

# EDITOR'S COMMENT

## Living life well



**BRIDGET FARHAM**

ugqirha@iafrica.com

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Correspondence for CME should be addressed to the Editor at the above address.

Tel. (021) 530-6520

Fax (021) 531-4126

E-mail: [publishing@samedical.org](mailto:publishing@samedical.org)

Head Office:

PO Box 74789, Lynnwood Ridge, 0040

Tel. (012) 481-2000

Fax (012) 481-2100

This month's issue of CME covers diseases of lifestyle – the other pandemic of the 21st century – and not just in affluent areas either. Diseases of lifestyle are generally assumed to be those that can easily be related to the way we live – how much or how little exercise we take, how much or how little we eat in relation to this, how well we deal with stress, whether we smoke and how much or how little we drink. The basic principle behind the management of these diseases is that they are largely preventable – and yet they comprise an enormous amount of everyone's daily practice – specialist or otherwise. What has happened over the past 100 years or so to promote the development of these diseases? In his outstanding book, *The Age of Extremes: the Short Twentieth Century (1914 - 1919)*, the historian Eric Hobsbawm takes the reader through the evolution of global capitalism and the beginnings of conspicuous consumption. The post world war industrial society in the West led to increasing wealth among ordinary people, coupled with an increase in leisure. Already the Victorian era had seen a change in living styles and fashions that encouraged people to become large, and by implication, prosperous.

With the rise of industrialisation, this lifestyle became more available to more people. Now, the pursuit of material wealth appears to have replaced all other values for many people – to Hobsbawm (in a later book) this is the hallmark of the 21st century – and it would seem that we are paying for it. Marketing and advertising exhort us to spend – on ever bigger and better cars, overseas holidays, large houses. To enjoy the lifestyle that all these material goods will give us, successful people are portrayed in bars, restaurants, around the dinner table – lifestyle magazines are packed with fashionable recipes for exotic foodstuffs. To be fair, many of the exotic recipes would be pretty healthy – if that were how people actually ate. But with this lifestyle comes a fast and furious pace – and the assumption that, along with everything else, good health can be bought. What has actually happened is a world in which the well-off consume to excess and food and drink fall into this consumption. The pace of their lives leads to increasing stress – seldom mitigated by such positive activities as exercise, yoga classes or pilates – and certainly doesn't include taking the time to prepare good food. And the end result is a world in which life expectancy in westernised communities is the highest it has ever been, but with, for most people, a remarkably poor quality of life in their final decade or so.

Unfortunately, these diseases of consumption are also becoming an increasing feature of those who are less well off – stress caused by poverty and unemployment, the easy availability of very high-calorie fast foods which take the place of good nutrition, and smoking and drinking to try to alleviate stress. Can we change any of this? I believe we can – but not simply by trying to get our patients to eat less, exercise more and deal with stress. I think the issues go a lot deeper than this. Materialism and its resulting consumption, to me, are at the root of these diseases. Lifestyle is more than stopping smoking and cutting down on food and drink. It is about stopping to ask whether the new BMW is really necessary and whether economies based entirely on consumer spending are actually sustainable. Perhaps then the rest will follow.

Elsewhere in the journal, the team from Red Cross Children's Hospital deal with enteral nutrition, abstracts from the literature cover diabetic nephropathy, flu vaccines in healthy children mass oral cholera vaccination in Mozambique, and injections and HIV in rural Zimbabwe. AIDS briefs survey the literature and the case report deals with painful Horner's syndrome.