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Prescribing parkrun: medicalising a walk in the park

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The National Academy for Social Prescribing has recently announced that over 1800 general practices have joined "the parkrun practice initiative," saying that this has "proven highly effective in promoting preventative care, particularly for patients facing barriers to physical activity."[1] And so, GPs are now "prescribing parkrun" for their patients.[2]

Parkrun is an exceptional phenomenon. I wrote about it in *The BMJ* in 2015.[3] At that time, 50 000 or so people were taking part weekly. Essentially, it's an organised, timed, and free 5 km run, jog, walk, or wheel on Saturday mornings—in parks, on beaches, or on trails around the world but mainly in the UK, where it originated. I love parkrun and believe that it can make a real difference to public health. It's free, outdoors, community focused, and easy to join in: all good things. Parkrun has some paid staff, but the work of setting up, timing, and processing results is done by local volunteer teams. Around 200 000 people now take part each week.[4]

But "prescribing"? Prescribing encapsulates power and command: "I have the authority to prescribe, and you must follow my orders." Parkrun, at its origin, was something to recommend or invite interested parties to; it involved word of mouth, personal recommendation, and organic growth. The fact that volunteers are necessary to make it tick means that it's an enterprise that belongs to no one and to everyone. The atmosphere of cheer is always uplifting.

Turning parkrun into a prescription makes it less about pleasure and fun, more like work and compliance. This approach doesn't support patient autonomy or embedding social resources for a community. Instead, it grapples with gatekeeping and—literally—medicalises a walk in the park.

Commercial sponsors

What evidence is there to support GPs having to "prescribe" parkrun? I've long been concerned about overmedicalisation, and it's tempting to evangelise about the non-pharmacological interventions that we know can often benefit patients far more than drugs can. But we must be wary of false dawns and exaggeration.

Prescribing parkrun is not a "simple, cost effective solution for sustainability, improving wellbeing, reducing loneliness, and disease prevention."[5] Some people may get all these advantages, regularly attend, and enjoy the benefits that come with socialising, fresh air, and friendly venues for exercise. But 43% of people who register for parkrun don't attend, 22% participate only once, and people who describe themselves as physically inactive are less likely to return.[6]

Prescribing is for drugs that are, in general, deemed too dangerous for the public to have direct access to. Are we really meant to encourage people to consider exercise in the same domain? And we need a far better term than "non-pharmacological interventions." The social and community resources that benefit humans are true preventive medicine, and they shouldn't need anyone to engage with a doctor to receive them, whether it's decent housing, active transport, or affordable childcare. These things need a positive description, not a negative "non" description.[7 8] Nor is social prescribing a slam-dunk: evidence is limited and often poor quality.[9 10]

The Royal College of General Practitioners' approval for "prescribing" parkrun could be considered catnip to commercial opportunities. Sponsors include Vitality, an insurance company that tells customers to speak to their GP to find out whether having one of its annual health checks is "right for you." Supporters include the manufacturer of an anti-inflammatory gel and a "global hydration partner" that makes electrolyte drinks.[11 12]

A previous "partnership" was with Healthspan, a vitamin supplier. The Advertising Standards Authority told Healthspan to change its health claims for supplements (personal communication, 2018) after parkrun's newsletter went out offering discounts for Healthspan's vitamins and links to its website. Sponsors have access to "a range of digital inventory for which they pay a commercial rights fee."[13]

I still go to parkrun. But partnerships risk commercial opportunism, and medicalising exercise is a retrograde step. Resources should belong to the community, not to doctors.

Competing interests: Please see Sunshine UK for a full list of competing interests at www.whopaysthisdoctor.org/doctor/6/active

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