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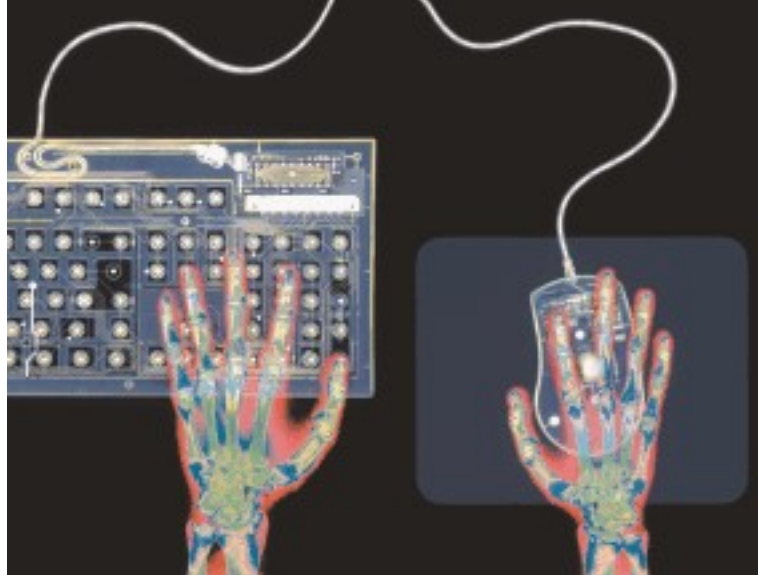
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Medical students as agents of lifestyle medicine

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We commend Keyes and Gardner for their article demonstrating the successful implementation of lifestyle medicine into the curriculum of physician associates.¹

The article indicates that four 50-minute teaching sessions, followed by coursework and a critical thinking task, were sufficient to significantly increase competency in lifestyle medicine, which employs the use of lifestyle factors such as nutrition, physical activity, and sleep and stress management to **3** combat disease.² The potential of extending this teaching to qualified doctors is highlighted by the authors, but we suggest implementation at medical school. As fourth-year medical students in the UK, we feel that

there is a necessity for lifestyle medicine teaching during our training. For example, a recent UK study found that 71.5% of medical students and 81% of junior doctors had received less than 2 hours of nutrition teaching in the past year; in addition, 85% of students and 91% of doctors stated that they would welcome more nutrition education as part of their training.³

In our experience, nutrition and other aspects of lifestyle medicine have been neglected in our medical programme. Despite the acknowledgement of lifestyle factors reducing the risk of developing many non-communicable diseases, specific teaching on this topic has been non-existent in our medical

education, forcing us to turn to self-directed learning. This means that only those with an interest acquire this key information. Medical school curricula should provide all students with the knowledge needed to adequately advise our patients and guide them to make consistent healthy lifestyle choices.

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