Interviewed by Elizabeth Pegg Frates, MD

Interview With Award Winners From ACLM 2015, Nashville, Tennessee

Interview With John Kelly, MD, MPH

Q: What was the inciting event that led you to start the American College of Lifestyle Medicine?

A: Medicine was a “second career” for me (started medical school at 48 years), and I knew I wanted to be a change agent in getting medicine more focused on addressing the (lifestyle) causes of disease than merely treating the major symptoms. As a medical student, I had established 2 elective rotations in Lifestyle Medicine and completed them both. As a resident, I conducted a month-long elective collecting data from 5 lifestyle intervention centers around the United States and writing a manuscript showing the effectiveness of lifestyle change to reverse disease. By the time I finished residency, I was certain the evidence was more than adequate and that we needed to bring the lifestyle medicine (LM) medical community together so we could have a “louder voice” and more influence. I am not sure I can identify a specific inciting

event, but it was one of my first actions after completing residency. To my surprise I received an award from the AMA Foundation for my role as founding president.

Q: How did your own experience as a child and adult person influence your career choices?

A: I grew up wanting to be a mathematician or a scientist. I love mathematics—it is the purest science. It is the language of nature at its most basic level. I dropped out of college and got into the computing field. If mathematics is the language of science, computers are the “talking machines” of mathematics. I loved computing and soon knew more about the computer than all my coworkers. I was an intemperate workaholic and at 26 years was diagnosed with a duodenal ulcer. Fortunately the doctor recommended lifestyle change as part of the “treatment” for my ulcer. I was determined not to let the ulcer destroy my life and so I diligently followed the doctor’s advice. I began eating on a regular basis, stopping for breaks at work, drinking milk, and avoiding fried

foods (a common lifestyle prescription for ulcers decades ago). The effects were dramatic and really got my attention. I realized that lifestyle choices drove my health or disease. It changed my life, and still is. I decided to work in the health field and ended up working for Blue Cross Blue Shield. My last position was as Director of IT for a BCBS plan in Roanoke, VA. After working a few years in health insurance and having made increasing lifestyle changes to improve my own health and functionality, I decided BCBS was part of the problem and not the solution. I left health insurance to make a difference some other way. Eventually I decided to become a physician and see if I could make a difference from the inside. I must say that I am now doing some of the most rewarding things I have ever done. I am daily helping patients reverse their chronic diseases, and teaching this art and science to a bright young physician in a LM Fellowship program here in the Black Hills.

Q: Who inspired you?

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These articles are based on The Annual Conference of the American College of Lifestyle Medicine (ACLM) held November 1-4, 2015, in Nashville, Tennessee—Lifestyle Medicine 2015: Integrating Evidence into Practice.

A: I realize this is not politically correct in some circles, but frankly it was after I came to know and believe in God as my benevolent Creator and Redeemer that I dedicated my life to helping others enjoy health and longevity. I still love math and science, but my focus changed entirely. I am inspired by folks like Dean Ornish and Caldwell Esselstyn and John McDougall—these men and others like them have studied and advocated LM for years against tremendous opposition. I and most in the LM field today are standing on their shoulders. But the greatest lifestyle medicine healer of all time was Jesus Christ. He went about teaching and healing, and that is what I seek to do myself.

Q: How do you envision the field of lifestyle medicine advancing?

A: I believe that lifestyle interventions are the most rational and solidly evidence-based medicine known to man. It is inconceivable that it will not rise to the top in clinical patient care. We know from the science of epigenetics that lifestyle habits change gene switches, and that a plant diet, regular modest exercise, adequate sleep, and so on, turn off the genes that cause disease states and turn on the genes that promote a healthy state. As Dr Feinberg has said, epigenetics is at the epicenter of modern medicine (*JAMA*, 2008), and I am confident that we will also see that LM is at the epicenter of epigenetics. Nothing can so positively affect gene switches as do therapeutic lifestyle changes. LM is the future of medicine.

Q: What is the next important step in advancing the field?

A: I believe we must separate lifestyle prevention from lifestyle treatment. Not because lifestyle change is not the best prevention, but because lifestyle medicine is the best treatment, and medical reimbursement pays for treatment

but not prevention. Lifestyle is seen as a risk factor for disease, which it is, but that is not nearly as important as the fact that lifestyle change is the most effective evidence-based treatment for existing disease. We must somehow reframe lifestyle as treatment so that it will be reimbursed as the effective treatment it is. There is no stronger disincentive to prescribing and providing LM than lack of reimbursement. This is unacceptable and inexcusable. We must insist that payers reimburse evidence-based LM, and they will if we make the case for it with the public. We must practice evidence-based medicine and resort to whatever means necessary to gain reimbursement. It is the right and necessary thing to do.

Q: How can we ensure that lifestyle medicine will have future leaders?

A: We must of course provide working models for how to do it, and provide training opportunities such as the LM Fellowship, which is my privilege to direct. As our first fellow remarked just a few days ago, “I had no idea what LM could really do until I saw intensive lifestyle changes used to treat disease. The effects are stronger than medications and much safer.” We must keep in mind that the research that put LM in the spotlight was not slow, incremental little changes but intensive total-immersion programs that produced dramatic lifestyle changes. The Lifestyle Heart Trial, the Lyons Diet Study, the Esselstyn cohort—all of these studies used intensive multifactorial lifestyle changes to reverse disease. It is vital to produce dramatic changes to (a) turn the disease around before it kills the patient and (b) demonstrate in the patient's own body that lifestyle change works. No one wants to make lots of change that doesn't do anything,

but when they see the power of lifestyle to turn disease around most folks are willing to do it. Many need more help than just a few weeks of treatment, but their whole perspective changes when they see what is possible. And clinicians need to see this as well. It transforms your whole idea about what good medicine is.

Q: What is your ideal job—if you could pick what you want to do?

A: Well, I almost have it now. I guess I would like to help teach lifestyle medicine to bright young (and young-at-heart) doctors and clinicians. I would like to have a model LM practice with a LM team that treated patients by reversing their disease, and teach interested clinicians how it works by demonstration and explanation. There is a science AND an art to LM. I love to teach both. Perhaps I would like to travel around the globe and help establish such teaching-treatment LM centers.

Q: How do you lead a healthy lifestyle?

A: I believe we must live what we teach if we want it to have power to change people. I find eating a healthy WFPB diet pretty easy, but I still have a bit of workaholic in me, and I must keep after myself to get adequate exercise and sleep. I do it by arranging my daily environment so that walking is a natural part of my routine and by consistently choosing healthy foods. (I would rather fast than regularly eat things I know will injure my health.)

Q: What do you do if you are ever stuck or struggling with your own healthy habits?

A: I believe that my body is not my own but is a gift from God, and I see it as my privilege to be a good steward of it. So my spiritual devotions and relationship with God help me maintain a commitment to taking care of my body and my mind. But I do not

believe that believing in God is essential to maintaining a healthy lifestyle. There are solid reasons for staying healthy besides stewardship to God. But I do find that most people are more able to maintain healthy habits when they are doing it for something larger than themselves. Maybe to be able to spend time with grandchildren, maybe to enjoy some of the things in life they have on their “bucket list.” But for me it is about taking care of the marvelous gift of life that God has given me.

Q: What are your goals for this year, the next 5 years, 10 years?

A: In the next year or two I want to build a model residential LM Center here in the Black Hills with a solid LM team and a good set of

tools (treatment protocols, computerized data recording and outcomes analyses, treatment modalities, etc). I want to make the Center financially sustainable without compromising treatment (will not deviate from the best evidence-based treatment in order to gain reimbursement— reimbursement should fit the best treatment, not make treatment fit reimbursement!).

In the next 5 years I want to help the LM movement gain reimbursement for truly evidence-based LM treatment. I do not think anything will advance LM more than that one thing. I hope it will not be as difficult to overcome the opposition of vested palliative care as it was to get the tobacco

companies to accept the evidence that smoking was bad for health, but I am willing to do what it takes to win the battle for LM as treatment.

In the next 10 years who knows where LM will be? I know that when we launched ACLM in 2004 I had no idea we'd still be seeking reimbursement more than a decade later. I hope that we have a bona fide specialty with good cooperation and collaboration with other specialties to provide the best care humanly possible for the citizens of our country and the world. I do NOT think LM is the only treatment or specialty needed, but I KNOW it is one of the most important ones. The world needs it. **AJLM**