Pat: Hi, this is Pat Iyer with Legal Nurse Podcast, and today I’m going to be speaking with Linda Fostek, whom I met at a conference run by the Women’s Prosperity Network. Linda is a bestselling author, an international speaker, and an educator who focuses in on getting off the “worry-go-round.” We will hear more about what the “worry-go-round” is in a minute. She helps to focus by giving resources that help you deal with and ward off potential disasters in your life. I know we all want to hear more about that.

Linda is involved with the Women’s Prosperity Network. She’s the leader of a couple of chapters. She’s based in New York, in Long Island, and has had personal experience with having disaster step into her life and having to cope with it.

I asked her to talk to you as a legal nurse consultant because the cases that you work on involve sudden, abrupt changes in people’s lives, whether that’s from an injury from a car accident, a slip and fall, a medical mistake, or an allegation of a medical mistake. I don’t think we often think about what happens to family members and people whose lives are turned upside down. We know what happens according to the medical records, but what about behind the scenes when suddenly somebody is taken out of a typical role and needs to be able to cope with the changes associated with that?

Welcome to the show, Linda, and thank you for joining me.

Linda: Thank you so much for having me today, Pat. I’m really thrilled to be here.

Pat: Great. I know that we talked a little bit before the show to help formulate the direction of the show, and you identified yourself as a crisis planner. First of all, it’s funny in one way because many crises
cannot be planned, but let’s talk about what you can do as a crisis planner. What did you do in coming to this role and to this realization that you needed to help people with this aspect of life?

Linda: Basically, as the crisis planner I help people really be prepared for the unexpected events in life. Just as you said, an accident can happen. You can suddenly become ill. These kinds of things, you can’t exactly plan for when that’s going to happen. While most of us know planning is an important thing we should do, many of us wait until we’re in a crisis situation. Unfortunately, if you wait until you’re in a crisis, you tend to have less options available for you. Literally, you will make bad decisions in a crisis situation because you’re in a panic situation, so preparing for a disaster before it happens seems to be the best way to approach disaster that I have found.

Whatever preparation is required for a natural disaster like a hurricane is the same preparation that you will need to have in place for a car accident, for a job loss, for an injury, a disability, or even the death of a loved one. The planning is exactly the same, it’s just thinking in advance about what you would want.

Pat: I’m thinking about your topic as I recall what happened last Friday. There was a very prominent man in my church who kind of knew he was living on borrowed time. He has an extended family around him. He went into the hospital Friday with a headache, the worst headache of his life, which we in medical care know means that he had some cerebral pathology, and he died within a few hours after admission of an aneurysm. He was perfectly fine on Wednesday, on Thursday, on Friday morning, and then all of a sudden, he’s dead. His family is now coping with this sudden, unexpected death.

Tell us about how you got to recognize how important being able to plan in a crisis or plan for a crisis is. What happened in your life that made you interested in this?

Linda: Actually, my whole life has been about this. I was a Girl Scout, so that was “be prepared.” Everybody had to be prepared. I lived overseas for a period of time and traveled extensively to some pretty remote areas
where planning before you left was very important. Making sure that everything was in place at home and at the same time also making sure that you brought a couple of things you needed with you whether it be a first aid kit and a roll of duct tape but having the things that you needed with you in case of an emergency.

I’ve always kind of been a planner. I got that because my dad was an engineer, and every vacation was like an expedition. He would plan out, “Okay, let’s get up at 6:30. We’re going to drive 250 miles, spend four hours at Zion National Park and then we’re going to find a campsite.” It went on like that for 30 days, so I got a lot of the planning from my dad. When he was 70, he actually saw a lot of his friends losing a spouse. As an engineer, he was preparing for that. He actually wrote a book called “The ABC’s of Home Renovation.”

Unfortunately, it looked like something an engineer had put together. He didn’t know what to do with it or how to market it afterwards. It sat there for years.

Years later, I’m at an event where Kevin Harrington was speaking. He’s one of the original Shark Tank show judges. He owns the brand, as you know on TV, and somebody has to pick from the 50,000 items he gets presented. He picks the items he puts his name on. He said if he saw something that filled a need, he felt compelled to put it to market. At that moment, a light bulb went on over my head. I said, “Us baby boomers really need to be planning because now we’re dealing with aging parents, and we’re seeing our own mortality.” I was at the time dealing with a disabled husband, so it was very real to me. That’s how the crisis planner really came into being.

Pat: You said you were dealing with a disabled husband. How did that change your role when it came to these issues?

Linda: He had diabetes for over 20 years, and as he became sicker and sicker his last eight years. His disability became more and more noticeable. He had back issues. He had all kinds of muscular issues, in addition to things that are typically associated with diabetes, such as heart disease and both the sugar and weight issues. He just had a lot of things going
on. I always told him I was collecting a chair because I felt like when you sit down and collect the chair when it starts to go down and you know it’s going and you’re “We got it, no we don’t. Yeah, we got it.” You think you saved it, but eventually it does ultimately go down.

He ultimately ended up on dialysis with complete renal shutdown. We were doing dialysis at home, which actually improved his quality of life tremendously as opposed to doing dialysis in the center. It gave us really wonderful quality time together. I think for me as the caregiver, it was very important to have goals for myself that I was taking care of me as well as taking care of him.

Pat: It sounds to me like you were very supportive and spent a lot of time, I’m assuming, taking over some of the responsibilities or discussing responsibilities that he could no longer do himself. I think for many people, we are strongly into denial that this is not going to happen to us, that we will never be expected to take on responsibilities that somebody else in our household is currently doing. How do you get around that denial?

Linda: The thing about it is that it can happen to any of us at any moment. Somebody we love or even we could become disabled to the point that we need somebody that we love to take care of us, and it happens like that. You said you just lost this member of your church to an aneurysm. Well, if he had survived, that could have been even worse because that’s almost like a living death.

I have a friend whose mother had an aneurysm and has been in a vegetative state for almost two years now. That’s a horrible outcome to the family. You have legal documents and things that aren’t settled, and your family is trying to sort through all of this. It helps if you have everything prepared beforehand, like my husband—he planned his whole funeral to what speech is going to be read by the minister. He sat down with the minister and had a wonderful conversation with the minister about what was going to happen at his service.

We had both been grieving the loss of each function together and I think that’s something that happens frequently when you’re a caregiver. You
grieve the loss of each function, and once the person is released, you’re both free. Actually, you know that they are in a much better place. I was able to move forward because everything had been done. All the legal documents were done. Everything that we needed to do beforehand was done, and it makes it so much easier for your loved ones. It’s probably the greatest gift you can give to your family, to have those things in place. Unfortunately, some of these things get overlooked.

In fact, recently I had a conversation with somebody whose college-aged child had gotten sick, was in the hospital, and the parents were not able to make medical decisions because the child was an adult. The parents had no legal standing to make any decisions for the child. That brought to mind that really for your college-aged kids who are still dependent on you, you need to have your power of attorney, your living will, and your healthcare plans in place for them as well. That way should something happen to them, you are able to make decisions for them. That was a real eye-opener to me.

Pat: That’s a great point. I remember when my son was 16, and he went to the emergency room with pain in his stomach. The ER nurse asked him if he had a living will, and he looked at her like she was speaking Greek. She very quickly realized that she was way over his head, and it was not appropriate to talk to him about a living will. I think the question scared him more than the pain because in his mind she was saying, “If you die in the emergency room, what do you want us to do?” He was not in any way thinking about that. Having those conversations with people in your family regardless of their age is really critical.

Now he survived that trip to the emergency room, thank you very much. That was 15 years ago and he’s still alive and well, but at this point we have never discussed his wishes. Would he want to be on a ventilator if he stopped breathing suddenly, would he want artificial nutrition? Those are the kinds of important things that are covered by a living will or having a healthcare proxy who could make those decisions for you.
**Linda:** You, as an RN, deal with those kinds of things where people don’t have those things in place, and then what happens is the family argues. “Mom would want this” or “Mom wouldn’t want this” and then, God forbid, the person passes away without the legal documents in place. Then the arguments escalate to money. Siblings never speak to each other again after this because nothing was written down, nobody talked to anybody, nobody knew what the wishes were. It can be so easily avoided just by having those conversations with the people that you love.

One of the most important things that I stress is putting all of your documents together and communicating what you have to your important family members. They don’t need to know how much is in an account. They don’t need to know anything but where to find the information, and you’ve got everything written down, so you don’t have any of the arguments or discussions if you don’t choose to. My parent’s generation, the greatest generation, they never wanted to talk to anybody about money. They were afraid their kids were going to take everything from them. They lived through the Depression. To them, that was not a conversation they wanted to have.

It’s getting them to write things down and tell us where to find it. You don’t need it now. Probably the most important document that they do need to tell you is if they have is a long-term care policy. That was one of the saddest things that I worked with, a family whose father had Alzheimer’s. They had kept him in his home as long as they could with aides, and finally it had gotten to the point where they had to put him in a nursing home.

They signed over the house to Medicaid because they had no more money to pay for his care. The nursing home was $15,000 a month. When he passed away a few months later, that’s when Medicaid wants you to sell the house and clean out the house to get their money. They were cleaning out the house and found a long-term care policy in the bottom drawer in his bedroom that nobody knew about.

If you have long-term care, please make sure you tell your loved ones that you do have a long-term care policy, so they know where to find it. The other
thing is to make sure you have designated somebody to be notified if for some reason you stop paying your long-term care policy inadvertently. Say dementia or Alzheimer’s makes you forget to pay it. Make sure that somebody in the family will be notified so that policy does not lapse. If you have paid into it for years and years, and then you allow it to lapse just before you need it the most, it’s a sin. It really is a horror. Make sure that you designate somebody to be notified and that the family knows that actually you have one.

Pat: That’s a great point. I did another podcast with Debby Johnson, whose husband died suddenly. His life insurance policy was going from $100 to $500 a month. He decided that was too expensive and canceled his insurance policy. Two months later, he dropped dead and there was no money. The policy was gone.

Linda: That happens so often. People don’t realize the ramifications of doing that. They say, “It’s so much money. I can’t afford it,” but can you afford not to have it? What does cancelling that policy mean for your loved ones or your family? If you cancel that policy and then suddenly drop dead, your family has nothing, and that truly is a nightmare, especially when he had a policy before.

The other mistake people make is they don’t put the same level of insurance on the spouse who may be the stay-at-home wife or the person who makes less money or income. They don’t get the same level of policy. Because if the homemaker or the stay-at-home spouse is suddenly not there, you have expenses for taking care of the children, transporting the children, and doing all the things in the home. You need a housekeeper, and you need all these people to provide the services. You’re going to spend a lot more than you would have spent on an insurance policy. I think most people don’t understand the value of having that policy in place.

Pat: Can you tell us about a method of designating your next-of-kin, which is using the word “ICE.”

Linda: “ICE” is “In Case of Emergency.” You need to have some place where you actually record and list those people who you want to be
notified if something should happen to you. There are a number of ways. I have three different types of ICE.

You’ve got your phone ICE. In your phone you have emergency contacts. Those are your ICE contacts. Some phones have a really easy way of accessing them even when the phone stops. It will have an emergency tab come up on your phone. You can hit that, and the emergency contacts come up. Some phones you actually have to set it up as an ICE contact. In my phone, what I do is I take the first name and I write “ICE” in capital letters and then the first and last name. On the last line I put their relationship to me, and then I put the phone number. I usually will put their cell phone number, their home phone and their work phone if they have all three so that those people will be contacted. I want to have that relationship also marked.

There’s refrigerator ICE. People laugh when I say refrigerator ICE because in the old days people used to keep their jewelry and money in the refrigerator. They would put in the freezer, but refrigerator ICE is an envelope that you have attached to your refrigerator and it’s labeled with the word “ICE” across it. In that, you have your emergency contacts, your doctor contacts, your medical condition and your medications. You can put a copy of your healthcare policy, your living will, and your power-of-attorney in there. If you are rendered unconscious, and emergency services come into your house and there’s nobody there, they’re going to look on your refrigerator for that kind of information. That kind of gives them some really awesome information about you.

My mother-in-law is a diabetic and my father-in-law was not. He wasn’t at that point. He started to have dementia. She would have a low sugar episode where she would pass out. He thought every time that happened that she had a stroke, but it was just low sugar. He would call EMS, and they would come. He would say, “She had a stroke,” but it wasn’t a stroke at all. If they had that ICE envelope on the refrigerator, they would have known to check her sugar first to see where she was. That’s the kind of information that can be very beneficial, especially with difficult diagnoses, immediately with EMS.
They would know it’s low sugar right from the beginning. They can treat you differently than if you’re a stroke protocol.

Then you have your regular ICE file with all of your important documents in a grab-and-go box. That’s all your legal documents, your insurance documents, your financial documents, your banking information, your credit card information, your passwords for your computer. Your personal items like your license, your passport and all of that should be in your file. Anything having to do with the house, your deed, your title and your survey. All of those important documents should be in your ICE box as I call, which is a grab-and-go box that you can grab if there’s an emergency like a tornado, a hurricane or a fire. You can grab and go and take it with you.

You will have everything you need to rebuild and construct. Your family, if it’s a personal emergency, like a medical emergency or something, they’re going to be able to access the documents they need to make sure that everything is taken care of. “ICE” is really “In Case of Emergency.”

I often recommend that people have a copy of all those documents on the cloud and in a safety deposit box as well. You really want them in three places. If your home is destroyed, you still have two copies. If your town is destroyed, you still have the cloud. In case all three are gone, then you don’t need it anyway because we’re in much bigger trouble than we thought.

**Pat:** That’s right and those three places again are the house, the bank and the third place was on the cloud.

**Linda:** In the cloud. There are secure vaults in the cloud. You can get a secure place that’s separated, and all password protected where you can actually upload documents and keep them there. That can be very helpful when it comes to making sure that you can access things that you need when you need that.

**Pat:** I know that you have touched on this a little bit, but could you spell out the benefits of having this kind of documentation in place because
I know there are listeners who will say, “That’s a lot of work to put all that together. Why should I bother?”

Linda: There are three problems that are inherent in any disaster and that is full recovery. The average recovery time after a natural disaster such as Hurricane Michael that you just had in Florida or the fires they just had out west, the flooding they had in the mid-west is 10 years before a community completely recovers from disaster. Having your documents and having everything together can accelerate that recovery significantly for you as an individual.

We all know families that after Mom dies nobody is talking to each other or they’re arguing because Dad just had a heart attack and he’s unresponsive. “Do we resuscitate? Do we intubate? Do we put a pacemaker in? He’s 95 years old, what does he want, the feeding tube as you mentioned. A lot of arguments go on because nobody wants to pull the plug on Dad, but if Dad says, “I don’t want any of this to be done,” then you can all sit there and hold his hand, be there for him and make the transition a beautiful event instead of one that’s unpleasant.

The final thing that you will avoid by having things in place is the chaos, frustration, fear, anger, and overwhelm that occurs when you’re in the middle of a disaster. You won’t have to think about, “What do I need to do?” You won’t be sucked into making a bad decision. You will have thought through a crisis. “We have the second opinion. We made an informed decision. We did what we needed to do, and now this is our plan, and we’re going to execute it.” It makes it so much easier when you actually have a plan in place.

Yes, it can be overwhelming, but how do you eat an elephant? One bite at a time. You take one bite at a time. You look at, “Okay, the first thing I need to do is get my legal documents in place.” That may be something you have to budget for because legal documents cost money. You want them done right and you want to understand what those documents mean. If you have a disabled family member, you
need to have some sort of a special needs trust set up for that disabled family member.

You need to have the right advice, so basically if you’re a senior, you want to know the care attorney who’s well versed in elder law to tell you that you want an irrevocable trust, which is a Medicaid trust. A revocable trust is a regular trust that’s a tax shelter. An irrevocable trust is a Medicaid trust and that’s different. That shelters your money from Medicaid in terms of your home and things like that. That has to be seven years prior to you needing it or five years prior to you needing it. There’s a look back for this. I think it’s five years in most states at this point, but you need to plan ahead if you want to protect assets and you want to protect your family. It is worth it.

I can tell you with hands down I lost my husband last year and I lost my mom last year, having everything done made both of those transitions bearable. I was able to be a daughter when my mom was in hospice. I was able to be a wife when my husband was passing. It makes such a difference instead of saying, “Oh my God, what do I have to?” Everything was in place and it makes a huge difference.

**Pat:** Tell our listeners what type of services that you offer with people who are grappling with this issue and how can they find out more about those services?

**Linda:** I have several books that outline different things that you can do. The simplest one is actually a workbook. It’s called *And Now What?* It’s a little workbook. It’s not overwhelming and it’s a great place to start organizing your information. I also have an entire home planning system that’s extensive for home owners. It helps them organize information for tax planning purposes when they sell their house, for insurance purposes if they ever have a loss. It’s so that they know what the heck they just bought when they buy a house.

Most home owners say when they say they buy the house, it’s the happiest day in their life and the scariest. Now they’re like “What do I do?” It tells them what they can do when something goes wrong and when to call in the professionals, how to minimize damage.
The simplest thing you can do from the beginning is to find those documents that are important and get those together first. You probably have a lot of this stuff already done, which is really good and then find out the things that you’re missing, and then fill in the blanks.

The best way to reach me is actually at the www.thecrisisplanner.com, which is my website. You can purchase any of my books and my home planning system there, or you can reach me at lindafostek@thecrisisplanner.com. I will be delighted to hear from anybody.

Pat: Thank you Linda. You have certainly made me think about the need for documentation, and I purchased one of your systems. My husband and I have blocked off time next month to fill out the forms and get that information documented.

You have been listening to Pat Iyer and Linda Fostek talk about planning for a crisis, coping with a crisis and putting a system in place so that it’s so much easier and faster to recover from a crisis when you know where your papers are and you have got them securely saved so that you can access them when you need them.

Thank you, Linda, for being on the show.

Linda: Thank you so much for having me Pat. This has been delightful, and I’m so glad I was able to share this valuable information with your listeners.

Pat: Absolutely and to you, our listeners, thank you for being here and listening to Linda Fostek and me talk. This is Legal Nurse Podcast and we will be back next week with another interview. In the meantime, be sure to go to iTunes and like our show, add a review and tell other legal nurse consultants about the podcast. That’s it for now.

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