

EDITOR'S PAGE

The Cardiologist as a Role Model

The holiday season is upon us and my wife and I recently attended one of the many Christmas parties that will be held. Upon entering the party we could see guests milling around several tables filled with food. As we walked about the room, the guests, many of whom were patients and nearly all of whom were good friends, shuffled away from the roast beef and pasta and toward the turkey and salad. Plates that had held generous helpings of lipid-laden food were discretely moved, and in some cases disavowed. Clearly, our friends were a bit uncomfortable with committing dietary indiscretions in my company. My wife had often joked that I needed to be less conscientious about my diet at social gatherings or we would not get any invitations to dinner at all. She had even warned me on the way to the party “not to be the Grinch who stole Christmas.” So I commented loudly how wonderful the food was and put a little roast beef on my plate along with the turkey.

This whole episode brought home to me the important role we cardiologists play as role models. Patients are anxious to see if we practice what we preach and are usually anxious to copy our behavior. This role, of course, can sometimes be transformed into serving as a conscience. Friends are inhibited from “transgressions” in our presence, and many patients tell me that their most intense diet and conditioning occur in the weeks leading up to a clinic visit. There is danger, however, that we may become overbearing or preachy; constant lecturing on a healthy lifestyle can be a turnoff. In this case, we stand to lose any influence we may have.

Although there are many ways that we cardiologists serve as role models, what I am addressing here is related to health matters. Many situations are obvious. A cardiologist who smokes cigarettes or is obese is a clear example of “do what I say, but not what I do.” However, there are many more subtle aspects of leading a heart-healthy lifestyle and minimizing coronary risk. Regular exercise, of at least modest intensity, is generally agreed to be of value in a number of ways. A former mentor told me that he jogged because his mentor had, “and if he does it, it must be good for you.” The effect on the lay public should be much greater. But perhaps the area in which our behavior is watched most closely is that of diet. Spread butter on a roll before dinner and there is a good chance that someone will comment and shortly follow suit. Similarly, skip atherogenic desserts and often so will others.

Like professional athletes, we cardiovascular specialists have not sought to be role models; it has largely been thrust upon us. However, in contrast with athletes, we take an active role in telling others how to live their lives. Therefore, it seems only fair that we should lead by example. I am convinced that most of us undertake the responsibility without hesitation; if something is good for patients it must be good for us, and vice versa. Therefore, it is easy to practice what we preach. By the same token, we do not want to be held to living a perfectly heart-healthy lifestyle all the time. Moderation in all things is the key. So most of us “sin” at least once in a while. It is hard not to get annoyed when you are having that infrequent prime rib dinner and someone comments



**Anthony N. DeMaria,
MD, MACC**

Editor-in-Chief,
*Journal of the American
College of Cardiology*

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that you must not ascribe to the liabilities of saturated fat. For me, I try to limit my dietary indiscretions to home, or inform my companions that I am going to enjoy whatever it is "for a change."

Whereas most cardiovascular specialists accept our lifestyle role model status freely, some do it with fervor. In fact, the enthusiasm and aggressiveness with which some advocate a heart-healthy lifestyle can be excessive. I have heard cardiologists announce loudly when ordering a meal that they are vegetarians, or that they never eat certain types of food. Even more assertive is questioning someone else's choice of meal: "You're not really going to eat that unhealthy stuff"? It is not unusual to attend breakfast at a meeting and have someone state that they just ran 5 miles and would have run their usual 10 if not for the early starting time. This is often followed by a request for a super high-fiber cereal flavored with wood chips and the expectation of considerable praise and admiration. It goes without saying that this can be overbearing. If it is difficult for other cardiovascular physicians to take this behavior, it is likely more so by patients. I must confess that some of the distaste I feel may be related to the fact that I have not achieved this level of perfection for myself. So some of this may be sour grapes. Nevertheless, it seems to me that such aggressive advocacy, especially when mounted on the stand of one's own virtues, is less likely

to favorably modify behavior than is just setting a good example.

Just as moderation in all things serves as an excellent guide for lifestyle choices, so it does for serving as a role model. Given our position in society, it is both appropriate and inevitable that our friends and patients will observe our actions and emulate them. Merely being present may itself be enough for us to serve as a conscience and influence behavior to optimize cardiovascular health. In my view, however, our function as a role model should primarily be by example; I believe that the importance of specific behavior will speak louder than any verbal statement.

Well, as I initially said, the holiday season is here and with it parties galore. Everywhere I go in the hospital and laboratories food abounds, very little of it heart healthy. I feel an obligation at this time of year to not inhibit the celebration of my friends and staff. Therefore, I am going to set their minds at ease by acting as a role model and eating lots of things that taste good regardless of whether they are good for you.

Address correspondence to:

Dr. Anthony N. DeMaria
Editor-in-Chief, *Journal of the American College of Cardiology*
3655 Nobel Drive, Suite 630, San Diego, California 92122
E-mail: ademaria@acc.org