

The Reply



I appreciate the thoughtful comments and kind words of Drs. Baty and Morris concerning my recently published commentary “Are we Ready to Practice Lifestyle Medicine?”¹ While I agree with many of the comments I must respectfully disagree with a few of them. Baty and Morris suggest that “patients are seldom willing to hear advice about their personal lifestyle.” This has not been my experience nor has it been the experience of many other physicians. We know that physician recommendation is one of the most powerful motivators for change. I routinely talk to my patients about the relationship between lifestyle practices and health. The danger of not talking about lifestyle is to imply that we as physicians do not care about it. That would be sending a wrong message! Of course, we need to also handle significant medical issues and complaints. In this area I agree with Baty and Morris.

Baty and Morris also comment that physicians should “ponder the exemplary value of our personal lifestyle.” I could not agree more. As I pointed out in my initial commentary, physicians who practice positive lifestyle measures in their own lives—such as regular physical activity, sound nutrition and healthy weight management—are much more likely to counsel patients in these areas. We should all be doing this!

Baty and Morris emphasize the value of practicing positive lifestyle habits to set a good example for our patients; however, I believe it is also important for the physical and mental well-being of physicians which may also help combat the issue of physicians “burnout” which has become a major problem in modern medicine.

The third point that is made in their letter is that physicians should avoid “displays of excellence that can

paradoxically turn off the very people they are trying to inspire.” I could not agree more! All physicians should be skilled in the technique of “motivational interviewing.” This technique puts the physician in the shoes of the patient and gently guides the patient to understand barriers that are currently occurring to prevent positive lifestyle measures and help overcome such barriers.

Of course, as the letter writers point out, the issues related to positive lifestyle and health should be carried out in a much broader context than simply the clinical encounter. I encourage all physicians to play a much more aggressive public health role to help other segments of the community to understand the value of lifestyle medicine.

Finally, the letter writers suggest that promoting lifestyle medicine is “probably far beyond the boundaries of medical practice.” I strongly disagree with this statement. In fact, if we are going to live up to our goal as physicians of practicing evidence-based medicine, we cannot afford to ignore the enormous evidence of positive lifestyle decisions to promote our patients’ good health. We must recognize that discussing how to employ positive lifestyle decisions is essential to the evidence-based practice of medicine!

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Reference

1. Rippe JM. Are we ready to practice lifestyle medicine? *Am J Med.* 2018;132:6–8.

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The author is solely responsible for all content in this manuscript.

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