Opinion

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The Other Conversation We Should Be Having With Patients

hen I was a medical student, some classmates nicknamed the attending cardiologist "the walking risk factor" because he was obese and a chain smoker. While we were aware of the health risks of tobacco, public smoking wasn't yet culturally—or even legally—forbidden. One could still smoke in the doctors' lounge. Now, I can't remember when I've last seen a physician with a cigarette. The medical community is so intent on warning patients about the health effects of smoking that we even have a MIPS quality measure that involves screening and counseling patients on their use of tobacco. It's time to discuss nutrition and diet with our patients with the same diligence.

Public acceptance of the perils of smoking significantly lagged the existence of the medical evidence. In the 1940s, retrospective and large prospective studies provided definitive evidence that smoking cigarettes is associated with increased coronary artery disease, lung cancer, and mortality. Around the same time, the R.J. Reynolds Tobacco Company ran a print and radio advertising campaign claiming that of the 113,597 physicians surveyed, "more doctors smoke Camels than any other cigarette." In an attempt to cultivate female smokers, one of the 1946 "More Doctors Smoke Camels" print ads featured a female ENT surgeon and an ode to women pioneers in medicine including Elizabeth Blackwell.

The per capita cigarette consumption in the United States was at its highest in 1963, and the following year, the Surgeon General released a landmark report that outlined the health effects of smoking. The United States saw significant declines in tobacco use over the next three decades. Today, about 11% of U.S. adults smoke. While the factors contributing to smoking are complex, the medical community and government agencies are deeply committed to educating patients about the health risks and to combating cigarette use. Let's put the same effort into patient conversations about nutrition and diet.

In the 2019 Jackson Memorial Lecture, Emily Chew began her talk with the statement, "You are what you eat." She went on to document the evidence that high adherence to a Mediterranean diet decreases the risk of cardiovascular disease and macular degeneration. Several observational

studies also suggest a nutrition-brain health link—that adherence to a Mediterranean diet, or the similar MIND diet, may slow cognitive decline and reduce the risk of Alzheimer disease, 4.5.6 though more research is needed. My glaucoma patients, many of whom also have diabetes and hypertension, commonly ask if there is anything they can do to help

improve their health (other than taking their drops and keeping appointments). I'm quick to talk about the health benefits of a Mediterranean or even a plant-based diet.

Despite a growing body of evidence, many ophthalmologists



hesitate to make specific recommendations about diet. Some of the reticence could be related to the societal emphasis on body positivity. Still, talking about the importance of a healthy diet can be done in a respectful and supportive manner in the same way we approach the smoking cessation conversation—with empathy and tact.

1 www.ncbi.nlm.nih.gov/books/NBK294310/#:~:text=Consumption%20 decreased%20in%201964%20and,Department%20of%20the%20Treasury% 202013. Accessed Mar. 11, 2024.

- 2 Cornelius ME et al. *MMWR Morb Mortal Wkly* Rep. 2023;72:475-483. 3 Chew EY. *Am J Ophthalmol*. 2020;217:335-347.
- $4\ www.nia.nih.gov/health/alzheimers-and-dementia/what-do-we-know-about-diet-and-prevention-alzheimers-disease.\ Accessed\ Mar.\ 6,\ 2024.$
- 5 Morris MC et al. Neurology. 2018;90(3):e214-e222.
- 6 Morris MC et al. Alzheimers Dement. 2015;11(9):1007-1014.