

Editorial

Throw away or throw up

Last December a Swedish journalist discovered that so-called 'freshly ground' minced meat was repacked in several stores of a supermarket chain and given a new 'best before' date. The resulting show on television caused total havoc for the company implicated. I am sure that the repacking of perishable foods is not restricted to just one Swedish retail chain. Besides, this is only one of the food safety problems faced in Sweden and other countries.

It is estimated that around 5% of all Swedes suffer from food poisoning every year as a result of eating contaminated food in their home or in a restaurant, and another 3% during or after travelling abroad. *Staphylococcus aureus*, *Salmonella* species, *Bacillus cereus*, *Clostridium perfringens* and *Campylobacter* species are among the micro-organisms causing problems. Even in a cold country like Sweden, relatively organised and regulated, we are nevertheless vulnerable. Also, only a fraction of all cases are reported which makes the battle against unhygienic conditions very difficult.

The hazards of centralised cooking

Centralised food preparation is a food safety hazard. The need to treat food carefully and to keep cooked food hot or cold enough to reduce risk should be well known to everybody handling food. But when one centralised outlet is serving many institutions such as hospitals, schools, canteens and homes for the elderly, this is often practically impossible. A friend of mine is an auditor. She once investigated the economic as well as the health implications of cooking a school meal centrally as opposed to in each school. She found that the cost of keeping food at a sufficiently high constant temperature according to regulations was so great that it was cheaper to cook in each school.

This is better practice anyway. When I was a student I sometimes worked as manager in the central kitchen at Huddinge University Hospital. Food was never cooked in the hospital. The kitchen was planned in the 1960s and was built for heating of pre-cooked food. Extremely boring food was therefore heated in the kitchen and, after transportation to all the different wards through an automatic system, the result reaching the patient was never especially tantalising. I still remember the smell that hit you when the stainless steel plate covers were lifted.

We used to tell the staff to take the cover off outside the patient's room.

Many years later I worked on a project looking at the health of the hospital's staff. The kitchen staff had a very high rate of sick leave. One kitchen manager asked the kitchen staff, who were mostly immigrants, to act as food and health interpreters. She sent them up to the wards to interview recently arrived immigrant patients, using their cultural and language competence. Suddenly the kitchen staff became much healthier and staff turnover decreased dramatically. There is a lesson here. Nowadays many hospital kitchens are run by outside companies and are hardly involved in the care of the patient. The turnover of staff is very high in the catering and restaurant business, and this is also likely to increase food safety problems.

Danish colleagues developed an interesting concept for hospital catering in the 1990s. Their concept meant that a large proportion of the food was cooked in the ward kitchen, not in the central hospital kitchen, which turned into a preparatory and delivery function. This meant that the food could be used as a pedagogical tool by dietitians; all food was looking fresh and the patients who were well enough to eat in the ward dining room could help themselves. This drastic change reduced the cost for the hospital meal services altogether and the patients ate more and better. Why is this kind of initiative so seldom seen? Surely, we would want all hospital patients to eat better in order to get well quicker?

The need for trust

Centralised or decentralised cooking both have their advantages and flaws, but it all boils down to knowledge, trust and care for the customer. We need to trust supermarket managers, restaurateurs, and school and hospital caterers. As things stand, I am sure we will read more about food poisoning disasters as well as malpractice in supermarkets and restaurants, and not just in Sweden.

Training of store and kitchen staff as well as constant inspections and reminders of the consequences of unhygienic handling of foods are obvious solutions. Kitchen and store staff need to know their importance and should be respected and paid accordingly.

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