



As physicians, we should walk the walk and show our patients that we're right there in the trenches with them when it comes to making healthy choices.

ERRATUM

The article "How to do a 3-minute diabetic foot exam" (*J Fam Pract.* 2014;63:646-656) incorrectly stated in Table 4 that chronic venous insufficiency is a high priority indication for referral to a specialist. It is not. The correct indications for this category include: presence of diabetes with a previous history of ulcer, Charcot neuroarthropathy, or lower extremity amputation. This information has been corrected in the online version of the article.

Practice invites patients to run a 5K with their doctor

My new patient had just left his family doctor after 15 years. When I asked why, he said, "The doctor came into the room, looked at my chart, and told me I needed to lose weight, lower my cholesterol, and stop smoking. I looked at the 300-pound doctor who smelled of smoke and said, 'Really?'"

How can we empower our patients to make healthy choices when we don't always make these choices ourselves? Here's one possibility: Invite them to join us in the struggle.

Last year, my practice created "Run 5K or Walk 1 Mile With Your Doctor" as a way to encourage both patients and medical professionals to get healthy. We also invited patients to join us in a walking/running club to prepare for the event. More than 200 people showed up, including physician assistants, nurses, nurse practitioners, medical assistants, respiratory therapists, family doctors, internists, office staff, cardiologists, orthopedists, and patients. In addition to raising heart rates, we also raised \$7000 for the American Heart Association (AHA). This year we plan to merge the event with the annual AHA walk in September. I encourage all health care professionals to do the same.

As physicians, we can't just talk the talk in the examining room. We should also walk the walk and show our patients that we're right there in the trenches with them.

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Have we done enough to educate patients about e-cigarettes?

Electronic cigarettes (e-cigarettes) have become popular in the United States over the past decade.¹ They have been widely marketed as an alternative to tobacco and as a way to quit smoking.

While the negative effects of smoking tobacco are well known (having as few as one to 4 cigarettes a day triples the risk of coronary artery disease and pulmonary neoplasia²), the potential risks of e-cigarettes are not as well known. There has been limited regulation and insufficient research into the harmful effects of inhaling their vapor.

The potentially harmful compounds within e-cigarette vapors include both organic and inorganic toxins.³ A study of the contents of numerous e-cigarette refills found formaldehyde and acrolein, along with several hydrocarbons.³ Lead, cadmium, and nickel were also found in e-cigarette refills and their inhaled vapors.¹ Lead causes severe neurotoxicity,⁴ cadmium can cause organ damage,⁵ and inhaled nickel causes an inflammatory reaction in the lungs.⁶

The risk-to-benefit ratio of e-cigarettes as a means of tobacco cessation and the health consequences of breathing their vapors cannot be established until research is completed. What we do know is that the nicotine in e-cigarette vapors maintains continued addiction.

It's up to us as physicians to educate our patients about the potential harm of e-cigarette chemical toxicity and encourage cessation of both tobacco products and e-cigarettes.

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