



"If lifestyle medicine is to thrive it needs to push deep into public health territory and shrug off a 'wellness' fringe pushing magical thinking about behavioural change."

Checking our medical privilege

The kale and quinoa crusade. Physical activity in health is continuing to grow as a strong evidence-based option but integration into people's lives remains the challenge. The lifestyle medicine movement has emerged in recent years, born out of frustrations with modern medical care.¹ Brief consultations focused on guideline prescribing and mechanistic processes have left many doctors disillusioned and craving an alternative. If lifestyle medicine is to thrive it needs to push deep into public health territory and shrug off a 'wellness' fringe pushing magical thinking about behavioural change.

We need to address a toxic obesogenic social and physical environment: how we design our buildings, our towns, and our transport networks; how we legislate to curb the sale of junk food; and how we promote positive food cultures and self-care with physical activity normalised in our schools, communities, and workplaces. We need committed public health advocacy and not a personality cult of Instagrammable videos of squat routines and colourful photos of 'clean' foods. Generalising lifestyle medicine as a kale and quinoa crusade is perhaps harsh and it's just one example of a bubble of professional privilege.

Lifestyle medicine needs more than middle-class aspirations.

We all live in filter bubbles. There's certainly no shame in recognising we all live in our own bubbles. The internet is driving us deeper into our echo chambers and the ubiquitous blue screen light that bathes us casts deep shadows. Social media algorithms give us more of what we crave, shuttering us off from dissenting opinion, confirming our biases, and polarising our view. The Facebook algorithm hides the boring stuff that doesn't engage you. It's not deliberately evil; it's just artificial intelligence maths. Know this: your feed is not neutral and every time you search Google the algorithm mines an extravagant amount of data on you and tailors the results.

Eli Pariser first described filter bubbles back in 2011.² It's an intellectual hamstringing that erodes empathy and limits our world view. Natural human

cognitive tendencies lead us to them but the social connection of the internet is making it worse. (There is a strong case for deleting social media.) Filter bubbles and echo chambers are a threat to democracy and society but we urgently need to consider how they affect health; especially if we're trying to facilitate behavioural modification, which is, I would suggest, what lifestyle medicine is all about.

Check your privilege. It's a privilege to be a doctor. How many times have you heard it? How many times have you said it? We tell students and patients, and we gush about how fortunate we are. It might be heretical but I find exhortations of privilege have more than a whiff of self-congratulatory smugness. Check your privilege. You'll have seen the phrase bandied around when someone describes (and usually calls out) benefits from unearned advantages.

It's easy to be defensive, even offended, but then it's even easier to fall back on subconscious biases. Doctors need to check their privilege as the very nature of our nice jobs gives us nice houses and nice lives that insulate and elevate our social status. The good news is that one of the best empathetic devices in the world is the story.³

We hear them every day, even if we try to disguise them in our jargon as 'history' and 'presenting complaints'. We just need to keep listening and we'll reach beyond our bubbles. And, just for the record, I do eat quinoa, I do squats, and I'm middle class to the core; cut me and I ooze hummus. Can't stand kale though.

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