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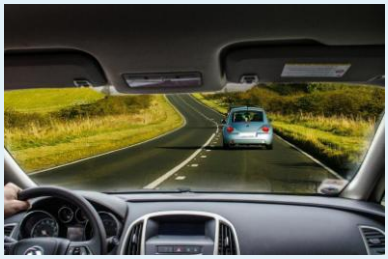
BE THE SQUEAKY WHEEL IN YOUR OWN DRIVING ISSUES



I have been rewriting, finalizing the Driving guidance book, as there is more intention to get us elders off the road. It is a very different book than the one started three years ago, and rewritten after fires, evacuations, and lost flash drives while traveling. Now I am seeing more stereotypic thinking as more of us emerge- seen as "the gray ones", increasingly limited in

OLD ADAGE AND QUESTION:

"It is my birthday month and I will cry if I want to . . . "
Old 60's song. Actually, I will cry out!

AT THIS STAGE IN YOUR LIFE, HOW CAN YOU BE MORE OF A SQUEAKY WHEEL?

Answer: Lubricate with insightful humor and self-awareness of your need to be ONE! Here is the earliest poem attributed to a Josh Billings around 1870 in a putative poem, according to Wikipedia.

Here it is:
I hate to be a kicker
I always long for peace
But the wheel that squeaks the loudest
IS the one that gets the grease

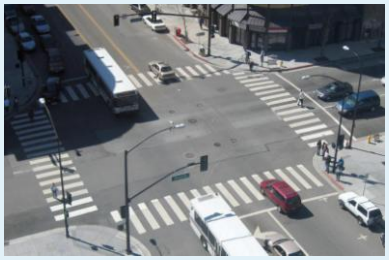
Billings was humorist of the kind I promote. The humorist sees what is ridiculous or absurd in messages we give ourselves, and as a society, and takes personal action in a positive influential way. At all ages, it is important to get others to pay attention, and sometimes to BE that squeaky wheel when you need to be one. Do it with good will and humor rather than outrage and whining.

As elders, we need to stop what is happening to us as consumers of healthcare, finance, technology, and life extension in general.

In this issue let's look at being the squeaky wheel in two very important areas to fight for rights!

capacity to drive, which conveniently gets us off already crowded roads. Our biggest problem is that we drive safely, follow the law (driving slower, are civil drivers and are victims resulting in over 5000 annual deaths and injury in over 221,000 people a year not to mention the cost of response. Consider that actual "war" creates less casualty averages over time.

Most important advice: Be careful what you tell physicians you do not know well, and ask about medications you are taking, and whether they impact driving. Check AAA/ AARP sites for Drug and Driving information. Be cautious about questionnaires intended to see how often you have problems. After several decades you probably have many of these issues that will cause you to be considered a dangerous driver. If you get reported, it can be a major hassle. Don't just squeak -squawk.



We are not the cause of most accidents. We are the victims of poor driving incidents, mostly at intersections where running red lights, and passing us illegally are a problem.

The 2016 "Squeaky Wheel" in National Highway Safety

1. As a medical "patient-in-training "to get good, unbiased excellent health care;

2. As a driver, fighting any stereotypes about your ability to continue driving, and maintaining control over decisions <u>others</u>are making about you and your abilities to remain mobile.

FIRST: BEING THE "SQUEAKY" WHEEL IN YOUR OWN HEALTH CARE

Emerging research and statistics tell us how essential it is to manage your doctor as a partner in the delivery of your services. In this day and at your age, one must be a **BE a "patient-in-training"** (taking charge of your own treatment) and communicating as much as you can about what would help the system serve you and protect you. You may have too much misleading medical history.

Focus your "provider team" on what it currently happening to you in the delivery of your care AND including the excessive waiting (overheard comment to a senior: *"You have time to wait, you have nowhere to go,"* confusing comments, or having to repeat your story to many people before you get to where you need to go and then it is still wrong. Send in written suggestions, do not just complain verbally. Those will be lost in an emotionally dangerous moment.

Now, faced a limited supply of time-crunched physicians, new categories of nurses, complex systems of recording facts, know you are environment of extreme fears of litigation and wrong-headed medical decisions, including liability for excess medications and effects. Be a wise and more "patient-patient" but draw attention for what you need.

Too much information can send the system down wrong tracks, and result in more tests and medications. Avoid sharing suspicions of serious illnesses you have heard about unless you have real symptoms or real needs for more drugs.

Be aware of doctor's guided by generalized statistics and profiling. Another adage, *"There are lies, damn lies, and then statistics,"* as quoted by Mark Twain.

I once taught statistics in the social sciences. The goal of measurement is to create categories which can also be misleading and lead to stereotypes and fallacy. One recent article made it important for all ages to be a "vigilant patient" and referred to a statistic: *"Patients who take time to manage their own care save up to 13% of their life expectancy and are 21% less likely to be hospitalized." Oh, how we obsess with these lower numbers while seeking*

announcement NHTSA: 01:17 includes three things which have increased deadly accidents and are not about seniors as a group. In fact, we are likely to be known as a group to follow the law. *(A good stereotype we need to promote)*

- Speeding
- Distracted driving - phones and other things
- Alcohol and drug interactions and abuse
- No seat belts (including accidents while driving and trying to put them on)

We need to stay in control of our driving skills, including vision care, hearing, and general health needed to drive safely and vigilant. It is predicted that 75% of drivers over 75-90 will be still driving by 2050, numbering over 50 million drivers.

BE the Squeaky Wheel! Keep lobbying for safer roads and more enforcement.

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perfection. **This approach reallysuggests that we are not managing our own care 83% of the time, and 79% more like to end up in a facility.** And here's how to be the squeaky wheel:

1. Seek out and use word-of-mouth referrals to find doctors who DO listen to and give you the time you need;

2. Fewer elders can have a *regular* doctor. When making appointments, offer to send in description of symptoms electronically, and bring in that list of what you are doing and taking. Keep stories and history to a minimum - *less is more;* ask to have this list attached to your file.

3. Because Electronic files now replace those fat files and records of tests, and Scribes enter it, ask for a copy sent to you or to a person you trust. (Note: According to one article, scribe as a medical career will reach 100,000 by 2020-offering a great shared part-time job for retired medical personnel)

4. Be a sensitive, and not aggressive or insulting OWL-Well trained, compassionate doctors are the experts you need now, and they have feelings and are under lots of pressure and control.

5. Most important: Be your own preventive doctor by taking care of your emotions, your eyes on the lookout, your diet, and your outlook, keeping it positive rather than grumpy, negative, or fearful of speaking out.

The "good news"-good healthcare professional groups prefer patients who take charge of their own care. If they don't or won't, find clinics where they value partnering with you and let you make informed decisions about proposed actions, tests, and drugs. Ask those important questions. **Get the grease you need.**

Tell your colleagues and friends and bring them along. There is follow-up coaching included.

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