

Should doctors be role models for their patients?



Many years ago, when I was just a medical student, a relative of mine came down with an intractable skin problem. She had been to numerous dermatologists, had tried many creams and potions, and had undertaken detox diets. Her skin remained itchy and she was covered with welts. She asked me for help in finding “the best” dermatologist in Manhattan.

I agreed to help her, but discovered that the top skin expert at one of New York’s major teaching hospitals had a waiting list a year long. I leveraged a connection with one of my doctor colleagues and managed to get an expedited appointment.



On the day in question, we arrived at the specialist’s office and were placed in an examining room. As we waited, I looked around the room and noticed something peculiar: There was a little ashtray on the exam table.

After few minutes, the doctor came in. I immediately noticed that he was trailing a cloud of smoke, as if if he had hastily put out his cigarette prior to entering. The distinct odor of

tobacco wafted behind him. As he greeted us, I was struck by the fact that he was obese—at least 50 pounds overweight.

He seemed impatient as we catalogued the many treatments we had undertaken to address the skin problem. Immediately, he rendered a verdict and handed us a hastily scribbled prescription. Even though I was an inexperienced medical student, I recognized that the Rx was for a powerful psychiatric drug.

He got up to leave, but I asked him to talk to me privately for a minute while my relative retreated to the waiting room. When I questioned him about the prescription he appeared irritated, but explained: “Your relative obviously suffers from obsessive compulsive disorder—this should take care of it.” He then turned tail and abruptly headed off to the next patient.

Needless to say, we never filled the prescription. When I learned about the Yeast Connection later that year and treated my relative with anti-fungal medication and a Candida diet, her skin problems vanished.

I invoke this anecdote to buttress my argument that physicians need to be role models to inspire confidence in their patients. In spite of his great reputation, any trust I had in this doctor was undermined by his smoking, his physical appearance, and his perfunctory, uncompassionate demeanor.

Research shows that healthy physicians make better role models for patients. Whether doctors avoid smoking, eat right, exercise or maintain a proper weight can influence how they talk with patients about making lifestyle choices.

A study published in the January 19, 2012 issue of *Obesity* investigated how a physician’s body mass index influences whether doctors talk with overweight patients about losing weight. In the survey of 498 physicians, researchers found that 30% of doctors with a healthy BMI spoke with patients

about losing weight, compared with 18% of overweight or obese physicians.

A study in the fall 2010 issue of *Preventive Cardiology* confirmed that doctors who exercised regularly and maintained a healthy weight were most comfortable talking with patients about making healthy lifestyle choices.

And in a study of medical students, personal healthy lifestyle practices were a strong predictor of the likelihood that these doctors-in-training would dispense preventive recommendations

Unfortunately, doctors don't do such a good job adopting healthy lifestyles. When attendees were polled at a recent American Heart Association meeting, it was found that 4% of the doctors (presumably cardiologists!) still smoked at least once a week, only 27% exercised at least five days a week, and just 39% ate the recommended five cups of fruits and vegetables a week.

Of course, some might find a thin, fit doctor threatening; I recently spoke to a woman who said she was always happier with a gynecologist who was comparatively chubbier than her because it made her less self-conscious when she was being examined!

Our society places a high premium on role models. It's acutely disappointing when celibate clergyman turn out to be sexual predators; when Treasury Department officials don't pay their taxes; when cops are caught driving drunk; or when moralizing politicians accept bribes.

We generally expect our physicians to be exemplars of health.

I believe that, in our rush to cram facts into the heads of medical students and doctors-in-training, we ignore inculcating lessons in medical ethics. There's simply not enough time. And, surely, part of a doctor's ethical responsibility is to embody health practices that will keep his or her patients well.

Unfortunately, the frantic pace of medical education and the sometimes dehumanizing conditions under which young trainees work literally rob them of their idealism, and undermine their efforts to pursue healthy, balanced lifestyles. Studies show that young medical residents are less likely to eschew smoking, to exercise, and to avoid junk food than more experienced attendings. The result is that young doctors are less inclined to spend time promoting healthy behaviors than veteran physicians. Not a great foundation for a medical career.

Realistically, we doctors are prey to the same flaws and foibles as the rest of humanity. We lapse in our resolve, we may inherit faulty genes, and we're subject to a lot of stress. Hence—to the consternation of our patients—we, too, get sick, may become incapacitated, or die young. But even if health isn't always a clear cut merit system, we're not justified in throwing in the towel and abandoning advocacy.

I, for one, pledge to continue my efforts to be an exemplary role model to my patients, exploring and embracing lifestyle measures—diet, exercise, stress reduction, sleep optimization, appropriate supplementation and even innovative deployment of medication and high-tech medical procedures, where appropriate—to fend off disease and extend healthy longevity. Hopefully, you'll be the beneficiary of the insights I share, and will be inspired to take your health to a higher level!