FROM THE HEART **Aseem Malhotra**

It's time to ban junk food on hospital premises

To combat obesity, we doctors must start in our own back yard

A major misunderstanding in the scientific community and among the lay public has interfered with our collective ability to curb the obesity epidemic. The belief that we make our food choices deliberately and that they reflect our true desires sustains the status quo and obscures the reality that decisions about the food we buy and consume are often automatic and made without full awareness.[1 2]

Progress in reversing what now poses the greatest threat to our health worldwide can be made only once we take seriously the root cause of diet related disease: the food environment. An oversupply of nutritionally poor and energy dense foods loaded with sugar, salt, and trans fats—fuelled by the junk food industry's aggressive and irresponsible marketing—has even been allowed to hijack the very institutions that are supposed to set an example: our hospitals.

On daily ward rounds it is appalling to see patients, some of whom are not fully mobile, gorging on crisps, confectionery, and cola—the very food items that may have contributed to their admission in the first place.

That these consumables are sold to patients through the portable hospital trolleys reflects a marketing strategy by junk food companies to make their products available and accessible to anyone, anywhere, at any time. It is obscene that many hospitals continue to have high street fast food franchises on site, as well as corridors littered with vending machines selling junk food. Such practice legitimises the acceptability and consumption of such foods in the daily diet.

Consuming fast food more than twice a week has a strongly positive association with weight gain and doubles the risk of insulin resistance.[4] Randomised controlled trials and observational studies have implicated the consumption of sugary beverages in the rising prevalence of obesity and cardio-metabolic abnormalities.[5-8]

A recent study showed that teenagers who drank one soft drink a day had an increased risk of developing type 2 diabetes and cardiovascular disease, even those who were of normal weight.[11] We must appreciate that diet related disease develops not only in obese people: up to 40% of those who develop the metabolic syndrome (defined as having three of hypertension, raised fasting glucose concentrations, raised triglycerides, low HDL cholesterol, and increased waist circumference) have a normal BMI.[12]

A tax on sugary drinks would reduce consumption and save tens of thousands of lives and prevent morbidity from type 2 diabetes, cardiovascular disease, and stroke and should be supported.[14]

Another misconception that hinders progress is that reducing morbidity and mortality from these diseases through diet will take decades. A wealth of literature shows that dietary change can have rapid and substantial effects on cardiovascular outcomes.[15] The recently published Predimed randomised controlled trial was stopped early after showing that a Mediterranean diet achieved a 30% reduction in cardiovascular events in a large cohort of high risk individuals when compared with a "low fat" diet.[16]

How many clinicians are aware that adopting a Mediterranean diet after a heart attack is almost three times more powerful a lifesaving tool than taking a statin for life[17] and far more acceptable to patients than taking a drug that can cause major side effects in a fifth?[18]

In my view, a GP spending 30 seconds counselling patients on specific dietary recommendations would be more effective than patients filling in a meaningless questionnaire on their exercise habits, especially as the evidence linking physical activity and obesity is weak. Referring to the UK as a nation of "lazy porkers" is counterproductive and doesn't reflect independent evidence.

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The increasing burden of non-communicable disease represents a lottery win for big pharma, but its management is upside down. Prevention is certainly going to be more cost effective than cure. Obesity alone is costing the NHS £6bn a year.[20] Three quarters of all US healthcare dollars are spent on treating morbidity associated with the metabolic syndrome.[21] The cost of diabetes has risen 41% in five years in the US, reaching $245bn in 2012.[22] Tobacco control has succeeded by targeting the "three As": availability, acceptability, and affordability. Added sugar, through its unavoidability, toxicity, potential for misuse, and negative effects on society, also fulfils criteria that justify its regulation.[21]

Patients in hospitals continue to be served disgraceful meals of poor nutritional value, slowing their recovery, lengthening their stay, and increasing costs.[23] The fact that half of the 1.4 million NHS employees are overweight or obese[24] is a clear demonstration that education is ineffective when an unhealthy food environment in the workplace is working against you. For too long, hospital managers' short term financial considerations have taken precedence over the health of the community.

The obesity epidemic represents a public health crisis, but it is a public health scandal that by legitimising junk food hospitals have themselves become a risk factor for diet related disease by perpetuating the revolving door of healthcare. It's time for the BMA to join the Academy of Medical Royal Colleges in lobbying for a ban on sales of junk food and beverages in hospitals.

We must start in our own back yard. It's time to stop selling sickness in the hospital grounds.

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FOOD AND NUTRITION **J T Winkler**

A brutally pragmatic approach to food

We urgently need a new public health strategy on nutrition

Nutrition policy has failed. Everywhere people grow fatter and fatter. It is time to do something different, something that works.

We must start by honestly acknowledging what has proved inadequate and what is politically improbable, then select among the options remaining, in a spirit of brutal pragmatism. The choice is not what is ideal but what might be effective.

Special diets do not work. They are transformative for some people, but most resign or relapse. Dieting is not a public health solution for societies where more than half of adults are overweight.

Education does not work either. Surveys by the World Health Organization and the Organization for Economic Co-operation and Development show that developed countries overwhelmingly rely on information programmes directed at consumers, urging them to choose different foods. But such information motivates only a minority.

The most important reason for failure is the one that nutritionists are most reluctant to admit: many people are not interested in healthy eating. Some people have other priorities with food. Others are repelled by well meaning advice that comes across as hectoring.

For some advocates the problem is processed foods, the greedy companies behind them, and cowardly governments that won't control them. There is evidence for this analysis. I have produced some myself.[1] But their solution, returning to "real food," is daunting. It takes time and skill to prepare meals from raw ingredients. Wastage is high because fresh food spoils. Crucially, it is more expensive. In calories per penny, buns are better value than broccoli.

The dish of the day in nutrition policy is taxation of "bad" foods.[2 3] But such taxes are economically ineffective. The most comprehensive review of UK purchasing and consumption ever published showed that a 10% tax on soft drinks would reduce intake by 7.5 ml per person a day, less than a sip.[4]

Policy advocacy also needs political awareness. Last year Britain experienced a "pasty tax" revolt. In the United States similar taxes are consistently rejected in referendums. Denmark, one of the most tax tolerant nations on earth, is repealing its taxes on fat and soft drinks.[5] In electoral democracies, food taxes will not be a policy option for years to come.

But enthusiasts carry on regardless. The UK has seen six such tax proposals since the pasty controversy, two from medical royal colleges. The committed continue preaching to the already convinced.

From politicians' perspective, nutrition is altogether an unappealing issue. Any robust action looks like telling people what to eat and requires challenging powerful commercial interests, that are often also party donors. It's little wonder that politicians everywhere settle for limp and limited exhortation.

For some the food industry cannot be trusted, so it must be regulated. However, Western governments no longer see food law as consumer protection but a "burden" on industry. They favour "light touch" regulation: fewer requirements, not more.

In any case, writing regulations is only the start. The hard part is enforcing them, as shown by the recent horsemeat scandal. Distinguishing a horse from a cow is one of the easier enforcement tasks, but Europe could not manage even that. The future will be worse. In the worldwide recession governments everywhere are cutting frontline services.

Education, taxation, regulation. These have long been the principal instruments for public health in many fields. With food—for the foreseeable future—all are ineffectual, unacceptable, or both. What's left?

If people will not choose different foods, we must start from the foods they actually eat most of the time, then improve their nutrient profiles.

"The most important reason for policy failure is the one that nutritionists are most reluctant to admit: many people are not interested in healthy eating"

bmj.com/blogs

Read Fran Baum's blog on how governments can get "big food" to change its addiction to sugar and fat at bmj.com/blogs

bmj.com

Research: Surveys of the salt content in UK bread: progress made and further reductions possible (*BMJ Open* 2013;3:e002936)

Reformulation of mass market products was the foundation for the most successful nutrition policy in the UK since the second world war: the salt reduction programme that has cut the average national intake by 16% in its first six years.[6] The eventual savings in stroke prevalence, human misery, and care costs will be enormous.

Prodding may be necessary. Nutritional reformulation can be reinforced by frequent, well publicised comparative product surveys, such as those done regularly by Consensus Action on Salt and Health,[7] identifying the good and bad and naming brand names. Public naming, shaming, and praising affects companies where it matters, in sales and share prices.

We need a second support: giving consumers economic incentives. Reward good choices rather than punish bad. Food companies often charge higher prices for healthier products, even when they cost less to produce. They reason that nutritionally aware people are often affluent, willing to pay more for better food.

Reducing those extra margins would create a price differential in favour of healthier choices, shifting purchasing. That should become the core of "corporate social responsibility" for the food industry.

Two principles underlie this alternative strategy: change foods as well as changing people; and offer economic incentives as well as moral injunctions.

Would they work? There are grounds for "black optimism": imminent developments may make the already dire situation intolerably worse, forcing change. The financial consequences of the diabetes epidemic may finally compel politicians, the business sector, and policy wonks into effective action on food—an outbreak of pragmatism.

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References are in the version on bmj.com.

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