The Nutrition Reporter™

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What Works, Past to Present

Guest Commentary by Ralph Campbell, MD

Medical and surgical care for acute and emergency health problems have much to offer, provided you have insurance coverage. In contrast, treatment for chronic disease is improving but is overall dismal. "Preventive" medicine commonly consists of early detection and the postponement of death, while excluding anything dealing with the underlying causes of disease.

Eavesdropping at a senior citizens center reveals all of the hot "health" topics. However, I have never heard anyone ask, "Why do you suppose so many people have cancer, or need surgery for heart disease, or why hips, knees and shoulders are wearing out at an alarming rate?" In more sophisticated big cities, where people are more health consciousness (or at least have a greater desire to "look good"), the answers are provided, but it seems we don't all have ears that hear. Many people are living with a "disconnect" between the things they do in life and the consequences called illness.

Prevention versus Treatment

Nutrition is the heart of true prevention, along with exercise, avoiding known harmful substances, and reducing stress. These factors have been well studied. They are no-brainers, if you'll excuse the term. But researchers use technology to discover new drugs, develop dazzling surgical techniques, and dispel "myths" that go against the grain of prevailing scientific thinking.

The medical emphasis is on attempting to fix what ails us, while prevention focuses on causes and takes a back seat.

Putting a "science" tag on new diagnostic imaging techniques, sophisticated surgeries, or "breakthrough" medicines, leaves people feeling that science can quickly reverse years of dietary abuse.

Nearly all HMOs reimburse physicians for only conventional medical care, which is usually drug treatment and not nutritional prevention. Medical-surgical treatments for chronic disorders are covered by insurance and promoted by the media. Most of the ads on the evening TV news, directed to an older audience, are for anti-inflammatory medications, cholesterol-lowering drugs, stomach-acid neutralizers, and other prescription drugs. Viewers are admonished to ask (or inform) their doctors about the need for these medications. Side effects are glossed over, and pharmaceutical companies are not about to tell their audience how to avoid their products through better nutrition. It all cultivates a belief that there's a quick fix – the "silver bullet pill – for what ails us, even if we take little responsibility for our own health.

Things Have Changed

It wasn't always this way. Rather than accept that everything new is better, we must look at what worked in the past and is struggling to work now. I discovered that 1958 was a great time to start a pediatric practice. The post-World War II and Korean War generation had vigor and purpose, and it was a great time to realize the American dream. One parent had the wherewithal to support a family. Medical care, whether in the office or hospital, was easily affordable (downright cheap by today's standards), and doctors were content to

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share the good times by charging very modest fees and even making house calls.

In those days, physicians often took care of poor patients without fanfare, made easier because no insurance bureaucrat dictated how the doctor might care for patients. Hospitals, such as Los Angeles Children's Hospital, would accept needy young patients, free of charge if they had been referred by a staff doctor from out in the boonies. This unburdened medical era provided the opportunity for the basis of pediatric care – the well-baby (and, later, child) check. The cornerstones of the "well" check included obtaining a nutrition history, a compete physical exam, having time to put two and two together, then discussing ways to improve. In today's clinical climate, the silent watchword is often "no money, no treatment."

Nutrition in Pediatrics

Medical journals were replete with nutrition information, some from the giants in nutrition. The H.J. Heinz (ketchup) company sent their revised edition of *Nutritional Data* to every pediatrician, a handy book, chock full of information, and I remember feeling fortunate to receive mine back in the 1950s, getting me off on the right track in pediatrics. It contained a chronological chart of the milestones in the history of discovery and research of vitamins, which revealed the hey-day of vitamin research was from the mid-1930s to mid-1950s. These sources of nutrition knowledge, though not understood by us with a high degree of sophistication, were accepted and boiled down to simple, but valuable, advice for parents. The beauty of it all was in the fact that the doctor-patient relationship was such that parents took the advice and ran with it. There was no argument against such advice by the pharmaceutical industry.

Today, the pharmaceutical industry increases its revenues with unabashed aggressiveness. A recent issue of *Pediatrics* noted that the marketing budget of the pharmaceutical industry was about $10 billion a year, $9 billion of which was spent on marketing representatives who reach doctors through office visits or seminars. This translates to spending of about $12,000 for each doctor in the country, and it pays the salary of one sales person for every 11 doctors. The industry also has a forceful lobbying effort in Congress and state legislatures.

Back to Basics

So, what can we bring of "what works" from the past to the present? In my mind, we have to overcome a dangerous passivity. Many people are comfortable believing that their insurance coverage will pay for any medicines or surgeries needed in the future. Rather than being seen as a safety net to protect against the unexpected, insurance is now viewed as a financial buffer against the inevitable. This eliminates the need – and personal responsibility – to sort through all the confusing information about taking care of yourself, including finding a physician who can custom-tailor a nutritional and dietary supplement program.

I am not advocating a wholesale return to "the good ol' days." Nor, as you have figured, am I advocating that we toss out all of the old in favor of the new. But restoring trust between patient and physician is crucial, and it requires the sincere cooperation of both parties. Many physicians feel they have to pit nutrition against the drug-oriented medical standards of care. In an improved climate, a patient would firmly but politely bring up his or her desire for nutrition advice. And the physician might humbly respond by saying "I don't know much about it, but I'll look into it." This could be the beginning of what works. ▯

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