Interview with Dr. Robert Ostfeld

By OUR HEN HOUSE
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Following is a transcript of an interview with DR. ROBERT OSTFELD conducted by JASMIN SINGER and MARIANN SULLIVAN of Our Hen House, for the Our Hen House podcast. The interview aired on Episode 219.

JASMIN: Robert Ostfeld, M.D., M.Sc., a cardiologist, is the founder and director of the Cardiac Wellness Program at Montefiore, an associate professor of clinical medicine at the Albert Einstein College of Medicine, and the associate director of the cardiology fellowship at Montefiore Einstein. Dr. Ostfeld earned his BA from the University of Pennsylvania, graduating summa cum laude and Phi Beta Kappa, his M.D. from Yale University School of Medicine, and his Master’s in Science in epidemiology from the Harvard School of Public Health. Dr. Ostfeld completed his medical internship and residency at the Massachusetts General Hospital, and his cardiology fellowship and research fellowship in preventative medicine at Brigham and Women’s Hospital, both teaching hospitals of Harvard Medical School. His professional interests include cardiovascular disease prevention, medical education, and clinical research. He earned the Outstanding Full Time Attending of the Year award at Montefiore for excellence in teaching medical residents, the Program Director’s Award for Dedicated Service on behalf of the Montefiore Einstein cardiology fellowship, and he was elected to the Leo M. Davidoff Society at Einstein for outstanding achievement in the teaching of medical students.

Welcome to Our Hen House, Dr. Ostfeld.

DR. OSTFELD: Thank you very much for having me. It’s an honor to be here.

JASMIN: It’s an honor to have you. We unfortunately don’t have doctors too often because not a lot of people have the lights on like you do, and we are just so excited to learn all about what you’re doing and all of the amazing work that you’re part of. First of all, we would love to hear about your cardiac wellness program at Montefiore Hospital. How do you treat the average patient who enrolls in your program? And tell us a bit about the program.

DR. OSTFELD: Well, thank you very much for asking. And I’m getting excited that it seems like a handful more doctors are getting more and more interested in this kind of way of life and its health benefits. And I guess, backing up a little bit, I’d always been interested in prevention. And when I was very young, when I was seven, I had a brother who died from an incurable disease. And from that point forward, I’ve sort of always been interested in medicine and health and helping people. And one thing led to another and I became a cardiologist. And after that, I came down to Montefiore Medical Center in the Bronx, the hospital where I work now. And I started doing all the things that I was trained to do, give appropriate medications and encourage exercise and typically a Mediterranean-style diet.
And it seemed like maybe we stemmed the tides of disease a little bit, maybe we slowed it down a little bit, but we certainly weren’t reversing anything. And people just didn’t seem to be getting a heck of a lot better. And I started to get kind of a little disillusioned and I started to feel kind of down like, what am I doing?

And it was at that time, a few years ago, that I stumbled across The China Study by Dr. Campbell and got versed in the benefits of a plant-based diet, which, although I went to very mainstream places, I unfortunately did not learn about in my medical training. And with that, one thing led to another and started the Cardiac Wellness Program here at Montefiore with the goal of preventing and reversing disease with a whole-food, plant-based diet. And as you can imagine, the results have just been unbelievably awesome, and it’s humbling and it’s wonderful and amazing. And I will sometimes have patients cry tears of joy in my office because of the benefits that they’ve been able to get by living this way. And I gotta tell you, before I started doing this, nobody was crying in my office tears of joy.

MARIANN: Well, before they get to the tears of joy, when they first walk in and they’re actually weeping tears of misery -- the treatment in some ways seems so simple but obviously people need support. What is it that you give them? What do you tell them? How do you support them?

DR. OSTFELD: So the way it typically works is a patient will come and see me for a new patient visit. And they’ll get to me in generally one of two ways. One way, somehow related to wellness, they’ll know about the wellness program that we have. Or the other way is just for a general cardiac reason, chest pain or palpitations, something like that. And regardless of how they get to me, in the initial visit I talk a lot about the whole-food, plant-based diet, how it’d be specifically beneficial for them, and we have some general information that we give them. And then I very strongly encourage them to attend a four-hour wellness session that we have on Saturday mornings every few weeks.

And in that session, I speak for a while and nutritionist Lauren Graf speaks about practically living this way. We have a patient who is living this way speak about their experience. We serve a whole-food, plant-based lunch. We give some handouts, we encourage patients to make very specific goals that they can achieve and we will follow up on, and we encourage them to bring a significant other or friend or something to kind of help them along on this journey because it’s the initial phases of course that are particularly challenging at something difficult or at something new. So until they get their sea legs, as much support as possible is really helpful. And then we will follow up over time, tracking various labs or other metrics, to both see how they’re doing but also serve as a way to help them have specific goals that may increase compliance.

JASMIN: Well, that’s really amazing. And a lot of our listeners know this, but I had a pretty dramatic turnaround when I switched from a junk food vegan diet -- I was vegan -- to a whole-foods vegan diet. I lost 100 pounds and my triglycerides went from me being on the way to heart disease to being completely healthy and normal. So I’m a big fan of eating a whole foods-based diet. And I’m wondering, what was the most dramatic turnaround that you’ve seen, Dr. Ostfeld?

DR. OSTFELD: Gosh. To pick the most dramatic one it’s fortunately, or maybe unfortunately, it’s actually hard to pick just one. And I say unfortunately because I wish this was just happening more frequently in the medical community.
Let’s see. There was one fairly dramatic turnaround. There was one gentleman I saw -- he was in his 60s and he was having chest pressure, essentially at rest. At most he could walk across the street and he was stopped because of chest pressure, which was because of cholesterol blockages in the blood vessels in his heart. He had a very strong family history of heart disease. And so they found out it was because of cholesterol blockages and he did not want any procedures done. He was placed on all of the appropriate medications, but he could still only walk across the street. And then he came to see us, and he was already on all the right meds. We flipped around his lifestyle. Fast forward like four months. He is walking over a mile, no trouble. He lost about 20 pounds, and his LDL cholesterol fell about another 70 points above and beyond what it had fallen from the statin that he was put on earlier. And then fast forward about a year and a half, he’s jogging two miles, no symptoms, and says he feels close to 30 years younger.

MARIANN: Wow, it’s just so amazing. And I know you said that you have people coming in weeping tears of joy. Are they angry too? Because they sure should be.

DR. OSTFELD: It’s both, yeah. And I do hear frustration from patients and from sort of a handful of different categories. One is some patients kind of describe how they may have been ridiculed by their physician for wanting to live this way, and they feel kind of frustrated about that understandably. Some people are saying, well, why wasn’t I told about this before? That’s a source of frustration as well.

MARIANN: So they’re not just getting bad information from their doctors. They’re getting bad information from the press as well, and the American Heart Association. I don’t know whether they’re still saying this, but they used to just say that they didn’t recommend this ‘cause it was just too difficult. And it seems to me that people should be able to make their own mind up about that. But also, in the press, it seems like whenever there’s talk of diet and heart disease, you mostly see references to the Mediterranean Diet. Can you tell us why this doesn’t work as well as a fully plant-based diet?

DR. OSTFELD: Sure. I look at diet as a continuum. And compared to the standard American diet, yes, a Mediterranean-style diet is better. There are a number of studies to back that up.

But the reasons I believe that a plant-based diet is significantly better than a Mediterranean-style diet is a few-fold. One of course is that there’s no animal products in the plant-based diet. And that of course reduces saturated fat. That reduces cholesterol.

There was a relatively recent study, came out about a year ago, that introduced kind of trimethylamine oxide into the vernacular if you will. And you could say, does eating dead meat make you dead meat? Well, it appears that if you eat dead meat, you select for gut bacteria that lead to the formation of something called trimethylamine oxide, which is ultimately toxic for endothelial cells and may make it a little harder for you to clear cholesterol from your body. And higher levels of that within your blood is at least associated with worse vascular outcomes. And you can find the -- from red meat, it’s the L-carnitine that can lead to that. But also, the whole reason they thought to look for L-carnitine leading to trimethylamine oxide is because it is structurally similar to choline, which is in eggs and milk dairy, which can also lead to trimethylamine oxide. But one important point is although we have no specific dietary requirement for L-carnitine, there is some for choline, and we
can get it from plant sources. But if you eat it from plant sources, your body basically selects for little to no of the gut bacteria that form trimethylamine oxide, so even though you’re eating choline, you’re eating it from plants. And the plants kind of in a way create a coat of armor in your stomach, protecting you when they’re not even there.

MARIANN: That’s really fascinating. And it turns out to be so much complicated as the information we used to have that it’s just saturated fat or it’s just cholesterol. But I’m wondering. It sounds like what you’re saying is that the amount of animal products that you can keep in your diet that won’t harm you at all is zero, and zero is better than a little. Is that true?

DR. OSTFELD: Yeah. That’s what I believe, yes.

JASMIN: Now, what were some of the challenges in getting your colleagues and the hospital to start the program?

DR. OSTFELD: Well, I’m very lucky to be working at Montefiore. They have an incredible social mission, and they really spend a lot of time and effort trying to improve the health of the patients in general, and in the Bronx, with bringing car programs, reaching out to schools, etc.

But I kinda had like a secret plan. I used to run cardiology grand rounds here, which is kind of like a big talk once a week. And I started to invite a bunch of the plant-based people to come in and talk to the faculty. So Dr. Esselstyn came through. He’s been an incredible, incredible mentor to me and our program is modeled after his. Dr. Campbell came through, Dr. Ornish came through. Dr. Walter Willett from the Harvard School of Public Health came through. So from that direction, kind of wanted to pound it into my colleagues here at work. And then it got to the point where if I would walk around with a bag of veggies, they would say, “Oh, you’re walking around with your bag of Esselstyn.” So it started a conversation going, which has been great.

And many of my colleagues at least are recommending this kind of diet to their patients. Maybe they don’t have necessarily the full program that we have, but they’ll either refer to our program or say, you may want to watch the movie Forks over Knives, or read the book Engine 2 Diet or Prevent and Reverse Heart Disease. So it’s getting into the conversation, into the ether, if you will. And my division here has been very supportive of my interest in this. And I’m lucky ‘cause I don’t know if it would have been the same in other places. And frankly we have patients who come to see us who’ve said, “I’ve been looking for a program like this for like five years.” So to my knowledge, in the tri-state area, I don’t know of anyone else doing something like what we’re doing. There very well may be, but I just don’t know.

MARIANN: So, I mean, it’s great to hear that this is going on at Montefiore and that you’ve had success with people. But to tell you the truth -- and I won’t ask you to buy into this ‘cause I know doctors don’t like the word malpractice. But it just seems to me to be malpractice to not tell people about diet when they have heart disease! But here’s really the million dollar question: Why aren’t more physicians, and especially cardiologists, encouraging this type of approach? What’s standing in the way here?
DR. OSTFELD: Well, that’s a great question, and it’s a complicated one and I’m not claiming that I have all the answers to it. It’s multifactorial, and this is what I think. One is we’re not taught about it. We’re not taught about it in med school, we’re not taught about it in residency and fellowship. Maybe it’s just starting to percolate in now. And doctors kind of get a little set in their ways or a little conservative. They see a lot of patients and they kind of fall into a style, and it takes a lot of work to turn the Titanic. So there is an educational component, although I think that that’s shifting to some degree. And I think doctors, our inherently skeptical nature, which is probably helpful in some situations, but when you come around and let them know about something that is just so different from everything they’ve heard, and they’re of course hearing the same media messages that everyone else is hearing, it can, from a 10,000 foot view to them, maybe seem a little weird or radical, which of course it’s not. But that, I think, is some of the bias that’s brought to the table.

And then of course, the whole medical system is completely disincentivized to do it, meaning, if I spend an hour seeing a patient -- and I’m lucky that I’m able to do that with the wellness session -- if I spend an hour talking to a patient in a clinic about changing their lifestyle, that’s not particularly reimbursed. But if I see six patients in that period of time and write Lipitor scripts, whatever, that’s reimbursed six fold, and the extent that I may prevent by having someone go on this healthier lifestyle is less revenue for the medical system. So there are some educational and fiscal hurdles in the way.

MARIANN: Wow, and what jumped into my head to say after you said that was that that’s totally heartbreaking. And then I realized what I was saying. It really is literally heartbreaking that this is going on, and that all of these incentives are getting in the way. You mentioned education and that doctors aren’t educated about this. Are the medical schools doing any better than they used to in teaching students about diet?

DR. OSTFELD: I think so. And I can tell you about my personal experience. Montefiore is affiliated with the Albert Einstein College of Medicine, so that’s where I have my academic appointment. And I bugged them for a couple of years to let me give a preventative cardiology talk. So now for the second-year medical students, I give a preventative cardiology talk as part of their core curriculum. Any other biochemistry or genetics section they may get is during medical school. And my preventative cardiology talk is almost exclusively plant-based. So there may be other medical schools in the country that have that, probably not too many. But at least I’m really glad that we’re able to do it here, ‘cause then these students, they may go to residencies all over the US. And I make our cardiology fellows -- we have about eight fellows a year, it’s a fairly large fellowship program -- I make them all read this short editorial by Esselstyn before they start fellowship because after about two weeks they know they don’t have to be fearful of me at all. But they don’t know that before they start, so that’s why I make them read it.

JASMIN: He’s the man with the broccoli! Run! Yeah.

DR. OSTFELD: Exactly.

JASMIN: So you may not even be in a position to become aware of this, but we’re wondering whether people who start eating this way tend to become aware of some of the other benefits of getting animals out of their diet, for the animals, for example, and for the environment of course, and if maybe this helps motivate them to stick with it?
DR. OSTFELD: I think you’re right. My experience with what you’re talking about is really just anecdotal. But with our wellness program sessions, I do put in a slide about the environmental benefits and about the ethics of it.

JASMIN: I love you, Dr. Ostfeld.

DR. OSTFELD: But I mean, whatever angle it takes to help people make this change and stick with this change, as long as it’s a lawful one, I’m perfectly happy to do that.

MARIANN: You’re not gonna hold guns to their heads, though you should.

DR. OSTFELD: So yes, I do think it’s helpful because I mean, I can speak from personal experience. And I apologize to the listeners, but I wasn’t always plant-based. And some years ago, I had a typical western diet, and so the thing I used to like to eat was pepperoni pizza. And then when I went plant-based a number of years ago, I would still occasionally have cravings for it initially, which of course faded away. But what would stop me from eating it is the pictures that have been seared into my brain from the movie Earthlings, so I’m like, there’s no way I’m gonna have that. And now of course, just have absolutely no interest. So yeah, I think all aspects of it -- and different things of course resonate differently with different people, so I think all of them are wonderful avenues to pursue: the health, the ethics, the environment.

MARIANN: Yeah, I totally agree with you. Some people just seem to stick to one, but I think all of those issues just work together. There’s so much synergy among them, and it’s gotta help people to see how this is great for everybody and not just for themselves, and helps them stick with it. So it’s even a medical prescription to tell people what’s going on with animals. So what are some of the next steps for you?

DR. OSTFELD: Well, thank you for asking. I very much want to grow awareness about our program, and I should say it really is a labor of love for me. These Saturday morning sessions, I don’t get paid for them. We don’t charge patients for them. We fund it all through tax-deductible donations.

JASMIN: Wow, amazing.

DR. OSTFELD: And so I want to grow it into kind of a wellness institute, if you will, with a large research arm, clinical arm, and for lack of a better word, PR arm to help kind of grow awareness about it. But right now, it’s basically just me and there’s a nutritionist, Lauren Graf, wonderful nutritionist who helps us for our Saturday morning sessions. So fundraising is an important part of growing the infrastructure of the program. And I’m thinking very much about writing a book about my experience. And I’ve had the opportunity to speak at places just like your wonderful podcast that hopefully help spread the word a little bit.

JASMIN: Well, we would love for you to write a book because you’re doing such incredible work. And how can people learn more about everything you’re doing online?

DR. OSTFELD: Oh, thank you. Well, we have an extra easy-to-remember website name. Of course I’m kidding. It’s www.montefiore.org/cardiacwellnessprogram. I asked them, could they please make it harder, but they said no.
JASMIN: No. Yeah. We’ll also link to it.

DR. OSTFELD: www.montefiore.org/cardiacwellnessprogram.

JASMIN: Well, we’ll also link to it on the article that corresponds with today’s podcast episode. And Dr. Ostfeld, thank you so much for joining us today on Our Hen House. It’s truly an honor to talk to you and to learn what’s going on. We’re so excited to be sharing a city with you also because it’s thrilling to know that because of you, more people will be getting their health back and also hopefully connecting the dots a bit with the other issues involved in embracing a healthy vegan diet. So thank you again so much for joining us today on Our Hen House, Dr. Ostfeld.

DR. OSTFELD: Well, thank you so much for having me. I’m so glad that you guys are here, so thank you again.

JASMIN: That was Dr. Robert Ostfeld.