

'Are We Ready to Practice Lifestyle Medicine?' The Point Is to Keep Within Bounds



To the Editor:

Rippe's article on lifestyle medicine highlights physician's lack of dedicated time and also real-life limits when it comes to 1) day-to-day medical practice and 2) the commitment of physicians to practice what they preach.¹ We deeply agree with Dr. Rippe's conclusions and we would suggest some additional thoughts.

Firstly, patients are seldom willing to hear advice about their lifestyle. We physicians have to find a suitable context and we regularly face the deadlock of conveying relevant information as opposed to meeting the patient's present query. Our daily challenge is to recognize a patient's circumstances and to grasp his/her real expectations.

Secondly and for that reason, we physicians must ponder the exemplary value of our personal lifestyle. What is the impact of quit-smoking recommendations voiced by a physician who smokes heavily? Would an obese doctor's own acute coronary symptoms really be the best example for his patients regarding the metabolic and cardiovascular benefits of weight reduction? How dependable a professional are we in our patients' eyes?

Thirdly, a more comprehensive analysis is necessary. As stated in a recent study, "*displays of excellence can paradoxically turn off the very people they are trying to inspire*".² A negative experience for the patient will result from comparing his lack of success in modifying his lifestyle to the effectiveness of such a strategy for others—including the physician.

Also, physicians may occasionally turn into patients, thus gaining a wealth of experience as teaching professionals.³ However, experiencing a condition does not automatically confer advisory authority. It is at most a step towards knowledge.

We physicians are definitely a part of our patients' environment. Lifestyle Medicine gives us the double opportunity to act as a patient and to share with our patients. As previously established, promoting wellness programs and lifestyle interventions regarding diet, exercise, smoking and alcohol use have a greater chance of being carried out collectively than when kept within the confined clinical encounter.⁴ Promoting and practicing Lifestyle Medicine is actually simple and very complex, but probably far beyond the boundaries of medical practice.

Vincent Baty, MD, MPH
William Morris, MD

*Clinique Mutualiste de Lyon, 107
rue Trarieux, 69003 Lyon, France*

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Corresponding author: Vincent Baty, Mobile: (33)674490219, Professional phone: (33)826960000

E-mail address: vbaty@clinique-mutualiste-lyon.com