

FIT for PURPOSE

**Your Guide to Better Health,
Wellbeing and
Living a Meaningful Life**

FIT **for** **PURPOSE**

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Wellbeing and
Living a Meaningful Life**

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INSPIRE

To my family.

Beccy, this book would not have been possible without you. Thank you for your sacrifice, support, encouragement and for keeping it real. I love you.

Josh, Finn and Zac (aka Princes to Kings), I am proud of you; proud of who you are now and who you are on your way to becoming. Being your father has made life truly meaningful, enjoyable . . . and expensive.

Luke, no matter how difficult life may be, you live it to the full. You are the inspiration for this book, for our family and for every life you touch. Or to put in in your own words, you are awesome.

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Introduction

Do you feel well? Are you satisfied with your life?

How do you measure this? Which areas are important to you?

Do you have the right balance of physical, mental, social, and spiritual wellbeing?

Would you like to be living life better? If so, what would that look like to you?

Have you already gone cross-eyed, developed a headache, and are now wondering whether you might have made a mistake starting this book? Were you hoping for more answers, preferably in digestible bullet points, with rather less in the way of questions? Don't worry. You haven't made a mistake. The very fact that you are reading this and contemplating these big questions means that you are already in the right place and heading in the right direction.

What can you expect from this book?

This book will not change your life. Not by itself. Not if you just read it and put it on the bookcase along with all the other books about wellbeing, faith, or self-improvement that are already

gathering dust. This book will help you to change your life . . . if you read, reflect, and act on it.

This book is for you and for everyone. It's short, it's simple and pragmatic. It doesn't require you to have lots of time or money, or a degree in medicine or theology. It's practical, with advice and tips on making plans for achievable goals on your journey through life and in faith.

This book is going to challenge some of the behaviours and beliefs that we see, both in society generally and in the faith community specifically.

Finally, this book will leave you asking more questions of yourself and your community as, together, we consider what it truly means to be *fit for purpose*.

1. A Confession

I'm going to start by coming clean: between you and me, I don't read many Christian books. I've tried for over thirty years. I find a lot of them very preachy. I've met some of the authors, who were even more preachy than their books. I can't relate. These people have it all figured out – or seem to at least. They often come across as a bit smug, a bit holier-than-thou. Some of these books do have things of interest hidden within their pages, but finding them is like panning for gold and I'm often left vaguely, but only briefly, interested as they aren't immediately applicable to my own life. Some authors are rather too fond of the sound of their own voices.

When I was a student in Nottingham, I used to attend a very well-known church with a large student congregation. The pastor had a reputation for exegesis (explaining and interpreting biblical text) and had written a book, which he plugged shamelessly at church services. He once preached for almost an hour on two words from a Bible verse. Some people might view this as something of an achievement. For me, it was the straw that broke the camel's back. I took the view that if, as a preacher, you couldn't get to the point in fifteen minutes, particularly when based on so little material, then you probably needed to rethink your life.

Don't get me wrong. There are a handful of books that have had a really positive impact upon my life and faith. What was it about these books? They either told an inspiring story (*The Cross and the Switchblade*; *Run Baby Run*; *God's Smuggler*), were really practical and made memorable points that I could translate into real life (*Too Busy Not to Pray*),¹ or made challenging or controversial points (*Velvet Elvis*; *The God Delusion*; *God's Undertaker*).² And yes, the more observant among you will note that I did just credit Richard Dawkins – God truly does move in mysterious ways. The point of my confession is that I'm making you a promise that I will do my best not to make the same mistakes in this book that put me off reading so many others in the past. I aim to keep it simple, honest, humorous, direct, pragmatic, and personal. Whether I achieve this is, of course, up to you to decide.

As far as I'm concerned, this isn't a Christian book. It's a book about wellbeing and what it means to live a life that's fit for purpose, written by a Christian whose faith, life experience, and clinical expertise inform his understanding of these things. It isn't just for Christians, or for those who consider themselves people of faith. There's plenty here for everyone, with principles that apply to all. There's only one world, the real world, in which I live and work along with everyone else, regardless of our different philosophies. My view of such a world is seen not just through the lens of faith but also experience and evidence, all reflected in the way I have structured it. The book works best if you read it from beginning to end, but I've laid it out so that you will still get something from it if you dip in and out as you wish.

Each chapter describes a different aspect of wellbeing, breaking it down into some narrative about the challenges that we

face, the scientific evidence, what we can learn from biblical teaching, and my prescriptions for enjoying greater wellbeing, both as individuals and organizations.

What are my credentials for holding forth on this subject? Why should you be at all interested in what I have to say? My answer would be broadly that I've seen quite a bit of life and feel that there may be some benefit in sharing with others what I've learnt from it. I've spent forty-seven years as a human being, almost a quarter of a century of it as a doctor, over twenty years of which have been as a general practitioner (GP). Thirty-seven years practising my Christian faith. Twenty-six years as a husband, twenty-three years as a father of multiple boys, one of whom has a learning disability and severe epilepsy. A decade of specializing in cardiovascular medicine and providing clinical advice on wellbeing and prevention for various organizations across the UK. Five years or so of dedicating myself to developing a lifestyle-medicine practice, including blogging, podcasting, writing for medical journals and the national press. I think that's sufficient burnishing of my credentials for the time being. Now let's move on to something much more important – I'd like to start by asking you a question.

Notes

1. David Wilkerson with John Sherrill, and Elizabeth Sherrill, *The Cross and the Switchblade* (Old Tappan, 1972); Nicky Cruz and Jamie Buckingham, *Run Baby Run* (Hodder & Stoughton, 2003); Brother Andrew with John and Elizabeth Sherrill, *God's Smuggler* (Hodder and Stoughton, 2008); Bill Hybels, *Too Busy Not to Pray: Slowing Down To Be With God* (IVP, 2011).
2. Rob Bell, *Velvet Elvis: Repainting the Christian Faith* (HarperOne, 2012); Richard Dawkins, *The God Delusion* (Black Swan, May 2007); John Lennox, *God's Undertaker: Has Science Buried God?* (Lion Books, 2009).

2. The Meaning of Wellbeing

What does wellbeing mean to you? Give yourself a moment to consider this question. Have you ever said it out loud or tried to write it down? What does it mean for you to feel well? Are you feeling well right now?

Wellbeing, just like the rest of life, is complicated. The fact that there isn't even a consensus on how to spell it should give you a clue as to where we are when it comes to defining it. Many have tried. A whole industry has sprung out of our attempts to define and even measure it. There are many complex definitions, which you will be pleased to hear I am not going to bore you with . . . not too much, anyway. Many of the definitions aren't even definitions, just lists of possible different components of it.

When some people use the term, they simply mean happiness or quality of life. Others say this is insufficient and it needs to include personal development, feeling fulfilled, and making a contribution to the community. This demonstrates that wellbeing can be subjective (life satisfaction, positive emotions, and meaning), or objective (taking into account factors such

as food, health, education, safety, and mortality). How happy we are with our perceived position in life is determined by our culture, values, and experience, in terms of our expectations. It's not just the absence of ill-health.

I think of wellbeing as a state in permanent flux. It's not a static position that we achieve, or a place we finally arrive at and never depart from. It's about balance. Just as we all have mental health, we all experience wellbeing. It's about the amount of challenge we have in our lives and the resources available to us to meet those challenges. Enjoying a positive sense of wellbeing isn't necessarily the same as having it easy, with no challenges to face. The same set of challenges affects people differently. If you have the right resources in your life (physical, social, psychological, and spiritual), then you can endure great challenge and still be in a good place. On the other hand, if you don't have much in the way of personal resources available to you, then it may not take much challenge for you to end up in a bad way. The important thing to remember is that, like stocks and shares, our sense of wellbeing may go up and down. This is good news for us when we are struggling, because it offers hope if we can find a way to shift the balance, and also a caution to anyone who might be feeling a bit smug and taking their state of wellbeing for granted.

One of the reasons that I am a fan of this sometimes tricky, even woolly term is that it can be useful in helping us to de-medicalize what we think of as 'health'; a term that we sometimes think is synonymous with wellbeing, but is in fact just a small part of the bigger picture. Physical and mental health are part of the equation that we need for balance, but they are not the whole story. In fact, what we think of as 'health' is relatively

minor to most people when it comes to what determines their wellbeing. It's probably accounts for about 20 per cent of it. The rest of life accounts for the other 80 per cent and includes other factors such as our environment, education, relationships, and finances, and our sense of autonomy, purpose, and fulfilment. It's here that we run into difficulties, not with knowledge (most medical practitioners either understand or pay lip service to this truth), but with how we adapt (or rather, fail to adapt) the way we practise medicine as a result.

Why the modern medical model is broken and unfit for purpose

I was going to misappropriate the title of a Blur album and declare that 'modern medicine is rubbish'. That would be a bit of an oversimplification. I'm proud to be a member of the medical profession. Modern medicine can be miraculous, both life-changing and life-saving. There are procedures and treatments available to us now that were mere concepts when I trained at medical school in the 1990s. We can now save lives by busting clots inside the arteries of people's brains and hearts; carry out laparoscopic surgery using tools that mean we no longer have to cut people open; cure or control many kinds of cancer; and give drugs to people with severe inflammatory diseases to reduce the risks of the associated disability and death that would have been considered inevitable once upon a time.

Medicine is, however, just a tool. It's a really fancy, high-tech tool, with more gadgets than a top-of-the-range Swiss Army knife, but it is just a tool. Despite its potential cleverness, in

the wrong hands it can be something of a blunt tool, like a hammer. The problem with someone only having a hammer to fix problems is that every problem ends up looking like a nail. The most this fancy tool can do is assist us with up to 20 per cent of what determines our wellbeing. It may well be less for many of us. Just because it will do the job doesn't mean it's the only one, or even the best one, to use. When it comes to addressing the other 80 per cent of what determines our wellbeing, it's at best useless and may even make the problem worse. To persist with the tool analogy for just a little longer, no tool is inherently good or bad. Blaming the medical model is no different from blaming the internet, mobile phones, or social media platforms. It's the uses they are put to that matter. After all, you know what they say about workmen and tools.

What we are faced with is not an equipment failure, it's a user error, a failure to read the manual. Over the last few decades, we have developed a disease-based medical model out of a disease-based mindset. We seek out diagnoses where there aren't any (it's amazing what you can do with some updated definitions of illness that a bunch of experts have decided should exist), and we are incentivized to case-find as if our lives, rather than the pharmaceutical industry's profits, depend on it. We treat ageing as a disease and make herculean efforts to prolong life at whatever cost, unwilling to admit that what really drives us is the fear of death and the assumption that anything that postpones the inevitable must, by definition, be a good thing. We intervene in people's lives because we can, rather than asking ourselves whether we should. We have perpetuated the idea that when a person is broken it is the responsibility of the medical profession to fix them, regardless of the reasons for their being

broken to start with. We treat life and its complications with expensive, invasive, sometimes risky interventions, instead of taking the time to explore why these complications of living have arisen and what the best ways are to address them, ideally involving the person concerned. I once had a stand-up row in a meeting with a cardiologist who took issue with the fact that, as health commissioners, we were asking people to attempt to lose weight and stop smoking before major surgery. He accused us of being cruel, despite the fact that there was good evidence that making lifestyle changes would reduce the risks of complications from surgery (including death), improve the outcomes, and in some cases would render the surgery, such as joint replacement, unnecessary. I responded by comparing him to someone standing on a bridge over a river, watching as one person after another floated past him. He was content to fish them out of the water, but didn't show even the slightest bit of curiosity as to why they had all ended up in the river to start with and whether this could have been prevented.

As a doctor I have prescribed antidepressants and painkillers to people whose physical and mental pain is fundamentally due to loneliness, poverty, lack of purpose, and dissatisfaction with life. I have seen people have gastric bypasses who eat because of the pain of their life experiences. I have reluctantly agreed to refer people with multiple, mysterious symptoms to multiple, mystified hospital specialists, because I either don't have the courage to be honest with them about the likely root causes for their malaise, or they are unwilling to contemplate this being something that medicine can't fix. Either way, it gets them out of my consulting room quicker. In the worst case, and sadly not that uncommonly, the specialist will carry out a lot of tests

and find an 'incidentaloma' (a coincidental harmless finding unrelated to the original reason for referral), which will open up whole new pathways of probably unnecessary medical or surgical intervention.

I'm not in breach of any guidelines when I practise in this way. In fact, following the latest guidelines from august bodies like NICE (the National Institute for Health and Care Excellence) is more likely to result in my making such referrals and prescribing such medications. I'm not proud of it and nowadays, I try to do much less of it. The problem is that the patient has ended up in front of a doctor with wellbeing-related needs that are, most of the time, not directly related to health. However, due to either a lack of insight into why they don't feel well, or lack of access to the right support, there they are. The doctor then compounds the problem. They do it with the best of intentions, having been trained to try and do whatever they can to help the person in front of them. So, they use the inappropriate tool of the modern medical model. If you think about it for a moment, this is quite bizarre and maybe even unique to medicine. If I was a plumber and the person who called me out actually needed help with their phone, electrics, or pension-planning, I would not attempt to have a go out of the goodness of my heart. I'm not qualified and I'd be likely to make the situation worse. Instead, I'd point them in the right direction. Maybe I would give them the number of someone I would recommend. Sometimes in medical life it is genuinely better to do nothing than something. After all, the Hippocratic oath starts with the principle of first doing no harm.

Many doctors feel like I do, whether they consider themselves advocates of lifestyle medicine or not, but we choose to practise

defensive medicine because we are worried that the one time we don't refer the patient to a specialist, and instead offer them lifestyle advice and signpost them to help outside of the medical model, we may miss a serious diagnosis, or (more likely) get a complaint as a result. That's the other part of the problem. We have conditioned our patients in this same model, so their expectations are in keeping with it. It's not their fault. As a result, we spend almost all of our time dealing only with people who are already sick. We know what to do with those people, however ineffectively, because it's what we've trained for. As for the people who are not yet sick (the ones that we don't have time for), we wait helplessly for the inevitable consequences of lifestyle problems to rear their ugly head in the form of chronic disease, and then they become sick too. It is a deeply perverse approach. As doctors we don't do this because we are lazy or bad people. We do it because it's what we have been trained and incentivized to do. I once heard an interview with a doctor who likened the medical system to a cult, because people in it were deprived of sleep and filled with sugar and caffeine until they were too tired to question how it all worked. It requires a real effort, and a willingness to take risks, for us to lift our heads above the parapet and spend time with people addressing the root cause of their problem, and discussing what they can do to take responsibility for themselves and make changes.

Trying to be an authentic practitioner of lifestyle medicine is not without its challenges. Patients may either be delighted or disappointed by such an honest approach. It can take longer to build relationships so that the patient does not feel disappointed, but instead feels encouraged and optimistic that this is something they can take control of. Colleagues may

question, or even be opposed to you spending a little more time on this when required. It's not a level playing field in this respect. No one would question giving a double appointment to a patient with a newly diagnosed condition like diabetes, heart disease, or cancer. Yet there can be a frankly baffling reluctance to dedicate a similar amount of time to helping a person avoid developing one of these conditions.

I think part of the problem is that doctors are themselves very expensive and fancy tools, and the question being asked is whether they are the right tool for what seems like a very simple job of talking to someone about their life and how they live it. I agree that as doctors we probably don't need to be involved too often. Nowadays in general practice we are developing teams around us of people who are equipped to help, such as social prescribers and health coaches. There is something powerful, however, about being involved as a doctor at the start of the process, with a patient who trusts you and respects your opinion, and who may be more inclined to buy into making lifestyle changes rather than opting for the traditional disease-based and broken medical model.

And now for the good news . . .

I think I've moaned enough about modern medicine. You probably get the point by now. There is a growing movement in this area in all walks of life, including the medical profession. The *British Medical Journal* has a 'Too much Medicine' series and there are even conferences on the subject. It feels to me that both the public and medical profession are beginning to move slowly in the right direction when it comes to an understanding

of what being well really means. People are increasingly willing to accept the importance of the different aspects of our lives that determine our wellbeing, and the foolishness of trying to separate the physical from the mental, the emotional, and the social. This shift in thinking and the issues arising out of it make this book timely. I believe that it is vital we also include the spiritual aspect of our lives. As we work our way through different aspects of what determines how well we feel and how satisfying and meaningful our lives are, I will argue that spirituality is fundamental to our wellbeing, whatever sort of beings we consider ourselves to be.

For now, though, I'd like to start with a story. I've come to understand the power of stories in the last few years. They are the way that we have passed information on to each other for as long as humans have been around on the earth to tell them, which is at least 100,000 years as far as homo sapiens is concerned. Stories are powerful and memorable and a good way of illustrating points. They're much better than PowerPoint presentations, although that is admittedly a pretty low bar. This is my story. Well, thankfully for you, not just my story but, more interestingly, the story of my family.

3. Our Story

At the age of 6, someone asked me what I wanted to be when I grew up. I declared that I was going to be a doctor. When asked why, I couldn't really verbalize it at the time. On reflection, forty years later, I think that I felt it was an important job that would make a difference. It made my path through education quite straightforward. I knew where I was going and what I needed to do to get there. In my teenage years I did some work experience with a family friend who was a GP and, after spending a week shadowing her, I knew that it was what I wanted to do.

We weren't particularly well-off as a family, but after passing an entrance exam and being awarded a bursary, I was fortunate enough to attend one of the best independent schools in the country, Manchester Grammar. It's fair to say the school had very high expectations of its pupils and a lot of those doing sciences for A levels applied to medical school. We were well drilled in preparing for exams and university applications. My only moment of controversy throughout my entire secondary school career was in choosing *not* to apply for Oxford or Cambridge on the grounds that I didn't think I was posh enough and, more importantly, I didn't fancy the extra exams and hard work required to get there.

I was offered a place at each of the five medical schools I applied to, after a series of interviews in which the questions ranged from the obvious ('What would you say are the ten most important scientific discoveries in the last hundred years?') to the bizarre ('So young man . . . the Gulf War. What do you fancy, a home or an away match?'). I chose Nottingham because they threw in an intercalated degree as part of the course, it had a nice green campus, and it boasted a women-to-men ratio of 2:1 – not necessarily in that order of importance.

I was one of the few people at medical school who admitted to wanting to be a GP, despite the fact we all knew full well that about half of us would end up doing exactly that. My research about gender ratios really paid off as I met and fell in love with Beccy, whom I married at the end of my third year at university. I was a mediocre medical student. This was mainly because going to university was a real eye-opener after a strait-laced upbringing, including attending an all-boys secondary school. I was branching out and enjoying the social life a bit more than the actual medicine, including wooing my wife-to-be. I once turned up to a 'viva' (verbal examination) having only revised three out of five systems of the body. The student before me was grilled on haematology (blood) and I was preparing for oblivion and a summer of resits before I lucked out and got asked a neurology (nervous system) question, which I had actually revised for. I appreciate this disclosure may not fill you with confidence in the medical profession, but for what it's worth, you do most of your learning on the job in your career as a doctor!

After graduating from medical school, Beccy and I stayed in Nottingham for my first year as a junior doctor, when I did my surgical and medical house jobs for six months each. It was a

gruelling year, but we all knew what to expect and I found it quite enjoyable. I was lucky to bag a job with a world-famous breast surgeon, which I applied for not on the basis of a deep and abiding interest in breast surgery, but because I thought a reference from him would look good on my CV. Halfway through my second job, our son Luke was born. There are probably better times to start a family than halfway through the most difficult year of your entire medical career, but Beccy and I worked well as a team and loved living in our little house in a nearby town. Beccy was on maternity leave from her teaching job, having finished her music degree and then qualified as a teacher. At the end of the year, I applied for a GP training course. I'd like to say it was my brilliance at interview, or the reference from the professor on my CV, that swung it, but it may also have been something to do with the law of supply and demand. When I had applied to the scheme, I rang up to ask when the interviews were, to which the response was – and I quote – 'When can you make it?'

So after finishing my first year as a trainee doctor we moved to beautiful rural Oxfordshire and I continued my training at the Horton District General Hospital in Banbury and did my GP trainee year at a lovely practice in Warwickshire. It was a fantastic year (during which our second son Joshua arrived), and confirmed to me that general practice was the right career for me. After qualifying as a GP, I applied for a job at the surgery where I am a partner today. We moved to St Albans in Hertfordshire and have been there ever since.

So far, so good – or possibly so boring, depending on your view. You're thinking, *Hang on a minute. I've read lots of books about inspirational doctors who set up hand surgeries in Nepal, or risk*

life and limb on a daily basis working in war zones. Your story is, frankly, a bit on the dull side. Congratulations on overcoming your middle-class struggle, by the way.

Fair point. However, things are about to get a bit more . . . interesting.

As I've mentioned, Luke is our first child. He was a very happy baby. However, it became apparent that he had some difficulties with communication and interaction. He didn't speak before he was two, and even then his vocabulary was very limited. He tried to compensate for not being able to interact verbally by doing so physically with other children, which they and their parents didn't always understand or appreciate. We wondered if he might be autistic. As it turned out, he wasn't, although he was labelled as that for a while. When we moved to St Albans we had to start from scratch in terms of educational support and get him a statement of special educational needs.

Things didn't go well at his first school. His class teacher was a hideous woman who thought that children with special educational needs were naughty and should be left in a corner of the classroom. She was, ironically, the Special Educational Needs Coordinator, as well as a close friend of the headteacher. We left after two weeks, as we were given the very strong message that his sort weren't welcome, because they dragged down the rest of the class and threatened the school's status as a 'beacon' school. We decided to pick our battles and moved on to another school, which was lovely. The headteacher was very inclusive and although life wasn't straightforward, and not every professional contact was helpful or positive, he thrived in the school and developed at his own pace.

Things changed one day when I got a panicked call from my wife when I was at the surgery. Luke had collapsed suddenly at home. An ambulance had been called. I raced home and arrived as the ambulance did. He was coming round by then, but we agreed to get him checked out in the Accident and Emergency Department (A&E). We were seen by a junior paediatrician who assured us confidently that having a first fit didn't mean that a child was necessarily epileptic (which in fairness is true for most people), and Luke was discharged. As it turned out, Luke was indeed epileptic. The next twelve years of his life were the most difficult time of all our lives. His epilepsy is described as complex and severe. For the first few years, he would have lots of little moments of being absent, known as petit mal seizures, but he also had other sorts of seizures. Monitoring at Great Ormond Street hospital showed he had at least fifty of them a day. The other seizures could be episodes of twitching or sudden collapse (drop attacks). This meant that he could no longer be left alone at any time. We went from being a typical family without much in the way of concerns, other than some learning needs (significant enough for most), to a family on call and on high alert twenty-four hours a day. Either Beccy or I had to be with him all the time when he was at home. As I was at work most of the week, a lot of this fell to Beccy. At night we had to always have a video monitor on. He couldn't ride a bike due to the risk of injury (in the end we bought him a three-wheeler recumbent bike so he would trundle gently to a halt if having a seizure), and he couldn't have a bath. We did let him have swimming lessons, as he was very keen on this and we wanted him to have things in his life that he enjoyed. He wore a life jacket and we spent the next few years watching from the poolside with our hearts in our mouths. I only had to dive in once, fortunately.

Things got a lot worse as adolescence approached and his seizures developed into the grand mal or tonic-clonic type. He would turn his head to one side, grimace, groan, and then go stiff and jerk. Sometimes he would stop breathing or have very long gaps in between breaths. He sustained injuries as a result of falls (although thankfully nothing major, which was a miracle in itself). He would have bad runs of seizures at night. On his worst night he had fourteen grand mal seizures in a row. We had to have oxygen and a breathing mask at home, as well as a suction machine to help him with his airway if he had a lot of secretions. He once fell down the stairs, banged his head on the wall, and stopped breathing. I did CPR, breathing for him as Beccy called the ambulance – the longest five minutes of my life.

Ambulances came not infrequently to our house in the middle of the night. We spent nights in resus in the emergency department of various hospitals, and occasionally he would be admitted for a few days at a time until the seizures had stabilized. Leaving him in hospital was difficult, but if I'm honest, it also meant that we could go home and get a night's sleep, albeit while still worrying about him and feeling guilty. I spent a lot of nights sleeping on the floor beside his bed when things were at their worst.

Over time, this took a toll on all of us as family. Our physical and mental health suffered. We were in a permanent state of adrenaline-driven fight or flight. There was very little down time for any of us. We couldn't really expect others to be able to look after him to give us a break . . . or so we felt. I was still holding down my day job as a full-time GP, including working out-of-hours emergency shifts. I had to stop those once the nights became bad, because I would be working in an

emergency department somewhere when Beccy was looking after Luke at home during another bad run of seizures. Beccy had worked in between having each of our children: Josh was born in 1999; Finn in 2002; and Zac in 2005. After that she gave up teaching to become a full-time mum.

She was still doing her best to look after the boys while managing Luke's seizures. The boys' lives were often disrupted, with any number of social occasions and family plans abandoned at the last minute, although they were very understanding and caring, and never complained.

It's said that if you put a frog in a saucepan of boiling water it will jump straight out, but if you put it in a saucepan of cold water and heat it up gradually it doesn't notice and eventually is cooked. As a family, we were the frog and the water was slowly getting hotter and hotter.

I have always thought of myself as one of life's copers. Historically, my attitude towards life's challenges could be summoned up in a series of clichés, film quotations, and advertising straplines: What doesn't kill you makes you stronger; Just do it; Go big or go home; Man up; I'll get all the sleep I need when I'm dead. There's something to be said for them, in the right place at the right time. However, living by all of them every day isn't a recipe for a long, satisfying, and happy life. Real life is messy and complex. Not every situation can be dealt with satisfactorily by a one-size-fits-all mindset, uttering a mantra, gritting your teeth, and getting on with it.

I realized that in order to look after my family, I also needed to look after myself a bit better than I had been. I could feel my heart racing away in the middle of the night, waiting for and

imagining the next seizure on the video monitor. Beccy shared my anxieties and it was very difficult for us to relax and enjoy each other's company. Spiritually things were difficult because we had not only Luke's seizures, but also a lot of unanswered prayers to contend with. There were a lot of conversations with God in the small hours of the morning, ranging from pleading and bargaining through to anger and despair.

Beccy and I both had big questions to ask about whether God was there, did he care, and what was the point of him? It was particularly hard to swallow our prayers not being answered, when some people at church were implying, consciously or otherwise, that maybe it was our fault that this was the case, and others were sharing at the front of church their joy at their hurty knee having got better after some prayer from their house group, or at having found the right-coloured outfit when shopping the day before. I don't blame them for sharing. They weren't trying to make us feel even worse. I did question whether some of their apparent answers to prayer really fell into the *miraculous* bracket and found myself asking God whether he might consider *not* answering all the prayers for small stuff and saving his efforts for more worthy causes.

Despite the rather no-nonsense approach I had taken to life so far, I decided it was time to invest in keeping myself healthy. I needed to build resilience and preserve my mental and physical wellbeing. I will go into details of each step I took later, but to cut a long story short, over the next couple of years I learnt more and more about the key areas that can determine our wellbeing, and started to apply this to my own life. This included mindfulness or meditation, becoming more physically active in my everyday life, making some changes to what I ate, and the

quantity and quality of sleep that I was getting. Although I'm still very much a work in progress – just ask my long-suffering wife – I have seen real improvements in my own wellbeing as a result of this. More interestingly, my development of a lifestyle-medicine practice has spilled over positively into the rest of my life. It affects how I consult with patients, my relationships with my family and friends (some of whom have also made changes in their own lives), how I engage with the church and wider faith community, and the way I think about how we fund and provide healthcare to our population.

Going through this process has been life-changing. I've had my road-to-Damascus experience. The scales have been removed from my eyes. Like Neo in *The Matrix*, I've taken the red pill and now there's no going back. As a society we have lost touch with that it truly means to feel well physically, spiritually, and mentally. We have made an increasingly toxic world for ourselves that ignores what it is to be human and the needs that we have. It's not just that we've got lost on the journey to a meaningful and enjoyable existence; at times we seem to be running headlong, individually and collectively, in the opposite direction. This plays out in our faith communities too. You've heard the quote about being 'too heavenly minded to be any earthly use'. Well it applies to attitudes towards health and wellbeing too.

So far, so challenging and daunting. Let's flip this around. There's good news about how we can live lives that are fit for purpose, free of an artificial divide between the physical, spiritual, and mental. I want to share it. More than that, I feel it's my duty to share it. I haven't often felt God speaking directly in my life, or steering me to make a particular decision. Most of my big

life choices have been made on the basis of common sense, gut instinct, and aspiration. Sometimes I have asked God what he had to say. There hasn't always been a clear answer and I may not have always listened that carefully. He's making up for it now though. I've felt compelled to bring together what I've learnt personally and professionally, to put on the page these words that you are reading right now.

I've done a lot of learning about wellbeing and what might loosely be termed 'lifestyle medicine' over the last few years. By 'a lot', I mean a truly ridiculous amount, approached with an attitude bordering on the obsessional. Hardly a day has gone by in the last five years when I haven't learnt something new, whether it's from reading a book or journal article, listening to a podcast, watching a video, attending a conference, or having a conversation with someone, and I've done a lot of reflecting and written a lot of notes. I've put my learning into practice, learnt from some of my mistakes, refined my technique, and done it all over again. The good news for you is that, as a result of my extensive wanderings down this particular rabbit hole, you don't need to do it all over again for yourself. Not unless you really want to, of course. So just in case you are busy, just in case you don't actually have all the time in the world to spend learning about this, just in case you have your own challenges in life that make it quite difficult to address these issues, I've taken everything I've learnt, distilled it down, distilled it down again, and put it together in the pages of this book.

Most of what I've got to share with you is common sense or inspired by the work of others. Some of it is from my own experience. I'm standing on the shoulders of giants here: devoted researchers with special interests, world-leading

experts, and those who have led the way in developing lifestyle medicine as a speciality and have put wellbeing front and centre of many people's awareness. I've tried to give them credit and reference their work where I can.

My contribution to all of this is as a generalist. GPs are the last true *general* physicians. Everyone else in the medical profession is a specialist or an '-ologist', as I like to describe them. As generalists we know a little bit about a lot of things, unlike specialists who know a lot about vanishingly little. We bring our understanding together every day in our job, fusing evidence and clinical skill with pragmatism and a knowledge of the people who are our patients.

In this book I'm adding another layer to integrate all of this with faith or spirituality. This is because I believe that for us to feel truly well, to fulfil our potential and live satisfying and meaningful lives, there should not be an artificial divide between physical and mental and spiritual wellbeing. My personal experience is in a Christian context, but the principles here are broad and may be applicable whatever faith or belief system you adhere to. You may not identify with any particular belief system. There's still plenty here for you, and if it leads you to ask questions about faith and deeper meaning and purpose in the context of life and wellbeing, then so much the better.

It may be that you do follow a particular faith, perhaps the Christian faith as I do. Don't get too comfortable. Just as we need to acknowledge our spirituality to fulfil our potential as human beings, we also need to recognize our humanity as being integral to us achieving our true spiritual potential. With this in mind, we need to talk about duality.

4. Dangerous Duality

When I was younger, I used to divide my week into the spiritual and the secular. On Sunday I would go to church in the morning, Sunday school in the afternoon, church again in the evening, and then attend a group afterwards for young adults. I also met with a small group of friends on a Tuesday evening to read the Bible and pray. Those days were my *spiritual* life; the days when I got the nourishment I needed to be inspired and supercharged, so that I could step out refreshed into the secular world for the rest of the week, armed for battle and ready for the slings and arrows that life would throw at me. Okay, I am overstating it a little, but nonetheless, this was broadly the mindset that I developed, partly because that was what I had been taught by my elders and betters.

If I'm honest, the supercharging didn't usually last more than a few hours outside of these meetings and the way that I lived my life during the week was often not discernibly different from that of my friends and colleagues who were not Christians. I had a set of beliefs, a spiritual framework, and could quote verses from the Bible about this and that, but I didn't always

practise what I preached. I was living a double life, existing in a duality.

As I got older, I realized that this approach wasn't helpful and that my faith should permeate my whole life – the whole week. Monday could be just as spiritual a day as Sunday. It shouldn't matter whether I was at church, school, or work. I needed to live consistently, according to my principles. By showing rather than telling those around me, I would have the most impact on the world and live the most satisfying life. I would be more authentic and effective, less conflicted. I'm not saying I've managed this every day of my life ever since, but at least I know what I should be aiming for.

Now you may be thinking at this stage that perhaps it wasn't such a good investment to buy this book, because the author is clearly not that smart, or at least, is a lot slower on the uptake than you are. So far, so bleedin' obvious. However, over the decades since I came to this not-so-remarkable conclusion, I have noticed an even greater and more concerning duality in every single church that I have ever been part of, whether Brethren, Anglican, Methodist, Baptist, or Pentecostal. This reflects a problem in wider society, but it's at least as bad in the Church.

Dualism, or duality, can have a number of different meanings. Crudely speaking it means having two parts, often with opposite meanings, like the two sides of a coin. In psychology and metaphysics (again, I'm simplifying and generalizing), it refers to mind and body, the spiritual and the physical, being separate from each other. This is the dualism that I am referring to. What I have seen over the last few decades is a growing emphasis on the spiritual while neglecting the physical and

mental. An emphasis is often placed on spiritual battles having very little, if anything, to say about everyday health-related ones. This happens more in some churches than others, but it is a consistent theme. I see church leaders offering advice on spiritual matters, while ignoring their own, sometimes very obvious, physical issues – like the person offering advice on how to take a speck of sawdust out of someone’s eye without addressing the plank in their own. Sacrificing your health on the altar of serving a higher spiritual cause seems not just to be inevitable but admirable; something to be acknowledged with a rueful smile and shrug before carrying on regardless.

Health is sometimes addressed in the context of miraculous healing. I have a big problem with this. Miraculous healing, by its very definition, is mysterious and (as far as I can tell, based on the actual evidence produced to date) rare, otherwise it wouldn’t be miraculous. Emphasis on this takes control away from individuals who are left dependent on an act of God, rather than understanding the root cause of their health-and-wellbeing issues, taking responsibility where appropriate, and being able to plan and take control of their destiny. In addition, there are some very bizarre (bordering on the cult-like) views on why people have health challenges in their life and why they have not been healed. This approach, at best tactless and at worst cruel, makes everything much harder for those who are faced with these challenges. Take, for example, the idea that your child’s congenital disease or life-limiting illness is due to some sort of unrepented-for ancestral sin. This intellectually lazy and deeply unbiblical teaching serves no one other than the person promulgating such rubbish, so they can avoid having to answer awkward questions about why miracles don’t

happen on demand, and why prayers and anointing with oil didn't work. I wouldn't blame any parent whose response to the person peddling this piffle was an immediate physical rather than spiritual one. I've been there and been sorely tempted.

What I'm trying to say is that healing, or at least improved health and quality of life, is something that should, as much as possible, be within the grasp of everyone, not just a few. I would argue that curing your own diabetes by making lifestyle changes is potentially just as significant as cancer being cured by miraculous or medical means.

I firmly believe that we should not separate mind, body, and soul, or the physical and the spiritual. We are human beings, made in God's image, knitted together in our mothers' wombs, fearfully and wonderfully made, as indicated in Psalm 139: 13f. If it isn't possible to separate the trinity of Father, Son, and Holy Spirit, why would we try to fragment ourselves?

Not many people would defend a church leader turning up to preach on a Sunday morning drunk or hungover. But did you know that being sleep-deprived has a similar effect? How credible is it to counsel someone about drug addiction if the counsellor themselves is addicted to food, sex, or social media? Can we talk with a straight face about the need for spiritual discipline if we have no financial or physical discipline ourselves? My GP used to sit in his consulting room with a beer belly, nicotine-stained fingertips, and a big red nose advising his patients about living a healthy lifestyle. That's the only thing I remember about him, not any of the advice that he gave.

So how do we address this? Throughout this book I'm going to look at the determinants and key pillars of wellbeing. These

are sleep, movement, food, stress and relaxation, connection and purpose. They incorporate the physical, mental, social, and spiritual. I'll summarize the evidence both of the harms of not having the right balance, as well as the considerable benefits of making positive changes to address this, and will look at what the Bible has to say about these areas. Although scripture is not a textbook or a step-by-step instruction manual, it contains plenty to point us in the right direction. We will explore principles of behavioural psychology and how we can use these to nudge ourselves towards planning and achieving changes in our lives, and the lives of those around us.

Whether you are an individual looking to make changes in your own life, a church leader wanting to lead by example and to use your team and premises in the best possible way, or a group wanting to make a difference in your community, I believe that using these principles will enable us all to become fit for purpose.

5. Sleep

Come to me, all you who are weary and burdened, and I will give you rest. (Matthew 11:28, NIV)

One of my guilty pleasures in life is the movie *Road House*, starring Patrick Swayze. It's a cheesy, late-Eighties action flick about a bouncer. Sam Elliot plays his ageing, battle-scarred mentor and drawls one of my favourite lines in the film: 'I'll get all the sleep I need when I'm dead.' I lived by this for most of my adult life. I chose it as the motto for my Xbox live-gaming avatar, which probably tells you quite a lot in itself about my historically masochistic approach to this subject. We've all heard about famous people who allegedly slept very little and achieved greatness. You may know people who claim they only need a few hours a night to function perfectly well. You may be one of them. It is true, to some degree, that we are all different and may have different requirements when it comes to sleep. People may describe themselves as *larks* or *owls*, by which they mean they feel they are at their best first thing in the morning or last thing at night, and set their clocks and working patterns accordingly. However, it's only fair that I take this opportunity to give you a few facts and dispel a few myths.

Before we get into details, it's important to acknowledge that there are many factors that affect our sleep. Some may be obviously within our control, such as our 'sleep hygiene', by which I mean our routine and how we prepare for and give ourselves the best chance of good sleep. Some may not be within our control, or at least less obviously so: for instance, the environment in which we live and work, shift patterns, long-term physical and mental health conditions, and other life circumstances. The point of this chapter is not to send you into a panic and make you feel even more anxious and less likely to sleep as a result! It is to give you some information, to challenge you to make changes where you can and to offer some pragmatic tips from which you might pick and choose. Everyone, whatever their circumstances, can benefit from improved sleep.

You are designed to sleep

As a species we spend about a third of our entire lives in an unconscious, vulnerable state. This is either a huge mistake on the part of our creator and the evolutionary process, or absolutely essential for our wellbeing and continued survival. Since there are about eight billion humans and counting on the planet, there's a fairly obvious conclusion to draw from this.

As the day draws on and the light begins to fade, levels of a hormone called *melatonin* begin to rise in our bodies. This is one of the signals to our brain that the time to sleep is approaching. There is also another substance called *adenosine*, levels of which rise as the day progresses, creating the pressure or desire to sleep. We've all felt it: that moment where our eyes begin to drop and

we realize we've read the same line of a book or watched the same clip on Netflix at least three times. These are naturally occurring processes in your body over which you have no conscious control. They are there for a reason. We have built-in body clocks of circadian rhythm that continue to tick round roughly every twenty-four hours, no matter what our circumstances.

Unfortunately, in the 'developed' world we seem increasingly to be building lives and societal structures for ourselves that don't just ignore these truths, but are trying to test them to destruction, to our cost. In the last century, we have lost a significant proportion of our sleep, possibly up to 20 per cent or more. This has been achieved unwittingly in a number of ways, including the use of artificial light, workday length and culture, and the use of technology to keep us permanently plumbed in and turned on, twenty-four hours a day, seven days a week. We are sleepwalking into not sleeping.

What happens when you sleep?

We are learning more and more about what happens when we sleep. One important process is essentially brain cleaning. There are cells in our brain that support our nerve cells, holding them in place. They are called glial cells. It is now known that in sleep they shrink to about half their size, allowing the flow of cerebrospinal fluid around the brain (known as the 'glymphatic system'), which helps to remove debris and toxins that have accumulated during the day.

Sleep is also important for processing information, including memories and learning. There are different parts to our

sleep cycle. In deeper non-dreaming NREM (non-rapid eye movement) sleep, we process what we have learnt and discard the stuff that we don't need. In the lighter, dreaming REM (rapid eye movement) sleep, we consolidate new memories and integrate information that is important for learning and creativity. The old adage about sleeping on a problem is actually true. Both NREM and REM sleep are important, and if either is significantly disrupted it can lead to serious consequences, which we will come onto.

When we sleep our breathing slows, our blood pressure drops, and our muscles relax. Blood flow increases to the muscles, and tissue growth and repair occurs. Hormones (such as growth hormone) are released and energy levels are restored. Sleep is fundamental to our wellbeing. It's the best gift we can give to ourselves and others. I've seen people reverse their diabetes, lose weight, and come off their blood-pressure medication as a result of just sleeping better.

How much sleep do you need?

The average amount of time that most adults need is seven to eight hours a night; children and teenagers slightly more. Bear in mind that some people fall asleep more quickly and sleep more deeply than others, so this means setting aside somewhere between seven and a half to nine hours of sleep time to achieve this. In his excellent book *Why We Sleep*, Professor Matthew Walker recommends you ask yourself whether you feel refreshed by your sleep when you wake up and whether you wake up before your alarm.¹ If the answer to both questions is 'yes', you're getting enough sleep. If not,

you aren't. There are a very small number of us who genuinely don't need much sleep (probably less than one per cent of the population), who can get by with just a few hours a night. But just as most people think they are better-than-average drivers (clearly impossible, statistically speaking), most people who think they are special cases are in fact wrong. If you want to look into this in a little more detail, you could start with the SATED sleep questionnaire, which looks at your satisfaction, alertness, timing, efficiency, and duration of sleep and produces a score from 0 to 10, with 10 being very good sleep.²

What happens when you don't sleep enough?

There is solid evidence of the consequences of chronic sleep deprivation.³ It increases the risks of dementia, heart disease, stroke, raised blood pressure, diabetes, cancer, inflammatory conditions, and mental illness . . . among others. The full list is a lot longer, but I'm sure you get the idea. Frighteningly, you don't need to deprive yourself of sleep for very long to develop health problems. Just a week of reduced sleep quantity and quality can induce changes in blood sugar consistent with diabetes and symptoms of acute mental illness, such as psychosis. Being relatively sleep-deprived every day for a week has a similar effect to not sleeping at all for an entire night. Disruption of your sleep will have consequences for your memory and higher cognitive functioning. Sleep deprivation in study subjects, after tasks involving memory, results in poor subsequent recall. Even just one night of poor sleep can result in being unable to recall facts you may have learnt in the preceding two or three

days. So much for pulling an all-nighter to cram for that exam, or to put together a top-notch presentation for work!

If we stay up late and are tired, we tend to make poor decisions about what and when we eat. We feel hungry (owing to rising levels of ghrelin, a hormone which increases our appetite), and falling levels of leptin (its counterpart, which makes us feel full). As a result, we are more likely to reach for foods that are not ideal, such as highly processed convenience snacks that contain a lot of fat and sugar. In the long term this results in rising weight, blood pressure, and blood sugar. Late-night snacking on less healthy foods unfortunately results in a double whammy, because our body is not a factory and doesn't process everything we eat in exactly the same way, twenty-four hours a day. There is growing evidence to show that if we extend the period of time we eat in any given day (from first to last mouthful of food or alcoholic drink), we put on more weight and are less fit as a result than someone who eats and drinks within a shorter period.

Sleep also has an epigenetic effect. Epigenetics refers to how our genes are expressed. Although historically it was argued by many that genetics are *destiny* and that nature trumps nurture every time, this is thought increasingly not to be the case. Our environment and the choices that we make may well significantly influence how the genes that we have are expressed, and whether we are more or less likely to end up with problems such as heart disease, inflammatory and autoimmune conditions, mental health problems, dementia, and even cancer. Two people with an identical genetic make-up can end up with very different states of health depending on how their gene expression has been influenced. Sleep

deprivation results in more turning on of inflammatory genes and the dampening down of stabilizing ones.

You can exist in a state of chronic sleep deprivation. Many of us do. You may well be considered personally and professionally successful. Just so we're clear: this is probably *despite* your lack of sleep, not because of it. You may think you're functioning fully, but there's plenty of evidence demonstrating the effects of sleep deprivation in areas such as memory, learning, driving, weight, decision-making, and personal interactions. Just like a drunk or hungover person who thinks they're fit to drive, chair a meeting, or make a big life decision, the sleep-deprived person may well have no insight into how their performance is impaired. Being sleep-deprived therefore also affects your social interactions, whether personal or professional. It may result in damage to your relationships and even limit your career prospects, without you being aware of any of this.

I often see patients with significant undiagnosed conditions, who are not aware of the impact on their wellbeing. A good example of such a condition is atrial fibrillation, in which a person's heart beats irregularly and often too fast. This may result in symptoms such as tiredness, dizziness, and shortness of breath. I once saw an older lady whose irregular pulse was picked up during a routine nursing appointment. Once she was started on medication to slow her heart rate down, she was amazed at how much better she felt and realized that she had been compensating for her tiredness and breathlessness (which she assumed was due to old age), by gradually doing less and less so that the symptoms didn't trouble her as much. Sleep deprivation has a similar effect.

The first time I gave myself the gift of seven to eight hours sleep every night for a week, I felt like a different person. I realized I had only been operating at 75–80 per cent capacity in terms of my physical and cognitive functioning, but had convinced myself that this was normal. I think this may be a particular problem for people that we might describe as ‘high achievers’. If they are already fortunate enough to have the genetic, physical, emotional, educational, social, and environmental advantages that usually lead to good cognitive function and wellbeing, then they may well be operating from a higher baseline than others, which disguises the fact that they are actually impaired and operating at less than their full potential capacity. During any given episode of *The Apprentice*, I’m the first person to shout at the television, ‘You can’t give 110 per cent!’ But just think about what the impact would be of finding the extra 20 per cent that you hadn’t realized you were missing out on.

The myth of larks and owls

The idea that some people function at their best late at night rather than early in the morning, and that they should tailor their sleep time accordingly, is problematic. Although it’s true that there are differences between individuals, and that these may be partially genetically determined, it’s nowhere near as binary as the concept of larks and owls. We may all be at different points along a scale, but the differences are relatively minor for most of us. A person may describe themselves as a ‘lark’ or an ‘owl’ as a consequence of the choices they have made, consciously or unconsciously, for lifestyle or work-related reasons, rather than because of any innate characteristics they

possess. We might do it to justify how we live our lives and to make ourselves feel better by blaming it upon something beyond our control. Before you swallow this concept whole, ask yourself the question: Is it just possible that someone who has got into the habit of staying up late is tired when they wake up in the morning and so don't feel at their best? What makes more sense for these people: to respond by shrugging and fatalistically labelling themselves as an owl? Or to consider whether they might need more sleep, with all the benefits that come with this?

I found this in my own life. It turns out that I do need a bit less sleep than some of my friends and family (about six and half hours in my case), but now instead of trying to be an owl and work late, I go to bed a bit earlier and have discovered that I'm actually a lark! I get up early most mornings now and enjoy having time to myself before the rest of the world is up. I can go for a walk, get some work done, and have time to think and pray.

It is well recognized that sleep patterns do change throughout life and that the sleep/wake cycle in adolescence is different from that in later adulthood. Much as I hate to admit it as a parent, there may be something of a scientific basis to support your teenager being a less-than-reasonable human being first thing in the morning. Most teenagers would benefit from a later start to the day. There are a small number of schools that have acknowledged this reality by shifting the school day back, starting lessons later in the morning. In reality, for most of us this is not yet an option. We do have some control over our circumstances and the decisions that we make though. This might include what bedtimes we set for ourselves and our children, and what time we start our working and school days.

If your child struggles to get up in the morning, maybe going to bed at midnight having spent hours on their mobile phone and then getting up at 6 a.m. for a paper round is not in their best interests.

What can we learn about sleep from the Bible?

Jesus led by example.

On one occasion he'd had what might be considered a busy day. I moan about a twelve-hour day, challenging work, and patients who don't always appreciate me. Jesus, however, had been driving out demons and healing the sick. That's pretty hardcore. He was surrounded by crowds clamouring all day for his attention. He was tired. He gave instructions to his disciples to cross to the other side of the lake in their boat. As they were doing this, a furious storm came up. Waves were not just pounding the boat but pouring over it. Where was Jesus? Was he running around, leaping into action, bailing out water? No, he was asleep in the hold. He knew what his body needed and was prepared to prioritize it.

You need just the right amount of sleep.

How long will you lie there, O sluggard? When will you arise from your sleep? (Proverbs 6: 9, ESV)

The Bible does refer to sleeping too much. There is a scientific basis to this. If you plot a population-wide graph with the number of hours' sleep along the horizontal axis and mortality (death from all causes) along the vertical axis, you get a U-shaped curve.⁴ This suggests that, just like any other medicine, sleep should be taken in the right dose and that you can have too much of an apparently good thing.

Not every night's sleep will be perfect

Of course, there will be times in your life when it may not be possible to get enough sleep. Occasionally it might be right to sacrifice sleep for a higher purpose. The Bible records Jesus staying up all night to pray (Luke 6: 12). I remember at university the Christian Union once organized a week of continuous prayer and people signed up for shifts in the middle of the night. You might be taking part in an endurance event to raise money or awareness.

Life isn't perfect and there will be times when we don't get the sleep we need. We may not be organized enough and suddenly a major deadline looms. We may be going through a bereavement or a crisis of some sort, or might have a health condition which interferes with our sleep, whether physical or mental in origin.

I'm not stating glibly that we should all enjoy perfect sleep all the time, and that if you aren't enjoying perfect sleep it's all your fault, regardless of the reasons for it. However, my experience as a doctor, parent, and human being is that most of us have more control than we think over how well we sleep, and that it is always possible to improve the quantity or the

quality of our sleep to some degree. Doing so may well lead to either preventing or improving some long-term conditions. This leads nicely onto the last part of this chapter: my tips for enjoying better sleep.

What is your sleep culture?

So far, we have focused on the individual. We need to consider the bigger picture. It's great for you and me to try our best to sleep well, but if we are part of a culture that either isn't mindful of the importance of sleep, or promotes rules of life that are destructive, we have a bigger problem than just our individual wellbeing. So now I'm asking questions of, and putting out a challenge to, churches, other faith-based organizations, and the wider community. You may be a leader in this setting. Are you leading by example and getting the sleep you need? Do you practise what you preach?

You probably wouldn't consider it acceptable to preach or drive if drunk or hungover, but do you do it when you are tired, the morning after a late-night meeting, or a box-set binge? I realized there were certain days of the week when my ability to perform and contribute was significantly impaired because I had chosen to sleep less the night before. It was pointed out to me in an appraisal a few years ago that I often looked tired and fell asleep in meetings. I was actually asked if everything at home was okay, because the person conducting the appraisal knew about my family history.

I couldn't blame it on stress because my son was living in a wonderful place, receiving fantastic care, and we were no

longer on call 24/7. It was my choice; the result of years of bad habits. I wasn't giving my best. In fact, I was really cheating those that I was meant to be serving by choosing to live my life like this. I hadn't realized any of these things. As a result of the appraisal I took stock and made some changes to my habits so that I got more sleep, particularly the day before long meetings. I no longer have to fight to stay awake (usually!) and contribute more as a result.

How are you looking after and encouraging those that work with you and for you? Are work expectations manageable and fair? Are you 'always on', and do you expect others to be? Does your culture encourage an appropriate work-life balance? When you have an appraisal or mentoring session with a member of your team, do you cover wellbeing as well as performance, and do you include sleep in this? If the church is putting on a youth event, such as a weekend away, do you take this into account in your planning? I have fond memories of many a sleep-deprived weekend away from home, with my friends and youth-group leaders. I'm not suggesting that we take the fun out by no longer having midnight walks and pillow fights. It might be worth thinking about a realistic starting time for the next day's events after a late night, so that those taking part can get more out of them, and put more in. Perhaps the activity after lunch on such a day could be something more physically active and outdoor-based, with plenty of light exposure, as opposed to a sedentary and indoor one which is likely to result in a significant number of the group struggling to concentrate and drifting off to sleep.

My prescription for enjoying better quality and quantity of sleep

For individuals

1. *Get up and go to bed at roughly the same time every day*

Avoid trying to compensate for poor sleep during the week by having lie-ins at the weekend. A good rhythm is best for your body.

2. *Get plenty of fresh air, light exposure, and exercise during the day*

Morning is the ideal time of day for most of us. It regulates our body clock and helps us get to sleep more easily.

3. *Avoid caffeine after midday*

Bear in mind that even 'decaf' drinks can still have up to a quarter of the amount of caffeine as fully caffeinated drinks. If you're cutting back on tea and coffee, make sure you keep up your fluids during the day, particularly in the afternoons, as this increases the volume of fluid circulating throughout your body, which is important for cooling your core temperature at night and so helps sleep.

4. *Reduce or cut out alcohol in the evenings*

Alcohol is a sedative, but not a restorative. It leads to poor-quality and disturbed sleep. If you are going to have a late night, try not to combine it with drinking significant amounts of alcohol. One unit of alcohol will cost you about an hour's sleep. The same

advice applies to sleeping tablets. They have their place very occasionally in acutely stressful circumstances, for a night or two. Overall, medical studies have shown that sleeping tablets do not result in consistently better sleep for most people. They are also addictive and may have unwanted side effects.

5. Avoid too much napping during the day

This is particularly important as you get older, since sleep quality tends to reduce with age.

6. Avoid blue light in the evenings for at least an hour or two before bedtime

This lowers your melatonin levels and makes it harder to sleep. You can cheat by putting on night-mode settings on your devices or wearing glasses which filter out certain frequencies of light, but it's much better to cut it out altogether, because it also encourages you to disengage from work and get into the right frame of mind for relaxation and sleep. It might also encourage you to spend more time with those in your real social network, as opposed to the virtual one.

7. Try a warm bath before bedtime

Light some candles, put on some music. Don't take your phone into the bath with you.

8. Don't take your phone or other devices to bed

Before you protest that you use your phone as an alarm clock, may I suggest that you buy an actual alarm clock? Preferably with a red LED display rather than a blue or white one.

9. Keep your room cool and dark

We generally sleep better at lower temperatures.

10. Mindfulness exercises can be helpful

These are particularly helpful if you find that your thoughts are whirring away at the end of the day. They are good for relaxation generally and once you have developed the practice, you can use them to help you go to sleep. I will cover mindfulness in more detail later on.

If you think you are one of those people who doesn't need much sleep, just humour me. Give yourself a trial of eight hours sleep a night for a week to see what difference it makes. The worst-case scenario is that you get a little more sleep. The best-case scenario may result in you transforming your life. If you're not sure how well you are sleeping and would like more information about the quantity and quality of your sleep (other than just listening to your own body, of course), then consider using technology to help you track this. There are plenty of quantifiable *self*-gadgets out there that you can wear, such as a Fitbit or an Apple Watch, that will give you some reasonably helpful information . . . just as long as wearing them doesn't disturb your sleep or involve you staring at a screen late at night to interpret the data!

For organizations and leaders

1. Lead by personal example

You need to be authentic. As they say in the safety demonstrations each time you fly, put on your own oxygen mask before helping others.

2. Set the sleep culture

If you are an employer, think about the job specifications and working requirements of those you are responsible for. Are they reasonable? Are you encouraging the right attitude to work, and particularly to a work–life balance? A well-slept team member is a more productive one, who will have better relationships with others, make fewer mistakes, and enjoy their work more. If you are the boss, don't send emails late at night. If you really can't help yourself, consider doing what a colleague of mine does: he puts a disclaimer along with his standard email signature which explains that although he may send emails in the early hours of the morning, he doesn't expect others to respond to them at the same time.

3. Emphasize sleep as a spiritual as well as a physical discipline

This is crucial in your position as a leader. Remember to cover this when appraising, mentoring, and teaching.

4. Think about the timing of meetings

The graveyard shift at around 2–3 p.m. is when we are most likely to experience a dip. Tailor the day accordingly and make that time more physically active and stimulating if you can. It may not be the best time for people to take in a lot of information and make important decisions. You could schedule in a walking meeting or any other physical activity that people might enjoy.

5. Make sleep a part of your preparations

If you and your organization have got a big day or weekend ahead, prepare for it. Just as you would make sure you had

your notes or materials available, and would have practised a speech or presentation beforehand, give some thought to how much sleep you need and make it a part of your preparation. Be consistent over a few days. One night's good sleep after a few nights' poor sleep is not enough to make up the deficit. If you want to be able to recall information you have been learning, if you need to connect and interact well with others, and make good decisions, if it's your responsibility to lead and teach people under your care, then the best preparation you can make for all of this is simply to get a good night's sleep.

Notes

1. Professor Matthew Walker, *Why We Sleep: Unlocking the Power of Sleep and Dreams* (New York: Scribner, Simon & Schuster, 2017).
2. The SATED Test (University of Pittsburgh, 2013). Available at: <https://livinglifebetter.uk>.
3. S. Banks and D.F. Dinges, 'Behavioral and Physiological Consequences of Sleep Restriction', *Journal of Clinical Sleep Medicine*, 3: 5 (2007), 519–528.
4. J.E. Ferrie, M.J. Shipley, F.P. Cappuccio, et al. 'A Prospective Study of Change in Sleep Duration: Associations with Mortality in the Whitehall II Cohort', *Sleep*, 30: 12 (2007), 1659–1666.

easy, there would be two consequences: firstly, no one would be overweight in the first place; and secondly, there would therefore be no diet books. No demand, no supply. However, a quick look on the High Street will reveal that lots of people are overweight (the majority of British and American adults, in fact). If you then look online, you will also see that 20–25 per cent of the bestselling health books on Amazon are diet-related. So, if it is that simple and easy then we should all be getting it right. Since we're clearly not getting it right (and by 'we' I mean the entire developed world, and now also quite a lot of the developing world), what has gone wrong?

Our toxic food environment

You will notice a recurrent theme here. The biggest determinant of how we behave, and the result of this behaviour, is not intelligence or moral fibre, but the environment in which we have been raised, live, and work. Just as we seem to have to create an environment that is the opposite of what we need as human beings when it comes to sleep and movement, so it is with food. Well, at least we're consistent!

Once upon a time, long ago, we were hunter-gatherers. The clue as to how we got our food is in the title. It was, in some ways, a precarious existence. As a hunter-gatherer you couldn't guarantee where your next meal was coming from, but overall, the system suited us pretty well as a species. Then at some point around 10,000 years ago many societies decided to stay more in one place and focus on cultivating a narrower range of animals and plants. This could be termed loosely as 'the agricultural revolution'. It offered the promise