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THE FUTURE OF THE (EUROPEAN) LIFESTYLE MEDICINE EDUCATION

EL FUTURO DE LA FORMACIÓN (EUROPEA) EN MEDICINA DEL ESTILO DE VIDA

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Since 2019 the European Lifestyle Medicine Organization (ELMO), in cooperation with the Belgian Lifestyle Medicine Organization, has offered an online English eight-week course, which issues a European Lifestyle Medicine Certificate (Certificate), after the participant passes a final exam. Almost 200 health professionals and others participated in this interactive European program, which offers a theoretical and especially practical skills to realistically implement lifestyle medicine principles.

I had the opportunity to grow up in a multicultural family and I followed this path of cultural richness also in my professional life. Continuous education is part of my medical life, and it is about hard work and perseverance, but also about chances. One of the chances was to meet Beth Frates, MD, the incumbent elected president of the American College of Lifestyle Medicine. She generously shared her knowledge with me and encouraged me to develop my expertise in lifestyle medicine during my postgraduate studies at Harvard University. This was a great opportunity, not just because of her expertise in the field of lifestyle medicine but also because of her kind, inspirational personality.

The path to continuously develop the European lifestyle medicine education program was not easy, but having the right foundations is a solid starting point. ELMO has offered me the opportunity to create and develop the Certificate which, for the first time in the lifestyle medicine literature, includes extensively Sexual Health in lifestyle medicine, thanks to my training as a clinical sexologist. I could not succeed without the teamwork of my colleagues from the ELMO Board, Stefania Ubaldi, MD, and Ioannis Arkadianos, MD, but also the almost 30 Guest Speakers from Europe and worldwide, who shared their expertise linked to lifestyle medicine in the Certificate.

The word "doctor" comes from the Latin "docēre" ("to teach"), so our duty is not only to heal but also to share our knowledge, which should be updated regularly. The lifestyle medicine interventions are part of this recent scientific information, especially when we know that almost 80% of premature deaths are related to chronic diseases in which lifestyle factors are essential (1), meaning that the first line of treatment should be lifestyle interventions. How to do this when we have only recently succeeded to define what lifestyle medicine is (2) and which competencies it requires (3)?

Millennials (adults ages 25-40), who are now the largest generation in the labor force, according to an analysis of U.S. Census Bureau data by the Pew Research Center (4), look differently to health today. As they were raised up with constant access to online information, being informed about a healthy lifestyle is essential for them. Unfortunately, 44% of the older millennials already have a chronic condition because of lack of a health provider and negligence of preventive care (5). This generation's pressure, but not only, is one of the starting factors which made us, health professionals, to be able to explain our patients how through behavior change

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they can improve their health in different aspects. The modern concept of health⁽⁶⁾ has also changed the image of what we mean today by health, which implies more and more different aspects of well-being. Finally, the growing financial and health professional costs of chronic diseases ⁽⁷⁾ complete the call to implement the new approach of medical care, namely lifestyle medicine, at different levels.

As I stated here, one of the keys in lifestyle medicine is networking and a multidisciplinary approach that are essential when we face education. The best you can experience this is during lifestyle medicine scientific events, where everybody is communicating with everybody. We're pioneers in this field of medicine, so to be able to succeed, we need passion and generosity, common emotions that are the fire that keeps us so close. As the lifestyle movement grows, we see a tendency to pursue different cultural or nutritional approaches, forgetting that it is still so much work to be done. We do need to complete each other's approach and vision. If not, would we not be behaving the same way as in traditional medicine, so full of rivalries? Healthier patients exist because there are healthier physicians⁽⁸⁾, so let us do our best for our mental health and promote cooperation instead of competition.

The multicultural world in which we live requires skills for a culturally sensitive communication. Today, we are a professional minority in medicine, so we should be the first to understand how important it is to communicate with regards to culture, spiritual believes, sexual diversity or social differences. Education should be the first place where we should see these differences as enrichments instead of challenges.

Correspondence: loanes Hanes **Email:** hanesioan@yahoo.com Evidence-based medicine should be the foundation of any type of information shared in the lifestyle medicine education and practice. Therefore, internationally accepted lifestyle medicine interventions guidelines should be agreed between the lifestyle-related chronic diseases specialists. Research should be encouraged more through grants already financed by the European Commission and other international medical nonprofit organizations. Universities should support the work already started in this field by the referent organization such as ELMO in Europe. We are working now to develop master's degree programs in the field of lifestyle medicine, that integrate practical skills offered by the Certificate to offer their graduates a complete education. The master's degree program in lifestyle medicine, developed by the Latin American Lifestyle Medicine Association, is a great example in this sense.

The actual pandemic has challenged the public health actors but also the governments in facing the effects of long-term ignored reality of chronic diseases patients. These patients were and are still the first victims of too long neglected updated management of noncommunicable diseases. Telemedicine entered in the medical practice, and it is now part of the medical care. It will probably be the new normality next to online medical events and medical education.

We need brave and visionary leaders who can see prevention, treatment and even the reversing of some medical conditions through lifestyle interventions. Political, medical, pharmaceutical, and societal actors should work hand in hand. We must practice a medicine of modern time, but without forgetting that empathic and non-judgmental communication in all aspects is the first line of intervention in any kind of medical condition in the actual more and more technologized society.

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