"PRESENT AND FUTURE PRACTICE OF NUTRITION AND DIETETICS"

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The Dietetic profession is presently a fortunate profession. There is considerable community and government support for nutrition endeavours and dietitians are expected to take up the challenge. This is a welcome change since, for a long time, dietitians have been the poor cousins of other health professionals. Their training has, in 1978, been accorded full recognition by Deakin University and Sydney University, each now with a nutrition programme, each now with a chair of Human Nutrition and a Graduate Diploma in Dietetics. There are moves towards registerability of acceptable qualifications in all states of Australia, although presently Victoria is the only state with a Registration Board for Dietitians. These trends are important because they promote the concept of a guaranteed standard of dietetic practice.

Nevertheless, there remain definite needs in dietetic practice. These include the need:

1. To establish membership of the health care team.
2. To develop whole patient/client care.
3. To re-examine the code of professional ethics.
4. To reconsider techniques of nutrition education.
5. To undertake research into dietetic practice.

We cannot be complacent about the apparent surfeit of job vacancies for dietitians. At Deakin University, we expect to graduate dietitians at the rate of about twenty-five each year for the next five years, a total of about 150 graduates by the end of 1982. This will go a long way towards remedying the deficit in man-power requirements. Furthermore, there is increased pressure on government to decrease health care services and nutrition and dietetics will suffer. Given that we agree there is a need to upgrade the level of nutrition information in the community and to improve the nutritional side of health care, dietitians must seek out new roles. The community health centre role is already well established. Dietitians in such centres will come increasingly to be seen as resource personnel for the community in which the health centre is located. The main concern is to what extent new community health centres will be established in view of cutbacks in health care services. The cost-benefit of the more preventive side of health care is often difficult to demonstrate, certainly in the short term. Thus it may be that nutritional care may need to be incorporated into alternative health systems. One worthy of consideration is the "health maintenance organi-

sation (HMO)". These are organisations, increasingly operative in the United States, with whom an individual is insured for all aspects of health care and, in which, in an effort to maintain low costs, the emphasis is on preventive medicine. The encouragements of HMO's should be a more worthwhile activity in the long run than the development of private practice for dietitians. Our nutrition effort will be multiplied if nutritionists and dietitians establish a role for themselves in schools, especially in primary education. The education authorities, together with nutritionists, will need to establish whether the thrust of nutrition education in schools should be through each and every teacher in a generalist way or whether it should be through special nutrition educationists or, indeed, a combination of both. For those dietitians with a bent for education, this could be a most exciting role. Government itself requires nutritionists as advisers, to conduct surveys and to prepare publications of a nutritional kind. Perhaps our most resolute graduates should undertake these governmental tasks so that good nutritional policy can be realised in the face of bureaucracy. The food industry which concentrates on the technological aspects of food needs the human touch and this could well be provided by the dietitians. In Australia, we must not lose sight of our regional obligations, largely to our South-East Asian neighbours. Some of our graduates will have come from those countries and our training programmes must have kept this in mind. Then, too, Australian-born graduates may wish to work beyond our shores.

At Deakin University, we expect to graduate nutritionists with a Bachelor of Science degree where the major studies have been in Human Nutrition and/or Food Chemistry. These graduates should be able to elicit reliable nutrient information, undertake nutritional surveys, and initiate nutrition education programmes. Some will proceed to the Graduate Diploma in Dietetics. The main task of the Graduate Diploma is to develop an understanding of clinical problems and to provide counselling skills. The educators in the Graduate Diploma include those of us with academic appointments who maintain clinical activity and practising dietitians in teaching hospitals and community health centres.

Dietitians have, in the past, often not felt members of the health care team. There has in any case, only been a health care team since doctors have become less individualistic and entrepreneurial. Common case records go a long way towards improved communication between health care professionals and consolidation of the team effort. It is necessary, too, for each member of the team to participate in general clinical activities such as hospital meetings, clinic discussions and ward rounds. Every opportunity should be taken to meet other members of the team at coffee and meal breaks when common problems can be discussed. Nutritional considerations must be seen amongst the client's other problems, priorities assigned, and solutions worked out in the light of the other problems. This is where a nutrition care plan assumes considerable importance. This done, the dietitian engenders respect from the other members of the health care team because the client's care has not been fragmented.

Professionalism is under attack in western society. This is most obvious for the medical profession, where the nature of practice and the community's view of it is changing. Dietetics has, perhaps, been less conspicuous and, thereby, spared the attack. But for dietetics as well, the components of professionalism must be defined. They are these; objectivity, a sense of service and the maintenance of high standards of practice. Another aspect of professionalism is that self-interest is subservient to the interests of the profession as a whole. Each profession, for its survival, requires a code of ethics. The Australian Association of Dietitians is presently formulating such a code. The European economic community and its committee of dietetic associations, under the chairmanship of Jean Marr, has recently proposed a code of ethics. I would like to highlight the key points. Paragraph two contains the guiding principles "The essential role of the dietitian is to protect and support health and to contribute to the recovery to health of man by means of good nutrition. It follows from this that the dietitian by the very nature of his profession must consider himself as being at the service of mankind; his attitudes and deeds must be guided by respectful people and a care to promote health. (The dietitian) respects liberty of conscience in all, and pays regard to the food habits which may be linked with each type of society". In a pluralistic society like Australia there is a need and, at last, some regard for food and customs which are not necessarily anglo-saxon. Codes of ethics touch on one's own behaviour, relationships with clients and relationships with other members of the profession. The latter is dealt with in paragraph 11 of the E.E.C. Committee's recommendations. These urge dietitians to "collaborate" and to "exchange useful information and experience" and to have "particular care for training of students and dietitians". The obligation to share information and to train others insures the survival and progressive improvement of the profession. Dietitians "must not criticise without just cause", a reflection of the need for objectivity and mutual respect amongst colleagues. There is a need to raise the "cultural, moral and social level of the profession", "to take active part in the affairs of one's professional association" and to "arrange further education".

It is particularly noteworthy that the European economic community committee has seen fit to emphasize on-going education. Pressures are now being placed on the medical profession, from within and without, to guarantee that training is contemporary. Re-certification has been suggested, perhaps every five years after initial graduation. This will not be necessary if the profession takes up the challenge now and devises an effective on-going education programme. This can be done with anonymity and feedback. The Australian committee on overseas professional qualifications (COPQ) has an expert panel in dietetics, established in 1970, which has already defined the professional standards for dietetic practice in Australia. It has devised a way of assessment. Could not this expertise be put to continuous assessment of dietitians in practice?

It is easy to accept those techniques for nutrition education which we were taught. "Food Groups" is one such technique. The National Health

and Medical Research Council of Australia recommends the so-called "Basic Five". These are the milk group, the meat group, the vegetable and fruit group, the cereal and bread group and the butter group. Food groupings, however, vary considerably from country to country and even within a country. The general notion of such groupings is that, if one chooses from each group, a "balanced diet" will be achieved. That nutritional adequacy is always achieved by this technique has recently been challenged by a study in the United States. In this study, for several nutrients, 60% or less of the adult recommended dietary allowances (RDA's) were obtained when food group principles were followed. The problems could be overcome by much development and qualification of the concept. The groupings presume that man evolved with this particular spectrum of food, a most unlikely proposition. Actually quite diverse foods can be considered together in a particular group, in a way that defies simple logic. We find, for example, carrots and oranges with scarcely any nutritional relationship, together in the fruit and vegetable group. There is, as nutritionists now recognise, considerable merit in the consideration of a whole food item, such as a carrot, but this is lost when disparate items are grouped. It is important to consider foods and it is important to consider nutrients. The food groups emphasize, although it is not the intention, one nutrient aspect of a food. Children wonder why there is a milk group and they are told that this is because that is the way we obtain our calcium or that we obtain our fat soluble vitamins from butter or, that there are vitamins in fruit and vegetables, or that there is protein in meat or that there are B group vitamins in cereals. The groupings beg the question of nutrients and the value of considering their whole food is lost. Furthermore, the food groups promote one source of a nutrient over another; for example meat rather than legumes and grains, as a source of protein. The public, and even policy makers, become concerned about a drop in beef production from a nutritional point of view on account of the food groups. Changing agricultural requirements are not allowed for in what is seen to be an inflexible system of food groups. I believe that the exclusivity of food groups as a nutrition education technique underestimates intelligence or, at least, educational possibilities. In the final analysis, what is the evidence that this means of nutrition education is of benefit and that it has done no harm? How many children have been thwarted in their nutrition education by the constraints which food groups have placed on their learning capabilities? A preferred approach, I would suggest, is to talk about food items and meals from a nutritional point of view. For example, discuss the apple even at recess time, discuss the merits of breakfast and what it contains, consider ways of coping with take-away foods, draw attention to the take-away possibility of fruit for example.

There are at least two critically important research requirements for dietetic practice. The first is that dietary instruments need to be validated. The second is that there needs to be an assessment of therapeutic effectiveness. An example of how one might undertake a study of the latter kind is provided by the recent work of Hockaday and colleagues in respect of diets for diabetics. They compared low carbohydrate with modified fat/high

carbohydrate diets recommended to newly diagnosed diabetic patients. Against what is often thought, carbohydrate control was just as good on the high carbohydrate diets after one year. But, in addition, those on the high carbohydrate diets had significantly lower plasma cholesterol values than those on the low carbohydrate diet. Simple, convincing studies of this kind are what is needed to give dietetic practice a reliable base and credibility. They will emphasise that diet must be seen in context, that the management of diabetes is not simply a question of carbohydrate, that the management of obesity is not simply a question of energy intake, that the management of renal disease is not simply a question of protein and salt.

Dietitians could also turn themselves to certain nutritional causes. There is a need for a national policy in Australia. The need for nutrition education in schools must be emphasised. Adequate ingredient and nutrient labelling of foods will serve as an important stimulate to good community nutrition.

The E.E.C. committee has rightly said "the dietitian is, then, neither an inferior doctor nor a superior cook, but is an expert on matters concerning food, whose role is to act as an interpreter between, on the one hand, the nutrition research specialist and doctors and, on the other hand, the general public who need good nutrition whatever their state of health".

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The Journal

OF THE

DIETETIC ASSOCIATION, VICTORIA

Vol. 30, No. 1

March, 1979.

Registered for posting as a publication — Category "B"