Is the Western Diet Making the World Sick?

Susan Hunnicutt, Book Editor
Doctors Should Stress Food Variety, Minimal Processing, and Moderation

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Nutrition is important to health, and doctors should be prepared to provide advice about diet on a routine basis. However, today’s health-care environment limits the amount of time available for talking with patients about nutrition. By focusing on a few key points, physicians can cover most of what patients need to know about diet in a small amount of time.

What should doctors tell patients about nutrition? It intrigues me how often I’ve been asked this question since the late 1970s, when I first was involved in developing a nutrition education program for students and practitioners in the medical and other health professions at the UCSF [University of California, San Francisco] School of Medicine.

Then, as now, it was evident that nearly every patient who landed at San Francisco General Hospital, or even the university’s teaching hospital, would benefit from some kind of nutrition intervention. At a minimum, it would have helped to make sure they were fed on a regular basis.

Everyone Wants Advice About Food

It was equally obvious that almost everyone who visited the outpatient clinics either asked for or needed advice about their dietary habits.

Then, as now, few medical students were taught much about basic principles of nutrition, let alone the details of what they needed to know to help patients manage their illness or address less acute dietary concerns.

But I am a realist. In today’s health care environment, even doctors with advanced nutrition training don’t have time to use it. I blame this on how our health care system systematically rewards health professionals for treating disease but does little to promote health and prevent disease.

How doctors need to advise patients about nutrition depends on whom they are talking to. If they’re dealing with patients who are sick or in hospitals, doctors need to discuss how dietary changes and improvements will help patients recover from their illness and prevent further disease.

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But the task here really refers to what to say to healthy patients who want to stay that way. In the outpatient setting, what doctors do and say is profoundly important. Doctors are authority figures, and there is no question that patients take their advice seriously even if they don’t always follow it.

In my experience as a patient, primary care doctors routinely ask us about drugs, cigarettes, and alcohol, but hardly ever about what foods we eat.

Even if there is only a minute during which to address these issues, diet should be added to the list. Asking about diet can produce great benefits. If nothing else, the mere asking of
the question conveys the idea that the doctor cares what the patient eats and wants the patient to understand that diet matters to health.

Not a Lot of Time to Talk About Nutrition
But, again, I am a realist. I am well aware of the fact of time constraints, and my list of suggestions for what doctors should tell patients about diet and health is necessarily short. Fortunately, it doesn’t take long to tell patients that what they eat matters to their health. It takes only a minute to explain that healthy eating simply means attending to food variety, minimal processing, and moderation.

Variety means selecting many different kinds of foods from the various food groups: meat, dairy, fruits, vegetables, grains. Variety is a fundamental principle of nutrition because foods vary in nutrient content. Choosing different kinds of foods within and among food groups compensates for differences in nutrient content without anyone having to think about them. People who consume adequate amounts of varied diets rarely exhibit nutrient deficiencies (vitamin D, actually a hormone, may be the one exception). Diets that restrict one or another food group are the kinds most likely to be deficient in one or another nutrient.

Patients need to hear from doctors about the importance of maintaining a healthy weight through balancing food intake with physical activity.

Minimal processing means that the foods should be as close as possible to how they came from the animal or plant. The more thoroughly a food is processed, the less it resembles its plant or animal origins. Processing removes nutrients from foods (even if some vitamins and minerals are added back) and typically adds salt, sugar, and calories to disguise these effects.
Minimal processing excludes foods high in salt and sugars and low in fiber. It also excludes sugary sodas and juice drinks. These are popularly known as “junk foods” or “foods of minimal nutritional value.” They are best consumed rarely and in small amounts.

My additional rules about minimal processing are only slightly facetious: Don’t eat anything with more than five ingredients. Don’t eat anything with an ingredient you can’t pronounce.

*Moderation* is about balancing calorie intake with expenditure and maintaining a healthy weight through food choices and physical activity. Today, overweight and obesity are leading risk factors for chronic disease and disability. Patients need to hear from doctors about the importance of maintaining a healthy weight through balancing food intake with physical activity.

Patients expect their doctors to care about what they eat, to ask about their dietary practices, and to answer questions about food issues they have heard or read about.

**Nutrition Advice Should Be Personalized**

These are general principles. Beyond them, nutrition advice must be personalized to the particular individual or family. To do that quickly:

- Ask patients what they and their children eat. You can start with a waiting room questionnaire that probes typical intake of foods and supplements. This alone will make it clear that you think diet is worth discussing.

- Screen the responses for variety, minimal processing, moderation, and excessive or unusual supplement use. Note whether body weights are within healthy ranges.
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Ask someone on your staff to do the screening and mark items that could use attention.

- Reassure patients whose diets are varied, minimally balanced, and moderate that they are doing wonderful things for their health and should keep doing what they are doing.

- Refer observations that need further discussion to a nutritionist.

This last point means that doctors don’t have to do it all. Making it clear to patients that diet matters is often enough to encourage them to make better dietary choices. Patients who seem unlikely to respond or who need further discussion and intervention can be referred to a well-trained nutritionist who is skilled at dealing with such issues.

These days, the effects of food on health are matters of great public interest and concern. Patients expect their doctors to care about what they eat, to ask about their dietary practices, and to answer questions about food issues they have heard or read about. A referral can help with the questions, but any doctor ought to be able to care and ask—and do much public good as a result.