

Healthy Doctors Preach What They Practice

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Teach medical students to have a healthy lifestyle, and they are more likely to counsel patients to do the same, according to Erica Frank, M.D., M.P.H., of Emory University, and her colleagues.

The "Healthy Doc-Healthy Patient" project, a study involving 17 medical schools, tracked the history of medical students' attitudes about health and their subsequent counseling behaviors.

Previous studies have shown that doctors tend to preach what they practice; physicians who have healthy personal habits themselves are more likely to encourage their patients to adopt healthy habits as well, Dr. Frank said in an interview.

Dr. Frank, who serves as the education coordinator of Emory University's preventive medicine residency program, and her colleagues initially collected data on 4,501 women physicians in the United

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States as part of the Women Physicians' Health Study.

The study included data from surveys of practicing women physicians aged 30-70 years, and showed a significant association between self-reported healthy habits and self-

reported counseling and screening practices (Arch. Family Med. 2000;9:359-67).

In general, primary care physicians and ob.gyns. were more likely to report patient counseling compared with physicians in other specialties.

Furthermore, physicians in group practices and those in government offices were more likely to report screening or counseling patients compared with those in hospitals or solo practices.

After adjusting for other personal and professional variables, physicians who reported healthy personal habits were significantly more likely to report counseling patients on issues such as smoking cessation, hormone therapy use, skin cancer self-examination, breast cancer self-examination, and annual influenza vaccination.

"We have seen in every behavior we've studied that if you practice a healthy behavior yourself, you are more likely to encourage it in others," Dr. Frank said.

Promoting and encouraging those healthy habits before the physicians-to-be enter practice appear to make a difference.

This theory was shown in a 4-year national natural history study in 16 medical schools, and in a 4-year curricular and extracurricular intervention project conducted with the medical school class of 2003 at Emory University.

The intervention itself included specific courses on the importance of preventive medicine for the students themselves and for their future patients. Lectures includ-

ed such topics as skin cancer prevention, tobacco and alcohol use, exercise, nutrition, and behavioral science.

"We learned a lot at Emory, including how not to make your medical students mad at you," Dr. Frank said. An intervention program for students must be sensitive to the needs and desires of the student population, she noted.

During follow-up focus groups, the students complained that the questionnaires about their healthy habits—or lack there-

of—were too long and repetitive. The surveys took approximately 30 minutes to complete and were given three times during the 4 years of school.

Extracurricular and optional interventions during the students' years in medical school included healthy-cooking classes, weekly yoga classes, e-mails summarizing prevention-related studies, and personal health prescriptions based on lifestyle reviews with the primary investigator.

Overall, the students were supportive of

interventions in which faculty members were involved, such as dinners and activities like hikes or runs.

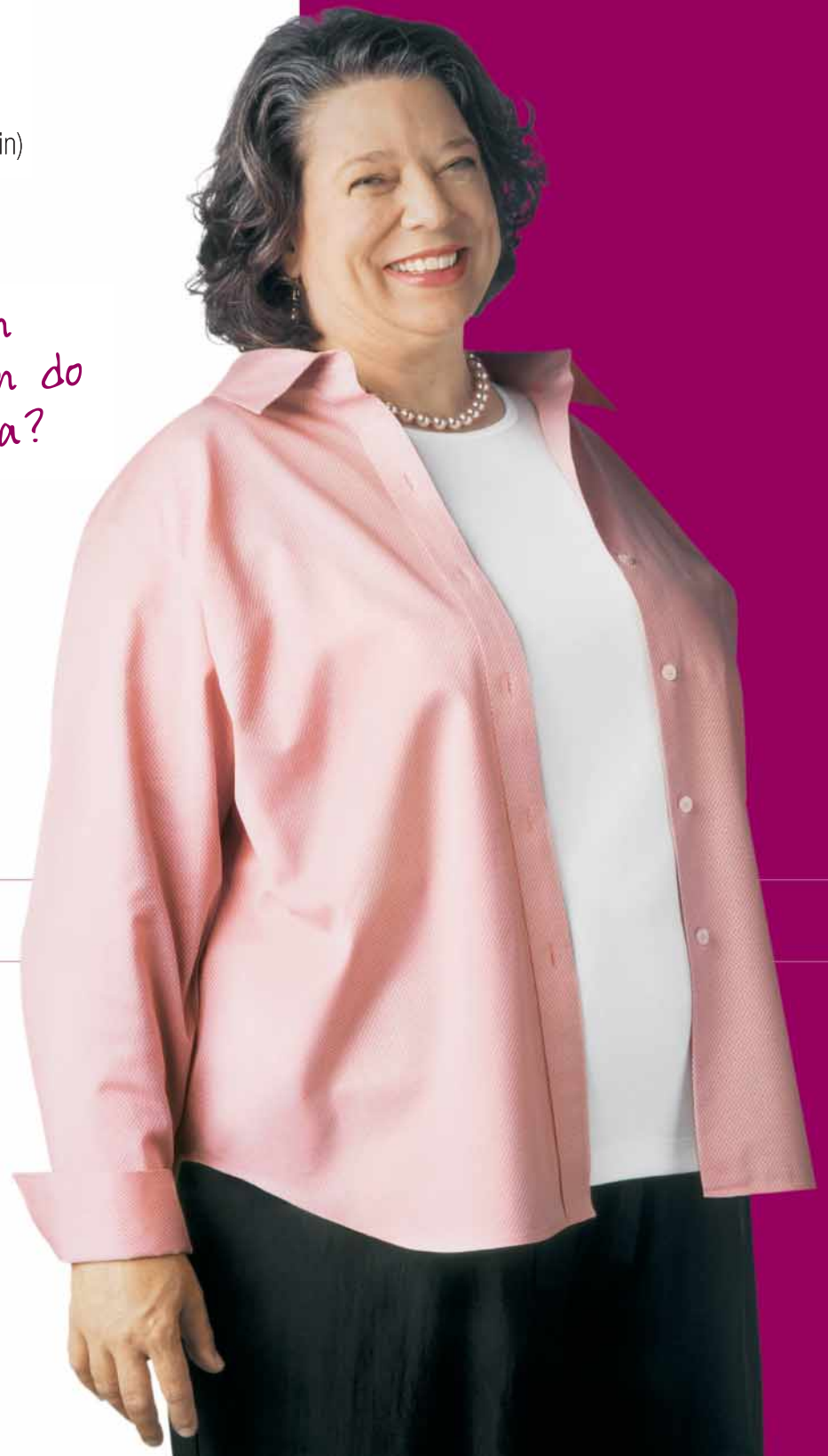
However, students also complained that they were being nagged, despite the investigators' best efforts to convey that their emphasis on student health was to produce better physicians, and not to criticize the students' personal behaviors.

Promoting good health among medical students is "an efficient and powerful way to improve the health of whole popula-

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tions," Dr. Frank said. Based on the Emory student surveys, those who engaged in healthy behaviors were more likely to counsel patients about preventive medicine.

Data from the 16-school natural history study currently under review also show that the degree to which the school encourages students to be healthy increases the likelihood that students would counsel patients about healthy behavior, Dr. Frank said.

Physicians can enhance their credibility to motivate patients to live healthier lives by spending as little as 30 seconds sharing their personal health habits, she noted.

She conducted a study a few years ago in which patients were shown two videos of a physician talking about healthy behaviors. In one video, the physician mentioned her personal health practices, with a bike helmet and apple visible on her desk. In the other video, the physician gave the same talk about the importance of diet and exercise, but without the helmet and apple, and without the disclosure of personal health habits (*Arch. Family Med.* 2000;9:287-90).

Overall, patients who viewed the physician-disclosure video rated the physician as significantly more believable and motivating compared with physician ratings

among viewers of the nondisclosure video.

But many doctors—even those with healthy habits—still balk at talking to patients about such subjects as diet, smoking, and exercise.

"A fair amount of lifestyle counseling makes doctors nervous," Dr. Frank said. "I think part of the issue is that many doctors don't want the additional responsibility of being role models, and I think that's naive, because we've got it even if we don't want it."

For instance, an overweight doctor who lectures a patient on the importance of maintaining a healthy weight is likely not

as believable as a doctor with a healthy weight, she said.

Dr. Frank continues to study the effect of healthier medical students in an evidence-based way, and she has consulted on the development of programs to promote healthy behavior among medical students at schools in the United States and other countries.

"If schools are interested in doing this, they should contact me and talk [about] how to evaluate the results," she said. "I think that this is an extremely promising new modality, but we need to learn what students go on to do. We can't test this on mice," she said. ■

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*The relative contribution of fasting and postprandial blood glucose varies with A1C range.¹

Reference:

1. Monnier L, Lapinski H, Colette C. Contributions of fasting and postprandial plasma glucose increments to the overall diurnal hyperglycemia of type 2 diabetic patients. *Diabetes Care.* 2003;26:881-885.

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