Do as I say?

We asked physicians whether they take their own advice.

Compiled by Jeanne Mettner

As a specialist in infectious diseases, the primary question I deal with is: Should antibiotics be prescribed or not? Even a casual reader of medical literature knows that a third to one-half of all antibiotics are unnecessary and that this fraction gets even larger for upper-respiratory infections. I’ve occasionally seen dubious looks on the faces of both providers and patients as I explained that I did not think antibiotics were warranted, that they had a better chance of doing harm than good. Perhaps I’ve misinterpreted those looks, but the message I’ve seen in them is “Sure, you say that now, but you know, if this was you or your kid, you’d have already phoned something in.”

Truth be told, I actually do practice what I preach. My kids have had various febrile illnesses—some accompanied by tugging of ears, erythematous tympanic membranes and tonsillar exudates. But to date, they have a combined 13 years of existence without having taken an antibiotic.

I’ve also taken a semi-public stand on this issue. Several years ago, a colleague and I were invited to give University of Minnesota second-year medical students a lecture entitled "Controversies in in-
Do I practice my own advice? You bet! I do so for three reasons:
• I feel better both physically and mentally;
• I want to be the guy with the stethoscope in his ears rather than the guy with the stethoscope on his chest; and
• It legitimizes my message.

As a cardiologist, I advise patients daily about lifestyle, and as HealthPartners’ medical director for population health, I help develop programs that make healthy lifestyles the easy choice for our patients, our members and the community.

My advice is to focus on five things:
• No tobacco or exposure to tobacco smoke
• At least five servings of fruits and veggies per day (and as close to a vegetarian diet as tolerated)
• Adequate physical activity
• Limited alcohol
• Daily expression of appreciation.

In my clinical practice, nearly all of my patients ask me what I eat and what I do for exercise; they want to make sure that they not are getting a “Do as I say and not as I do” message.

Have I always lived this lifestyle? Not really. I was a social smoker in college; but nicotine made me ill and the 35 cents for cigarettes seemed like a waste. Although I only participated in competitive sports briefly in high school, I have always loved bicycling and have been active for most of my life. To make activity more convenient, my wife and I have always chosen homes that are within riding distance of work, allowing me to bicycle safely throughout the year.

I can honestly say that my diet is much better than when I was a child. I grew up in Minnesota in the “Eat your meat, drink your milk and don’t expect to eat fruit out of season” generation. I never leave home without eating a breakfast of fruits, nuts and berries. Lunch is vegetarian, too. My pre-dinner snack is a serving of almonds with a glass of beer or wine. Supper is multiple servings of veggies with fish or sometimes a small amount of chicken or beef. Dessert is berries and a little chocolate. No evening snacks, no eating between meals. At the end of the day, I make a point of reflecting on three good things that happened that day.

Life is good when I follow my own advice, and I appreciate that!
CHANGE AGENT

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I work in sleep medicine, and the majority of my patients have obstructive sleep apnea, a condition closely related to being overweight. One of the most common treatments I recommend is weight loss, but for years, I couldn’t look in the mirror without feeling that my own weight was heading in the wrong direction. I was out of shape and heading toward a very unhealthy future.

Then, a few things fell into place.

First, the medical group I work for began promoting healthy living as an incentive to reduce insurance co-pays. As part of that, I read the book *The Blue Zones* by Dan Buettner and realized that I had to be more active and keep my life simple.

Second, a patient of mine lost 80 pounds in one year, and his sleep apnea was gone. I asked him how he did it and he said he ate a small portion of food every hour or so and did not feel hungry. That helped lower his daily calorie intake. After talking with my primary care physician and a dietitian, I found a daily calorie amount that might help reduce my weight. I started eating a small, 100-calorie snack every two hours or so, in addition to reducing my meal portions. This by itself only partially helped me lose weight.

I also had to burn more calories, so I decided to start running.

I was never a runner. At home, we had a treadmill covered with dust bunnies. I started by walking three 10-minute cycles—first a two-minute slow walk, then a five-minute fast walk, then a two-minute slow walk. Then I bit the bullet and ran 100 steps. It took me about a minute, and I almost collapsed, but I persisted. Over the course of a year, I was gradually able to run longer distances. On Thanksgiving Day 2012, I ran a 5K. Last year, I participated in the Susan G. Komen Race for the Cure, and I ran it barefoot.

Over the past two years, I’ve lost 30 pounds and I feel as if I am 15 years old again (I am 51). I continue to increase my distances gradually, and this past summer, I ran about 13 kilometers barefoot.

I am by no means as athletically accomplished as some of my colleagues, but I’ve undergone an incredible transformation in the past two years. My health has significantly improved as well.

Here are messages that I give patients and now most certainly follow myself:

- Eat small portions or healthy foods frequently (complex carbohydrates, fruits, fish, skim milk, nuts and water). I use chocolate as a treat.
- Try to exercise four to five times a week and pay attention to rest time, which is as important as exercise.
- Get adequate sleep. It helps with weight loss. I try to sleep about eight hours or more each night.
- Keep a simple routine and make spending time with family (I have two young sons) a big part of it.
- Be persistent. Don’t give up.

If I can do it, believe me, anybody can.

PERSONAL PROMOTER

**VIRGINIA R. LUPO, M.D.**

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I truly believe that exercise can be life-changing, and I wish I could prescribe it for everyone. I do strength training twice a week. As I see it, good posture, balance, great core stability and knock-out triceps—so wearing a sleeveless dress is always an option—are incredible benefits. I think taking vitamin D every morning in the winter is like taking a tablet of sunshine. I tell patients to take it and do the same. How can you not start the day in a good mood if you just had a pill full of sunshine?

I try really hard to help pregnant women see that breastfeeding can be one of the coolest things on the planet after carrying a baby for nine months. When I did it with my little boys—the experience was so moving and beautiful. I remember there were times in the middle of the night, alone with a little baby nursing, that brought me to tears. (Later on, when my two boys were in high school, there were other things to think about in the middle of the night that were a little scarier.)

I also think getting immunized is tremendously important. Vaccines are one of the miracles of the last millennium and have reduced the burden of disease in the world far beyond the wildest imaginings of people in the past. I even got a smallpox vaccination about 10 years ago when our
There are things that I would never touch, after learning about them and seeing their effects on patients: weight-loss supplements, any surgery that isn’t really necessary (I’ve seen complications from just about every procedure imaginable), cigarettes and unpasteurized dairy. These things just aren’t pretty.

Finally, I think that screening for breast and colon cancer can’t be argued against in large populations, and populations start with a single person, so I do them.

Mr. Safety
David Parker, M.D.
OCCUPATIONAL MEDICINE PHYSICIAN
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I travel extensively throughout the world—often photographing people in dusty, heavily populated or highly polluted areas. I always have a mask with me and never hesitate to put it on.

I won’t lift more than 30 pounds or so and only do shared lifting. When I travel on airplanes, I routinely get up and walk around. I’m a big believer in noise protection and wear noise-reducing ear muffs while mowing the lawn or using my snowblower.

Years ago, I learned from experience—namely, getting poked a few times, without incident—that nonsterile needles could be an occupational hazard for me. I decided I would never again touch them. Since then, I’ve used forceps to remove them and put them on the tray so my hand and the contaminated needle never, ever come in close contact.

There are other areas where I am not always so diligent. For instance, do I follow my own advice regarding ergonomics? My wife would tell you unequivocally “no.” She thinks my desk at home is horrid—the screen is too high and my chair is not properly positioned—but I’m usually not at my desk for long periods of time, either.

I am sure there are other safety and health guidelines that I don’t always follow. My wife frequently points out my transgressions, following it up with, “And you call yourself Mr. Safety!” All I can say is, I do what I can.

Mr. Safety
David Parker, M.D.
OCCUPATIONAL MEDICINE PHYSICIAN
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Sun Shielder
Julie Schultz, M.D.
DERMATOLOGIST
AFFILIATED COMMUNITY MEDICAL CENTERS, WILLMAR

All summer, I worry about my fair-skinned children. I worry about long-term damage: the wrinkles, leathery skin and skin cancers that I see every day on my middle-aged and older patients. Minnesota summers are too short, after all, and who wants to bother with sun protection?

Professionally, I advise wearing long-sleeved clothing and full-brimmed hats when you’re outside. But people, especially kids, hate sunblock. It stings the eyes; it’s messy; and it stains clothes and upholstery. People often don’t use enough and forget to reapply it. One summer at the lake, when my kids were too young to protest, our family looked like the Blue Man Group in our matching, skin-tight, full-body swimwear.

Those days are gone, and I’ve learned to compromise. Now we all just wear long-sleeved swim-shirts over our suits. Fortunately, these “rash guards” are in fashion, so everyone can pick their style (we don’t have to match). I’m also firm about sunblock on the face. Getting my children to apply it takes diligence on the part of my husband and myself. My daughter grudgingly applies it in stick form, so it won’t run into her eyes. My son wears a baseball cap and also resists sunblock. My husband dislikes hats of any sort. I wear a crushable, wide-brimmed cotton hat. We outfitted our boat with a canopy that keeps us in the shade for at least part of any water outing.

There’s one thing I hope my kids avoid at all costs: tanning beds. When springtime arrives—and as prom approaches—I observe many teenagers getting darker by the day. If only they knew the kind of damage they are doing to themselves. MM