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Meat, health, hospitals, and sustainability*

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Achieving healthier diets that are also sustainable is increasingly in the news. In this blog, I look at the case for reducing the amount of meat in hospital meals and gently remind our dietitian colleagues not to let their dietary advice get out of date.

Over-consumption of meat is costing us. Our health, our healthcare system, and our environment are all in a state of crisis. This was summarised in the recent Ministry of Health report *Sustainability and the health sector* [1], championed by Associate Health Minister, the Hon Julie Anne Genter.

It was good to hear Dietitians NZ, in their response, emphasising the value of prevention, particularly with an eye to reducing admissions to hospital. However, their reaction to the Minister's specific recommendation that the health system should reduce meat and dairy consumption was concerning. They asserted that sick people need to eat meat. This is hard to swallow from an organisation that is expounding outdated beliefs and is supported by Beef and Lamb NZ.

The CEO of Dietitians NZ, Kath Fouhy, is quoted as saying, “while dietitians agree that promoting the consumption of plant-based foods as a general public health message is the right thing to be doing, this is not an appropriate recommendation for those unwell in hospital”, adding “often meat and dairy in meals is one of the best ways of ensuring nutrition requirements are met.” She did not provide any evidence.

In fact, the evidence is quite to the contrary. For instance, for those recovering from heart disease or type 2 diabetes, the last dietary item they need is more meat [2,3]. The people in our community who are at the highest risk of bowel cancer are those who have already been treated for it. Meat — both red and processed — are clearly established as risk factors for bowel cancer; these patients need less, not more, meat [4]. Many patients, as the dietitians themselves note, are overweight or obese; they do not need energy-dense foods like meat and dairy. Indeed, increasing meat consumption above the already high levels that are now common in the developed world is itself associated with an increase in the risk of dying [5].

Even if some patients need a better balanced diet that includes more protein, there are many plant sources of this nutrient. There are some hospital systems in high income countries where there is no meat on the menu at all: Loma Linda University Hospital in California serves only vegetarian food and is ranked as the number one hospital in metropolitan California. The UK National Health Service has been working to reduce the amount of meat served to patients since 2009.

The recent *EAT–Lancet Commission on healthy diets from sustainable food systems* stated that “a diet rich in plant-based foods and with fewer animal-source foods confers both improved health and environmental benefits” [6].

A special report on climate and land by the *Intergovernmental Panel on Climate Change* came out last week; it describes plant-based diets as a major opportunity for mitigating and adapting to climate change — and makes a policy recommendation to reduce meat consumption [7].

Eating meat every day and the widespread conviction that we need meat every day are new phenomena. For most of human history, most people consumed 5 to 10 kg of meat per year. Now in New Zealand, we consume 10 to 20 times that amount [8]. The burden of chronic disease that characterises our society and our hospitals is, in part, related to this gross distortion of long-standing dietary behaviours (excess sugar and alcohol are two of the other important players) [8].

For health reasons, as well as for sustainability, as Minister Genter notes, we need to substantially reduce our collective red meat intake. Our processed meat intake needs to be zero. Processed meats have been classified by the World Health Organization and the International Agency for Research on Cancer as a Class 1 (definite human) carcinogen [9] – the same category as tobacco, alcohol, and asbestos. It is not appropriate that hospitals serve – to both patients and staff – food that causes cancer.

What better place is there to start making dietary changes than in hospital recovering from an acute encounter with a diet-related chronic disease? We know that there is often no better time to get smokers off tobacco than when recovering from cancer or a heart attack. Helping people to leave hospital with improved dietary habits could be among dietitians’ most appropriate and urgent tasks. Two further easy steps would be for all hospitals to initiate *Meat-free Mondays* and to remove all processed meats from menus now.

* *This opinion piece was first published on the Stuff website and in Stuff newspapers (but references have been added to this version).*

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References

1. Ministry of Health. Sustainability and the health sector: A guide to getting started. https://www.health.govt.nz/system/files/documents/publications/sustainability-and-the-health-sector-30jul2019_1.pdf Wellington: Ministry of Health; 2019.
2. Micha R, Peñalvo JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association between dietary factors and mortality from heart disease, stroke, and type 2 diabetes in the United States. JAMA 2017;317:912-24 http://dx.doi.org/10.1001/jama.2017.0947.
3. Neuenschwander M, Ballon A, Weber KS, et al. Role of diet in type 2 diabetes incidence: umbrella review of meta-analyses of prospective observational studies. BMJ 2019;366:l2368 https://www.ncbi.nlm.nih.gov/pubmed/31270064.
4. Potter JD, Hunter DJ. Colorectal cancer: epidemiology. In: Potter J, Lindor N, eds. Genetics of Colorectal Cancer. New York: Springer; 2009:5-25.
5. Zheng Y, Li Y, Satija A, et al. Association of changes in red meat consumption with total and cause specific mortality among US women and men: two prospective cohort studies. BMJ 2019;365:l2110 https://www.ncbi.nlm.nih.gov/pubmed/31189526.
6. Willett W, Rockstrom J, Loken B, et al. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. Lancet 2019;393:447-92 https://www.ncbi.nlm.nih.gov/pubmed/30660336.
7. The Intergovernmental Panel on Climate Change. Climate Change and Land. https://www.ipcc.ch/srccl-report-download-page/: IPCC; 2019.
8. Potter J. Thought for food: Why what we eat matters. Wellington: Bridget Williams Books Ltd; 2018.
9. IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. Red Meat and Processed Meat. http://monographs.iarc.fr/ENG/Monographs/vol114/mono114.pdf Lyon: IARC; 2018.

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