What Stops us From Asking More About Food Insecurity While Advising on a Healthy Diet (Adequate and Balanced)?

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Abstract from Knight JK, Fritz Z: Doctors have an ethical obligation to ask patients about food insecurity: what is stopping us? J Med Ethics. 2021:medethics-2021–107409.

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Education for health care professionals · Ethics · Health promotion · Social aspects

Abstract
Inadequate diet is the leading risk factor for morbidity and mortality worldwide. However, approaches to identifying inadequate diets in clinical practice remain inconsistent, and dietary interventions (on both individual and public health policy levels) frequently focus on facilitating ‘healthy choices’, with limited emphasis on structural constraints. We examine the ethical implications of introducing a routine question in the medical history about ability to access food. Not collecting data on food security means that clinicians are unable to identify people who may benefit from support on an individual level, unable to consider relevant dietary risk factors for disease and disease progression and unable to monitor population trends and inequalities in dietary access in order to design effective policy interventions. We argue that the current lack of routine screening for food insecurity is inconsistent with our approach to other health behaviours (eg, smoking and alcohol use), as well as with doctors’ frequent informal role as gatekeepers to the food aid system, and recent calls for governmental action on food insecurity and health inequalities from individual clinicians and professional bodies. Potential ethical barriers to asking patients about food security are addressed, including concerns about stigma, limiting autonomy, fair resource allocation, unclear professional remits and clinicians’ ability to offer effective interventions. We suggest that there is an ethical imperative for doctors to ask patients about their ability to access healthy food. Gathering this data provides a valuable first step in re-framing the social determinants of health as modifiable risks, rather than inevitable inequities.

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Background
Inadequate, imbalanced, or excessive consumption of macro- and micronutrients causes malnutrition, characterized as an aberrant physiological condition. Undernutrition occurs when an individual’s food intake is insufficient to meet their needs. Undernutrition, overweight, and obesity are all examples of malnutrition [1].

A healthy diet is a critical component of meeting an individual’s macro- and micronutrient demands, and it plays a vital role in preventing malnutrition, chronic disease, and associated conditions [2]. In current times, the term ‘healthy diet’ requires a broader definition because 1 in every 3 people on the planet lack appropriate food. Food security is described as having physical, social, and economic access to enough, safe, and nutritious food that meets an individual’s dietary needs and preferences for an active and healthy life at all times. According to this definition, food security has 4 dimensions (Fig. 1): food availability, economic and physical access to food, food utilization, and long-term stability [1].

The physical, economic, sociocultural, and policy conditions that determine access, affordability, safety, and food choices are referred to as food environment. Clearly, the affordability of a healthy diet can be influenced by income changes (which can be affected by pandemic conditions, conflict, climate variability and extremes, and economic problems), as well as supply and demand issues within the food system that impact food prices [1].

Health is a condition of complete physical, mental, and social well-being. Identifying socioeconomic determinants of health, such as food insecurity, which account for 40% of health outcomes, is critical for improving health indicators [3]. Education, employment status, and income are all socioeconomic characteristics that influence an individual’s health and access to healthcare. Health monitoring in healthcare settings is based solely on medical health measures while social factors are not determined or recorded. The location of an individual’s residence, rather than their socioeconomic characteristics, is used to measure social inequity [4]. The circumstances in which people are born and raised, work, live, and age, as well as the factors and institutions that shape daily life conditions which influence health outcomes, are known as social determinants of health [5]. Climate change, urbanization, rural development, agriculture, and food security are all factors that together influence population health and health equity [6]. Although recent studies have also shown that addressing socioeconomic issues like food security is not always the best approach [7], there is evidence that socioeconomic factors are the fundamental causes of a variety of health problems [8]. In conclusion, to maintain a proper health status, we must consider all health determinants.

Fig. 1. Food security and its correlation with health. Adapted from: The State of Food Security and Nutrition in the World 2021 [1].
An adequate and balanced diet is crucial for maintaining health and good health status. For an appropriate and balanced diet to be maintained, doctors should also know about the determinants of adequate diet and health outcomes. To highlight an essential problem, the review defines food insecurity as the inability to consume food of an adequate quality or quantity in a socially acceptable manner. Food insecurity is an essential step in assessing an individual's health and food environment because it captures the external dimensions of the barriers to accessing a good diet. The relationship between food insecurity and poor health outcome is explained from a comprehensive perspective; individuals may have constrained dietary options, lack healthy food choice knowledge and behaviour, be unable to control their diets due to chronic conditions, and experience stress due to not knowing whether there will be enough to eat. The recommendations for accessing a healthy diet are to encourage a balanced diet and screen the individual for malnutrition. Certain health behaviours are routinely screened for both in primary and secondary care settings. Diet history is determined if relevant to a specific condition such as micronutrient deficiencies, type 2 diabetes, non-communicable disease, or recovery of functional status. Fritz and Knight emphasize that the medical history provides a powerful tool for examining the health status of the individual; however, to remain blind to social determinants of health (such as food insecurity) could result in the inability to recognize relevant dietary risk factors for disease and disease progression and monitor the health status of a population. For healthcare professionals who routinely deal with complex problems, asking people about their ability to access food may mean facing some ethical barriers. Stigma and trust, limiting autonomy, fair resource allocation, and unclear professional remits are addressed as ethical barriers.

The review states that besides providing advice on healthy choices recording people's ability to access the food they need may help create a healthcare system that promotes equal access to health for all. Recent research suggests that in line with Rawlsian principles (equality of access, distributive justice, sustainability, and openness) being implemented in the healthcare system, enquiring about diet and food security may help improve dietary access. The authors conclude that further evidence and professional recommendations pertaining to the monitoring and treatment of food insecurity are clearly needed. Routine monitoring of the presence and consequences of food insecurity in healthcare settings may improve individual care. This would be an important first step in recasting social determinants of health as changeable risks rather than inequitable outcomes.

Conclusions For Daily Practice
An adequate and balanced diet is crucial for maintaining health and protection from communicable and non-communicable diseases.

A healthy diet is not only defined by nutritional needs (macronutrient needs of all age groups) being met. We also must ask the individual about their food environment which refers to the physical, economic, sociocultural, and policy conditions that shape access, affordability, safety, and food preferences. As dietitians, to assess the nutritional needs of an individual, we must understand their health and nutritional status. To determine nutritional status, we must examine diet history, biochemical signs, anthropometry, and clinical signs. Social and economic determinants of health are also essential for maintaining a healthy and balanced diet. The social determinants of health are modifiable risks if we can define them properly. Dietitians/health professionals must ask more about the diet quality, nutrition literacy, and food security status of the individual. The 4 determinants of food security should be on our minds while giving dietary advice:

- food availability in the area,
- access to healthy food,
- knowledge to clean, prepare, and distribute food equally in the household,
- sustainability.

Disclosure Statement
I hereby declare that there are no conflicts of interest with regards to this commentary.

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