

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution:

Introduced by: American College of Preventive Medicine

Subject: Lifestyle Medicine Education in Medical School Training and Practice

Referred to:

WHEREAS, Four healthy lifestyle factors – never smoking, maintaining a healthy weight, exercising regularly, and following a healthy diet – together appear to be associated with as much as an 80 percent reduction in the risk of developing the most common and deadly chronic diseases, such as cardiovascular disease, cancer, and diabetes¹; and

WHEREAS, The Bipartisan Policy Center has called for improving medical education and training in “topics such as nutrition and physical activity that have an important role to play in the prevention and treatment of obesity and chronic diseases,” since “these topics have traditionally received little attention in formal medical school curricula,”²; and

WHEREAS, Many physicians and other healthcare providers are not adequately trained in nutrition and physical activity and other lifestyle components in a way that could mitigate disease development and progression,³; and

WHEREAS, In a report from 2010, only 25% of medical schools surveyed required a dedicated nutrition course (down from 30% in 2004) and only 27% of schools surveyed met the minimum 25 required hours of nutrition instruction set by the National Academy of Sciences (down from 38% in 2004)⁴; and

WHEREAS, Patients advised to quit smoking by their physicians are 1.6 times more likely to quit than patients not receiving physician advice, however most smokers do not receive this advice when visiting their physicians⁵; and

WHEREAS, Just 34% of U.S. adults reported exercise counseling at their last medical visit⁶; and

WHEREAS, In a study of internal medicine physicians, less than half reported confidence in knowledge of local exercise facilities, American College of Sports Medicine (ACSM) guidelines, and behavior modification techniques⁷; therefore be it

RESOLVED, That our American Medical Association support legislation that incentivizes and/or provides funding for the inclusion of lifestyle medicine education in medical school education,

44 graduate medical education, and continuing medical education, including but not limited to
45 education in nutrition, physical activity, behavior change, sleep health, tobacco cessation,
46 alcohol use reduction, emotional wellness, and stress reduction.

References

1. JAMA and Archives Journals. "Healthy Lifestyle Habits May Be Associated With Reduced Risk Of Chronic Disease." ScienceDaily. ScienceDaily, 12 August 2009.
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3. *Am J Clin Nutr*. 2014 May;99(5 Suppl):1153S-66S. doi: 10.3945/ajcn.113.073502. Epub 2014 Apr 9.
4. *Acad Med*. 2010 Sep;85(9):1537-42. doi: 10.1097/ACM.0b013e3181eab71b.
5. Caplan, L., Stout, C. & Blumenthal, D.S. *J Community Health* (2011) 36: 238.
<https://doi.org/10.1007/s10900-010-9303-0>
6. Lobelo F, Duperly J, Frank E. Physical activity habits of doctors and medical students influence their counselling practices. *Br J Sports Med*. 2009;**43**:89–92. doi: 10.1136/bjsm.2008.055426.
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Fiscal Note:

Received:

RELEVANT AMA POLICY

Healthy Lifestyles H-425.972

Our AMA: (1) recognizes the 15 competencies of lifestyle medicine as defined by a blue ribbon panel of experts convened in 2009 whose consensus statement was published in the *Journal of the American Medical Association* in 2010; (2) will urge physicians to acquire and apply the 15 clinical competencies of lifestyle medicine, and offer evidence-based lifestyle interventions as the first and primary mode of preventing and, when appropriate, treating chronic disease within clinical medicine; and (3) will work with appropriate federal agencies, medical specialty societies, and public health organizations to educate and assist physicians to routinely address physical activity and nutrition, tobacco cessation and other lifestyle factors with their patients as the primary strategy for chronic disease prevention and management.

8.11 Health Promotion and Preventive Care

Medicine and public health share an ethical foundation stemming from the essential and direct role that health plays in human flourishing. While a physician's role tends to focus on diagnosing and treating illness once it occurs, physicians also have a professional commitment to prevent disease and promote health and well-being for their patients and the community.

The clinical encounter provides an opportunity for the physician to engage the patient in the process of health promotion. Effective elements of this process may include educating and motivating patients regarding healthy lifestyle, helping patients by assessing their needs, preferences, and readiness for change and recommending appropriate preventive care measures. Implementing effective health promotion practices is consistent with physicians' duties to patients and also with their responsibilities as stewards of health care resources.

While primary care physicians are typically the patient's main source for health promotion and disease prevention, specialists can play an important role, particularly when the specialist has a close or long-standing relationship with the patient or when recommended action is particularly relevant for the condition that the specialist is treating. Additionally, while all physicians must balance a commitment to individual patients with the health of the public, physicians who work solely or primarily in a public health capacity should uphold accepted standards of medical professionalism by implementing policies that appropriately balance individual liberties with the social goals of public health policies.

Health promotion should be a collaborative, patient-centered process that promotes trust and recognizes patients' self-directed roles and responsibilities in maintaining health. In keeping with their professional commitment to the health of patients and the public, physicians should:

- (a) Keep current with preventive care guidelines that apply to their patients and ensure that the interventions they recommend are well supported by the best available evidence.
 - (b) Educate patients about relevant modifiable risk factors.
 - (c) Recommend and encourage patients to have appropriate vaccinations and screenings.
 - (d) Encourage an open dialogue regarding circumstances that may make it difficult to manage chronic conditions or maintain a healthy lifestyle, such as transportation, work and home environments, and social support systems.
 - (e) Collaborate with the patient to develop recommendations that are most likely to be effective.
 - (f) When appropriate, delegate health promotion activities to other professionals or other resources available in the community who can help counsel and educate patients.
 - (g) Consider the health of the community when treating their own patients and identify and notify public health authorities if and when they notice patterns in patient health that may indicate a health risk for others.
 - (h) Recognize that modeling health behaviors can help patients make changes in their own lives.
- Collectively, physicians should:
- (i) Promote training in health promotion and disease prevention during medical school, residency and in continuing medical education.
 - (j) Advocate for healthier schools, workplaces and communities.
 - (k) Create or promote healthier work and training environments for physicians.
 - (l) Advocate for community resources designed to promote health and provide access to preventive services.
 - (m) Support research to improve the evidence for disease prevention and health promotion.