berry lecture.¹² In 1994,

Wendell's brother, John, suffered a massive heart attack and needed emergency bypass surgery. The family was gathered in the waiting room, receiving updates and worrying, realizing just how impenetrable the barrier was between what they knew and what their loved one was undergoing at the hands of people they had no choice but to trust. He writes:

We realized that when the emissaries from the operating room assured us that everything was "normal" or "routine," they were referring to the procedure and not the patient. Even as amateurs – perhaps because we were amateurs – we knew that what was happening was not normal or routine for John or for us.

This struggle to maintain dignity, sanity, and a sense of self from within a rigid, unfeeling system is at the heart of *Hospital Warrior*. Entering a hospital can really feel like travelling to a hostile, foreign land. This book arms the patient and family with enough knowledge to become meaningfully engaged with the system. If you know someone (or if you are someone) who anticipates some period of interaction with a hospital system, *Hospital Warrior* is a worthwhile read. It won't entirely bridge the gap between the patient and the unknown, but it will narrow the distance.

11 Pp. 68-70, 108. In the book, Dr. John Reed describes integrative medicine as a movement that "looks at the whole person, not just the illness and encompasses a philosophy of care that deals with the physical, emotional and spiritual health of the patient."

12 Wendell Berry, *The World of Love*, The Sun, March 2018, Issue 507 at 19.