

Editorial

Training in Clinical Nutrition

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With a newly agreed importance of nutrition in clinical practice, the question is how training should proceed. A quiet revolution has taken place in *undergraduate medical education* as far as nutrition is concerned. The basic biomedical and psychosocial sciences, which characterize contemporary medical education, are the basis of applied nutrition, within the public health or clinical modes. It remained that medical students needed to learn food science, the food habits of the communities they would service, food-health relationships (by way of nutritional epidemiology), be able to assess patients nutritionally (food intake, energy intake and expenditure, body composition, symptoms and signs of nutritionally-related disease), to prioritize the importance of nutrition amongst other medical problems and, finally, be able to counsel for change in food habits and provide appropriate nutritional support^{1,2,3}. In many medical schools most or some of this education is underway and a new generation of medical graduates is emerging with a food and nutrition awareness as they go about their medical practice.

There are still problems in postgraduate and ongoing medical education. More and more *clinical teachers* are, of course, learning with their students around patient problems in clinical nutrition^{2,4}, and this facilitates the education of the graduate. There is a backlog of graduates who have been in practice for many years and not been exposed to the new clinical nutrition but, fortunately, their *patients* increasingly require it of them⁵, and their interest is stimulated. The growing place of *preventive medicine* in clinical practice is also helpful to the process. As more potent and selective *therapeutic agents* for nutritionally related diseases like obesity, hypertension, hyperlipidaemia, diabetes and macrovascular disease come along, so the manufacturers acknowledge an ethical responsibility to promote lifestyle, including nutritional modification, management in parallel with pharmacotherapy.

Bodies responsible for specialist training in internal medical, surgery, paediatrics, women's health, psychiatry, clinical biochemistry and, certainly, family medicine and primary health care, need to be more active. Some postgraduate family medicine programmes, like that from the Department of Community Medicine at Monash University, now identify clinical nutrition as a subject. One can sit board exams to be a clinical nutritionist in the United States of America. The Royal Australasian College of Physicians (in Australia and New

Zealand) has clinical nutrition as an area of training in internal medicine, as part of the 5-year training programme. The Union of Specialists in Internal Medicine in Indonesia, known as PAPDI (Persatuan Ahli Penyakit Dalam Indonesia), is actively supporting clinical nutrition activities and the Department of Nutrition in the Faculty of Medicine at the University of Indonesia by way of an "Association of Doctors in Specialist Nutrition" (ADSN), known in Indonesia as IDAGI (Ikatan Dokter Ahli Gizi Indonesia) is complementing that work. In Kuala Lumpur, The Institute of Medical Research in co-operation with the Regional Office of Nutrition of the World Health Organization in Manila is fostering clinical nutrition training for medical graduates. There are clinical nutrition orientated research programmes with course work for medical graduates in Thailand, Japan and the Philippines.

Asia and the Pacific need a regional training programme for medical graduates so that they can work in one another's countries and health care systems and be exposed to the wide range of food-health problems of the region. For this, there needs to be institution-to-institution (university-to-university and hospital-to-hospital) linkage, and organizational infrastructure and financial arrangements to allow relative income parity as trainees move from country to country. The role for the newly formed Asia Pacific Clinical Nutrition Society (APCNS) is evident here. The pace of change in the food supplies and technologies of a rapidly urbanizing world will require these training programmes not only so that medical graduates can treat their patients well, but so that they can be better advisors to government, agriculture, food industry and education.

References

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