

# Editorial

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## A Bold Vision for a Healthier World: Lifestyle-First Medicine

**Abstract:** *A call to action from the recently published Doha Declaration, including guiding principles for Lifestyle Medicine integration as an evolution to Lifestyle-First Medicine for global healthcare.*

**Keywords:** lifestyle medicine; chronic disease prevention; healthcare integration; global health policy

### Introduction



In February 2024, 26 prominent Lifestyle Medicine (LM) leaders from around the world convened in Doha, Qatar and signed the Doha Declaration. This landmark agreement establishes guiding principles to advance the integration of evidence-based lifestyle interventions in healthcare systems globally.

LM is a clinical discipline that employs scientifically validated strategies to prevent, treat, and manage chronic diseases. At its core, LM empowers individuals to adopt healthy lifestyle habits like physical activity, healthy diets, stress management, and restorative sleep. The robust evidence supporting this holistic, patient-centered approach makes LM a transformative force in healthcare.

Diverse indigenous knowledge and traditional, complementary, and integrative medicine offer crucial insights to promote health. These systems provide a wholesome view of health and wellness, incorporating individual, physical, mental, social, and spiritual dimensions that have been used and refined over centuries. By blending these perspectives with

urgent need to institute LM as the new standard of care. The declaration calls for a proactive, health promotive, and preventive “well care” approach that addresses the root causes of chronic illness.

One key strength of LM is that it is firmly grounded in credible scientific evidence. This will empower physicians to guide

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contemporary, conventional scientific knowledge, we can enhance the exchange of ideas and bolster the scientific validation of diverse approaches to improving health and quality of life.<sup>1,2</sup> A common thread among these systems is their emphasis on lifestyle factors such as diet, physical activity, and social connectedness.

The Doha Declaration unites this powerful vision for “Lifestyle-First” healthcare.<sup>3</sup> It recognizes the global burden of non-communicable diseases and the

patients in making informed decisions, leading to improved outcomes, reduced costs, and greater satisfaction. It is the only medical discipline with a globally standardized approach to LM education and certification via the International Board of Lifestyle Medicine.

The declaration also outlines a roadmap for integrating LM competencies into healthcare education and systems worldwide. Ensuring the next generation of providers is well-versed in LM

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principles can transform how we approach prevention and management of chronic diseases.

Implementing the Doha Declaration's vision will require overcoming challenges like resistance to change, aligning incentives, and scaling up LM education. But the potential benefits are immense—a world where chronic diseases are no longer the leading cause of premature death and disability, and healthcare is truly centered on promoting wellbeing.

As members of the healthcare community, we have a responsibility to heed the call of the Doha Declaration. The blueprint for change is here; together we can design and implement solutions to the world's greatest health problems and create a more equitable future for all.

To measure the success of the Doha Declaration's implementation, healthcare systems can consider the following key performance indicators (KPIs):

#### Patient Outcomes

Track improvements in patient health outcomes, such as reduced incidence of chronic diseases, better management of existing conditions, and enhanced overall wellbeing.

#### Adoption of Lifestyle Medicine

Monitor the number of healthcare providers trained in LM, the integration of LM into healthcare education and systems, and the increase in LM-certified providers.

#### Healthcare Utilization

Measure changes in healthcare utilization patterns, such as reduced hospitalizations, emergency department visits, and pharmaceutical prescriptions.

#### Patient Satisfaction

Assess patient satisfaction with healthcare services, including their

perceived involvement in decision-making and the quality of care received.

#### Healthcare Costs

Evaluate the financial impact of the Doha Declaration's implementation, including reductions in healthcare expenditure, improved cost-effectiveness, and return on investment.

#### Population Health Metrics

Track population-level health indicators, such as changes in obesity rates, physical activity levels, and prevalence of chronic diseases.

#### Healthcare Provider Engagement

Measure the engagement of healthcare providers in the implementation process, including their satisfaction with the new approach, perceived barriers, and willingness to adopt LM principles.

#### Policy and System Changes

Assess the extent to which healthcare policies, systems, and infrastructure have been modified to support the integration of LM.

By tracking these KPIs, healthcare systems can evaluate the effectiveness of the Doha Declaration's implementation and identify areas for improvement, ultimately contributing to the advancement of LM and the reduction of chronic disease burden worldwide.

Even though several challenges exist in moving Lifestyle Medicine into mainstream medical practice, the growth in the number of LM professionals highlights a global recognition of LM and its importance in reducing the current burden of disease and improving overall patient outcomes.

Leaders and policy makers worldwide need to prioritize, develop, and implement policies to

enable the practice of LM.

Strengthening global partnerships to share LM best practices and resources with patient-centered equitable care at its core are also essential.

The time is now to promote an environment so that Lifestyle Medicine can thrive. A large body of evidence already exists to support how daily healthy lifestyle habits have the power to reduce premature death, improve overall health, reduce suffering, and enhance the quality of life. If we do not emphasize the lifestyle health approach in our health systems, we will be doing injustice to our patients and communities. It will be a missed opportunity for healthier future generations.

The seeds for Lifestyle Medicine have been sown. The foundation has been laid. NOW, we must enable it to thrive and flourish. <sup>AJLM</sup>

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Chair of the International Board of Lifestyle Medicine, the Chair of the American Board of Lifestyle Medicine and serves on the Lifestyle Medicine Global Alliance Advisory Committee.

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### References

1. World Health Organization (WHO). *WHO traditional medicine global summit 2023 meeting report: Gujarat declaration*. Geneva: WHO; 2023. <https://www.who.int/publications/m/item/who-traditional-medicine-summit-2023-meeting-report-gujarat-declaration>.
2. WHO TEAM Traditional Complementary and Integrative Medicine. WHO traditional medicine global summit 2023 meeting report: Gujarat declaration. *J Ayurveda Integr Med*. 2023;14(5):100821. doi:10.1016/j.jaim.2023.100821.
3. The Lifestyle Medicine Global Alliance (LMGA). *The Doha declaration*. <https://lifestylemedicineglobal.org/doha-declaration/>.