

# Physician heal thyself: lifestyle education for medical students

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It is paradoxical that while doctors are the primary providers of healthcare, they represent one of the most unhealthy professional groups. It seems that this starts in medical school and is reinforced by hospital training, which acts as a rite of passage to enter the profession. Traditionally, medical students are subjected to years of long hours of study and exam stress with few outlets for creative expression or stress relief, apart from the drunken frenzy of the occasional medical student ball. This was certainly my experience of medical training in the 1980s. Luckily, I was able to broaden my outlook by taking 4 years off my undergraduate course to pursue a broader perspective on health and to apply this experience through part-time work at an innovative private hospital. This piece describes how this has led me to introduce Australia's first residential health enhancement program for medical students.

My first formal exposure to the benefits of lifestyle intervention came in the late 1980s, shortly after finishing my medical degree. I attended a 5-day workshop run by an instructor from the Dean Ornish program. The Ornish approach, developed at the Pacific Presbyterian Medical Center in San Francisco, involves four interventions as part of a programme of heart disease reversal: low fat diet; moderate exercise; relaxation and yoga; counselling and a support group. The research evidence presented at this workshop suggested that the Ornish program was able to reverse atherosclerotic heart disease and this left a lasting impression on me. I felt that this type of approach could provide a model for shifting the focus of future medical practice.

After participating in the program and making modest lifestyle changes in my own life, I began to feel that the principles involved could apply equally well in a preventative setting.

A couple of years later I learned that health facilitators from the Ontos health retreat in the foothills of the Snowy Mountains in rural Victoria, had developed a similar program. This program, called the Health Enhancement Lifestyle Program (H.E.L.P.), aims to help individuals develop a healthy lifestyle and enhance their health regardless of their current health status. The programme introduces stress management techniques, including meditation, progressive relaxation, creative visualization and breathing. It emphasizes the importance of physical exercise, group support and service, creative expression, communication skills, food awareness, and the creation of a health enhancing environment, as well as time management and goal setting skills. The approach is flexible and can be adapted into regular short sessions, a weekend intensive with weekly follow-up, or a 5-day residential format.

I was even more excited to learn that this program was to be integrated into a hospital outpatient setting at one of Melbourne's leading private rehabilitation hospitals. At the time, integration of a health enhancement program based on so-called complementary therapies into a traditional hospital setting was considered quite a revolutionary act. This act had come about because a number of hospital administrators had personally experienced the program and felt benefits in their own lives. When

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I heard that this hospital was looking for assistance in setting up this program I jumped at the chance, and landed myself a part time job establishing H.E.L.P. in a hospital setting.

As part of the first stages in setting up the hospital-based program, I liaised with general practitioners and distributed information about the potential benefits of lifestyle modification for patients and the existence of published research on the techniques used. During this time I came to realize that most general practitioners are not up to date with research in the area of health enhancement; partly since there is no equivalent to a visiting drug rep for non-pharmacological therapies. I began to feel a little like a drug rep myself, however, rather than promoting pharmaceuticals I was promoting lifestyle modification and the supporting research. One example was the Lifestyle Heart Trial published in the *Lancet* medical journal by Dean Ornish in 1990. I was surprised that many years after the results of this study were published, most of the doctors I spoke to had never heard of it and therefore had not had a chance to evaluate its findings. I also began to feel that many doctors were quite stressed themselves and could thus potentially benefit personally from such a programme.

The hospital sent out invitations to the programme to individual doctors, ensuring that participation would entail the award of continuing medical education points. While some doctors did attend and were very enthusiastic, we found that most were not able to overcome time and monetary constraints. The program therefore came up against the very problem that it was attempting to help overcome. The lack of awareness of this type of approach, as well as doctors' lack of motivation to address their own lifestyle issues were frustrating. From my own experience and feedback from doctors who had completed the program, it became clear to me that the program could help health care professionals learn skills they could apply in their own lives as well as in patient management. Yet, the challenge remained how to introduce this type of approach to people who were themselves under considerable stress.

Realizing that doctors' stress often started in medical school, I decided to use my academic position to introduce the principles of health enhancement to medical students. I was able to do this through the student elective units, which are a compulsory component of the course at Monash and scheduled for one afternoon each week. The faculty board were pleased to include H.E.L.P. as an elective unit as they were committed to providing a diversity of subjects for students to choose from. However, it was unclear how popular the elective would be. Choice of the elective would require a considerable commitment from students who were already over-stretched. The unit could only be run if all its students were happy to treat the scheduled afternoon as 'time off' and then turn over 5 days of

their holiday time to the residential program. The students would also have to share some of the costs as the university funds would cover the cost of the program but not food and accommodation.

The demand for this elective turned out to be extremely high. We decided to document the program on video using funds from corporate sponsors. In September 1997, I set off with 20 medical students, and a documentary film crew for the Ontos Health Retreat.

My concern was raised when, on the first afternoon, I saw students had arrived tennis racket in-hand. I realized that I may have misled the students by calling the program, 'A Week at a Health Resort'. Ontos is certainly no Club-Med, and while I anticipated an enjoyable and enlightening week for the students, mud packs and tennis were not on the agenda. In fact, the students' time was going to be very much filled with the course, which included over 3 hours of meditation, yoga and relaxation classes each day, along with interactive workshop sessions and discussions on each of the twelve aspects of the program.

A level of student apprehension did become obvious from murmurs about brainwashing, religious sects and temple cults, especially after they were asked to come to the centre's 'all-faith' temple for a meditation session on the first night. On leaving this session I overheard a student saying 'that was a complete waste of time ... how can sitting still being bored make you healthy?'

The students' attitudes were seen to change dramatically over the next few days. I was lucky to be able to document this through their interactions with the film crew who would periodically interview students to gauge their responses. During the first few interviews students were quite sceptical and guarded. After a few days, however, the students' responses became overwhelmingly positive. On more than one occasion a group of students came out of a workshop session and approached the film crew saying 'please interview us again, we have changed our minds'. As the program progressed students also began to report benefits to their health. Several students commented that their asthma symptoms were improved, others that they could now touch their toes, that they were sleeping better and waking up as early as 06:00 am, refreshed. They even expressed satisfaction with the meatless meals, an extremely unusual diet for Australian students.

On the last day of the program I took the students through a debriefing while sitting on a rocky outcrop overlooking a beautiful river valley. While reflecting on the past week I asked the students if any of them had felt deceived by the elective title 'A week at a health resort'. Many raised their hands but several went on to describe how they may not have attended if the program has been titled differently. They were unanimous that I should keep this title for the following year. During this debriefing many

students described how they felt that their experience had given them skills to help them tackle their future studies and practice. Many expressed disappointment that the techniques and approaches covered in the program were not covered elsewhere in their course.

Evaluating the program 9 months later, I know that a group of students have returned to Ontos during their end of year break, a few of them have changed to a vegetarian diet and many have incorporated yoga and relaxation into their daily routine. Two students have published essays on their experiences and two have deferred their medical course for a year in order to pursue a Bachelor of Medical Science degree researching various aspects of complementary therapies. Word has passed around the student body about the program. This year it has been the most popular elective unit.

The limitations I have experienced so far with setting up the course have centred around funding. There are no signs that the funding available for optional courses will increase. This means that students will continue to have to pay themselves for some of the course's food and accommodation expenses, obviously limiting access to those who can afford this. I would hope in future that the program will become a part of the core teaching offered through the Complementary Medicine Research Unit and extra funding will be made available to cover all the costs involved. This, however, will require a restructuring of the course and may not happen for a few years.

While I feel that the benefits of lifestyle modification are becoming more widely known and accepted, there is still a long way to go before they are embraced by mainstream medicine. I feel very privileged to have been instrumental in introducing health enhancement to Australia's medical students. I believe that this represents an important step

towards wider acceptance of lifestyle education and the development of a healthier health-care system. There will be a formal evaluation of this year's program, along with a study of the health habits and stress levels of medical students in general. It is hoped that this research will help to examine the potential benefits of this and similar programs and determine health issues specific to medical students.

**Table 1 Suggestions for setting up lifestyle education programs for doctors and medical students: based on experience from an Australian medical school**

Adapt an existing lifestyle modification program rather than trying to create one from scratch

It is essential to ensure that the course presenters are passionate about the issues presented.

Keep groups small and interactive

Where possible lifestyle modification is best taught as a residential course where students can learn experientially

Provide ongoing research as to the program's efficacy and acceptance through detailed feedback

Access existing funding sources that exist for student electives or stress management programs for doctors

Make the course attractive so that demand for it will be driven by the students. It may even be possible to offer such a course outside of established curricula until student interest leads it to be formally established

Do not reveal too much about the content of the course until attendees have signed up

Obtain continuing medical education points if running a course for doctors

Apply for funding from natural medicine companies, drug companies and other organisations such as medical insurance companies that have an interest in the health of medical practitioners.