



#615 Hospital Survival Guide: How to Avoid Medication Errors, Infections, and Misdiagnoses That Kill Thousands | Julie Siemers

Dr. Wendy Myers

Welcome to the Myers Detox Podcast. I'm Dr. Wendy Myers, and on this show, we talk about everything related to heavy metal and chemical toxicity, and the health issues caused by these toxins. We touch on anti-aging, bioenergetics, and more advanced health topics than you'll hear on other shows. Today we've got a great show. We have Dr. Judy Siermers on the show, and she's gonna be talking about how to stay safe in the hospital, how to survive the hospital because there are a lot of medication mishaps, hospital-acquired infections, and diagnostic errors. We're gonna talk about how to self-advocate, how to really stand up for yourself and get the care that you or your loved one deserves. Your life may depend on it.

On the show today, we're gonna be talking about, like I said, medication errors. We're gonna be talking about other top causes of patient harm in hospitals. The stats are kind of scary. One in four Medicare patients suffers harm in hospitals, and one in 10 patients in hospitals overall experience harm. Diagnostic errors account for 33% of ER issues, whether they're misdiagnosed

or the diagnosis comes too late. Family members really should know all the medications, the doses, the purposes for the medications, double-checking dosages and timing with staff, especially during shift changes.

A lot of deaths come from just medication issues. Patients have the right to access all of their test results in their medical records. So you wanna know your test results and what your medications are for. Don't just leave it up to the doctors. Some hospitals really aggressively push for COVID-19 and flu shots and other vaccinations. Patients have the right to refuse and if the doctors are still adamant, you can escalate your concerns up the chain of command if pressured. Also, trust your intuition, listen to your intuition, and be persistent about concerns for needed care or testing, and be firm, but non-combative with raising issues. We'll give you some strategies for those today on the show.

Our guest, Dr. Judy Siemers, brings over 40 years of diverse nursing experience, spanning practice, education, and executive leadership in healthcare. With a strong foundation in acute critical care as both a practitioner and a leader, she's deeply committed to advancing patient safety. Dr. Siemers earned her Doctor of Nursing Practice degree from Touro University of Nevada, with graduate and doctoral research focused on patient safety and driving meaningful reforms in healthcare. She's also the author of *Surviving Your Hospital Stay, A Nurse Educator's Guide to Staying Safe and Living to Tell About It*, which is a resource designed to educate and empower patients and their families. You can learn more about her work at drjuliesiemers.com. Julie, thank you so much for joining the show.

Dr. Julie Siemers

Thank you for having me. Privileged to be here.

Dr. Wendy Myers

Why don't you talk to us about your background and your experience, and how you got into the work that you're doing?

Dr. Julie Siemers

I've been a nurse since right outta high school. My mom had always wanted to be a nurse, and she raised seven kids instead. So she passed that dream to me, and it's one I'm really glad that I started so many years ago. I worked in quite a few different areas in healthcare and hospitals, mostly the emergency room, the trauma department, the oncology floor, and the cath lab. And then my last 15 years have been spent in nursing education. How I am where I am today is researching for my master's thesis back in 2009, and then continuing that same topic of patient harm into my doctoral project. I guess being a healthcare worker, I was so shocked to find out how many patients suffer harm in the healthcare system.

I kept thinking to myself, Why isn't somebody doing something about this? We are smart people. We've got technology. Why is patient harm still happening? So that's brought me to the place I'm at today, to that advocacy, raising awareness, educating, and informing.

Dr. Wendy Myers

I wanted to have you on to talk about protecting yourself in the hospital. I guess we can begin that conversation by talking about the top ways that people die in hospitals. Why don't we just start with that?

Dr. Julie Siemers

Unfortunately, there are quite a few. The healthcare system is called a system because it has a lot of moving parts in it. So there are different ways that people suffer harm. Medication errors are probably the top because they happen so many times a day that patients get medications. Nurses are taught in school the five rights of patient medication safety that's the right

patient, the right drug, the right route, the right time, and the right dose, of course. And there are so many different ways just in that administration process that can go awry and do, I think your audience, and you probably heard a couple of years ago when the patient at Vanderbilt hospital was given the paralytic instead of the sedative and died because of that. So that is a big area.

The other way patients die is from healthcare-associated or acquired infections, picking up an infection in the hospital. Diagnosis problems, either misdiagnosis or late diagnosis, are about 33% of what happens in most emergency rooms. That's a few to get us started.

Dr. Wendy Myers

We can expand on those. So let's talk about the medications, 'cause my grandmother died because she was given the wrong dosage of her blood pressure medication. She was given double the dose, and she died as a result of that. It's really unfortunate, so let's talk about it. If you have you or a loved one is in the hospital, what measures can you take to avoid these medication errors?

Dr. Julie Siemers

That's a really good question, and I think it really is formed on the basis of what my mission is to inform and educate. We can't rely on healthcare to keep us safe, unfortunately. It's too complex, it's too busy. There are too many moving parts, and so understanding your own medications and what they're for is of top most importance and your family member. Taking notes and bringing that information with you when you go to the hospital or when you're visiting the doctor's office is really important to understand what they're for.

I helped with a legal case a couple of years ago of a woman who was told one of the medications she was given was her heart pill. Well, it was a blood

thinner. She didn't realize that, and when she fell and fractured her arm and had a big bruise and black eye, she had bleeding in the brain from that fall. But nobody did a CAT scan to diagnose the potential of a bleed in the brain because nobody was aware she was on a blood thinner. She just told the medical team she had a heart pill, you know, which seems like an EA simple mistake, but it's got devastating consequences. She died.

Knowing what your medications are for, knowing what the dosage should be, and taking notes is critical. There was a family in California not too long ago that experienced the same thing with the blood thinner. The nurse got busy, did not document that the dose was given. The nurse forgot, and the nurse coming behind on the next shift saw it wasn't recorded, assumed it wasn't given, and gave a double dose of the blood thinner, causing harm to the patient. So, there are unfortunately many ways for that to happen.

Dr. Wendy Myers

I think that's also important. If you go to the hospital, you have a loved one, especially if you're sick, you could even be unconscious or what have you. I think it's important to have a family member who has awareness of medications on what they're for, what the pill looks like, and what the dosage is, and double-checking everything. I'm sure a lot of nurses probably wouldn't. Like they don't, aren't especially doctors, where you're kind of second-guessing them, but it's important. The nurses work 12-hour shifts. It's like one of the most high-stress jobs. They're underslept. A lot of them are not well themselves, in my personal opinion. I've read all about that. I think it's just a job where you're, people are prone to making mistakes like that.

Dr. Julie Siemers

It's true, and if you look at it from your perspective as a family member or a loved one who is helping, I think that the cue or the clue is to be that bridge between the patient and the healthcare system because as you said, they're

busy, they're overworked, they're short staffed, and so that's when mistakes happen. But if you're there to say, Hey, wait a minute, my mom already takes a blood pressure pill. Why is she getting this one too? The nurse may say, Oh, I didn't realize that. Let me check. Instead, if you don't ask the question, then that can be an error. That was unintentional, of course, but you can help prevent harm by asking questions. That's hard for a lot of people.

Dr. Wendy Myers

Let's go to hospital-acquired infections. It's really common to get C difficile and other types of infections that can be very difficult to get rid of, or it can be antibiotic-resistant. Can you speak about that a bit?

Dr. Julie Siemers

I think the number one thing that you can do as a patient's family member or a patient yourself is to insist that anybody coming into your room to that is gonna come over and touch you washes their hands. You're gonna get a lot of resistance in some places from some people, but still it's your health and you have to protect it. So even if they say, Hey, well I just washed my hands in the other room. I don't really care. I need to see that you do that. And it's not about being controversial, it's about protecting ourselves. That's nursing and health science education 101 is to wash your hands. That is the single most effective thing that can be done to prevent the spread of bacteria, microbiomes, et cetera.

Ads 11:04

And now a word from one of our sponsors. Two of the most powerful supplements for women's health are whey protein and creatine. Studies show that women have about 70 to 80% lower natural creatine stores than men, which impacts our muscle function, muscle recovery, our brain functioning, and even our mood. Pouri Creatine Plus combines pure creatine

monohydrate with trine to support muscle strength, performance, muscle recovery, faster workout recovery, and cognitive health as well.

I love the results of taking creatine. I honestly had never taken creatine in my life before I started taking the Pouri Creatine, and I absolutely love its effect on my mental clarity. It's also especially beneficial for both pre and postmenopausal women as well. It's shown in research to support bone health, improve cortisol response, support thyroid function, and so much more.

And like everything that Poure makes sure each batch of Creatine Plus is third-party tested for over 200 harmful contaminants. It's clean and certified by the Clean Label Project as well, so you're only getting clean, safe ingredients and the test results are published online for complete transparency. All you have to do is scan the QR code on the bottle.

Now let's talk about whey protein. Protein is essential for women. A lot of people are not getting enough protein and many protein powders on the market are loaded with toxins and heavy metals and harmful contaminants, but the Clean Label Project reviewed over 160 top selling protein powders in the US and found that 47% exceeded California Prop 65 safety limits for lead with 21 containing double the acceptable. That's horrifying when you think about it. How many people are drinking protein shakes daily, ubeiieving that they're doing something healthy?

That's why I use and trust Puori's PW1 Whey Protein. I absolutely love the vanilla flavor. It tastes incredible. I love the dark chocolate also. It tastes like a fancy chocolate milk, but it's clean and safe, not like a lot of other cacaos and chocolate products on the market. My daughter Winter loves the vanilla flavor. She loves making smoothies. And recently, Vogue also named Pouri PW1 Whey Protein, the best whey protein powder and for all the right reasons if you ask me. Like I said, my daughter's making smoothies daily and I have

peace of mind knowing that she's using this protein powder that's clean, pure, and safe. It's been tested for purity.

Here's how I use the PW1 and the creatine. Every morning I make a shake with coconut water, a scoop of the PW1 protein and the Creatine Plus. I add berries, maybe a banana, some dates, a little pinch of salt and that helps me stay strong, focused and energized throughout the day. I know that I feel good knowing that I'm fueling my body with truly clean supplements. So go feel the difference for yourself. Taste the difference. Go to puori.com/wendy and use code Wendy at checkout for 20% off. That code even works on your already discounted subscriptions, giving you almost a third off of the regular price. So don't wait. Go try the PW1 and the Creatine Plus today. Clean science backed supplements that you can actually trust. Again, go to puori.com/wendy and use the coupon code Wendy.

Dr. Wendy Myers

What was the third one that we talked about?

Dr. Julie Siemers

Diagnostic errors.

Dr. Wendy Myers

Yeah, the diagnostic errors. How do we avoid that? That seems like a little bit of a tough one.

Dr. Julie Siemers

It is except that you, as a patient or family member, have complete access to your medical record or your chart. Don't ever assume because you don't hear anything about the results of a lab test, a CT scan, a or biopsy that you didn't hear anything, everything's normal. That's not always the case. In my book, I tell a story of a man who went in for supposedly a benign brain tumor, and he

and his wife, even after the surgery, it looked benign and so they just assumed that the biopsy came back benign, but it didn't, and it got misfiled.

Nobody saw it. The doctor didn't connect the dots. Even if he did see it, family wasn't told. And so six months later, he's now got a raging headache again and they do the CT scan and they see and have to go back into surgery. And that's where they're like, well, how come this wasn't treated six months ago? Well, nobody knew. So I think that [00:16:00] is the best thing that you can do. For example, if you're in the hospital and your mom's on blood thinners, heparin drip or something, you can say, What was mom's lab work this morning? Oh, was that the range that the doctor wanted? Just asking those questions again to be informed, not to cause any kinda trouble. But you're right, there's gonna be some doctors and some nurses that don't want to be questioned, but really, we are a team and we're supposed to, we're there to help bridge that gap so that we can be the extra set of eyes and ears and hands.

Dr. Wendy Myers

Yes, absolutely. The last thing I wanna talk about was vaccinations in the hospital, because this is something that, especially with COVID or the flu season, when you go into the hospital, there's even a person whose sole job is to make sure you've been vaccinated, to question you, Have you had the COVID vaccine? Have you had the flu vaccine or what have you? And and if you say no, they're gonna insist that you have that, which is terrifying, at least for me and for many people who are listening to this show and care about what they're putting in their body. For me, it hits home because my uncle went into the hospital, he had pneumonia and he was dead set against having the COVID vaccination.

He shouldn't have had it. He was very, very ill. I don't think you should get vaccinations when you have compromised immunity in any way. And so when he went to the hospital, he said, No, I haven't had my vaccine. The family

was very concerned because the, the hospital was so adamant about him getting this vaccination, so they were scared to leave him there alone.

And then, sure enough, as soon as the family left, he received the COVID vaccination. He died of a stroke two days later. And he resisted, he said, No, no, no, I don't want this. And yet it was still given to him at some point. I want to talk about how families and how patients can speak up for themselves when they're being intimidated, when they're being coerced, like even saying you're not going to get the treatment you need unless you get this vaccination. What are your thoughts on that?

Dr. Julie Siemers

I think, number one, it's horrifying that that happened to your uncle. We know our bodies best the way God had it and described it because I fully think that this analogy is so perfect. The physician is there to help guide us. They aren't there to make the decisions for us. And speaking of the COVID vaccine, there was not enough research on that. And now, years later, they're finding all of those really bad outcomes that happen to a lot of people by getting the vaccine, your uncle being one of them.

I was always taught in nursing school that if you do something to a patient they don't want, that's considered battery. That's really against the law. It's easy to feel intimidated, especially when you've got healthcare providers insisting on things. But they are wrong many times. Yes, they've gone to medical school. I'm not denying the education. But there is more than one opinion on different, as you know, right? On different therapies, on different medicines. Some people don't want anything artificial. They believe in the body regenerating and healing itself, given the proper nutrients, et cetera. And that's an important point too.

80% of medical doctors do not receive nutrition training in medical school. And so if the institutions like Big Pharma are supporting medical schools and

helping write the curriculum, of course, what do you think the number one priority is? Is diagnosing diseases, and then what pill or what medication do we give, which totally, as we know, causes so many complications on its own. You listen to any of those commercials on TV for any medication, and there is a list of complications that shouldn't scare anybody from taking anything.

Dr. Wendy Myers

I'll be honest, if I get into a car accident, I wanna go to a hospital. If I have a family that has a heart attack, I want them to go to a hospital for sure, even though I'm all for and teach natural modalities. But I'm honestly scared of going into a hospital. I'll be perfectly honest, because there are so many infectious diseases. There are so many mistakes, and also because of the coercion of the vaccinations and how adamant many nurses are. Even when I had my child, the nurses were so adamant about doing the Hep B or doing whatnot for a young baby that's one day old. It is just completely insane to me. What can people do if they are in a situation where they're dealing with a nurse or a doctor who is trying to coerce them into doing any type of procedure or take a medication that they're concerned about to be firm and then escalate?

Dr. Julie Siemers

Each hospital has a chain of command with the nurse, the charge nurse, the house supervisor, and an administrator on call. I would escalate your concerns up the chain and try not to leave your family member, 'cause as you mentioned, when you guys did, that's when it happened, which is super scary.

Dr. Wendy Myers

Okay, great. How can patients choose the best hospital? Hospitals vary wildly in their quality of care. What can people look for when choosing a hospital?

Dr. Julie Siemers

I would choose right now when you're healthy. But there is a website that's nonprofit-based, it's by the Leapfrog Group, and it's called [hospitalsafetygrade.org](https://www.hospitalsafetygrade.org). You go on, you put in your zip code, and you can pull up the two or 10 hospitals in your area, and you can see that they're rated A through F, just like high school and college grades and papers. You can see the different categories and they're all safety, patient safety related. There are about 22 categories, um, and subcategories. You can look and see, oh, how does this hospital do? Number one on the overall grade, I would never go to a D or F hospital, period. I would be really reluctant to go to a C-rated hospital. But even the A-rated hospitals and Bs, you can go in there and see they do really well in certain areas, like it's red, yellow, green.

They do, let's just say, really well in preventing MRSA infections or C difficile infections, but they don't do well or they're in the yellow or red in postoperative blood clot prevention or postoperative respiratory difficulties, pneumonia, let's say. So you can go there and I would specifically ask my surgeon if I was gonna have surgery. How do I know, number one, that you are going to help me or help my mom if she's having surgery, prevent her from getting a blood clot? Well, we have a procedure, it's prophylactic. We put them on blood thinners. We put the SCDs, the sequential compression device that squeezes the legs to make sure the blood flow is still going. Then I would feel good about that. But if he or she doesn't have any processes that they follow to improve patient outcomes, I may look at another place. I may look at another provider.

Dr. Wendy Myers

Okay, great. I don't want to lead anyone astray. I have a lot of concerns about going to hospitals because I know so much about natural healthcare and I have so many tools around me and know exactly what to do to treat infections and a lot of different software and diagnostic tools and BioE tools that I use for my own health, which is like the complete antithesis of what

you're getting in the hospital. I know there are a lot of amazing hospitals and amazing doctors and amazing nurses that really, really care, and people get incredible results for the most part when they're going to a hospital.

So I don't wanna bash doctors or nurses or anything like that. We need emergency care and all that stuff. So what are some of the tools that you can share with our listeners to help them navigate the healthcare system?

Dr. Julie Siemers

Honestly, the best thing you can do is become informed and become educated as best you can. That's why I wrote my book. It came out last October, a year ago, and it really gives specifics: what are normal vital signs? What does it mean if the patient's heart rate is fast for longer than 10 minutes? What does it mean if there's a neurological change? Like, for example, dad was with it and knew me this morning and this afternoon he has no idea who I am. That's a problem. I think the other thing really is to be engaged. So one of the tools I share is the three Ps. Be present, be polite, and be persistent. So we can't sit back in the corner and just assume everything's gonna go well. We have to become engaged and get involved and ask those questions [and offer to be a help helper to the nurses or doctors.

The other one I share is the cuss words. I talked about this on my TEDx talk that came out a few weeks ago. And that stands for concerned, uncomfortable, scared, and there's a safety issue. So if you use one of those four words as a tool, when you are really concerned and you want to get their attention, you want them to pay attention to you and you need them to investigate further. I'm really concerned because my husband's foot is cold, and the other one is warm. He had surgery on his knee. Somebody needs to come in and take a look at this. I'm really uncomfortable. That really is the verbiage to use to alert the healthcare team. There's something going on that they need to pay attention to.

Ads 26:51

I wanna say a couple of words about one of our Myers Detox Podcast sponsors, Qualia Senolytic. It's a cutting-edge formula designed to help your body eliminate senescent cells, also known as zombie cells. These outdated cells hang around draining your energy and slowing your workout recovery, and causing all kinds of havoc and mayhem. Backed by clinical research, Qualia uses nine plant-based compounds that support joint comfort, sharper focus, and better aging naturally. And here's the kicker, you only have to take it two days a month.

It is simple, backed by science, and validated by research. You can try it risk-free with a hundred-day money-back guarantee. Go to qualialife.com/wendy and use code Wendy to get 15% off. You wanna try Qualia Senolytic. This is something that I've been taking. It's part of my anti-aging protocol, because getting older doesn't have to feel like it.

Dr. Wendy Myers

I think it's very easy for people to just not want to educate themselves, not wanna deal with it. I see this like say when I'm talking to my mother, she was 78 and ask her, what medication do they want to put you on? Do you know what that's for? They want to put her on cholesterol medication and she doesn't really understand that. The lab tests they're giving her are not really the right lab test to determine if someone should be on a statin or not. I see a lack of understanding, a lack of wanting to learn about the different medications, whether you should take them or not, you know.

I see this regular going to the doctor. I see the doctor starting to push different medications on my mother, and so I see what's what. I can only imagine in a hospital when there's lots of drugs coming at you that they want to give you, and how overwhelming that could probably be to have to look up that medication, what it's for, what are the side effects, is that really needed and

whatnot. I think a lot of people don't really have any understanding or desire to learn what medications are and what may be needed or what's a different approach. There's a lot to learn. I think people need a guide like your book.

Dr. Julie Siemers

Yeah, there is a lot to learn. The statistics aren't great, and again, not bashing the healthcare system 'cause I'm grateful for it too. I'm a part of the healthcare system, but it really is, again, asking those questions and just making sure you have an understanding. Another example I'll give you is when I was in the hospital with students and teaching them how to care for patients, we had a lady who had returned with compartment syndrome. She had knee surgery. She was already on a blood thinner for her heart rhythm, atrial fibrillation, so she was on a blood thinner for that.

Well, they sent her home on a different blood thinner because of the knee surgery to prevent DBT or deep vein thrombosis. Well, with the double dose of blood thinner, she bled into that surgical site, and it cut off the circulation. She almost lost her leg because of the decreased circulation because of that blood in that compartment between the muscle and the fascia. So again, it's asking those questions, oh, that's a blood thinner. Oh, well mom already takes one. Does she need both? And that could have prevented just a simple question. You don't need a nursing degree or a medical degree to really understand when you ask the right questions and then do your research.

Again, that relationship communication breakdown is responsible for 70% of patient harm. So we're looking at both healthcare providers, communication between a doctor and a nurse, or a doctor and a doctor, or the radiologist. But we're also talking about patients, families, and the healthcare team because there are so many things you can notice about your family member that may be really nuanced, but you're like, something's not right. And you sharing that and expressing that might make the difference between life and death. When you say something is wrong with my son, somebody needs to check him.

Dr. Wendy Myers

I think it's really important to listen to your intuition, listen to that inner voice, because I think it's very easy for that to be brushed off, like, oh, that's normal, or, oh, we'll check that later, or whatever the case may be. I've seen just so many situations where you really have to be persistent. You really have to be irritating to someone, especially if you're dealing with a doctor who has like a big ego. He's the boss that he calls the shots. And I think that can be a tough barrier to break through and you have to be very persistent, very and very firm.

Dr. Julie Siemers

Yeah, you do. And do it in a way that it's not combative as well.

Dr. Wendy Myers

It's polite so you don't get pushback from that.

Dr. Julie Siemers

There was a study done a couple of years ago that said one in four Medicare patients who go to the hospital suffer some kind of harm, and then another study to support that was one in 10 of all age populations suffer some kind of harm in the hospital. So this isn't rare, unfortunately. Medical instruments during surgery are left inside the body. I had a friend reach out a couple of weeks ago that said they found a six-inch retractor in her mother's abdomen a week after the surgery. She kept complaining of pain and at first they blew her off and said, oh, well you just had abdominal pain surgery, of course you're gonna have pain.

She goes, no, it's not that. It's something different. It's directly right here until they found it. And so again, it's just those things to be aware of. Wrong body parts are operated on. Somebody asked me, oh, isn't that just Hollywood? Like

in the movies? It's not really real. I'm like, unfortunately it is real. Just a couple of weeks ago it came out, and there was a lawsuit. A man who went in for right knee surgery had his left knee replaced instead of the right knee. There are safeguards that are supposed to happen to prevent that, like surgical checklists and safety checklists, but sometimes the teams don't use them. It's not mandatory. And I'm thinking, why wouldn't they, if that was your mom or your brother on the surgical table, wouldn't you wanna make sure all the boxes are checked? It's so sad.

Dr. Wendy Myers

I can't even imagine that. I've heard of many stories like that and it just seems really hard to imagine. But it's certainly a family member couldn't prevent that, unfortunately, except maybe just reviewing things with a doctor over and over and over. Poorer surgery. What is the name of your book?

Dr. Julie Siemers

It is called *Surviving Your Hospital Stay*. The tagline: *A Nurse Educator's Guide to Staying Safe and Living to Tell about it*.

Dr. Wendy Myers

You also do education for practitioners as well, correct?

Dr. Julie Siemers

I do. I've built courses for nurses in the hospital, and I directed them mostly at nurses in the hospital because there have been several studies over the last 25 years, the first one in 2006, and then a decade later in 2016, and then in 2021. What they did was they did a five-hour exam for these newly graduated nurses who had already passed their boards and gotten their license. And this five-hour exam, part of it was written, part of it was application-based, like in

a simulation scenario, here's your patient with congestive heart failure. Here's the scenario: what would you do?

And what they found out was that in the first study in 2006, only 35% of those nurses with a license were safe, competent, and practice-ready. That's a little frightening. In 2016, it had fallen to 23%, and in 2021, it was only 9%. So we're going in the wrong direction. And this was a really big study. It was over 5,000 participants, over 21 different states, 41 different schools, so it wasn't any particular region. That just tells me that we're falling down on the job somehow. Some way of really educating to make practitioners safe and competent, and it's not just nurses. The ecri is another nonprofit foundation. Their report on 20 March, almost a year ago, March 2024, said their number one patient safety concern was that practitioners from medical school, respiratory therapy pharmacists were not safe and ready for practice.

Dr. Wendy Myers

Wow. That really does not give one big vote of confidence when going to the hospital. But my heart really goes out to nurses because I know that they give so much and their job is so demanding. I've never understood the work hours, like why they need to work 12-hour shifts. Why can't they just work eight-hour shifts and you just have more employees? I just have never really understood that at all. Do you know why that is?

Dr. Julie Siemers

It's so challenging. I have a TikTok channel that I try to inform and educate, and then, I repost on Instagram and Facebook too, and I get so many comments about how heavy the workload is. People call in sick and then they wanna help. So they stay over, they work overtime, they're understaffed. It's so challenging out there. I also read another report recently that 25% of all new nurses leave the profession within three years. We're already understaffed. We

already have a couple of hundred thousand RNs short and they're just not staying in the profession. Something's gotta change. It really does.

Dr. Wendy Myers

There definitely needs to be some advocacy for changing the status quo at the moment and if anything, just to serve patients better, to improve patient care. Any other parting words or anything we haven't touched on that you wanted to explore?

Dr. Julie Siemers

I'll tag one comment I guess, on what we're talking about with staffing. The average hospital spends between 13 and 15% of its operating income on patient harm. Just take a medium-sized hospital in Austin, their operating income for 2023 was \$88 million. So even if we go really conservative and say, they only spend 10% of that 88 million on patient harm, that's almost \$9 million. Staffing is usually cut because the workforce nurses take up the majority of a hospital's budget. But what about if we take that a million or 2 million and hire more nurses, have better staffing, your patient outcomes would improve. To me, that's just being proactive instead of reactive.

Dr. Wendy Myers

Are you saying on patient harm, is that like preventing patient harm, that's the amount of money spent on that? Or is it treating patients who have been harmed?

Dr. Julie Siemers

It's either lawsuits or it's maybe a nurse doesn't recognize that a patient's in respiratory distress early enough, and now they have to go to the ICU. Well, CMS or insurance doesn't pay for an ICU visit because that was unplanned. That shouldn't have been part of getting your gallbladder taken out. So that's

not covered, but that's really considered patient harm if we didn't catch it and see it and treat it before it became, you know, an intensive care issue type of thing. So I think there are multiple ways, or healthcare-acquired infections. We're paying now for extended length of stay, or unfortunately, if someone gets an infection and then gets septic, now they have to go to the ICU and now it's really gone into this pretty intense therapy to whether it be medication or support in the ICU to get them well, and a lot of them don't survive.

So it's complex like we talked about before. But I think to close, what I would like to say is I have hope. I really believe that the more informed we become, the more educated we become, the more we can stand up for ourselves and our families. We are going to shift the landscape. It's still stuck in that old culture, as you were mentioning before, where the doctor knows best and they're on a pedestal, and we don't question.

We have to, and we must. So I think a take-home point would be if you're fearful to speak up, think about the consequences if you don't speak up, and look at it from the perspective of I'm here to help. I'm here because I love and care about my family member, and we need to do this together. And that's really what my TEDx talk was about, is that working together to rebuild the healthcare system so it's a safer place for all of us.

Ads 40:38

For anyone listening who really wants to detox their body, go to heavymetalsquiz.com. I created a quiz for you. It only takes a couple of seconds and it's based on some lifestyle questions. You can get your toxicity score and get a free video series that answers all of your frequently asked questions about how to detox your body. Check it out at heavymetalsquiz.com

Dr. Wendy Myers

I think also advocating for yourself begins with requesting from the doctor before you're in the hospital, requesting from your doctor your test results, your lab results, and looking at those and getting them analyzed or learning what they are learning, what your cholesterol number is, or your blood pressure level, and just know your stats, get a continuous glucose monitor, know your blood sugar levels, know what's normal and healthy for you, and explore your options for medications or a natural treatment or supplement, and start treading those waters now so that you're more informed before you get into a hospital, maybe you can look more with more of an educated eye at your test results.

It doesn't take a tremendous amount of time. But I see a lot of people like my mom just totally in the dark and not requesting those numbers, not knowing what tests are really done or not just being told like she was told she's diabetic. And I was like, okay, well let's just see about that. We got our continuous glucose monitor. She has better blood sugar levels than I do because she gardens and cooks all of her own food. She did, but the doctor wanted to put her on a diabetic medication. It's just crazy to me. And she might have done it had I not intervened to say, well, wait a second, let's investigate a little bit more here.

I think just those kinds of things, just looking at some things, some critical thinking, asking questions really goes a long way to improving our health outcomes and maybe even preventing having to go into the hospital.

Dr. Julie Siemers

I was just gonna say that the hospital really is the last place you wanna be. And if we can take care of our health and do all those things that we know we're supposed to, like moving and eating right and putting out the garbage out of our diets is really gonna go a long way. But I think putting that together with the advocacy for yourself and your loved ones is so empowering, and we

are so fortunate to have people like you who have these podcasts and share information about other alternatives.

50 years ago, we didn't have chronic disease. And 50 years ago, we didn't have half the medications that we do built by or developed by Big Pharma, and they're a profit machine, we know that. So live healthy, take control of your health, your body, your mind, your spirit. I think we'll all be in a better place.

Dr. Wendy Myers

Well, thank you so much for coming on the show. Why don't you tell us what your website is and where people can learn more about you and explore your work?

Dr. Julie Siemers

Great, thank you. It's drjuliesiemers.com. My socials are Dr. Julie Seamers as well, I have blogs. I'm on LinkedIn as well. I write articles. On social media, I share little tips, a couple of minutes every day of how you can be aware of what's going on out there and how you can stay safe. But in reality, I'm just here to share my knowledge. I am eager to learn still. So there are so many things that pop up, but I think we're just building a community to help keep each other safe and healthy.

Dr. Wendy Myers

Yeah, absolutely. Well, thank you so much for the work that you do and I really hope you guys listening out there that this opened your eyes to be preparing before you or a loved one has to go to the hospital and give you some tools when you're in there. When you're under a lot of stress in the hospital, it can be really difficult to make the right decisions. You could make decisions that can end your life or a loved one very, very quickly. I think it's really important

to learn about the information that you have and get your book. It's a whole minefield of things that you need to learn.

Dr. Julie Siemers

But you're right, it's being prepared before the stress and the anxiety because when we're in a situation that we're hearing some news that shocks us, we're not really gonna be prepared to deal with that unless we've built up a foundation about ourselves and our bodies.

Dr. Wendy Myers

Well, Julie, thank you so much for coming on the show. Everyone, I'm Dr. Wendy Myers. Thanks for tuning in to the Myers Detox Podcast. I love having these guests on every week to help you make those distinctions and give you those tools that you need to make the best decisions for your health. So thanks for tuning in every week.

Disclaimer

The Myers Detox Podcast is created and hosted by Wendy Myers. This podcast is for information purposes only. Statements and views expressed on this podcast are not medical advice. This podcast, including Wendy Myers and the producers, disclaims responsibility for any possible adverse effects from the use of information contained herein. The opinions of guests are their own, and this podcast does not endorse or accept responsibility for statements made by guests. This podcast does not make any representations or warranties about guest qualifications or credibility. Individuals on this podcast may have a direct or indirect financial interest in products or services referred to herein. If you think you have a medical problem, consult a licensed physician.

