

# EvidenceLive<sup>13</sup>

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“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”

(Charles Darwin)

True, our world is changing at a rapid pace. Indeed, we in the health professions must respond to change with ease and grace, embracing new concepts and discarding those that are outdated. This is evolution.

In 10 years' time, I believe that the most evident difference in clinical practice will be in the approach toward lifestyle diseases, such as diabetes, obesity and cardiovascular disease. I believe that people will steadily take more responsibility for their own wellbeing. People will instinctively know what to eat and start each day with moderate exercise because they feel its benefits on their clarity of mind, productivity and happiness. People will be focused on preventing disease rather than curing it. This change has already begun.

Where does this new approach leave us, the practitioners? Does this mean that we will become redundant? No. But it does mean we must heed Darwin's suggestion and embrace change. This new breed of patients will seek us out only when their own efforts have not produced the results desired. They will come to us for advice and demand from us more than a quick fix. We best be ready to provide them with lifestyle suggestions and holistic options.

Many leading healthcare professionals and organisations share my view. Dr. Deepak Chopra, physician and writer, suggests, “Diabetes, like every other lifestyle disorder, is an indicator that change is required. This doesn't mean chemical change. It means redefining how you want to achieve well-being...”[1]. In addition, the INTERHEART Study of 30,000 people in 52 countries found that 90% of heart disease is lifestyle related [2]. Finally, in regards to obesity prevention, the Mayo Clinic echoes these concepts by advocating “daily exercise, a healthy diet, and a long-term commitment to watch what you eat and drink” [3]. If we, healthcare providers, are to survive as a species, we must emerge from the rut of doing what we've always done. We must change the way we practice to be aligned with the clear evidence supporting prevention. Even still, I believe this is not enough. We must truly listen to this new breed of patients. We must provide them what they are demanding. Only when we do these things are we practicing evidence-based medicine [4]. Only when we do these things will we evolve.

## References/Links:

1. Chopra, D. Type 2 Diabetes and the Circle of Life. [Accessed on 20 November 2012]; Available from: [http://www.deepakchopra.com/blog/view/153/type\\_2\\_diabetes\\_and\\_the\\_circle\\_of\\_life](http://www.deepakchopra.com/blog/view/153/type_2_diabetes_and_the_circle_of_life).
2. Yusuf, P.S., et al., Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): Case-control study. *Lancet*, 2004. 364(9438): p. 937-952.
3. The Mayo Clinic. Obesity: Prevention. [Accessed on 20 November 2012]; Available from: <http://www.mayoclinic.com/health/obesity/DS00314/DSECTION=prevention>.
4. Straus, S.E., et al., Evidence-based medicine: How to practice and teach EBM. 3rd ed. 2005, London: Elsevier Churchill Livingstone.