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Erica Frank

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## Physician Health and Patient Care

Erica Frank, MD, MPH, Emory University School of Medicine, Atlanta, Ga

CURRENT DATA SUGGEST THAT AS A GROUP, PHYSICIANS HAVE healthier lifestyles and lower mortality rates than the general public. Furthermore, there is evidence that individual differences in personal health practices among physicians may have consequences for patients. Williams et al<sup>1</sup> conducted the first substantive study of physician mortality and found that graduates from 3 Harvard Medical School classes, at all points assessed by the authors, had lower cumulative mortality than did other US white men. A study of nearly 4 million US men from the National Occupational Mortality Surveillance 1984-1995 database found that male physicians lived longer (average age at death, 73 years) than did lawyers (72 years), all professionals (71 years), and men in the general population (70 years).<sup>2</sup>

While historically low numbers of female physicians preclude meaningful analysis of their mortality data, the Women Physicians' Health Study (WPHS; n=4501; response rate, 59%)<sup>3</sup> and other studies of both male and female physicians<sup>4,5</sup> have found that physicians have very good health habits compared with the general population, even when compared with other individuals of high socioeconomic status (SES).<sup>3</sup> This is especially well documented for cigarette smoking.<sup>3-5</sup> For example, the WPHS found that only 4% of female physicians in 1993-1994 reported smoking vs 8% of other high-SES women and 25% of women in the general population in the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. In 1989-1990, Hughes et al,<sup>4</sup> in a national mailed questionnaire of 9600 physicians (response rate, 59%), reported that only 4% reported smoking as much as half a pack of cigarettes per day. Similarly, using data from the National Health Interview Survey, Nelson et al<sup>5</sup> estimated that the percentage of physicians who smoked declined from 19% in 1974 to only 3% in 1990-1991. Although all of these studies rely on self-reported behaviors, a similar bias is shared by studies of comparison populations.

Patients may care about their physicians' health habits. For instance, we<sup>6</sup> found that patients who saw a video of a physician giving advice about diet and exercise reported that the physician was more believable and motivating if she disclosed her own personal healthy practices. Furthermore, physicians who have healthy personal habits are more likely to discuss related preventive behaviors with their patients. Lewis et al,<sup>7</sup> in a mailed survey of 2610 internists, found that respondents who exercised more were more likely to report counseling their patients about exercise, seat belt users to recommend seat belt use to patients, and nonsmokers to report counseling their patients not to smoke.

The WPHS<sup>8</sup> examined separate models of 14 different counseling behaviors. Other than being a primary care prac-

itioner, practicing a healthful behavior oneself was the most consistent and powerful predictor of physicians counseling patients about related prevention issues. This was true for several personal health habits and related screening practices. For example, an association was found between physicians' fat consumption and their likelihood to counsel patients about lowering cholesterol through lifestyle changes, physicians' personal practices regarding breast self-examinations and their performance of clinical breast examinations, and personal sunscreen use and provision of skin cancer counseling. Significant associations were also found between female physicians' personal habits and their likelihood of counseling patients about exercise, alcohol, tobacco, influenza vaccine, and hormone therapy.

A similar association may exist between medical students' health habits and their attitudes about preventive counseling. For example, in a survey of 1906 entering freshman medical students (response rate, 87%), we found that performing more strenuous exercise was significantly related to believing that it would be highly relevant to their future practices to counsel patients about exercise.<sup>9</sup> Health promotion and disease prevention programs for medical students may not only affect their personal health behaviors but may also influence their patient counseling attitudes and practices. Thus far, there have been no published reports examining this potential relationship.

As a group, physicians are healthy and have healthy lifestyles. Furthermore, physicians' health behaviors appear to affect patients' attitudes and motivation to make lifestyle changes. Building on this relationship between personal and clinical practices could encourage physicians to include preventive counseling more often in their practices and to do it more effectively.

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