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Why is Preventive Health So Hard to Sell in Healthcare?

By Arunima Rajan

Why patients delay prevention, until symptoms demand action

Nikhila is a forty-two-year-old schoolteacher based in Kerala. She hasn't gone for any preventive healthcare check-up in the last ten years. "It's not covered under health insurance. It's an expense that middle-class families often avoid if possible. If I have a health problem, I do consult a specialist. But I don't believe in going for these preventive check-ups," adds Nikhila.

Why do patients consider preventive healthcare as less important?

"I find that most women have an often-hidden belief that they should put others before themselves, delaying their self-care or diagnostic preventative care. Very high performing professional women may operate more on a version of the belief that they are in invincible. If they have a proven track record of success, they trust in their ability to push through and accomplish their goals. When time and family pressure push preventative care to the side, tying women's values to preventative care is essential. Many women whose health is already compromised reach out to me and share that they want help because they want to be there for their children's wedding, or to be able to play with their grandchildren. Connecting their love of their family and future together, as a healthy woman, can often shift preventative care from a "selfish" activity, to one that is an act of caring for their families," says Stacy Naugle, a licensed East Asian Medicine Practitioner.

Dr. Sirisha Vadali is a board-certified cardiologist and advanced lipidologist dedicated to prevention, women's heart health, and cardiometabolic medicine. According to Vadali, the most consistent behavioural patterns she sees is that patients prioritise what is causing them immediate discomfort. "Usually by the time they come into my office, they have signs of chest pain, shortness of breath, and light headedness. Prevention is by definition silent. These are parameters that are slightly elevated high blood pressure (HTN), Hyperlipidemia, and insulin resistance

and early atherosclerosis rarely “feels” dangerous. Acute symptoms, however, drive action,” adds Vadali.

In cardiometabolic care, what strategies shift patients toward proactive heart health? “In my experience, the most effective strategies include having a personalised risk model for precision care. Having an individual risk such as a coronary calcium score, lipid panels, and family history drives a helpful 10-year cardiovascular risk reduction. When we know that a family member has premature heart disease such as a close family member having heart attack at age 40, this absolutely warrants more proactive monitoring such as advanced lipid testing and assessment for markers such as Apob and Lp(a). Knowing that we must close the lifestyle medication gap where we can use both synergistically along with a team-based approach along with making prevention tangible with wearable goal tracking and short-term milestones. These truly help counter the “invisible” nature of prevention,” adds Vadali.

What happens when preventive healthcare fails?

Dr. Julia Whitaker, MD, is a quadruple board-certified physician in Internal Medicine, Pulmonary, Critical Care, and Sleep Medicine, and the Medical Director of Whole Health Collaborative. With a background spanning academic medicine, critical care leadership, and sleep medicine program development, she specialises in translating complex physiology into practical, personalised care. Her work focuses on optimising sleep, health, and performance through thoughtful diagnostics and evidence-based interventions.

“Human beings tend to believe they’ll be the exception. Even when faced with devastating odds, patients often struggle to reconcile their lived reality with what they imagined would happen to them. Thinking about heart attacks, strokes, or organ failure is frightening, so avoidance becomes a coping strategy. There’s also a widespread belief that modern medicine can “fix” problems once they arise. In reality, we rarely cure disease—we manage it. True prevention requires behaviour change, and behaviour change is profoundly difficult, even when the science is clear, explains Whitaker.

She continues: “Our medical system is structurally organised around diagnosing and coding disease, not preventing it. Reimbursement depends on listing medical problems, which incentivises identifying illness rather than eliminating its root causes. Lifestyle change doesn’t fit neatly into this framework. Over time, clinicians internalise the belief that patients won’t change, so we stop trying—creating a self-fulfilling prophecy. Compounding this is time pressure: many physicians see 25–30 patients a day, leaving less than ten meaningful minutes per visit. That’s not enough time to understand a patient’s life or support real change.”

Preventive care is often assumed to falter because patients are disengaged. In reality, it more often lags due to poorly communicated risk. Early signals of disease are frequently missed or delivered without clear clinical context, leaving prevention easy to ignore. A longevity-focused approach brings those risks into sharper focus and, critically, links them to meaningful action, engaging individuals before disease becomes disruptive.

Longevity represents a shift toward a more comprehensive understanding of health, one that prioritizes foresight over reactive care. Advances such as advanced imaging allow clinicians to uncover silent disease processes earlier, including cardiovascular risk that can remain hidden for years. That early insight enables more informed decisions and reinforces prevention as a foundational element of routine care.

Dr. Sean Raj, Chief Medical Officer and Chief Innovation Officer from SimonMed Imaging

Mismatch between how doctors think about prevention and how patients experience daily life

She also adds that when physicians talk about "preventive care," they usually mean screenings, mammograms, colonoscopies, blood pressure checks. "But detecting disease earlier isn't the same as preventing it. True prevention means changing how people eat, sleep, move, and connect with others. That work is practical, contextual, and deeply personal, and it often doesn't require a doctor at all. Medicine has drifted so far from this reality that physicians now play a limited role in true prevention. Closing this gap will require new care models that meet people where they actually live their lives," adds Whitaker.

Nurses often see patients closer to their real lives than doctors do. Faith Kinsinger, is a registered nurse with more than 20 years of experience and a master's degree in healthcare leadership. She is known for innovative, human-centered approaches to care. She has received multiple innovation grants to implement programs, including biophilia and horticultural therapy, as well as a Food Farmacy addressing diabetes and food insecurity. "Prevention doesn't always feel necessary when basic needs aren't being met. Finances are often cited in conversations about food, but time—especially the ability to cook at home versus eating on the go—is just as critical. While these are real barriers, the greatest challenge I see is a lack of empowerment. Many patients feel destined for the same diseases their parents or grandparents had, often saying, "I have bad genes." That belief can lead to resignation and reduce engagement in prevention or early intervention," adds Kinsinger.

Kinsinger continues: “We often equate prevention with early screenings, organic food, self-care, and other time-intensive or expensive actions. But prevention also includes everyday choices—sleep, breath, movement, and healthy connections within our communities. Too often, we design systems where the unhealthy choice is the easiest, then fault people for poor health. It’s like placing a $5 bill directly in front of someone while telling them there’s a $100 bill somewhere else—without explaining where it is, how to get there, or offering support—then shaming them for taking the $5 rather than finding the $100 bill.”

Do patients mistrust preventive advice because it feels moralistic — as if illness is a personal failure rather than a systemic one?

“Humanity is funny—we tend to rise to the expectations placed on us. I don’t think people mistrust preventive advice as much as they feel unseen or uncared for. Health care is often set up as a top-down, expert-driven system that assumes people have the time, money, and access to do what’s recommended. When they don’t, they’re labelled “non-compliant,” rather than having their realities acknowledged and their strengths used to support prevention in ways that actually fit their lives,” adds Kinsinger.

Sarah Julianelle, is a third-generation nurse with over 20 years of experience spanning intensive care, family practice, and functional medicine. Preventive care often promises future benefit in exchange for present inconvenience. How does her patients mentally judge the inconvenience while making healthy decisions? “This is a difficult tension we see with our patients. Many are in survival mode or just emerging from it, focused on

next week, not 20 years from now. Living moment to moment makes changing harmful lifestyle behaviours hard. We create space to envision what a healthy version of themselves looks and feels like. Through shared activities, patients reflect on what they want in 10–20 years—being active with family or enjoying meaningful hobbies. We then connect that future vision to the present, identify one small first step, and emphasise that these tools help them feel better now, building momentum toward lasting change,” adds Julianelle.

She also adds that preventive medicine can sometimes feel overwhelming rather than empowering. “I think there are a few key components. One is presenting preventive tools in practical, accessible ways. Another is emphasising that change is not linear—it’s more like a spiral, with natural ups and downs. Sustainable change begins with one small, attainable step that builds over time. Most importantly, patients must be empowered to lead that change themselves. Without that ownership, real and lasting change doesn’t happen,” explains Julianelle.

Care centered on continuity creates a strong foundation for prevention. Lifestyle medicine is proven to prevent, treat, and sometimes reverse chronic disease. “At the same time, nearly 80% of health is shaped by social determinants—where people live, learn, work, and access food, movement, and community. For continuity-based care to truly shift prevention, it must allow providers to practice lifestyle medicine, while systems simultaneously address the social determinants that shape, and at times limit, patients’ ability to improve their health,” concludes Julianelle.