



## Query

A particular Herman cartoon I saw years ago has been bothering me: one where a big blimp of a doctor, a gross, morbidly obese specimen, advises a credulous patient that he should take up exercise to lose weight.

I think I've grown into that doctor.

There was once a time, in medical school, when I reflected on the expanding waistline phenomenon of physicians-in-training. Back then I was fit, I exercised, I ate well, and I couldn't imagine ever doing any differently. At the same time, I recognized that residents seemed to be much fatter than the average medical student. I thought it was just sloth, and I treated the fatties with disdain. I made fun of them, inventing an acronym (**Fat Ugly Residents Big Appetites Living Large**) and even devising, abetted by my friends, a contest to identify the biggest FURBALL.

Then I became one, and the joke was on me. As a resident I ate hospital food, usually fried. It was convenient, and it was quick. I was on call one in every four nights, meaning that I had to recoup sleep on another of those nights, leaving two nights free — theoretically. But I had a family by this time, and those two nights were spent with my wife and daughter.

Excuses? As a student, I would have thought so. But now I have become a practising family doctor, and the demands on my time have only increased. Though I am long out of the habit of eating well and exercising, I am increasingly in the

habit of telling more and more people — hypertensives, dyslipidemics, just plain fatties like me (come to think about it, just about everyone, because everyone's health problems can benefit from more activity and a better diet) — that they should improve their diet, that they should exercise. And the more I say these things, the more I try to see my toes, which just aren't visible from the vertical anymore.

Is this a case of the parental "Do as I say, not as I do?" I wonder. Aren't we expected, by our patients, to practise what we preach? It's a credibility issue. Furthermore, I think there is a certain amount of role modelling involved in the physician-patient relationship. Besides basic help with their medical problems, many patients come to their doctor for a glimpse of a better life. Instead, I give them a blimp glimpse.

It's not self-deprecation. I'm too big. I know I need to change. But the lifestyle I've created thus far — the lifestyle of the physician — provides little time to exercise and actually facilitates the ingestion of junk food. Rationalization! I know, I need to change my work hours to allow myself the time to improve my physique, get a pair of running shoes, demand time.

Now I feel a little like my patients ... knowing that I should do something, but noncommittal about doing it. Perhaps that old Herman cartoon should be amended.

— Dr. Ursus