

# Most doctors lack adequate training to give informed diet advice

■ Cite as: *CMAJ* 2018 August 7;190:E945. doi: 10.1503/cmaj.109-5639

Posted on cmajnews.com on July 19, 2018.

**K**ate Womersley was working at a clinic in the United Kingdom when she overheard a patient ask a physician, “Why am I so fat?” She realized then how few doctors are prepared to answer that question or to offer advice on lifestyle changes. “Often, that’s a question where doctors seem to clam up a bit.”

Despite the important role diet plays in health, nutrition education is “[notably lacking](#)” in medical education, according to Womersley, a University of Cambridge medical student. Many schools dedicate less than 25 hours to the subject over five or six years. Trainees first learn about nutrition in biochemistry lectures that aren’t necessarily relevant to everyday practice. Later, in clinical years, practical advice on healthy diets is often “glossed over.”

It’s an international problem. Most doctors coming out of American medical schools say they lack the [training and confidence](#) to counsel patients about nutrition. In [a study](#) of Canadian medical students, 87.2% of respondents said their undergraduate programs should dedicate more time to nutrition education.

“Once in clerkship and residency, it struck me that what I thought I knew about nutrition was totally inadequate to address the questions patients would ask,” Dr. Amitha Kalaichandran, a pediatrics resident in Ontario, [wrote in a recent \*New York Times\* column](#). Working long hours and grabbing food on the go, doctors aren’t the best role models for healthy habits, either, she noted.

In the UK, some doctors have called on medical schools to introduce “[evidence-based lifestyle education](#),” including basic training in nutrition. One of these physicians, Dr. Rangan Chatterjee, said



Medical schools offer limited nutrition education, but that’s starting to change.

that most patients he sees have conditions linked to lifestyle and diet.

Some medical schools are responding by creating courses in culinary medicine, an emerging field that blends practical cooking instruction with nutritional science. There are at least 10 programs in the United States, training about 2500 health professionals a year, as well as a handful of culinary medicine conferences.

Last year, the University of Toronto launched the [first mandatory culinary medicine program](#) for medical students in Canada. The program includes a cooking class, lectures, and a grocery store tour during which students learn to read nutrition labels and plan simple meals. The school also offers continuing education on clinical nutrition for practising physicians.

Getting these courses off the ground remains a challenge. Dietician Angel Luk said the biggest hurdle to launching her culinary medicine course was getting the program accredited by the College of Family Physicians of Canada. Initially, accreditors didn’t see the professional benefit of hands-on cooking time.

Luk convinced them by citing evidence that physicians are more likely to counsel their patients about healthy habits if they [practise those habits themselves](#). There is also early evidence to suggest that cooking demonstrations and hands-on cooking workshops combined with traditional lectures on nutrition [improve clinicians’ personal habits](#) and ability to counsel patients.

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