

## Introducing the G.P. to:

# Private Dietetic Practice

by  
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Dietetics is probably one of the most misunderstood of the para-medical professions. There is a great need for better understanding of diet-disease interactions.

Dieticians, to those people who have heard of the profession, work in hospitals and are responsible for the "awful food" served in such institutions.

One or two might be aware that at the larger Provincial centres a number of clinics for diet-related diseases are run by dieticians i.e. counselling sessions for weight loss, or dietary modifications for gastrointestinal disorders, diabetis mellitus hypoglycaemia, lipaemia and hepatitis to name just a few; as well as for diets calling for modifications in consistency, minerals or various nutrients.

### The Private Patient

Unfortunately only a very small section of the population becomes a "Hospital Patient" and thus qualify for these services. What happens to patients with similar conditions who turn to their General Practitioner or Specialist for help? Many of the pharmaceutical companies issue "diet sheets or booklets" which are freely available to the Medical profession to be handed to the patient when required.

That is certainly better than no help at all, BUT can such a printed pamphlet consider the patient as an individual with his own personal needs and his very own eating habits? Must such a patient still be burdened with a completely impersonal, often unrealistic or impractical eating pattern as well?

### "Diet Club"

There are many conditions where weight loss is absolutely necessary. Does the Medical Practitioner always realise that many of their patients do not know where to begin when told, "You must go on a diet," or "You must lose weight".

Either they will try on their own, avoiding "all the wrong foods" without much success or they will seek the help of

friends who have probably tried several of diet books freely available in any bookshop, or else they will join "Weight Watchers," or a "Diet Club".

All these alternatives are to be recommended only to the obese person who is otherwise 100% healthy. Even then many of these diets are imbalanced in one or more nutrients which can cause severe complications.

The obese person will most likely be able to cope with this new diet for a short while, preparing his/her own "diet food" while the family is sitting down to their normal share. Sooner or later the inconvenience of separate food preparation will become too much, or the diet too monotonous - and another diet-effort is in vain.

On rare occasions an impersonal diet is followed through to the end. What happens when the "ideal weight" is reached? It is back to the old family eating habits and within a short time all that which was lost is back where it was.

### The Role of the Dietician

This is where dieticians in private practice can help.

A diet can only be a success if the patient is properly motivated to follow his/her diet. The patient must feel that he is being treated as an individual, that his diet is worked out specifically to suit his physical condition as well as his pocket and that it fits in with the family's eating habits.

Initial dietary instruction may range from half an hour for a minor problem to as long as two hours for an interview requiring a great deal of nutritional history-seeking and giving information and assistance.

It is important that the dietician becomes acquainted with the patient during these sessions. She is responsible for creating an atmosphere in which the individual is motivated to talk freely of himself, his habits, his tastes, occupation, working hours and conditions, hours of

rest, number of members in the family and where the individual is prepared to learn and profit from his learning.

The patient must understand that any dietary regimen can only be of permanent value if it suits his circumstances, and that his/her help is necessary in the calculation of such a diet. He/she must then be motivated to change his/her eating habits, not totally, but in those aspects where they are detrimental to his well-being as established in the interview.

Many patients are encouraged to make return visits, particularly for evaluating the progress in weight loss or to supplement original instructions in dietary modifications.

These return visits often make "dieting" less of a burden - the idea that someone is interested in and cares about the patient's progress stimulates him to follow his diet. Unfortunately there are no short cuts to losing weight. It is hard work and often entails adopting a new life style as far as eating and drinking habits are concerned. During his return visits, the patient also has the opportunity to discuss any problems experienced so that a totally acceptable eating pattern can be worked out specifically for him which he can follow for the rest of his life to ensure a constant weight and well-being.

Unfortunately many patients do not follow through these return visits, mainly because many of our Medical Aid Schemes do not cover dietetic services, especially those connected with obesity, even though the patient is referred by a Medical Practitioner and the Dietician is registered with the Medical and Dental Council.

95% of this article refers to the "obese" patient. 95% of private dietetic practice will most likely also involve this kind of patient. But what about the uncontrolled diabetic, the gastric- and duodenal ulcers, hiatus hernia, spastic colon and patients suffering of disturbances of the liver, gall bladder or kidneys to mention just a few? Where can they obtain correct dietary advice?

I personally feel that much more use can and should be made of the few dieticians who have ventured into private practice in South Africa.

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1962 qualified B Sc Dietetics University of Pretoria — cum laude  
1963 Diploma in Hospital Dietetics University of Pretoria — cum laude  
1964 Hospital Dietician H F Verwoerd Hospital  
1965 & 66 Nutrition — Research Institute C S I R  
1967 - 77 took time off to look after young family while living in Switzerland  
From 1977 Ms. Bertschinger was a part-time Dietician at H F Verwoerd until September 1980 when she decided to branch out into Private Practice.