

## Foreword

About two years ago, I accepted a new cardiac patient. Normally this is nothing unique or exceptional. I have a practice with offices in Peoria and Sun City, Arizona. All of the patients I see are suffering from some form of coronary artery disease (CAD) or congestive heart failure (CHF). My patients, like most cardiologists' patients, exhibit a wide range of attitudes as regards how well they comply (or don't comply) with the directions they receive. There is nothing special about my practice in this respect.

This new patient, Warren Selkow, was different from any I had ever seen. He wanted to know everything. He literally challenged me to explain why one course of action was different from another prescribed regimen and, more importantly, what he could expect. He also, reluctantly, agreed to enter the Wellness Clinics that are part of my practice. These clinics provide both a patient education experience and a unique clinical approach to chronic disease management. After our first few visits, I started to get a different "vibe" from this man.

It turned out he had good reason for being so demanding. He had survived two very serious open-heart surgeries and he was still in the process of getting his life together, this several years after the last surgery. He had made the mental leap that survival was not easy and one of the key factors for success was a complete understanding of the underlying problems.

One day, unsolicited and unexpectedly, I received a monograph from Mr. Selkow entitled, "Confessions of a Foodaholic." In about fifteen pages, my patient had created the start of a "core" curriculum, not for doctors, but for patients. Not only that, the insights and advice given in this short piece applied not to heart patients, but to sufferers of many chronic diseases including renal failure, pulmonary disease, and diabetes. This was important, as many heart patients suffer from more than one illness.

In our first visit after I received this monograph, I asked him why he had written the work. His answer was alarmingly simple. "If I had only known all that stuff at the outset of my illness I would have avoided much aggravation and grief. Nobody tells you. You are unprepared. You live a hard life thinking you are alone and nobody else has suffered the same things. I think this paper could help others understand, prepare them, and make life a little easier."

I asked him if he could expand and expound on the work. He went away grumbling about not wanting to get too involved, as he was too lazy to do much work. It seems I had unleashed a tiger. All I had wanted was a more complete piece that I could use in my practice as part of my Wellness Clinics. That is not what he came up with. He kind of exceeded my expectations.

What he wrote is a definitive book on literally everything a heart disease patient needs to know. To accomplish what is essentially a complete treatise on the subject, he wrote about eight years of experiences with the disease, starting with his very first heart attack. Moreover, he applied his considerable skill to analyze and detail what he did wrong to facilitate that first heart attack and what the impacts of the mistakes were. Mostly, he pointed out where the real accountability lies for the disease.

Now it would be possible to believe the book is a sob story about one man's journey. That would be incorrect. Instead, my patient turned a steady and calm hand to the problem and wrote about it in an entertaining, concise—to the point of being blunt in some cases—and informative manner. If this were all he accomplished, the book would be very good. No, he did much more.

He knew from experience that heart disease is not lived alone, and he turned to his wife and caregiver for help. Then, from the caregiver's point of view, he spelled out all that it takes to live with the disease and how the caregiver is so intertwined in the recovery and the ongoing living process. In the sections from the caregiver, interspersed throughout the narrative, readers get advice as to what to expect and what they need to do. Recovering from and living on is a family affair, and Donna Selkow points this out in a friendly, caring, and understanding manner.

I found his approach to the subject to be extraordinary. Warren drew a metaphor using a three-legged stool to explain how cardiac care requires adherence to a complete program of diet, medications, and exercise. He convincingly makes the point that by not complying with all three legs of the stool, the foolhardy patient defeats the positive effects of the other two legs.

Warren has meticulously researched the book and provided attribution in the form of footnotes. He tells you where he got the information and carefully separates opinion and observation from fact. Not content with doing this, he persuaded many doctors and other professionals to "vet" the book to ensure it includes no misinformation. He sought out and received help from a prominent cardiac surgeon, four cardiologists, two pulmonary specialists, four primary care doctors, three internists, two physical therapists, a psychologist, a behavioral analyst, a neurologist, two college professors of cardiology, a nutritionist, a clinical pharmacist, several nurses from different specialties and lastly, from other patients. Few works receive such scrutiny. If it is in the book, it is right.

The broad range of subjects covers the entire life cycle of coronary artery disease from first diagnosis, open-heart surgery when required, recovery from surgery, living through and past the ordeal, coping with the deleterious side effects, and setting a long-term lifestyle. What is most significant is the attention given to living for the long haul. New technologies will evolve improved cardiac treatment but the basic issues of how a patient must live will remain constant and unchanging; that is what is so unusual about this work.

In addition, Warren addresses even broader areas of concern by covering how heart disease affects other chronic diseases, most notably diabetes, chronic obstructive pulmonary disease, and renal failure. Although those sections are short and concise, he paints a clear picture of what is different and similar when patients suffer from more than one chronic disease.

This book is different from any other book ever written for the following reasons: (1) it is written entirely from a patient's point of view, (2) it covers how to live with the disease for a whole lifetime and not just for the first year or two, and (3) it provides the added perspective of a full-time caregiver.

If you have coronary artery disease or congestive heart failure or if you are the caregiver for a patient, this is must reading for you.

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