

All letters are subject to editing and may be shortened. General letters can be sent to bjgpdisc@rcgp.org.uk (please include your postal address for publication), and letters responding directly to *BJGP* articles can be submitted online via **eLetters**. We regret we cannot notify authors regarding publication. For submission instructions visit: bjgp.org/letters

Lifestyle medicine is no Trojan horse: it is an inclusive, evidence-based, and patient-focused movement

We welcome positive aspects of Nunan *et al*'s article¹ and the opportunity to briefly discuss their analysis. However, likening lifestyle medicine to a Trojan horse implies deception and malice; and is both unworthy and unjustified.

There are important positive messages conveyed, for example, articulating many of lifestyle medicine's key drivers (Box 1), plus individual and public health-level interventions (Box 2).¹

However, there are important fallacies too and we seek to correct these:

1. Misrepresenting British Society of Lifestyle Medicine (BSLM) only as accrediting GPs. Although 885 (~50%) members are GPs/GPSTs, membership includes all medicine disciplines, including internal medicine/surgery/nurses/allied health professionals/trainees. We also have patient members, encouraged to attend meetings through invitations via their clinicians (<https://bslm.org.uk/events/bslm-2021-conference/>) and read our open-access journal, *Lifestyle Medicine* (<https://onlinelibrary.wiley.com/journal/26883740>);
2. Inaccurately linking alternative medicine practices/practitioners to lifestyle medicine; including bracketing BSLM with organisations like the (recently rebranded) British Association for Nutrition and Lifestyle Medicine and (functional medicine-oriented) Prescribing Lifestyle Medicine;
3. Concern that 'lifestyle medicine practitioners' may exploit commercial opportunities. The common fallacy here is blaming General Medical Council-/Nursing and Midwifery Council-/Health and Care Professions Council-registered practitioners for unregulated/commercial activities. This criticism ('smearing by association') is especially unworthy, especially as BSLM is standard setting to mitigate these risks;
4. The 'Health Inequalities' section is probably

the most contentious. In brief, we recognise that environment and public health have key roles.² However, we refuse to accept that: we are likely to widen inequalities; medical practice cannot evolve; and personal/public health interventions don't synergise. A more detailed exposition is available online.³ Criticising BSLM for not addressing upstream health determinants is simply incorrect: we do exactly that.

Lifestyle medicine is inclusive, evidence based, patient focused, and is not a movement needing to attack other health delivery approaches. We hope that scientific debate can be more dignified and constructive going forwards. We absolutely agree that primary care and public health colleagues should work together and practise what we preach.

Given rapid BSLM growth, plus the success and popularity of progressive curricula like Imperial College's 'lifestyle medicine and prevention' undergraduate medicine modules, which are evidence based and rooted in population health and inequalities, lifestyle medicine is becoming mainstream. We suspect future generations will term lifestyle medicine as simply 'medicine'.

Fraser N Birrell,
*Director of Science & Research,
Consultant and Senior Lecturer in
Rheumatology, British Society of Lifestyle
Medicine, on behalf of the Trustees of the
British Society of Lifestyle Medicine.
Email: Fraser.Birrell@bslm.org.uk*

Richard J Pinder,
*Consultant Public Health Physician,
Imperial College London, London.*

Rob J Lawson,
*Lifestyle Medicine Doctor and Retired GP,
British Society of Lifestyle Medicine.*

Competing interests

Fraser N Birrell is Director of Science & Research for the British Society of Lifestyle Medicine and Editor-in-Chief of *Lifestyle Medicine*, the official journal of the BSLM, Australasian Society of Lifestyle Medicine, the European Lifestyle Medicine Council, and the Korean College of Lifestyle Medicine. Research grants for engagement

through, plus spread and evaluation of, group consultations (which create the time and space for effective delivery of lifestyle medicine) are received from the Sir Jules Thorn Trust, the National Institute for Health Research, and the Medical Research Council. Richard J Pinder is Director of Undergraduate Public Health Education and module lead for Imperial College London's undergraduate medicine modules on lifestyle medicine and prevention. Rob J Lawson is Chair of BSLM, President of the European Lifestyle Medicine Council, and Chair of the World Lifestyle Medicine Council (formerly known as the Lifestyle Medicine Global Alliance). The authors have no other direct or indirect financial conflicts of interest to declare in relation to lifestyle medicine.

REFERENCES

1. Nunan D, Blane DN, McCartney M. Exemplary medical care or Trojan horse? An analysis of the 'lifestyle medicine' movement. *Br J Gen Pract* 2021; DOI: <https://doi.org/10.3399/bjgp21X715721>.
2. British Society of Lifestyle Medicine. What is lifestyle medicine? <https://bslm.org.uk/lifestyle-medicine/what-is-lifestyle-medicine/> (accessed 9 Jun 2021).
3. Fallows E. The BSLM supports a critical and evidence-based adoption of 'lifestyle medicine'. 2021. <https://bslm.org.uk/critical-and-evidence-based-adoption-of-lifestyle-medicine/> (accessed 9 Jun 2021).

DOI: <https://doi.org/10.3399/bjgp21X716201>

Is evidence-based medicine the real Trojan horse?

I enjoyed reading your thoughtful analysis of lifestyle medicine¹ but worry that it is evidence-based medicine (EBM) itself that is the 'Trojan horse' that has smuggled in numerous harmful, unnecessary pharmaceutical interventions. Applying the same crude methodology to 'lifestyle medicine' misses the common sense that the majority of these interventions are not only extremely likely to help, whether evidenced or not, but also likely not to cause harm. Relying on validation from EBM before applying our objective common