

WIPHL helps doctors empower patients

I am pleased that Dr Chou has chosen a presidential theme of the importance of helping patients help themselves.¹ His emphasis on promoting healthy behaviors is also most welcome, as 40% of our patients die of preventable behaviors.²

Unfortunately, most primary care practices are not currently promoting healthy behaviors in a systematic way. With new billing codes,³ reimbursement is not the issue it once was, but time remains an issue. It would take the average primary care physician over 7 hours a day to deliver all the preventive services recommended by the United States Preventive Services Task Force.⁴ On average, family physicians address 3 clinical problems at each visit.⁵ Asking physicians to squeeze more care into their visits simply won't work.

The Institute of Medicine⁶ offers a solution: Physicians don't have to do it all. I am the clinical director of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL), www.wiphil.org. With funding from the US Substance Abuse and Mental Health Services Administration, our initial goal is to durably enhance the delivery of evidence-based alcohol and drug screening, brief intervention, referral, and treatment services in primary care clinics throughout Wisconsin. Ultimately we will develop a comprehensive mental health and multi-behavioral screening, intervention, and referral package for primary care. The key to WIPHL's success is having the clinic staff conduct initial brief screening with written questionnaires and dedicated health educators do the rest. We train our health educators in motivational interviewing,⁷ through which patients are assisted empathically and respectfully in making their own decisions about their health-risk behaviors according to their own goals and values, as Dr Chou suggests.

For those physicians who are already strapped for time, WIPHL can

help build teams and implement systems in your practices to help empower patients to change unhealthy behaviors. Your patients will be healthier, your practice won't lose money, and you'll still get home for dinner!

*Richard L. Brown, MD, MPH
Madison, Wis*

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Studies unable to prove prayer is helpful for patients

Regarding Dr Belknap's letter to the editor referencing the "power of prayer," (*Wisconsin Medical Journal*, 2007, Vol. 106, No. 8) the literature does not seem to support his position. At least 10 studies of the effects of prayer have been carried out in the last

6 years with mixed results. The most recent study, led by Herbert Benson, MD, a cardiologist and director emeritus of the Benson-Henry Institute for Mind Body Medicine near Boston, raised serious questions whether patients should be told prayers were being offered for them. The researchers concluded that there was no difference between 2 groups of patients undergoing cardiovascular surgery (1 group was prayed for, the other not), either in rates of complications or successful outcome. Dr Benson is widely known regarding his emphasis on prayer as providing soothing and comfort, but he stops short of claiming that prayer may influence outcomes.

People of faith will continue to believe in the power of prayer, as they should. It is the essence of faith to believe in the unbelievable. Science, on the other hand, does not recognize the legitimacy of faith as a determiner of outcomes.

Therefore, statements like "it is my personal belief that both prayer and advocacy are urgently needed..." are inappropriate for a scientific journal and should be reserved for personal use at home or in church. It will be the hard work and dedication of people (many of whom may be motivated by the power of prayer) that eventually improve access to care and equity in quality.

*Paul K. Wegehaupt, MD, FAAP
Rhineland, Wis*

Global warming in Wisconsin

How concerned are Wisconsin people and physicians about global warming?

Although I know of no survey, I would expect there may be less concern in Wisconsin than in much of the country. After all, doesn't a warmer winter sound better (except for those whose businesses depend on the cold)? And a few more days of summer seems worth the winter trade-off.

But let's not fool ourselves. Although "a bit warmer" may not seem worrisome in Wisconsin, temperature volatil-

ity across the world can produce storms locally. After visiting Toronto recently, I learned that they were already preparing for potential waves of “climate refugees” from warmer climates. The potential health risks for Wisconsinites may seem self-evident: in the summer, more heat-related illnesses, new infections, overcrowding, and inadequate health and public health systems. The science substantiating the risk of global warming, as well as human behavior as a major cause, seems well-established by now.

Perhaps Wisconsin should also feel a bit of guilt. We rely so much on coal as an energy source that we contribute more to global warming than states of a similar size.

Like most of the country’s physicians, Wisconsin physicians as a group do not seem to have shown much concern about these risks. There may be multiple reasons for this lack of attention. Like everyone else, physicians tend to psychologically deny risks that may be decades away. Our brains

are set up to respond to immediate danger by the fight-or-flight response, but there is no comparable response for future risk. Physicians are also beleaguered with increased demands on productivity, leaving little time and energy for anything but basic patient care.

However, we do have an ethical imperative to do more. Our American Medical Association’s principles of medical ethics state in Section VII, “A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and betterment of public health.”

So what can Wisconsin physicians do?

As a citizen and potential role model, we can keep up-to-date with the local and national risks. *The Milwaukee Journal Sentinel* has an excellent on-line source at www.jsonline.com/global-warming. Armed with that knowledge, we can make the necessary adjustments in our homes and workplace.

We can also try to join the Governor’s Task Force on Global

Warming. Although there are key leaders from many different businesses and professions on the task force, the list does not include any physicians.

We can also pair up with public health. Many of the risks appear to overlap the health concerns of both fields.

Educationally, we need to get the younger generations involved, for it is their future that will be most affected. Especially at a graduate level, our medical and other health care schools need to incorporate this topic.

We can participate in the next Earth Day, April 22, 2008. There is plenty of time to prepare and be creative. How about wearing green coats instead of white? Or, if that’s too much, at least green shirts and skirts. When patients and staff ask why, we could have literature on global warming available. Maybe we could even put on a town hall meeting for the public.

*H. Steven Moffic, MD
Milwaukee, Wis*

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