

**What Health-Related Values and Preferences should we be looking at regarding meat consumption – or for that matter anything else?**

The authors conclude – suggest actually – that omnivores “attached to meat are unwilling to change this behavior with potentially undesirable health effects.” If this were a valid argument for surrendering evidence-based medicine to human behavior, physicians should stop seeing patients and little if any money or effort should be spent to address socially harmful behavior. After all, if people are unwilling to change – why waste our time and money?

We should simply abandon our efforts to reduce smoking, excessive drinking, violence in the home, road rage, playing chicken, driving without seat belts or motorcycle helmets, opioid addiction, obesity, child abuse, bullying, cyber stalking, shootings, – well you get the picture.

When paramedics arrive on scene, rather than wasting valuable time and resources, they should get back into the ambulance and not render aid in instances of self-inflicted harm caused by these behaviors. That will dramatically reduce health care costs while avoiding recidivism, e.g. with the opioid crisis.

Instead of taking that approach; however – the approach taken by the authors – we as a society have decided to address harmful behaviors to the best of our ability by determining which behaviors are harmful to ourselves, our patients, friends, families and those addicted – clearly someone unwilling to stop a behavior shown to be harmful to them could be considered to be addicted to that behavior – to such behaviors and endeavor to change that behavior.

So it is puzzling, why would the authors suggest that a behavior shown to increase coronary artery disease and at least certain cancers, should just be accepted and not addressed, merely because the omnivores “attached to meat are unwilling to change this behavior with potentially undesirable health effects”?

We await an answer.