

YANKEE DOODLING Douglas Kamerow

Why don't people exercise, even a little?

There must be something we can do about it

Everyone knows that exercise is good for you. Physical inactivity is estimated to cause 3.2 million deaths a year globally, making it number four on the list of risk factors.¹ In the United States, inactivity combined with poor diet is second only to smoking as a risk factor for death.² There is much evidence showing that regular exercise is one of the most important things you can do for your health, better than any pill that we have.

Brief digression for a small rant: why do experts insist on the term “physical activity,” which sounds clinical and scientific, instead of “exercise,” which only sounds arduous and undesirable? (I guess I answered my own question.)

Anyway, physical activity is defined as anything that gets the skeletal muscles moving and that expends energy. The list of benefits of regular physical activity grows each year and includes decreased risk of heart disease, diabetes, some cancers, and depression and dementia, along with help with weight control, bone strength, and, for elderly people, prevention of falls.^{3 4}

Inactivity increasing

So it was disheartening, and even a little shocking, to read that a new survey found that more than 80 million Americans aged 6 years and older—28% of the population—reported that they engaged in no physical activity at all in 2014. Zero. Not one of a list of over 100 activities.^{5 6} No walking or playing catch or mowing the lawn or raking the leaves. No gardening or swimming or kicking a football around. The number of these so called “inactives” has grown each year since the annual surveys began in 2007.

The US Centers for Disease Control and Prevention says that 26.3% of US adults engaged in no leisure-time

activity in 2013. Respondents were classified as participating in no leisure-time physical activity if they responded “no” to the question, “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” CDC also found that less than half of Americans meet the standard of 150 minutes a week of physical activity that was set in 2008.^{7 8}

I understand that some people hate jogging and going to the gym. So do I. Thirty minutes of exercise a day, five days a week, is a pretty high bar for people who don't like it very much. But how is it that somewhere between 25% and 30% of Americans get absolutely no exercise in a year?

I know that today's society and jobs are conducive to a sedentary lifestyle. Indeed, modern life for many requires it. Previously, many jobs and even housework required at least walking around, if not outright exercise. Now we spend all our time looking at screens of various sizes or behind the wheel of a car. Schools used to encourage, even mandate, physical activity. Now it is hard to find a school that does so, having eliminated or made optional what we used to call physical education. We are paying a high price for our modern habits and convenience.

Needed: strategies

What can we do about this? Some people like to go to gyms and work out and jog or run. Terrific, more power to them. Keep it up. But the rest of us need a strategy or a series of strategies from which we can choose.

These might include shortening the time for exercise by trying a high intensity interval training technique.⁹ This gets you out of breath fast but is over mercifully quickly, in a matter of a few minutes. Having low tech equipment such as elastic bands and



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● Research News: Gentle daily exercise is as good for elderly men as stopping smoking (*BMJ* 2015;350:h2683)

● Editorial: Exercise: not a miracle cure, just good medicine (*BMJ* 2015;350:h1416)

● Research News: Prolonged sitting increases risk of serious illness and death regardless of exercise (*BMJ* 2015;350:h306)

benches readily available is another way to encourage brief intervals of physical activity. The automated commute can be countered by integrating walking into it: parking at the far end of the car park or getting off the bus or train a stop or two before your destination. At the very least people can stand up several times a day and walk around the office (or the block). Or try micro-bursts of exercise; one friend never walks short distances, breaking into a jog to go around the corner or catch a bus. Annoying but perhaps effective.

Some people are motivated by measurement. Virtually everyone is carrying a smartphone these days, many of which are equipped to measure physical activity. Pedometers are dirt cheap and easy to use. Noting that you've walked only 2500 steps by dinner time is a nice motivator for an after dinner stroll.

Clearly, motivation is the key, and doctors have a role in this too. The lesson of the brief smoking cessation intervention should not be lost on exercise: if the single most important thing smokers can do for their health is to stop smoking, then the single most important thing non-smokers can do may well be to figure out an exercise strategy. I know that experts have failed to find evidence that brief counselling by a physician to encourage exercise is effective,¹⁰ but common sense and public health urgency demand that we do something. Action is appropriate while we wait for better research to tell us what works best.

I've been writing this for too long. Must get up and walk around.

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Jocelyn Cornwell

Innovative and sociable



JOCELYN CORNWELL, 61, is founder and chief executive of the Point of Care Foundation. Trained as a sociologist, she found her views shaped not by the leaders of medicine but by empathy with patients.

Her book *Hard Earned Lives* captures lay beliefs about health, illness, and medicine. She worked for the NHS in community health, for the Audit Commission and the Commission for Health Improvement, and then for the King's Fund after putting forward a proposal in 2006 to improve patients' experience of care, which led to the Point of Care Foundation being established.

Do you support doctor assisted suicide?

Yes. I'm completely with Atul Gawande when he says, "retaining the autonomy to be the authors of our own fate... is the very marrow of being human"

What was your earliest ambition?

For my two older sisters to include me in their games—and in the plays they put on for my parents about girls who live at the bottom of wells, and such like.

Who has been your biggest inspiration?

Deirdre Hine. She was my chair at the Commission for Health Improvement, and later I worked with her on a public inquiry into an outbreak of *C difficile* in Northern Ireland. I was in my 40s when I met Deirdre and had not had a role model at work before, let alone one who was a woman. It's no accident that Deirdre is seen as a brilliant chair: she is meticulous about preparing in advance and always treats people with respect, even when they are objectionable.

What was the worst mistake in your career?

I was responsible for designing the methods for the Commission for Health Improvement's clinical governance reviews. In 2002 we sent out the wrong papers when we consulted on the methodology for the first clinical governance reviews in primary care trusts, and it provoked a storm of protest that could have been avoided.

What was your best career move?

Joining the health studies directorate at the Audit Commission as a researcher in 1990.

Who is the person you would most like to thank and why?

Anton Obholzer—consultant psychiatrist, psychoanalyst, and my mentor since 2000. He keeps me sane and helps me carry on.

To whom would you most like to apologise?

The friends I've hardly seen since starting the Point of Care Foundation.

If you were given £1m what would you spend it on?

A long trip to Japan and China with my husband, Pat, and a gift to the Point of Care Foundation.

Where are or were you happiest?

At home with Pat.

What single unheralded change has made the most difference in your field in your lifetime?

The internet and social media. The internet has opened up medicine and healthcare to patients and the public, and social media have allowed people who never had a voice to make their views heard. I am a reluctant tweeter, but I've discovered new thinkers and writers through Twitter, and it often makes me laugh.

Do you support doctor assisted suicide?

Yes. I'm completely with Atul Gawande [US surgeon and public health researcher] when he says, "retaining the autonomy to be the authors of our own fate... is the very marrow of being human."

What book should every doctor read?

Mountains Beyond Mountains by Tracy Kidder. It's about the work of Paul Farmer—a doctor, Harvard professor, infectious disease specialist, and anthropologist, who challenges the received wisdom about what kind of healthcare the developing world can afford.

What poem, song, or passage of prose would you like mourners at your funeral to hear?

Can You Hear Me? by David Bowie.

What is your guiltiest pleasure?

Banana bread and a long black in Kaffeine, my favourite coffee bar near the office in London.

If you could be invisible for a day what would you do?

I'd hang out at editorial meetings and the newsroom at Channel 4, which I much prefer to the BBC for news.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*? What television programmes do you like?

Not Clarkson or Clark; more the *Daily Show* with Jon Stewart, *Breaking Bad*, and the *Great British Bake-Off*.

What is your most treasured possession?

An Indian charm my mother gave me that I keep on my key ring.

What, if anything, are you doing to reduce your carbon footprint?

I walk a lot.

What personal ambition do you still have?

To join the BBC as a wildlife photographer (chance would be a fine thing).

Summarise your personality in three words

Innovative (every job I've had has been one that didn't exist before); very sociable, but I keep myself to myself.

Where does alcohol fit into your life?

It's one of my pleasures. I developed a taste for red wine when I was at school in Brittany.

What is your pet hate?

Bowls of sweets in meetings and on exhibition stands.

If you weren't in your present position what would you be doing instead?

Working with food, as part of the Local Food/Slow Food movement.

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