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 article 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).

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/26893760).

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. 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. 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’.

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Competing interests
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Is evidence-based medicine the real Trojan horse?

I enjoyed reading your thoughtful analysis of lifestyle medicine 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