

chapter is based on a suggestion the reader might like to try to improve their health.

The idea is that you don't have to be perfect in all four pillars, but you need to pay attention to each area. Rather than excelling in just one or two of these, such as food and movement, it's about achieving balance across all four. That way, the changes and improvements are going to be much more sustainable in the long term.

Contrary to what people might expect, the book starts with the relaxation pillar because I think stress is one of the biggest reasons patients come to see me. Our modern lives are incredibly busy and stressful, and we need to learn how to relax and switch off.

I want to empower people to become the architects of their own health, and I believe that if everyone applied the principles in this book, we'd take a significant amount of pressure off the NHS.

Q. TELL US ABOUT THE SCREEN-FREE SABBATH...

It's the final suggestion in the relaxation pillar of the book, and I think it will give a lot of people palpitations when they first read it! I basically suggest not looking at any screen for a whole day, once a week.

An awful lot of us, including myself, are addicted to our electronic devices and I don't think it's good for our health. There's a constant bombardment of noise and information coming into our brains all day, until last thing at night, from emails, texts, tweets, Facebook, Instagram. When I go for a day without looking at a screen, I feel like I've had a holiday. A day might be too much for some people, in which case, try half a day. If that's too much, start with an hour. Technology is brilliant, and has helped us in many ways, but we probably need to learn some practice rules. The screen-free Sabbath is a really useful tool to aim for each week.

Q. DO YOU THINK THERAPISTS PLAY AN IMPORTANT ROLE IN HELPING THEIR CLIENTS TO MOVE TOWARDS THIS 4 PILLAR APPROACH TO HEALTH?

Absolutely. Helping their clients to relax, sleep better and make healthier lifestyle choices is what complementary therapists are excellent at doing. Based on conversations I've had with my patients and my experience of utilising these services myself, I know therapies can be incredibly beneficial.

One of the reasons the NHS is struggling to cope is because there is so much pressure being placed on it by lifestyle-driven illness. We have to take some of that pressure off the NHS, and I think that's where FHT members can be incredibly helpful.

Q. WHAT DO YOU THINK ARE THE KEY BARRIERS TO SELF-CARE? WHY ARE PEOPLE FAILING TO PROPERLY EAT, SLEEP, RELAX AND MOVE?

There are so many answers to this question but on an individual level, I think that health has become incredibly complicated and we're living in an era of information overload. People who want to make healthier choices are reading conflicting advice and it's leaving them confused.

On a wider scale, healthy living is hard because the environment around us doesn't make it the easy option. If you look at cultures around the world, such as the 'blue zones', where people live to a ripe old age and are in good health, they're not necessarily trying to be healthy – their lifestyle and environment make healthy living the default. I think that's ultimately what determines a society's health.

One big tip I give throughout my book is to control those environments that you can. It's hard enough when you step outside the front door to resist temptation, so make your home a safe zone. Don't bring junk food into your house. If you want to work out regularly, don't keep that skipping rope, step or set of dumbbells in a cupboard – leave them out, so that you can pick them up and use them when you have five minutes. We need to create our own healthy environments.

Q. DO YOU THINK THE GOVERNMENT COULD BE DOING MORE TO PROMOTE HEALTHY LIVING?

Absolutely, but the only way we can get a society healthy is with joined-up thinking. If people think it's the sole responsibility of the government, doctors, complementary therapists or the individual, it's never going to work. One in three children leave school



Q. HAVE YOU USED ANY THERAPIES TO IMPROVE YOUR HEALTH?

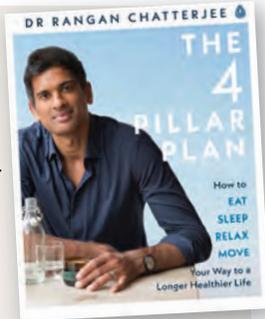
I regularly have myofascial release to get rid of the tension my body is storing, and I have sports massage several times a year.

Postural analysis also helped me to solve a back problem I had for 10 years. I was in a lot of pain and had to take time off work and give up sport – it had a horrendous impact on my quality of life. I went round the houses trying to find a solution and then eventually saw a guy called Gary Ward, who told me that my right foot and right gluteal muscles weren't working properly, which was making my back take the strain. In about five minutes, he had showed me how to address the problem. The way he looks at the musculoskeletal system, using a 360-degree approach, is how I look at the human body when someone comes to me with a health problem.



MEMBERS' PRIZE DRAW

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overweight or obese – that should not be acceptable. The only way we change that is across the board – in hospitals, schools, workplaces and at home. We all need to embrace the principles of healthy living and make it a priority.

I find it utterly ridiculous that, in 2018, lifestyle and diet is crippling the health system and the government isn't doing more. It amazes me that there are still sweet machines in schools, and hospitals serving junk food in the wards and staff canteens. Very soon, what's essentially a health issue is going to become an economic issue for this country, and then the government is going to have to get involved. If the moral imperative of getting people better is not a good enough reason, then I believe the financial imperative will be.

Q. DOCTOR IN THE HOUSE SHOWED THAT A HOLISTIC APPROACH TO TACKLING CHRONIC HEALTH CONDITIONS WORKS, BUT HOW CAN GPs HELP THEIR PATIENTS IN A 10-MINUTE APPOINTMENT?

There are two factors here: time and education. Some of the results I am most proud of in my career are those I saw in the people I stayed with during the first two series of *Doctor in the House*. By making some simple changes over four to six weeks, these people achieved long-term improvements to their health, which have lasted for months and years – not just a week or so.

Clearly it's not scalable to achieve the same results in a 10-minute appointment.

Q. HOW REALISTIC WOULD IT BE TO INCORPORATE LIFESTYLE TRAINING INTO MEDICAL TRAINING?

That would clearly be the dream scenario, but these things are not easy. That's why I've worked with a number of colleges to create a CPD course for doctors that's been accredited by the Royal College of General Practitioners. Next year, we're hoping to train 1,000 GPs in how to apply the principles of lifestyle medicine, which is a massive start. It won't change how long they get to spend with patients, but it will give them a bigger toolbox and teach them how to communicate effectively and connect with their patients, which is also really important. And it will teach them to be more inventive. They can say to a patient: 'Look, I think stress or your diet might be playing a role here – would you be interested in making some changes?' If they say yes, then they can direct the patient to a good book or website and encourage them to make a list of any questions or challenges they come across, which can then be discussed at a follow-up appointment in two weeks' time.

Or even better, if they have a therapist or meditation teacher based in the practice, they can suggest trying a treatment if they think this might help the problem. I've had great responses from patients with knee pain and back pain, which wasn't getting better, by sending them for myofascial release or sports therapy.

So I think one critical step to transform the way GPs deliver care comes down to how we are trained. We need to learn how we can use different therapies and lifestyle changes as medicine, to help different conditions.

I often help patients get rid of migraines by asking them to try meditating, working through an elimination diet and sometimes using the supplement Coenzyme Q10. But currently, GPs are trained to prescribe pills. I have no problem prescribing painkillers to help a patient who is suffering, but these patients need to know it's a short-term fix, and there are other things we can do to try and identify what's causing these migraines long-term and get rid of them.

Q. WHAT ARE YOUR THOUGHTS ON SOCIAL PRESCRIBING?

I'm a big fan and hugely supportive of social prescribing projects. My family and I use Parkrun and I recommend it to my patients. I think a reason initiatives like this are doing

incredibly well is because it's not just about exercise and getting outdoors, it's about meeting local people and feeling part of the community, which is just as important to health.

Q. WHAT'S NEXT FOR DR CHATTERJEE?

I'm currently filming a new programme with the BBC, so watch this space, as they say. I'm also looking to take my book to the US, with the aim of getting my message across to a wider audience. fht.org.uk



Dr Rangan Chatterjee is a GP on a mission to transform healthcare through lifestyle. Star of the popular BBC series *Doctor in the House*, he has recently published a book, *The 4 Pillar Plan*. drchatterjee.com