

The Ethics of Nutrition

Marlene Merritt, DOM, LAc, ACN

What we hear about ethics mostly involves our CEUs and making sure we take the right classes and do the right thing. So how does nutrition have anything to do with being ethical? Here are a couple of examples:

A patient goes in for an appointment with a Western doctor for high blood pressure. The doctor has eight minutes to be with this patient. He asks some questions, takes the patient's blood pressure and writes a prescription for medication. The patient leaves and with no other idea what else he could do to impact his blood pressure, he fills his prescription and takes the meds. Or, a patient goes in for an appointment and instead of getting prescribed a pill, she wants some lifestyle recommendations. In the few minutes he has, the doctor gives some alternatives to taking the medication and the patient leaves. No follow-up appointment is made.

Each of these cases is unethical, in the sense that in the first example, no alternative is given to the medication to allow the patient to choose another option. In the second example, without any follow up, the doctor is unclear as to whether or not the patient is making those lifestyle changes (and statistically, most probably has not). It is unethical to have the patient walking around untreated.

So let's look at your practice. One of the most common complaints of patients is that they'd like to lose weight. How many practitioners do you know who are actually effective at weight loss with their patients? I mean, get-enough-off-and-keep-it-off effective? As practitioners, we'll obviously diagnose spleen *qi* deficiency, prescribe some herbs perhaps, and recommend they don't eat damp foods. Yet, the patient does not lose weight or they lose a couple of pounds, but get stuck there. The practitioner keeps attempting to strengthen the spleen, but the patient doesn't actually continue to improve.

As a practitioner, you might be surmising at this point that something else must be going on. However, what most practitioners do is tweak their herbal formula, try some other point prescription, add electric stimulation or some other technique, or assume that the patient is cheating in some way. What many practitioners often don't do is look outside of Oriental medicine to figure out what's happening, and that is where we fail our patients.

In this particular example, not addressing insulin and carbohydrate intake, and not treating the insulin resistance is absolutely what will prevent this patient from losing weight. The spleen *qi* diagnosis is correct, but it's not enough at this juncture in Western society to turn around the epidemic of diabetes and insulin resistance. Not having any familiarity with clinical nutrition and its impact on your patients impedes your ability to fully treat them. This could be (if I may be so bold as to say) unethical, if only because insisting on remaining with a specific medical model and not exploring other models that could and would increase effectiveness is like an ostrich with its head in the sand.

The malnutrition that most of our patients are dealing with is a national problem, and is something

with which you're going to want to start engaging. People know they don't eat as well as they should, and often take a big-box-store multi-vitamin in the hopes that it will even things out. Maybe they also read some article about insomnia, diagnose themselves and then self-medicate from the health food store. What if you knew enough about clinical nutrition that you could address the insomnia problem from both a liver blood diagnosis as well as a cortisol/adrenal diagnosis? Wouldn't the patient have a better chance of recovering? What if you were able to give them supplements that you knew were FDA-regulated, pure and nonsynthetic? Wouldn't that also make a difference to your patient? I mention ethics because once you know something about nutrition, you can't, in good conscience, recommend a one-a-day synthetic vitamin from the corner drugstore (the local health food store carries mostly synthetics as well), knowing the impact (or lack thereof) it has. And if your patient is going to buy supplements anyway -- wouldn't you want them to have good quality?

Many practitioners, especially those with herbal training, frown upon people self-medicating with herbal supplements. We know how dangerous herbs can be, have studied herb/drug interactions and know how to properly devise formulas. Yet we apparently don't have many qualms about someone self-medicating with nutritional supplements. For example, a person who has a concern that they're tired and maybe anemic can simply walk into a store and buy an iron supplement. Yet iron is toxic if you are not deficient in iron, which is why it comes with childproof caps and why blood banks will refuse you if you have too much iron in your blood. As another example, too much ascorbic acid will cause diarrhea, which is why one of my constipated patients in student clinic years ago was self-prescribing 5 g a day, yet it was also causing blood in his urine. Too much ascorbic acid will also cause mouth ulcers.

If you stock herbs in your practice, you probably made a point of stocking quality herbs. Yes, some people might say that they got trained as an OM practitioner and don't want to practice anything else, yet the link between OM and nutrition is too strong to ignore. My prior articles have addressed this connection; if it's not you, who will it be? Where will people go for nutritional help? The pharmacy? The clerk at the health food store? Or you, as a trained health care practitioner?

These are your patients. People are desperate for good, solid nutritional advice and for someone who can answer their questions. Many of our patients are so grateful that we can explain the difference between "diets" for them, or clarify what is a good fat, or explain the impact on their adrenals of how and what they're eating. When we address peoples' infrequency of eating or skipping meals, or eating too many carbs (taxes the adrenals, causing low blood sugar at night, thereby producing adrenalin and waking people up), they have a much better chance of curing their insomnia from both root causes.

Take the example of flu. Around this time of year, your patients are always looking for ways to help protect themselves and their families. One of the most effective ways of keeping the body healthy during flu season is making sure you have sufficient levels of vitamin D, of which 85 percent of the U.S. population does not. It helps to know which are the best sources of vitamin D, the differences between D2 and D3, and if drinking milk is sufficient. Do you have enough of an understanding of clinical nutrition to answer these questions?

You became an Oriental medical practitioner because you wanted to make a difference. Now take it to the next level and become the practitioner that your patients need and want; someone trained in nutrition who can help them even more.

MARCH 2010

