

# Is Clinical Nutrition Teaching Needed in Medical Schools?

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With only 10% of Medical Schools in Europe and 30% in the USA including an independent required course in clinical nutrition (CN), the answer would apparently be negative [1]. In an era where the media and medical press bombard us about the rising rates of obesity and many nutritionally related diseases, we would argue that CN teaching is needed in medical schools, even if the only objective was the proverbial ‘Physician, heal myself’.

The Medical School of the University of Crete has a 30-hour course in CN since 1985 involving all third-year medical students. It is designed to teach the role of nutrition in primary and secondary prevention, the treatment of patients with various nutritionally related disorders and community nutrition [2]. Participation in the course is usually enthusiastic, particularly the working groups investigating the nutritional status and dietary management of selected hospitalized patients, and the health and nutrition examination survey conducted each year by the students using themselves as the defined community to evaluate dietary intake and nutritional status. Unfortunately, with a pass rate hovering around 50%, it would seem that students do not give the subject study priority compared with, for example, surgery or internal medicine. Probably, this also mirrors the status of the course among a faculty.

Results of these surveys conducted by medical students in Crete are an education in themselves, revealing high rates of smoking and generally poor dietary habits among these prospective doctors [3, 4]. Many Faculty members exhibit similar profiles. A recent case involving a relatively young Faculty member illustrates the point. Following a near-fatal myocardial infarction, he sought the advice of our CN team. Analyses revealed a sedentary lifestyle and dietary habits since childhood, which can be characterized as the ‘steak-and-coke’ syndrome and minimal intake of fruits, vegetables and fish. He had, however, been following the periodic fasting rituals of the Greek Orthodox Church all his life. This protective influence, together with his being a non-smoker, probably prevented the myocardial infarction from having occurred 10 years earlier [5]. In the ensuing 3 months, he achieved a 15% weight loss by discontinuing soft drink consumption, replacing meat with seafood, and consuming the recommended quantities of fruits and vegetables daily.

Those simple nutritional principles are extremely important both for medical students themselves and for advising their patients. To convey the significance of such matters to medical students rather than treating the consequences of a poor understanding of CN is the rationale for such courses.

## References

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