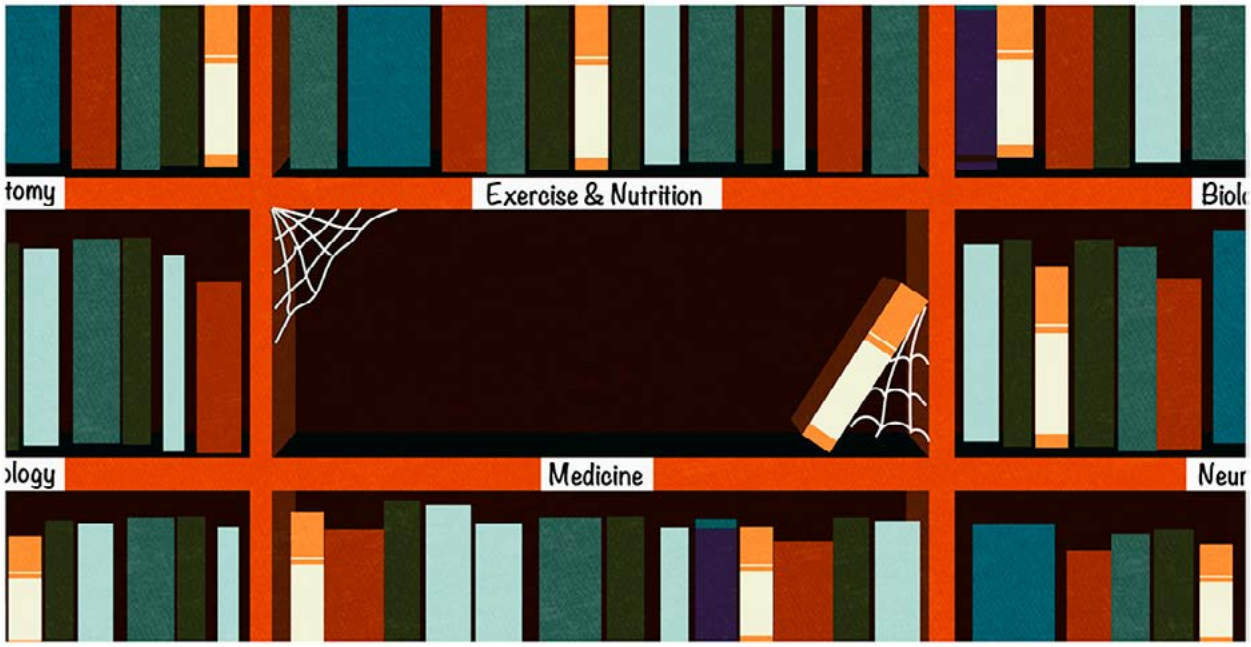
THE CrossFit JOURNAL

Prevention or Prescription?

Thomas Edison said, "The doctor of the future will give no medicine." But will the medical school of the future give enough education on fitness and nutrition? Andréa Maria Cecil investigates.

By Andréa Maria Cecil **April 2014**



All: Donavon Winters/CrossFit Journal

With wine comes honesty. Mike Roizen knew that.

So he encouraged imbibing every Wednesday night, when he would meet eight medical students to find out who the good and bad teachers were at SUNY Upstate Medical University's College of Medicine.

"That's why I would give them a little alcohol, so they would tell me the truth," he explained.

But Roizen got more than he bargained for when the students started talking about nutrition. What he discovered was "appalling." Their nutritional ignorance made him shake his head. And he was the medical school's dean.

That was 12 years ago. Today, not much has changed.

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For decades, neither diet nor exercise has been discussed in any depth at most U.S medical schools. Some institutions spare a few hours here and there to explain the federal government's food pyramid or how nutrients are absorbed and to vaguely advise that "moderate" exercise is good. Meanwhile, many Americans look to their doctors as family members die younger or live their later years with more disease than citizens of poorer countries—despite the U.S. spending nearly $3 trillion on health care in 2013.

Learning Gap

At Albert Einstein College of Medicine in Bronx, N.Y., teachings on diet and exercise range from "pretty minimal" to "nonexistent," said Dan Schaerer, who graduated from the school in May 2013. He is now in his first year of residency at the University of California San Diego Medical Center.

"As far as curriculum, I don't really blame them for not teaching it, in a sense. It's not like teaching a cell structure or the symptoms of diabetes … it's a very nebulous topic," said Schaerer, a CrossFit athlete.

Frankly, he didn't expect to learn much about exercise, in particular, in medical school.

"There is so much you have to learn" in so little time, he explained.

Dr. Meghan Thomas, who graduated from the University of California, San Francisco School of Medicine, had a similar experience—in 1993.

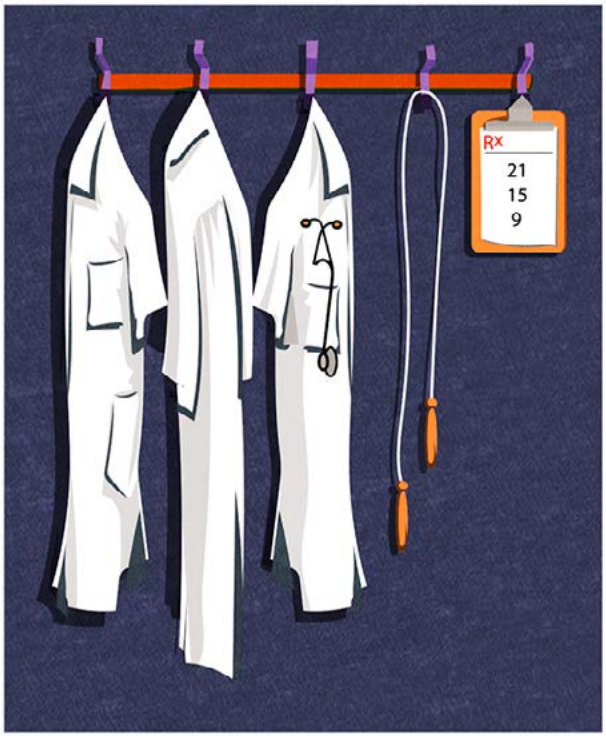
"I learned nothing about fitness. Nothing. Nutrition, I think we had about four hours (on) nutrition," said the family practitioner in Santa Cruz, Calif. She trains at CrossFit Santa Cruz.

A nutritionist came to the school specifically to talk about the government food pyramid, Thomas recounted.

"I don't remember him being very progressive or alternative or going outside the box at all," she said.

In her first years at Cleveland Clinic Lerner College of Medicine in Ohio, Julie Foucher had "a few" seminars on nutrition.

"We're not given a lot of tools to be able to: one, understand nutrition or, two, to be able to counsel on nutrition, even though that's expected of us," explained the three-time CrossFit Games competitor.



If anything is to blame, it's mostly a mentality, Foucher said.

"Education and the health system is so geared toward fixing problems and being that lifeguard rather than a swim coach," she said, referencing words by CrossFit Inc. Founder and CEO Greg Glassman. "So even while we're going through school, it's focused on pathology and treatment."

Other medical students and doctors in a handful of other states recalled similar experiences.

"The training with regard to fitness and nutrition in medical school is atrocious," said Dr. Atul Sachdev, a family practitioner in Baytown, Texas. He graduated in 1995 from the University of Texas Health Science Center in San Antonio.

"I'm pretty surprised how little emphasis there is on that kind of stuff, yet as a doctor—especially in primary care—you're called upon to advise your patients on this."

The lack of education on the topics creates a situation where most medical students run up against a wall, Schaerer said. Once they enter a hospital, they are confronted with countless patients suffering from high blood pressure, diabetes and other chronic illnesses—"all these things that can be helped by fitness," he said.

Some well-meaning physicians—especially those in primary care—will emphasize physical activity, he continued. But much of the American public translates that into taking a short walk or gardening once a day.

"Patients don't really have much more education than that," Schaerer said. "Physicians can't really offer too much more than, 'You should be more active than you are—30 minutes a day, three days a week.'"

Compounding the problem is the fact that most doctors simply don't have time for meaningful discussions with patients about diet and exercise.

"If I want to get someone's lipid profile to look better, it's far easier and more efficient to write them a prescription as opposed to spending time educating them on how to exercise and eat better," explained Dr. Mike Ray, an emergency physician at Flagstaff Medical Center in Arizona. Ray owns CrossFit Flagstaff and has been medical director of the CrossFit Games since 2008.

"If I give someone a one-liner to eat better and exercise more, that's probably not a very effective intervention."

Even 10 to 15 minutes of sitting down to discuss someone's nutrition and fitness is asking a lot for some doctors, Ray continued.

"There just isn't space for it."

Finding Their Own Solutions

If doctors seek to counsel patients on diet and exercise, most of them must educate themselves.

During his residency from 1995 to 1998 at San Jacinto Methodist Hospital, Sachdev stumbled upon Barry Sears' book *The Zone Diet*. About 30 lb. overweight, Sachdev was searching for a way to control the pounds.

"When you find something like that to be personally successful, you're in a better position to talk to other people," he noted.

Such is also the case with Thomas and Ray, both of whom are CrossFit athletes.

Thomas began talking to her patients about diet and exercise during her residency.

"As it became important to me, it became important in my practice," she said.

And after nearly four years of CrossFit, Thomas said such talk has become even more important to her. The 47-year-old emphasizes the simple ability to move to those patients who are her age and older.

"You need to be able to take care of yourself as much as possible," she tells them.

"So when I give it to them in those practical terms, they start listening," she said.

But Thomas is one of the self-described "lucky" ones. Her practice—Scotts Valley Medical Clinic—is one of the few in town owned by the doctors who practice there. Likewise, she's able to spend more time with patients than many other physicians. For new patients who are over 40, she asks them to allot half an hour.

"It's really just to sit down and talk about your history," she said. "A huge part of what I do is the diet-and-exercise thing."

But, as always, there's a catch.

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"On the other hand, I have to pay the mortgage," Thomas explained. "I can't spend an hour (with patients)."

With the practice's overhead gobbling up to 65 percent of what the business takes in and no insurance diagnosis code for diet-and-exercise consultations, Thomas has to draw the line somewhere.

"That's frustrating—the time element," she said.

For Ray, being an ER doctor means all patient visits are unplanned. And with the need to treat people efficiently, having a discussion about diet and exercise is next to impossible.

"We're just not really equipped to do that," he said.

So Ray does what he can when he can. His solution: detailed discharge instructions.

> "The training with regard to fitness and nutrition in medical school is atrocious."
>
> —Dr. Atul Sachdev

"I recognize that all the studies show patients don't read the discharge instructions," Ray said.

Maybe he does it to make himself feel better. Still, he knows that every now and then, someone reads them.

"I try not to kid myself that it's making a huge difference," he said.

And occasionally patients will strike chords with him: "I'll have more of a discussion with them about their diet."

In the end, though, Ray doesn't have proof that anyone takes his recommendations to heart. Unlike a primary-care physician, he'll likely never see his patients again.

Sachdev, meanwhile, has a luxury most doctors have never known: lots of time.

His practice is affiliated with MDVIP, a concierge model based in Boca Raton, Fla., with 650 physicians across the country. In exchange for a $125 monthly membership fee, 600 patients get whatever time they need from him. By comparison, a typical family doctor can have anywhere from 2,000 to 3,000 patients.

"I have the time to sit down and explain to them not just what the right thing to do is but how to do it. That, to me, is what really affects their compliance," said Sachdev, who recommends the Zone Diet to his patients. "In this type of practice, all of the patients have my cell-phone number. They can call or text with questions and concerns."

Sachdev is well aware that his situation is atypical.

"It's sad but it's true that … even if you have the best of intentions and have the knowledge to pass along to the patients in traditional medicine, you just don't have the time to do so," he said. "You barely have the time to take care of the reason they're in your office to begin with."

Fixing the Problem

Opinions on how to best improve medical schools' education on diet and exercise vary as much as the doctors and students themselves.

Some said an on-staff nutritionist would be ideal, while others said medical schools are becoming more aware of the importance of diet-and-exercise education.

For example, medical student Dave Warner learned about the DASH diet at the University of Utah. At the school, there's "a big push" to teach DASH, which stands for dietary approach to stop hypertension.

"As more and more evidence is showing how important nutrition is to health, as it becomes more proven, more concrete, then we respond in kind by increasing the education that we get on it," he said.

Still, the onus is on medical students and doctors, said Sarah Miletello, who is in her final year at Baylor College of Medicine in Houston, Texas.

"I think that we definitely … have the responsibility for learning it ourselves," she said.

Miletello added: "I'm not sure medicine is doing a bad job of things, but I think it's just the situation."

For his part, Schaerer will specialize in head-and-neck surgery. Likewise, he probably won't talk to his patients and say, "Oh, you should do power cleans." Still, he feels

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increasing diet-and-exercise education at the country's medical schools would result in healthier people.

"I kind of look at it (in the same) way smoking changed. In the '50s, physicians were recommending certain brands of cigarettes because they thought they were healthy," Schaerer said.

Elevating education standards for physicians, he continued, would "go a long way" in preventing patients' blank stares.

Then Schaerer went even further.

"It's very possible to infuse the culture of CrossFit … into the culture of health care," he said.

Specifically, he suggested that medical students who are CrossFit athletes organize free workouts on their respective campuses. Like Foucher, Schaerer said he strongly believed in Glassman's analogy that a lifeguard is to a swim coach as a doctor is to a CrossFit trainer.

"With that analogy in mind, wouldn't you want your lifeguard to have at least a basic understanding of swim technique?" he asked in a written submission to the *CrossFit Journal*. "In our current system, it would be as if the majority of lifeguards in this country cannot swim and instead rescue people using (very expensive and ineffective) helicopters."

Ray echoed similar sentiments, saying that CrossFit—through its more than 9,000 affiliates worldwide—is already making a difference to "a small but increasing proportion of the general population."

"And I like to think that as that keeps expanding, that's going to filter into life everywhere. It's going to change government recommendations, it's going to change medical school, it's going to change what dietitians recommend," he said.

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Beyond that, change is going to have to come from medical-school administrators, Ray continued.

"Is it going to pervade all medical-school education in the United States or worldwide in any short time frame? No. But can significant inroads be made in a few significant programs throughout the country and throughout the world? Yes," Ray said.

One such program is the Cleveland Clinic Lerner College of Medicine.

The school has plans to build a new medical campus by 2016. It will include an exercise area and a kitchen to teach students how to work out and cook so that they, in turn, can then teach their future patients.

"The Cleveland Clinic has said it can't continue to lead in medicine unless it leads in preventing the influx of chronic disease," said Roizen, today the chief wellness officer and chair of the Wellness Institute at the Cleveland Clinic.

"The major risk to innovation in the United States is the influx of chronic disease that then necessitates high medical cost and the disruption in other programs."

Roizen sees medical-school education changing dramatically over the next decade to include more on diet and exercise. Tomorrow's doctors must "know what they're doing when they go out to order food, know what they're doing when they cook food and exercise."

But Jesse Maupin, a third-year med student at the University of Washington, rejected the idea that doctors are supposed to be omniscient.

"If I could just convince all of my future patients to understand and embrace one thing it would be to put less responsibility of their health in my hands and put it in their own hands," he said. "We don't have crystal balls."

The Chosen Lifestyle

Medical advances in illness care since 1900 have been remarkable, Roizen noted.

"We learned how to treat pneumonia, and that was a revolution. We learned, if you will, how to prevent instant diarrhea, and that was a revolution."

Medicine created an environment in which people can develop chronic diseases and live with them. In turn, medicine became less about maintaining health and more about managing disease.

"It never used to be that way. When you got a chronic disease, you died," Roizen explained. "Now you don't because of technology."

He added: "The problem is we created a society with enough excess income to spend a fair bit of money on food and behaviors and lifestyles that cause us illness. We just didn't have that luxury before. And now that we've done that, we've forgotten our roots."

Modern medicine has forgotten many things. The old adage states, "An ounce of prevention is worth a pound of cure." But most of today's doctors simply don't have the knowledge to dole out an ounce of prevention. And most medical schools continue to be complacent.

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About the Author

Andréa Maria Cecil is a ***CrossFit Journal*** *staff writer.*

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