Editorial

Nutrition in Institutions Controlled by Physicians

In hospitals physicians are responsible for treating their patients, and they should be responsible for supervising one of the most important treatment components — nutrition. But very few physicians write orders which describe how they want their patients fed. This is left to a few hospital nutritionists or to many more dieticians. These professional advisors are guided by broad general rules which may have been useful many years ago but are not today. When the food rules were first developed, the total food supply was much different than it is today. Very few nutritionists have taken the unpopular road of pointing out the inadequacies of modern diets in and out of hospital, as did Adelle Davis. She was a hospital biochemist/nutritionist.

Since 1950, doctors have been disinterested in nutrition. They consider that the typical North American diet will maintain good health if only (1) a balanced diet is used, (2) the various food groups are used. The idea that diets are inadequate for many, that many additives are harmful and that many need food supplements is incomprehensible to most physicians. Yet all these views are based upon research reported by physicians in establishment medical journals. The establishment labels many of their own members as quacks simply because they do not agree with them.

The American Medical Association, House of Delegates, adopted the following position statement July 26, 1979, upon the recommendation of the Council on Scientific Affairs, "The public is continually distracted by announcements of hazards associated with foods, food additives or various dietary practices," and "The public is also misled by extravagant claims of health benefits derived from the use of certain foods or nutrient supplements."

Having made these disclaimers, they however almost reverse themselves showing they do recognize the importance of optimum nutrition. Thus they point out that RDAs are estimates of the amounts of nutrients and calories that should adequately nourish most healthy people. Since half our population has one or more degenerative diseases, their statement would be correct even if RDAs were satisfactory for 25 percent of the population (52 percent of the 50 percent of the normal population). I would agree with their estimate. But physicians must deal with the 50 percent who are ill and an unknown number who are well on the way to becoming ill. They also state, "There are no known advantages to the ingestion of quantities of nutrients greatly in excess of need other than the correction of deficiency diseases or satisfaction of exaggerated requirements caused by metabolic or absorptive abnormalities." I doubt any Orthomolecular physician would disagree. We use optimum diets and supplements in optimum doses exactly because these patients require more. The best test is the fact that they recover only when given these optimum doses.

Finally, "The AMA recommends that the medical profession assume a more active role in teaching people how to achieve and maintain good health habits. This may require specific attention to behavioral patterns and attitudes about food and nutrition" (and lists a number of other health factors).

So far, few medical schools, hospitals or nursing homes have accepted these suggestions.

Malnutrition in Hospitals

Dr. C.E. Butterworth in an editorial, *JAMA,* November 11, 1974, page 879, states nutritional support of patients in hospitals is shockingly bad. In a large urban hospital 131 surgical patients were examined in one day.

Hypoalbuminuria was present in half the subjects tested. He states, "A major burden of responsibility must fall on the shoulders of the physician. His deficiencies in turn are the inevitable consequence of the long-standing neglect of nutrition education in our medical schools."

In *Nutrition Today,* Mar/Apr 1975, Butterworth and G.L. Blackburn re-emphasize the neglect of nutrition in hospitals and describe markers for determining when it is present. "Hospital malnutrition is a prevalent health problem with serious professional and legal implications."

The situation has not improved over the past ten years. A.E. Bender in an editorial in *BMJ, 228,* page 92-93, 1984, remains concerned. Improvements have been cosmetic, not nutritional. Illness, drugs, poor appetite, monotonous menus and unattractive food help account for the observation that 50 percent of all patients in American hospitals suffer malnutrition, and 5 to 10 percent die of starvation. Hospital diets provide empty calories as 67 percent of the diet (sugar, fats and alcohol), i.e. hospitals rely on 33 percent of the diet to supply the essential nutrients.

Forbes, April 9, 1984, is very disturbed about this. Malnutrition causes 50,000 preventable hospital deaths each year in American hospitals and compromises the recovery of another 500,000. *Forbes* blames the physicians; they are simply ignorant. Of 700 physicians graduating from Mount Sinai Hospital between 1970 and 1979, only one was a specialist in nutrition. Most medical schools ignore nutrition or pay token attention to it. *Forbes* concludes, "...the most direct incentive to change might well be the most draconian: themalpractisesuit."

V. Rippere (1982) reports the case of Norma, who was under psychiatric treatment since her teens. She lived in a group home. She joined Weight Watchers and lost weight, and eliminated sugar and decreased wheat. She felt much better. But the group home closed and Norma was moved to a modern hostel. There she was given the typical high junk, high sugar, low fiber diet. Within a week she gained weight, became bloated, developed headaches, poor concentration and panic attacks. She become very depressed. The hostel refused to provide her with a healthy diet. Finally she had to be readmitted to a psychiatric hospital for a month. She returned to the hostel and continued to deteriorate. Her diabetes became rampant. A local diabetic clinic placed her on the same diet she had followed before going to the hostel. This time the hostel reversed itself and gave her the special diet she needed. This short-sighted policy cost the community hospital costs, consultation costs and took from Norma her chance for recovery. She may become a permanent patient. Each chronic schizophrenic patient in the U.S.A. costs his or her community one million dollars over forty years of illness.

Hospitals always maintain that they feed their patients well since they have dieticians who do observe the rules of nutrition they have learned. They are very hurt when anyone claims their patients' nutrition is not nourishing. They merely reflect the attitude of other professional people and of the community. Donald R. Davis (1983) recommends, "...we need to refocus nutrition education on the benefits of whole foods and on the sometimes little known pitfalls of dismembered foods." Davis points out that the four chief dismembered foods (what I call food artifacts) supply calories but none or very little of the 45 vitamins, minerals and amino acids present in whole foods. Yet these four artifacts: sugars, purified fats, white flour and polished rice, and alcohol, provide two-thirds of the average food supply. In sharp contrast, the food we feed our animals contains only 10 percent of calories from these food artifacts. If only we could apply similar economic indices to humans there is no doubt our food would soon be as good.

The best representatives of what is evil about our western diet are cake, cookies and donuts. A donut is 100 percent junk, i.e. white flour and sugar, fried in purified oil and surrounded by more sugar. One cup of such a toxic mixture provides 1000 calories and hardly anything else. But it is attractive, looks delicious, tastes good, and slowly poisons the consumer as surely as do small amounts of arsenic. As Davis puts it, "Well over half of the calories consumed in the United States come, in effect, from a large piece of cake." When Marie Antoinette said "Let them eat cake," she must have known more about nutrition than did her enemies. If you hate your neighbours, encourage them to eat cake. I have no doubt that Orthomolecular nutrition applied to patients in

hospitals would benefit patients and markedly lower hospital costs. Well nourished patients will withstand the stress of illness and surgery more effectively, will recover more quickly and costs of being in hospital will decrease. Hospitals must be held responsible for discharging patients at least as well as they were before admission. Ideally they would leave much healthier.
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Literature Cited

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