

# The Power of Plants: Is a Whole-Foods, Plant-Based Diet the Answer to Health, Health Care, and Physician Wellness?

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## ABSTRACT

The exponential rise in the cost of health care since the 1980s in the US is unsustainable. It is estimated that more than 70% of health care dollars are spent addressing the result of unhealthy lifestyles that are increasing the rates of obesity, diabetes, and cardiovascular disease. There is also a severe and worsening epidemic of physician burnout in the US, which threatens the health of physicians and patients alike. In this article, I share why I believe a whole-foods, plant-based diet is a powerful prescription for optimal health and the answer to health, health care, and physician wellness.

“No disease that can be treated by diet should be treated with any other means.”  
—Maimonides

## INTRODUCTION

In spring 2013, I coauthored an article titled “Plant-Based Diets: A Nutritional Update for Physicians.”<sup>1</sup> Widely read and shared by many people interested in plant-based nutrition, the article helped to ignite a plant-based movement within Kaiser Permanente (KP). In retrospect, what I now realize is that if not for one of my patients, that article may never have been written. The goal of this article is to share my personal journey to embracing a whole-foods, plant-based diet and why I believe it is the answer to health, health care, and physician wellness.

## PERSONAL JOURNEY TO A WHOLE-FOODS, PLANT-BASED DIET

Robert and Rose Anne Park were 2 of my very first patients after I joined KP in 2003. They met at a United Service Organizations (USO) dance in Oceanside, CA, and after getting married and living in many cities across the US, they settled in Bakersfield, CA, to raise their family. Active in their church, Mr Park became Pastor Robert. He often led workshops for newly married couples and volunteered to teach Sunday school. Like many people whose life work is to serve others, Mr Park did not make his own health his highest priority. He received multiple medications for high blood pressure and diabetes, including insulin, and he struggled to control his weight.

In spring 2012, I received an email from Mr Park telling me he noticed blood in his urine, asking if he should be concerned. I ordered a computed tomography scan of his kidneys and assured him we would diagnose the problem. The scan showed no findings of concern in his kidneys. However, it did show multiple lesions in his liver and pancreas. On further testing and biopsies, Mr Park received a diagnosis of metastatic pancreatic cancer. After meeting with an oncologist, he understood that his

prognosis was poor, and he decided to forgo all treatment. He enrolled in hospice and lived the final days of his life without fear, comforted by his faith in Jesus Christ. He died at home several weeks later, surrounded by his beloved family.

A few weeks after his death, his wife came to see me for a visit. The first thing I noticed was that Mrs Park had lost a considerable amount of weight. I assumed it was because of the stress of her husband’s illness and grief over his death. At the end of our visit, she asked if I would promise to do something for her; she asked that I read the book *Eat to Live* by Joel Fuhrman, MD.<sup>2</sup> She explained that after her husband’s diagnosis, their son began searching for answers as to why his father’s pancreatic cancer had developed and how he could reduce his own risk. On the basis of his research, their family embraced a plant-based diet and saw benefits to their overall health, including weight loss. Before leaving the visit, she said to me, “I know it’s too late for Robert, but maybe this information can help someone else.”

Although I was skeptical of the idea that diet could affect cancer risk, I had to admit to myself that I had been taught very little about nutrition in medical school and residency.<sup>3</sup> In the first few years after joining KP, I had gained more than 6.75 kg (15 lb) and was struggling with my own weight along with having episodic attacks of gout. After reading *Eat to Live* along with *The China Study*<sup>4</sup> and other books outlining the research supporting the health benefits of a whole-foods, plant-based diet, I faced a crucial decision. Do I ignore all the scientific evidence and research I now knew regarding the health benefits of a plant-based diet? Or, was I willing to challenge my ego and current mindset about health and nutrition? To answer that question, I begrudgingly decided to try a plant-based diet.

Unwilling to go all-in overnight, I initially eliminated all dairy and animal products except for eggs and fish. After a month, I had lost 4.5 kg (10 lb), felt healthier, was sleeping better, and had more energy. Given the results, I challenged myself to eat a completely plant-based diet without any animal products for a month. By the end of the month, I was below my high school weight and no longer experienced gout attacks.

As I personally experienced the benefits, I incorporated this concept into my medical practice and encouraged my patients to consider trying a whole-foods, plant-based diet. A whole-foods, plant-based diet aims to maximize consumption of

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nutrient-dense plant foods while minimizing processed foods, oils, and animal foods (including dairy products and eggs). It encourages lots of vegetables (cooked or raw), fruits, beans, peas, lentils, soybeans, seeds, and nuts (in smaller amounts) and is generally low fat.<sup>5</sup> Although many whole-foods, plant-based diet advocates are vegan and consume no animal products, a popular variation is to be “flexitarian” and occasionally consume small amounts of dairy and animal protein. Many of my patients were willing to try a predominately plant-based diet after I shared with them my own experience along with the knowledge that I would monitor them closely.

The results astonished me. Within weeks, many patients were able to reduce or eliminate the hypertension and diabetes medications they had been taking for years. They told me that if they had known they could stop taking their medications by simply changing their diet, they would have done so long ago. However, many had never been told this was a possibility, so they believed that medication was the only way to control these conditions. For me, “deprescribing” medications was more professionally satisfying than prescribing multiple medications for my patients with chronic conditions.

### HEALTH BENEFITS OF A PLANT-BASED DIET RECOGNIZED

There is growing acknowledgment and recognition of the health benefits of a plant-based diet for disease prevention, treatment, and reversal. For example, in KP Southern California, Sean Hashmi, MD, MS, FASN, the Regional Physician Director for Weight Management and Clinical Nutrition, hosts a monthly Webinar, during which he reviews the latest nutritional science and research and provides evidence-based recommendations for medical practice. He often concludes his presentations with author Michael Pollan’s quotation “Eat food, not too much, mostly plants.”<sup>5</sup> The nonprofit Plantician Project’s Sixth Annual International Plant-Based Nutrition Healthcare Conference and the American College of Lifestyle Medicine’s annual conference Lifestyle Medicine 2018 saw more than 1000 health professionals in attendance. David Katz, MD, MPH,<sup>6</sup> Founding Director of the Yale-Griffin Prevention Research Center in Derby, CT, leads the True Health Initiative, a global movement to make the fundamental truths about healthy, sustainable living and eating common knowledge. And, Rosane Oliveira, DVM, PhD,<sup>7</sup> Founding Director of University of California, Davis Integrative Medicine, acknowledges that their “strongest focus is in the area of nutrition and plant-based diets which we believe is the number one way to successfully prevent, halt or reverse serious health conditions such as obesity, hypertension, type 2 diabetes and cardiovascular disease.”

Along with the article I coauthored on plant-based nutrition, *The Permanente Journal* has published additional articles on this topic, including the article by dietitian Julieanna Hever,<sup>8</sup> “Plant-Based Diets: A Physician’s Guide,” and the article by Tuso et al,<sup>9</sup> “A Plant-Based Diet, Atherogenesis, and Coronary Artery Disease Prevention.” This past spring, Bodai and coworkers<sup>10</sup> published an article in *The Permanente Journal* titled “Lifestyle Medicine: A Brief Review of its

Dramatic Impact on Health and Survival,” which serves as both a comprehensive literature review and call to action for the entire medical community.

### RECOMMENDATIONS FOR PATIENTS

Last year, after a decade as an Assistant Area Medical Director for KP in Bakersfield, CA, I decided to return to a full-time family medicine practice to spend more time working directly with patients. Speaking from the front lines, what I have found is that patients are hungry for information on ways to improve their health through lifestyle changes instead of medications.

I have streamlined my talking points about the benefits of a whole-foods, plant-based diet so that I can quickly cover the basics using my “Rule of 4.” I hold up 4 fingers on my left hand and tell patients to focus on eating more of 4 foods: Fruits, vegetables, whole grains, and beans. I then hold up 4 fingers on my right hand and tell patients to focus on eating less of 4 foods: Animal protein, dairy, processed foods, and oil/fried foods. I recommend they gradually shift their diet, with the goal of eating at least a 90% whole-foods, plant-based diet. I then provide them with handouts that further explain the benefits of a whole-foods, plant-based diet; provide links to additional resources; and offer an in-person or virtual follow-up visit.

I clarify with patients that my intention is not to convince them to become a vegan or vegetarian, but to encourage them to focus on eating more unprocessed plant-based foods. What has surprised me is that I cannot predict which patients will embrace and act on my recommendations. For those who have, many have lost weight, reversed their type 2 diabetes and high blood pressure, and dramatically reduced their need for prescription medications. I am convinced that a whole-foods, plant-based diet is an effective and evidence-based intervention that physicians should recommend to all patients to improve health and wellness.

### CHALLENGES IN CHANGING THE CULTURE OF MEDICINE

Although many of my patients have been receptive to my advice about nutrition, when I share my newfound perspective with my colleagues, I typically hear the following responses: “I don’t have the time to talk to patients about nutrition,” “I don’t feel I have the knowledge to counsel patients on lifestyle,” “Nutrition has little to no impact on health and chronic disease,” or simply “I could never give up eating meat.” Their responses reflect the tremendous challenges in changing the culture of medicine to one that emphasizes lifestyle medicine and a “nutrition first” approach to disease prevention and treatment.

There are a growing number of resources now available for physicians to learn about the role of nutrition in disease prevention and treatment. You may attend a nutrition conference, complete an online certification program such as the eCornell certificate in Plant-Based Nutrition ([www.ecornell.com/certificates/nutrition/plant-based-nutrition](http://www.ecornell.com/certificates/nutrition/plant-based-nutrition)), become board certified by the American College of Lifestyle Medicine ([www.lifestylemedicine.org/Board-Certification](http://www.lifestylemedicine.org/Board-Certification)), or review online resources such as the Web site of Michael Greger, MD ([www.nutritionfacts.org](http://www.nutritionfacts.org)). Whatever resources used, all physicians should seek to understand nutrition

science and research so that they can empower their patients to take the necessary steps to control and improve their health.

For my colleagues who say, “I could never give up meat,” I believe that, as physicians, we must provide our patients with dietary recommendations that will most benefit their health and wellness, even if we don’t personally follow our own advice. This would be analogous to physicians who smoke yet still counsel and advocate that their patients quit smoking.

A nutrition-first approach to disease prevention and treatment may be the key to solving our health care crisis. It is alarming that the rise in health care costs in the US during the past decade have outpaced inflation along with spending on housing and food.<sup>11</sup> We spend more than \$3 trillion each year on health care, more than any other country, yet our clinical outcomes and life expectancy are not the best in the world.<sup>12-14</sup> According to the CDC, more than 70% of people in the US are now overweight or obese.<sup>15</sup> The rising rates of obesity directly correlates with the increased rates of diabetes, heart disease, and cancer. This situation is unsustainable, and, to date, there have been no effective strategies implemented to slow the cost escalation. Although advances in medical research, technology, and the field of personalized medicine are promising, I believe these innovations will not decrease, but likely increase, the overall cost of health care. Meanwhile, many people, especially those with limited financial resources and access to health care, will continue to struggle in our current health care delivery system.

Furthermore, the traditional fee-for-service reimbursement model in health care offers little or no financial incentive to change the current diagnose-and-treat approach. Physicians in fee-for-service practice often lament that in medicine, you “eat what you kill,” meaning that physicians are reimbursed on the basis of productivity and only for the face-to-face care, interventions, and treatments that they provide patients. In *Doctored: The Disillusionment of an American Physician*, cardiologist and *New York Times* columnist Sandeep Jauhar, MD,<sup>16</sup> gives a firsthand account of the financial struggles facing physicians in fee-for-service medicine along with often misaligned financial incentives.

It’s common sense that when people are healthy, they typically require minimal health care. Therefore, in a fee-for-service model, physicians receive no compensation when healthy patients do not seek care. In a health care system like KP in which physicians are partners of a medical group and receive a salary, compensation is no longer tied directly to productivity. Therefore, the focus shifts to providing patients with high-quality, cost-effective care with an emphasis on disease prevention. There is an overarching organizational incentive in KP to help patients live healthy lives and thrive. When patients do not seek care other than for preventive services, attention and resources can be focused on the patients who do require medical care.

However, even in KP, physicians are challenged with incorporating effective lifestyle and nutritional counseling into their practice. In my 2 decades as a family physician, there has been a shift in medicine from providing mostly acute, episodic care to the long-term management of chronic diseases such as

hypertension, diabetes, and obesity. Despite our best efforts, physicians can often feel as though nothing we do for patients actually makes them better or healthier, leading to a diminished sense of personal accomplishment. Furthermore, quality metrics for chronic disease care indirectly encourage physicians to aggressively prescribe multiple medications for conditions such as hypertension and diabetes, with little incentive or reward for taking the time to counsel, educate, or assist patients in embracing a healthier lifestyle. These challenges, along with increasing administrative and clerical tasks, are affecting physician wellness and contributing to the emotional exhaustion and depersonalization characteristic of burnout.

Recently, I realized that I had a critical decision to make to help address my own sense of burnout. I asked myself this question: For the rest of my career, do I want to be a healer or a drug “dealer”? I choose to be a healer. There is no greater joy in medicine than when you heal patients and restore their health rather than simply treating their chronic illness with medication. The gratitude I receive from patients who transform their lives reminds me why I chose to become a physician. On the basis of my clinical experience, I am convinced that no pill or medical procedure exists today or will ever exist that can help patients to improve their health as effectively as a prescription for a whole-foods, plant-based diet and healthy lifestyle.

## CONCLUSION

Physicians still hold a trusted place in society. We must strive each day to continue to earn and deserve this trust. My day-to-day practice as a family physician is by no means perfect. Not all patients are interested in making changes to their lifestyle and nutrition. However, embracing lifestyle medicine, especially a plant-based diet, has greatly improved the health of my patients, my own wellness, and sense of satisfaction and fulfillment as a physician. I now finish each day in the clinic confident that I tried my best to empower my patients to take control of their health.

Looking back, I owe a tremendous debt of gratitude to Mr Robert Park and his family. If not for them, I may have never realized that a whole-foods, plant-based diet is a powerful prescription for optimal health and wellness and plays a crucial role in the answer to health, health care, and physician wellness. Mr Park’s life and death influenced my own life in ways he could never have imagined, and his legacy lives on with every patient I have the privilege to serve. ❖

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