

# Role Of Dietitian In Medical School

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**N**UTRITIONAL problems of Bangladesh were first identified as early as 1958 and a nutritional survey was conducted under the auspices of the then Provincial Ministry of Health, U.S.A. and the University of Dacca in the year of 1962-64. The most significant finding of this survey was that majority of the population especially in the urban areas have shortage of calories in their regular pattern of meals. Protein intake particularly the animal proteins was very low. Besides these the deficiencies of vitamins and minerals, for example vitamin A and riboflavin, were the worst irrespective of social and economic status.

With a view to meeting these deficiencies through practical nutritional education or applying the scientific knowledge of nutrition at all levels various nutritional programmes have been started in Bangladesh since 1958. The Institution of Nutrition at Dacca University, B.C.S.I.R. Laboratories, National Nutrition Institute at Mohakhali Jurain Applied Nutrition Project—have all been trying their best to upgrade the nutritional status of the general population. It should be acknowledged that all these organisations have done some developments in their fields. The nutritional knowledge is being expanded theoretically in every aspects of education. Jurain Nutrition Project Institute of Nutrition at Dacca University are giving nutritional education and practical training to students from various Institutions. These organisations also conduct research and give seminars on important topics of nutrition and health. As a matter of fact the "Didactic" and "Clinical" phases of educational programmes are not in such importance in this country yet. The term clinical on the other hand refers to learning activity in the environment of the profession. It is experimental and implies the presence of and or service to a client. Both the didactic and clinical phases are of equal practical and academic importance. Either may initiate the other, but the two are essentially concurrent and interrelated.

At the present moment the Institute of Nutrition at Dacca University started the 9 month long course of dietetics. After completion of the training the students will receive a diploma in dietetics. This is by no means a great step to improve the nutri-

tional status of the population specially the patients in the hospitals. As they are given training in the environment of clinical and community nutrition the ultimate aim of them is to work as a dietitian in the hospital or any other nutritional care centre. It is very unfortunate to mention that the diet treatment of the patients in the hospitals has not yet been started professionally and is frustrating. On one hand the physicians being over loaded with all the information of the patients in this country and on the other hand the present nutritional knowledge in the medical curriculum is insufficient specially in respect of the dietary treatment. The overall presentation of diet its combination colour, choice of patients nutritional values etc. are important factors in selecting a better diet. This needs time and smooth planning. The interest and feelings of the patients should be considered depending on their conditions. They by no means should be unsatisfied. Moreover, the more we know the interaction of foods and drugs the more specific should be the diet of the patients. Nutrition is an integral part of total health care throughout life: within the frame work of multidisciplinary efforts. Dietitians are the only professionally educated group whose primary concern is the application of nutritional science to the care of people. In order to provide nutritional care and treatment the dietitian uses the scientific knowledge and art of human nutrition in helping people select and obtain foods for the primary purpose of nourishing their bodies in health or diseases throughout the life cycle. Because of this need of nutritional treatment the dietitian should have the opportunities to involve themselves in planning and execution of all nutrition educational programmes and training. They should also be involved in the health and medical care delivery programmes for ambulatory clients and acutely or chronically ill patients at home or in hospitals. A variety of groups and subgroups may be under the dietitians' titles such as administrative, clinical, community consultant research and teaching dietitians.

Teaching is a part of the function of most dietitians. Assessment of food practices and nutritional status, dietary counselling and group teaching on going participation in health team planning, interaction with physicians in planning diets and

follow up care, staff conferences in regard to day to day dietary management and continuing care, input into clinical records, assistance in adjusting home environment to maximize independent functioning in regard to normal and therapeutic nutritional needs and consultation to group care facilities. The prime role of dietitians should be to give education in dietetics to students of nutrition, home economists, nurses and other allied health professionals and supporting personnel. Dietitians in the acute care settings of the hospitals visit patients when they are in a health crisis—not a very reachable moment. Dietary modifications is a major factor in recovery from certain illness and in lessening some of the factors contributing to long term health problems. In some cases as in diabetic diet is the basic means of managing the disease.

The implementation of complete nutritional services in hospitals is not being done due to the lack of public recognition of the essential nature of nutrition education and its practices for the development of health. Inadequate funds for nutritional services and the organisational structures within which dietitians can work in teams with other health professionals are another problem. Basic and continuing education in nutrition is frequently not included in the curricula for medical, dental and other professional staff. The importance of nutrition in the promotion of growth, maintenance of health, treatment of diseases and rehabilitation following injury or illness is well known. In order to implement regular nutritional services in our daily life or in comprehensive health care programmes a nutrition component should be identified with the following recommendations: i) Adequate funding for nutritional services and the organisational structure within which dietitians can work in teams. ii) Nutrition education should be accelerated or emphasized in schools and community groups. iii. Coordination and cooperation among all community health services and community nutrition programmes to produce continuity & follow up. iv. Various research should be carried out to establish method for evaluating educational teaching, the impact of nutritional services and to provide knowledge in areas in which information about food and nutrition is inadequate.