

**The Word of the Year:** Wuss. That's the word the governor of Pennsylvania, Ed Rendell, used to describe America: "A nation of wusses". The NFL had decided to postpone a game in Philadelphia because of snow. ***Snow! In Philadelphia!*** "Our nation was founded by risk-takers," he said. "They were an army of farmers and shopkeepers, and they fought knowing that if they lost, they'd be hung. [My 10<sup>th</sup>-great uncle, James Iliff, was actually hung during the Revolution-- by the revolutionaries, for assembling a Tory militia in Pennsylvania!] We seem to have lost our boldness." Does that make us a nation of wusses? Could be. A quick internet search reveals a wuss to be the kind of person who:

- ✓ *when a simple job needs to be done, forms a committee*
- ✓ *repeatedly resolves to change, and doesn't*
- ✓ *expects the government to solve problems under personal control*
- ✓ *demands equality of outcome, rather than equality of opportunity*
- ✓ *blames a teacher for a child's problem*
- ✓ *avoids physical labor at all costs*
- ✓ *believes "blaming the victim" is a slam-dunk comeback to those who believe in self-control*
- ✓ *scrupulously avoids risk, and seeks security*
- ✓ *faced with a child throwing a tantrum in the grocery store, buys a candy bar*
- ✓ *when confronted by a challenge, quits*
- ✓ *thinks "the rich" got where they are by good luck rather than hard work and delayed gratification*
- ✓ *thinks "the poor" got where they are by bad luck rather than indolence and self-indulgence*

I could go on, but by now you know that I'm a closet tea partier, and you can figure out the rest. This is the year of the Kansas Sesquicentennial. The hardy pioneers who streamed into Kansas after the Kansas-Nebraska Act of 1854 (including my great-great grandfather, who arrived in 1857 and fought with the 12<sup>th</sup> Kansas Volunteer Infantry) were not wusses. The wusses were back East, writing letters to the editor bemoaning the institution of slavery, wringing their hands, and pleading that somebody ought to "do something." ***If you've been a wuss up to this point in your life, make the 150<sup>th</sup> anniversary of Kansas statehood the year to change!***

**Penny Wise, Pound Foolish:** Many patients are more diligent about dental checkups and eye exams than routine preventive medicine. I'm not downplaying the importance of teeth and eyes. But you need a sense of proportion: prevention of cancer, heart disease, strokes, and chronic kidney disease (to name a few) ought to rank higher on your priority list. The problem? You can't see or feel your blood vessels until you nip one off. Then there's hell to pay.

**Not Wasting Time:** When you call for an appointment, give the receptionist a clear idea of what your problem is, or what your problems are. Don't just say "checkup". You're being seen for your cholesterol, and by the way, you have an ingrown toenail and a growing lump on your back. That really helps. Then...**show up on time, and budget at least one hour to be out the door. Make that 1 1/2 hours for a database physical, and 2 hours if it includes a treadmill.**

**"The Year of the Vegetable"** was the title of an article written by the president of the W. Atlee Burpee seed company. He's self-interested, of course, but that doesn't mean he isn't right. "It's inexcusable that in the breadbasket of the world American children are eating so much lousy food," he writes. "As kids, we imitate our elders, who teach most effectively by example. Right now, adults aren't doing a good job of modeling good behavior." So if you won't eat right for yourself, do it for your kids. Or grandkids.

**What's New for 2011?** Well, we're all still alive to face a new year. Thank God for that. My son is back safely from Afghanistan, after spending a year as public relations officer for a road clearing (a.k.a. bomb detonating) battalion in that country of corrupt politicians and opium growers. Thank God for that, too. And once again, for ? years in a row (I'm old enough I've lost track), I didn't lose a day of work because of illness. I'm not a big believer in hand sanitizers before communion. I grew up with bare feet in the dirt, three baths a week, and as little hand-washing as I could get away with. There's something to be said for exposure to the germs which surround us. Every time I see someone with their little bottle of sanitizer, I think (a) sure wish I'd invested in the company that makes Purell ten years ago, and (b) do they know that their hands are going to be germ-laden within minutes, as they touch their shirt, the doorknob, the glass in the cupboard, the Bible, the steering wheel, their shoelace, or the bottle holding the sanitizer? Geesh. We're back to the wuss problem again. If wusses were healthier than the average American, I'd think twice. But they're not.

**What Else is New for 2011?** For the last 24 years, I've practiced a remarkably successful ritual: I've tried to badger all of you into getting a database physical every 5 years up to age 50, and every 2 years thereafter. Patients who follow that routine are somewhat less likely to contract life-threatening cancers (which remain largely a matter of bad luck), and vastly less likely to die of heart attacks and strokes. I am change-averse unless there's a good reason, but with ObamaCare around the corner, with its Diktat that preventive services (including the "annual physical") be provided free of charge, I'm reluctantly going to fall in line, kind of. Personally, I hope ObamaCare doesn't survive a constitutional challenge-- not because I think our non-system of health care is healthy, but because the new law is dreadfully misconceived. Nevertheless, insurance companies are falling in line, and since everything I do is influenced strongly by insurance policies, I've got to bend to the prevailing wind. Therefore, we've devised a new kind of "annual physical" which will save you a deductible, and maybe some time, too. It is not a two-step process where you have to meet with my head nurse

prior to my interview and examination. We'll save that for first-timers and patients with complications or new developments.

**Medical information from the internet** keeps getting better and better. Patients are showing up with accurate self-diagnoses, or have narrowed the possibilities down to a few good choices. I haven't looked at a book in my medical library for a long time. It's a miracle. Keep browsing. It's all for the good. If only it would keep you away from junk food!

**What do I think about ObamaCare?** For the long answer, see the website. Short answer: not much. Intermediate answer: three forces are bankrupting America-- government pension plans, social security, and medical care (especially Medicare, which is welfare for old people). ObamaCare has no cost controls; therefore, it's part of the problem, not the solution.

**How about Medicare?** Although I chose a long time ago not to participate in Medicare (150,000 pages of regulations in 1989; now many further clarifications, I'm sure), something will be changing soon. It's bankrupting the country. Anyone who thinks they've "paid for" Medicare in their working lifetime is badly misinformed. I've been paying payroll taxes for 43 years, and I may have contributed \$40,000 or so in 2011 dollars. That would buy me about 4 days of intensive care. We're going to have to turn to good primary care and give up fantastically expensive treatment for those at the end of life. That might be "death panels", or it might be health savings accounts. What we're doing now won't last for long.

**What's more important: fatness or fitness?** The right answer is fitness. If you had to choose (you don't, of course) you'd be better off getting regular exercise than losing weight. Almost all of you (I hear it every day) think that exercise is the answer to losing weight. It's not. Exercise is the answer to cardiovascular conditioning. Food intake is the solution for fatness. The only real value of exercise in weight loss is to assure that the weight comes out of fat, not muscle. And that's a good thing. But if you think you can lose weight without cutting back on snacks, seconds, or trips to Outback, you're dreaming.

**How do I know if I'm fit?** The answer is easier than you think. (I know-- you probably weren't looking for an easy answer). If you can walk a mile in 14 minutes, you're fit. It doesn't matter if you're 15 or 55, male or female, fat or skinny. I can make it more complicated, by referring you to the Healthy Kansas website, where you'll find the "One Mile Walk Test", which I promoted to the Governor's Fitness Council. For that, you'll have to take your pulse and plug in your age, sex, and weight. But the simple answer is: if you can walk a mile in 14 minutes, you're fit. For females, I'll stretch that to 15. I'm going to be asking you to time your mile walk as part of your database physical in the future. (I'm serious-- it's a more important figure than your cholesterol, blood pressure, or glucose-- but I can't ask Michelle to draw it from you. That's the problem). You can time yourself on a track, a course around your neighborhood (in Topeka, there are 16 east-west blocks to a mile, and 8 north-south blocks), or come to the Iliff Commons. (See the "METs and Me" link on the website). Because the Commons course is so hilly, the marker is less than one mile, but equivalent to a mile on track or pavement. Trust me. Just do it. Every year.

**Self-monitoring:** Some things you can't tell for yourself: your cholesterol, your lung capacity, the state of your colon or prostate. Actually, you could check your own prostate, but I don't advise it. The most important things, though, you can check without any help from me: your blood pressure or sugar (if you are hypertensive or diabetic), your weight, and your exercise tolerance. The last might be a puzzle. Let me explain. I have exercise routines I have done for a quarter century. I know how long it takes me to swim half a mile, or run, row, or Nordic Track 5 kilometers. If there is a change, I would know it immediately, just like you would know you had gained 15 pounds over the holidays if you weigh yourself regularly. Let me give you a real-life example. I have a patient who is an exceptionally fit runner. In 2008 we did a treadmill, and he got to the 14 MET level, which is superb. A year later he came to me saying he got chest pain after only 7 minutes on his home treadmill, which was a drastic change for him. We repeated his treadmill, and he had to stop at the 7 MET level; furthermore, the tracing revealed signs of coronary blockage. Within days he was in the cath lab, where he had a stent placed through a 95% apple-core lesion of only one artery. He's fine now. But what if he hadn't been accustomed to regular exercise? He probably wouldn't have had a clue, because the activity demands of the average American wouldn't have caused symptoms. Lurking in the future might be an heroic effort to shovel his driveway after a night of snow, followed by cardiac arrest. This need not be-- and for him, it wasn't. Other patients haven't been as fortunate. You?

**How NOT to start an exercise program:** Shoveling snow. The combination of cold (constricting blood vessels) and unaccustomed anaerobic cardiovascular exercise is a killer. Hire a kid, or buy a snow thrower, unless you're **already** in good shape.

**Bad news on the physician supply front:** 250,000 physicians are expected to retire in the next decade. (**I'm not one of them**). But we're graduating far fewer new doctors than 25 years ago, due to Medicare cutbacks on training grants. What to do? Looks like more visas for foreign medical graduates is the only solution. Lots of Cuban doctors are underemployed, I hear.