

Hospital dietetics: The doctor's needs

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The role of the dietician—the opinion of one clinician

In most British medical schools students are taught little about clinical nutrition and see virtually nothing of the work of dieticians. Yet scarcely 1 month goes by without the publication of a paper under a provocative title such as 'How to avoid malnutrition during hospitalization' or one containing spine-chilling statements such as 'Half of all hospital patients suffer from malnutrition and 5-10% die of starvation'. Most of these reports are poorly documented. Nevertheless, there is a problem and dieticians should play an important role in finding a solution.

Firstly the facts. Admission to an acute general hospital costs £100/d, of which only £1 is spent on food. This is a small amount for sick people who need encouragement to eat, who might benefit from attractive, well-prepared food and for the 10-20% for whom special diets are requested. Secondly, how many dieticians are there in the Health Service? Perhaps four or five per Health Authority serving a population of 250 000: considerably less than the numbers of physiotherapists, radiographers and social workers. So what do we need of these dieticians all of whom have spent 3-4 years on degree or diploma courses in nutrition science?

General. Dieticians backed by the medical profession should advise clinicians and Health Authorities on the state of nutrition of patients in hospital.

Hospital in-patients. Dieticians should: (a) take responsibility for overall nutritional standards; (b) integrate with medical and nursing staff in determining the most appropriate way of feeding the ward patient; (c) translate nutritional requirements into specific diets for patients with certain diseases, e.g. diabetes, renal failure, hepatic failure, coeliac disease and other disorders of absorption; (d) work with nursing and medical staff to monitor food intake and progress of patients presenting with nutritional problems; (e) advise and help run the nutrition service with special responsibility for enteral feeding.

Hospital out-patients. Dieticians should: (a) provide a practical service for dietary and nutritional assessment; (b) provide an educational service for patients; (c) play a role in special clinics (e.g., for patients with diabetes, cystic fibrosis) and possibly organize and run clinics for the obese.

Research and development. Dieticians should: (a) monitor the work of the dietetic service; (b) assist in or develop research programmes; (c) where possible play a key role in the work of a metabolic unit.

The present service is weak. Few hospitals have sufficient staff to do one-quarter

of what is required. It can only be improved by more staff and more support for staff and this will come only if dieticians are prepared to:

- (1) change their attitudes: they must be aware of their skills and use them in a professional way.
- (2) refuse to be used as back-up slaves; if necessary they must limit the breadth of service to produce higher standards. They should produce a short annual report of their work properly documented.
- (3) make sure they can influence the nutritional state of patients in hospital before getting deeply involved in the less-easily-monitored work of preventive medicine.