

A Caregiver's Survival Guide- How To Help Yourself

This podcast does not provide medical advice. Please listen to the complete disclosure at the end of the recording. Hello everyone and welcome to Everyone Dies, the podcast where we talk about serious illness, dying, death, and bereavement.

I'm Marianne Matzo, nurse practitioner, and I'm going to use my 43 years working, I guess it's almost 44 years, Charlie, to help answer your questions that you happen to have about the end of life. And I'm Charlie Navarette, an actor in New York City, and here to ask questions that you may have while listening to our broadcast. And if you come up with questions that I don't think of, please feel free to contact us at our website.

But we're both here because we believe that the more you know, the better prepared you are to make difficult decisions, especially at end of life. So please relax, get yourself something, a little decadent to eat and drink,

and thank you for spending the next hour with Charlie and me. In the first half, we have our recipe of the week, which is just like two all-meat patties, special sauce, lettuce, cheese, pickles, onions on a sesame seed bun.

That sounds familiar. And in the second half, I'm going to talk about ways to help you accept the diagnosis of a loved one and what you could do to help them. And in our third half, Charlie has a report about brain scans of a dying man that suggested that his life flashed before his eyes.

So Charlie, what's for the funeral lunch this week? Well, wouldn't it be a good idea to have a theme for a funeral lunch? Yes, it would! It was a rhetorical question, but thank you for speaking up. It's good. Yes.

You're brilliant. Because then that defines the whole idea of a potluck. But stay with me here.

What if the deceased really liked the whole barbecue food array? Yeah. Then again, what if the deceased was a vegetarian? What if it rains on your barbecue? Should a boy kiss a girl on the first date? I just don't know these things. But come to think of it, you don't usually see a grill anywhere around at the funeral lunch.

So, problem solved. Unless there is a do-it-yourself cremation. So you mean to be cremated on the barbecue grill? It would take forever.

Ever. It would take forever. Forever.

So, with no barbecue in mind. Don't try it at home. No, please don't.

Do not try it at home. No. It was just a random thought that should never be repeated.

Charlie, put the gas grill away. I'm sorry, what should never be repeated? Step away from the grill. Step away from the gas grill.

Well, with no barbecue in mind, follow this week's recipe so you can serve cheeseburger. Cheeseburger pie, that is. Cheeseburger, cheeseburger, cheeseburger.

All you need is, well, dead meat and your oven. With a sprinkle of sesame seeds and alternating layers of ground beef and melty American cheese as opposed to the asbestos-like stuff. This whimsical pie looks and tastes like a classic cheeseburger.

Not a fan of American cheese? Communist. No problem. You can substitute any type of cheese.

The pie will serve six and is sure to be a delight, from ketchup to mustard to mayonnaise and relish. This pie is packed and topped with all your favorite fixings. The family and other guests will surely be

impressed by your fun reinvention of the classic burger.

You know, I made this the other day for lunch. Oh? And it was really beautiful. And I thought it tasted good.

David was less of a fan. I don't know, because it tasted, I'm telling you, it tasted just like a cheeseburger. Because it had the pickles in it, it has mustard in it, it has mayonnaise in it.

I thought it was good. Yeah, I'm sorry, I don't see. So does this have a crust? Yeah, it has a pie crust.

And then the top of it, you lattice it with, and then you put sesame seeds on it, so it looks like one big mother of a hamburger. Yeah, I would so prefer to go out and get a burger. Well, I'm not saying.

And I understand, it's not for everyone, yes. But if you're going to a funeral lunch and

there's no barbecue grill and they really want to have hamburgers and hot dogs, I mean, I don't know of a hot dog pie, but, you know, now that I mention it to myself, maybe there'll be a recipe one day for hot dog pie. Please don't let that happen.

I'm writing it down, as a matter of fact. No! Hot dog pie. It's written down, so it is said, so it shall be done.

Next! No! I crack myself up. Yeah. I don't know if I should tell people to go to our recipe, to go to our webpage for the recipe.

Come on. All right. Come on, buck up, America.

Do it. So, please go to our webpage for that recipe and additional resources for this program. We hope you will follow us on Facebook and Instagram and remember to rate and review this podcast.

We are a licensed nonprofit organization and we depend on the kindness of our beloved listeners and always appreciate your donations, which are tax deductible. Yay! If you find this podcast to be of help to you, please go to our webpage to donate so that we can continue to provide quality shows about serious illness, dying and death, and bereavement. You can contact us at www.everyonedies.org. That's every, the number one, dies.org. Marianne? Thanks, Charles.

So, you know, nobody can really prepare us for the experience of providing care for a seriously ill family member or friend. When someone close to us gets sick, there may be a sense of chaos or urgency or confusion and details must be agreed upon, phone calls have to be made, appointments kept. And illness has a way of sweeping the rug out of, out from under us.

Some illnesses are chronic and part of our loved one's day-to-day existence and others

are, you know, they pop up suddenly. There might be a suspicious lump, a questionable lab result or an accident and suddenly we're in this world of illness. But if you're the caregiver, caregivers who can accept the course of a loved one's or care receivers, I'll use those words interchangeably, of their illness, learn to cope with its many challenges and then savor the time that they still have left with one another.

Those people who can do that are better able to cope with whatever is going to unfold. So how can all caregivers achieve this level of flexibility and adaptation? And I thought today, Charlie, I'd kind of give you some strategies that would help you get through this and, you know, not only survive, but thrive through a difficult diagnosis. So here's some strategies.

First, you might think this is obvious, but love them. What about them do you find to be lovable? You know, maybe it's their perspective on life that's different from most

other people or their politics or their culture, their music or their literature, the movies that they like. Remember what it is that you love and focus on those things.

The illness is there, yes, and the chronic care is there, yes, but that person is there. And you love them. Second is acceptance of the situation and accept rather than rebel against the reality.

Don't look at the situation as a problem, but rather as a challenge. What can you do to help your loved one cope and maybe even improve? When you help, you're going to feel good and that adds to your strength too. Three, look forward.

Don't allow yourself to dwell on the past, like this is what Robbie used to do or used to be able to do and now he can't. Well, rather think of each day as a baseline and what they're able to do that day and about how you can move forward from here. Fourth strategy is called daily writing.

And these are, what I'm going to suggest to you are these three-minute exercises. Now, Albert Ellis's Rational Emotive Behavioral Therapy is a theory or a therapy that's based on the idea that it's not the things that happen to us that cause our problems. It's our thoughts and our thinking behaviors that lead us to the cognitive, which is our thinking, the emotional, which is how we feel, and the behavioral, which is how we act, issues that challenge us.

So this idea is captured in the acronym ABC. How did they ever think of this? Clever, clever. Yeah, yeah, totally creative.

So A is the activating event or the adversity. B is our beliefs about the event, ourselves, and the world in general. And C are the consequences of our emotions and behavior.

So Ellis believed that far too much emphasis was placed on the activating events, the A, and that most of the consequences were

determined, you know, the C, the consequences were determined by our beliefs, the B. So his model helps you to identify the thinking that's dragging you down. For example, I must solve this. It's going to be a catastrophe.

My whole life is a mess. Then I write why such demands, such awfulizing, the two global evaluations are wrong. And maybe you're not going to feel better while writing these three-minute exercises, but over time, the positive ideas become more in the front of your brain, top of your mind.

You'll move in a more positive direction. Now, when you look in our show notes, I gave you lots of resources, a lot of them free, that you can learn about this ABC model. All you need is a piece of paper and a pen and three minutes of writing every single day.

There's also a book, and I gave you the link to that if you want to purchase the book. But when you're going through a serious illness

with somebody, you're typically talking about years. So you do, yeah, you read about people who've diagnosed with, let's say, cancer, and four days later, they've died.

But that's nowadays mostly rare. Typically, you're talking about weeks to months and often years of being in a caregiver role. And so this kind of self-preservation, these kinds of habits, like a three-minute exercise, are helpful to get you through that.

The next thing, number five, is scheduling your time that you're going to be the caregiver or schedule your time with your care receiver. You can each morning tell them how much time you can devote to them, but that you also need some time for your own work. This starts the conversation, and you can find out what your loved one needs from you.

If, instead of that, you just play it by ear, you're going to end up spending all of your time with them, and you're not going to get

your own things done. And you might be saying to yourself, oh, but they're very, very sick. They need my constant attention.

Well, yes, and you need some attention too, or you're not going to be able to be in a caregiving role. Absolutely. Which brings me to number six, which is home care.

So when possible, hire people who specialize in home care, people with limitations. Now, there's this website, Charlie, called Nextdoor. It's all one word, Nextdoor, and I gave you the link in our show notes.

They can help you find people in your own neighborhood who are willing to come in and help out for a fee. And it might be easier to go through something like Nextdoor, depending on your financial situation, than to go through formalized home care companies or visiting a nurse association, those kinds of things. But check it out.

Look within your church. Maybe there's volunteers. When I was a kid, Charlie, I was in what was called the Legion of Mary, which sounds like a militant group, but it was a volunteer group, and people would contact and they'd send out these teenage girls to do volunteer work, and I would go and I would visit this elder lady who had no indoor plumbing and she always went to the bathroom before I left, but I would spend time with her.

And her family knew that at least that hour a week she wasn't alone. And so these are what I guess I'm talking about here. This is self-survival.

So you do need help and think of creative ways that you can have some time for yourself. Even if you're going to go pull weeds in your garden, you need time for yourself. Next thing is be willing to take support from friends and relatives.

I know that when you're going through situations like this that you and your loved one, you kind of become this insular kind of bubble. It's just the two of you, and it's like you know how to do it all the best. And yes, you do know how to do it all the best, but that doesn't mean that friends and relatives can't come in and do it well.

It might not be perfect the way that you want it or exactly the way your loved one is used to it, but it's still help. And your friends and your relatives want to be able to have something to do to help you, so let them help you. It can be very helpful and supportive to have friends who are interested and with whom you can even talk about the situation.

Helps to remember that you're not doing this alone. I think where the problem comes in is that if you're always turning to that one same friend or that one same relative, it can be burdensome for them. You kind of have to spread the love around in terms of who you're talking to and what's going on.

So think about that too. Next, it's obvious, but a lot of people don't do it. You need to keep yourself healthy.

There are data that show that caregivers frequently die before the care receiver because the caregiver isn't taking care of themselves. They're not going to their doctor's appointments. They're not getting their own prescription filled.

They're not walking and doing the things that you need to do to stay healthy, and that'll have a negative effect on your health. And in fact, like the data show, you may end up pre-deceasing the person who's sick. So if you have a significant physical or mental problems, you're not going to be able to help your loved one.

You need enough sleep. You need your exercise, and you need a healthy, preferably plant-based diet. So in our resource section of this podcast, there's an article about how

to decrease the amount of time it takes to fall asleep, how to improve your quality of your sleep using meditation.

And there's no charge. There are free meditations that you can do. There's, I don't know, I think maybe five different ones.

So if one works really well and then it's like, oh, this isn't working so well for me anymore, do a different one. It's okay. You don't have to pick one and stay with it forever.

But those meditations really can be helpful. Next, regularly step out of your situation so that you're not constantly immersed into it. Speak with and get together with friends.

You can go together as a couple and get together with other couples. Your loved one might be sick. It might not be like it was before they got sick, but you can still go out with friends.

You can still go over to another person's house. You can still do other things. You might say, oh, it's just not worth the effort to get out.

But trust me, once you're out, you'll say, well, I'm glad we did this. It's just sometimes hard to get your head around getting out the door and making it happen. Remember to continue to engage in your passions so that you can still feel like you.

You don't want to totally give up who you are. Now, the next one, Charlie, is going to be maybe a little controversial for how we think about things. But in a situation like this, when you're talking about long-term caregiving or being with somebody on that road of illness, in those situations, positive thinking can be negative.

Positive thinking can be negative. Many caregivers are saddled with the belief that if they stay continuously positive, it gives them the best chance of warding off the effects of a

care receiver's illness. They refuse to entertain more negative thoughts as if they could be potentially harmful.

But positivity not based on reality is self-delusion. I hate repeating things, but I'm going to say that again. Yeah, repeat that.

Positivity not based on reality is self-delusion. It prevents caregivers and care receivers from taking necessary steps to face the challenges of caregiving squarely, head-on. It maintains short-term happiness at long-term risks.

If you say, yep, they've got this cancer diagnosis. I'm not picking on cancer today, but I guess I am. They've got this cancer diagnosis, but we're going to beat it.

We're going to fight it. We're going to do this, and we're going to do that. Well, yep, go ahead, but also look at the data.

There are some cancers that we do not have cures for. Being that positive in a situation

that is not going to have the outcome that you want can be very difficult to maintain that rah, rah, rah. Then your care receiver, the person with the illness, is like, oh, okay, we're pretending this isn't as bad as it is.

Let me kind of pretend that everything's okay, and everybody's pretending that things are okay, and you're missing the opportunity to say and deal with the reality of the situation. You can deal with the reality of the situation without being continuously negative, but deal with the reality of the situation. The correlate to positive thinking can be negative is that negative feelings can be positive.

Negative feelings can be positive. Some caregivers believe that expressing negative emotions, such as sadness and worry, can increase stress and guilt felt by care receivers and hurt them, too. I found this out, Charlie, when I was taking care of my sister.

My oldest sister wanted to have this wedding reception for my niece, and it really wasn't

that far before, let's say, my sister's actual death, so she really wasn't feeling well, but she was a highly creative person, and she liked things just so. So I'm at the venue with my sister, and getting things together, how she wanted it, and she wanted the kids' sandwiches. We were making ham and cheese sandwiches, but she wanted them cut out into stars, so they're serving ham and cheese sandwiches to these little kids.

She wanted them cut out into stars, and sort of that was my job, and I am not the creative one in the family, and I wasn't doing it right. My sister had a peritracheal tumor on top of everything else, so she couldn't talk, but she'd like what my nieces would call mad whisper at you. It's not funny, but we'd call it the mad whisper, and so she was mad whispering at me because I wasn't doing these sandwiches right, and I said, you're driving me freaking crazy.

So here's my sister who's like 90 pounds if she's anything now, and I know she's

extremely sick. I know she has metastatic cancer, and we're doing this wedding that she wants to be a certain way, and she's driving me freaking crazy, and part of me felt really bad for saying, you're driving me crazy, and she just looked at me, and she just laughed at me because she didn't care. She was driving me crazy, but it taught me a lesson about how it made me realize that we kind of tiptoe around people who are really, really sick, and you don't want to say to them, you're driving me nuts.

Knock it off because they're really, really sick, and like what if then tomorrow they die, and the last thing you said to them was you're driving me crazy. You don't want that to be your last words, but when caregivers are constantly upbeat, and their loved ones often feel prohibited from expressing any twinge of sadness or anxiety, that doesn't make them cheerier. It makes them feel more alone with their conditions and their emotions.

It's better for caregivers to show their negative feelings with care receivers and consequently draw closer in commiseration. At that moment with my sister, we just looked at each other and then just laughed because the whole thing was so ridiculous, and it could have been different if I hadn't told her she was driving me nuts. I could have just been, uh-uh-uh, and she knew she was driving me nuts.

It wasn't the first time it was my sister. At least you gave her some happiness at the end. You know, I do my best.

So the next thing is accepting isn't despairing. Despair is defined as the complete absence of hope. So despair is the complete absence of hope, but that's not the usual result of acceptance.

When a caregiver can reflect upon all the implication of a loved one's condition, then you're taking command of caregiving to the best of your abilities. Make decisions based

on the awareness of facts. Meet day-to-day problems by generating solutions that are realistic.

That doesn't lessen hope for living a life of the highest possible quality. It increases it. And lastly, I think this is lastly, yeah.

Lastly, accepting can be cherishing. Living with acceptance that a loved one is declining doesn't sap enjoyment from time spent together. It intensifies it.

There is something about having an awareness of the care receiver's vulnerability that focuses the caregiver's mind and makes time itself more precious. We do our best with eyes fully open. We take in our loved one for as long as we can.

Afterward, we cherish them and all we did to try to help them. Nice. Any thoughts or questions about that, Charles? Yeah.

Just what I kept thinking when, remember, I don't remember which Dirty Harry film, but at one point Clint Eastwood said, you know, man has got to know his limitations. And you know what? It's the same with this because, yeah, you can't always put on a chipper, very positive attitude. I mean, that's who you are all the time.

Okay, fine. But most people are not. I don't have any chipper all the time friends.

Yeah, it's like I would. I don't attract those kind of people. Yeah, neither do I. That's why we love each other, Charlie.

Because we drive each other bananas. That's true. Yes, you're right.

No, it's just that. I mean, I often tell people when they're going through stuff, I go, listen, you need to know your limits. You know, what works for you? What doesn't work for you? And literally you just have to sit down and,

you know, by yourself, literally just say it out loud.

Talk to yourself, talk out loud. Okay, this is what I can do. This is what I can't do.

And in my experience I've seen as you're talking out loud, other thoughts come to mind, but that's good. Then you know what you're capable of, what you're not capable of, what you need help with. And like, Marianne, you were saying, you just need to ask for help sometimes.

Mm-hmm. That can be the hardest thing for some people. Yes, absolutely.

Yeah. So, you know, know your limits. And you might not be aware of what they are, so you're taking care of someone else.

You need to take care of yourself at the same time, too. Like you were saying. It can be humbling to realize that you have limits, too.

Oh, absolutely, yes. Like you think you're Superman, but, you know. But then there's that pesky kryptonite.

So, yes. See, yeah, exactly, right? Hello? Hello? That's what I'm talking about. So there's the kryptonite and Lois Lane.

So right there. And, you know, kryptonite's going to kill you. Lois Lane, it's like, oh, I really shouldn't do this with an earthling.

But on the other hand, wow, I'm also an earthling now, too. And my heart just keeps beating. And what am I going to do? I guess I'm digressing here, aren't I? Taking a metaphor too far.

Just a titch. Yeah, just a titch. Yeah.

But, yeah, just that. You know, ask yourself, what can you do? What can't you do? Speak out loud. Write notes.

Whatever works for you. And it's okay. Yeah, it's okay.

It's all okay. And, again, like you said, Marianne, sometimes. It might suck, but it's okay.

Yes. Yeah. Sometimes you're just not going to want to be there.

And that's okay, too. And that's why it's good, then, to have someone else. And I understand.

Or a martini. Or a martini, yes. In this day and time, sometimes there is no one else.

Or the other person is halfway across the country. You know, make your support. You know, if you attend church or just hang out with friends, even just occasionally just to hang out with a friend, and just vent and go back to taking care of your loved one.

But you have to take care of yourself, too. Or you can write to us. We're at mail at everyonedies.org. Oh, my.

Yeah, perfect. Write to us. Absolutely.

Vent at Charlie. He loves this stuff. Oh, I live for that.

Not really. But please, no, really, please write. I mean, we're on Facebook.

People express themselves. Go for it. Absolutely.

Vent. Don't let that stuff build up inside of you. Not healthy.

Nope. So what do you have for our third half, Charles? Well, death. This sounds interesting.

Death. You know, I wouldn't have anticipated that on a podcast called Everyone Dies. How did you ever think of that? It came to me in a dream.

Oh, awful. Tell me more. Both Bridges would go on to remain Jeff Bridges' older brother.

to study how to conquer brain death via Haitian voodoo magic. Theorizing that the brain is active after death, Carl is not happy. He has a drink Martin has laced with a Mickey, poisoning him.

As Carl lies dying, Martin injects him with serum and watches his brother die, taking sibling rivalry to a new high. This is really dark, Charles. Oh, it gets better.

Carl's body goes through a morgue routine while he is having an interior monologue, proving the serum works as his brain is alive while his body is dead. And his brother demonstrates cranial surgery to the students. I'm sorry.

He's about to do that when suddenly Carl jumps up alive and in one piece. But his body has been so traumatized that it collapses and

he died from a heart attack. Martin tries to bring Carl back to life, but this time around the serum doesn't seem to work to bring him physically back.

Except, on Melos de Martin, Carl's mind has not died, only his body, proving that a brain can function after death as Carl experiences his own autopsy. That's horrible. But this is not to be confused with death.

So let's segue into some anecdotal reports of near-death experiences from the Sydney Morning Herald, that a study suggests your life really does flash before your eyes when you die, when the parts of the brain that store memories are the last to be affected as other functions fail. Researchers from Hadassah University in Jerusalem analyzed seven accounts of such experiences, obtained from in-depth interviews. Research on how those who have had near-death experiences suggests that the phenomena rarely involves flashbacks in chronological order, you know, like you see in Hollywood movies.

The part of your brain which stores memories is the last to lose function, which the researchers believe is the reason why people's lives flash before their eyes. Participants said that there was rarely any order to their life memories, and that they seem to come at random and sometimes simultaneously. Near-death experience has been reported in situations where the brain transitions toward death.

These are described as intense and surreal and include wide-ranging memory recalls, transcendental and out-of-body experiences with dreaming, hallucinations, and a meditative state. There is speculation that the brain may generate a type of memory replay inside the unconscious phase, moving back and forth between memories. What happens when our brains die? So, you're minding your own business when suddenly you hit the trifecta and your heart, breathing, and consciousness all stop.

Keep in mind, this is not the same as a heart attack. The experience, commonly referred to as cardiac arrest, you can throw in a near-death experience, is not well understood. Experimental animal studies, oh those lucky rats, have shown increased activity after cardiac arrest, particularly in the area of the brain called the gamma band, also known as the fastest brain waves in your brain, which happens when blood stops flowing in your brain after cardiac arrest.

To no one's surprise, there are no studies on this in people. But, by a happy accident, happy accident defined as you weren't the patient, there was a continuous electroencephalography, EEG to you and me, recording from a dying human brain, obtained from an 87-year-old patient who went into cardiac arrest after blood vessels, and not just a few, burst in his brain. Cross-frequency coupling, hey, this is a family show, we'll have none of that.

So, this cross-frequency coupling showed modulation in this gentleman's gamma band, even after cessation of the cerebral blood flow. In other words, his brain took a licking and kept on digging. And for the Star Trek fans in the audience, he's dead, Jim.

To quote Frontier Science News, these data provide the first evidence from the dying human brain in a non-experimental, real-life acute care clinical setting and advocates that the human brain may possess the capability to generate coordinated activity during the near-death period. Oh my, so what happens to our brains when we die? Remember the happy accident of the dying man being hooked up to an EEG? Neuroscientists have recorded the activity of a dying human brain and discovered rhythmic brainwave patterns around the time of death that are like those occurring during dreaming, memory recall, and meditation. Imagine reliving your entire life in the space of seconds, like a flash of lightning.

You are outside of your body, watching memorable moments you lived through. This process, known as life recall, can be like what it's like to have a near-death experience. Similar, but remember, it's not the same.

A new study published in *Frontiers in Aging Neuroscience* suggests that your brain may remain active and coordinated during and even after the transition to death and be programmed to orchestrate the whole ordeal. The previously mentioned 87-year-old patient developed epilepsy, was strapped to a continuously running EEG to detect the seizures to treat him. During these recordings, the patient had a heart attack and died.

This unexpected event allowed the scientists to record the activity of a dying human brain for the first time ever. Dr. Amal Zemar, a neurosurgeon at the University of Louisville who organized the study said, just before and after the heart stopped working, we saw changes in a specific band of neural oscillations, so-called gamma oscillations.

Remember that phrase from the second paragraph? Well, you got a better memory than me.

Brain oscillations, commonly referred to as brainwaves, are patterns of rhythmic brain activity in human brains. Gamma oscillations are part of high cognitive functions such as concentrating, dreaming, meditation, memory retrieval, etc., just like those associated with flashbacks. Dr. Zemar speculates, Through generating oscillations involved in memory retrieval, the brain may be playing a last recall of important life events just before we die, like the ones reported in near-death experiences.

Adding, While this study is the first of its kind to measure live brain activity during the process of dying in humans, similar changes in gamma oscillations have been previously observed in rodents kept in controlled environments. This means it is possible that, during death, the brain organizes and executes a biological response that could exist across species. Before you start

popping champagne corks, keep in mind these measurements are based on a single case from the brain of a patient who had suffered injury, seizures, and swelling, which throws a wrench in the works.

Dr. Zemar plans to investigate more cases and speculates, Something we may learn from this research is, Although our loved ones have their eyes closed and are ready to leave us to rest, their brains may be replaying some of the nicest moments they experienced in their lives. We'd like to think that this is, in fact, true. That's fascinating.

Yeah, really. Again, they just put this EEG on this gentleman's head just to monitor his seizures, and by coincidence, he happened to die while the EEG was running, and they captured all this. So with that, please stay tuned for the continuing saga of Everyone Dies, and thank you for listening.

Like sand through an hourglass, so are the days of our lives. This is Charlie Navarrete,

and with a shout-out to the Ukrainians who epitomized the words of Miljano Zapata, I would rather die standing than live on my knees. And I'm Marianne Matzo, and we'll see you next week.

Remember, if you change your thinking, you can change your life. And every day is a gift. This podcast does not provide medical advice.

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