

The Daveman diet

One summer I worked in a pet food plant operating a meat grinder. This machine took 600 pounds of frozen meat and spit it out in little cubes. I still have nightmares about being inside cleaning the beast when someone in a goalie mask... well, you get the picture. Each type of dog food had a recipe for its different components that I would procure from the warehouse and load into Jaws (my pet name for the machine). I won't go in to detail about the recipes, but this work experience taught me that our furry canine friends will eat pretty much anything. Therefore, I had to shake my head in disbelief when a recent pet food manufacturer on a TV commercial proclaimed that they avoid putting extra gluten in their dog food.

This whole anti-gluten campaign has started to bug me. It reminds me of the Atkins craze a few years back. I remember going in to a popular coffee establishment and noting that they were selling Atkins chocolate pudding like it was some sort of healthy alter-

native. Think about it—if it didn't have any carbohydrates in it, then people were feeling smug while essentially consuming chocolate-flavored butter.

So back to gluten, which is found in wheat. Celiac sufferers have an autoimmune inflammatory response in their small intestines to gluten proteins, which can lead to malabsorption and gastrointestinal symptoms. Their only treatment is lifelong avoidance of gluten. Thanks to the current "wheat is evil" craze there has never been a better time to be celiac. Gluten-free products abound and most restaurants now cater to this trend by providing numerous tasty gluten-free options. I also accept that some individuals have differing degrees of wheat allergies and intolerances, causing them to feel unwell if they consume gluten. What I take issue with is the idea that wheat consumption is a health care crisis on the level of smoking or obesity.

A lot of the driving force behind this line of thinking comes from pro-

ponents of the paleo or caveman diet. Their theory is that we are genetically designed to consume the hunter-gatherer diets of our ancestors and should follow a diet consisting of fish; grass-fed, pasture-raised meats, vegetables and fruit; and fungi, roots, and nuts, and we should avoid grains, legumes, dairy products, refined salt, refined sugar, and processed oils. I can see some value along this line of thinking, but I don't believe that wheat is a cause of cancer, osteoporosis, heart disease, rheumatoid arthritis, lupus, MS, dementia, epilepsy, autism, depression, anxiety, or schizophrenia (just to name a few of the claims I found on the Internet). Also, when researching the average life expectancy of a caveman I found estimates ranging from around 16 to 30 years of age (which must be true because I have never met a caveman in his thirties). Compare this with Canada's 2009 life expectancy rate of 81 years of age. While it's all good to claim that we should eat like cavemen, we really

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Infant Circumcision

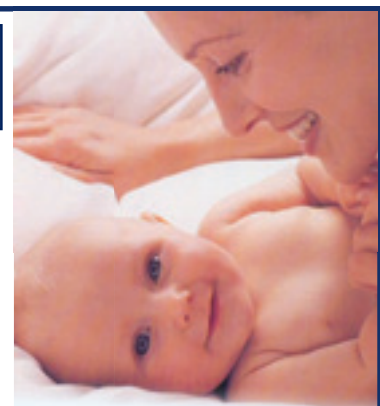
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Neil Pollock, M.D.

Keeping professionalism alive and well

The *CMPA Perspective*, published October 2012, focused on physician professionalism. I assume it was just coincidental that this issue appeared before the furor over mandatory influenza vaccination instituted by provincial health authorities. According to the CMPA: “Professionalism is at the core of medicine’s contract with society. It assumes physicians will place the interests of patients above their own, even when this is difficult.” Putting aside one’s own personal feelings and complying with the vaccination policy speaks to the professionalism that the public expects.

October’s issue covers many different aspects of professionalism in the practice of medicine, from an individual practitioner standpoint to working within a team, systems of care, and to physician involvement in administration. There are many words of wisdom in this special edition that I think are worth reiterating, including the comment that professionalism is a long-standing concept, and even with the multitude of changes in health care, it is still a critical guiding principle for all of us.

Some physicians will remember the adage of the three As that describe a great colleague: Affable, Available, and Able. The CMPA has given them a more modern description, outlining four elements that “support medical professionalism, enhance safer care, and reduce medico-legal risk.” The first, clinical competence, speaks to the “Able” part. The second—responsiveness—is covered by “Available,” and engagement can equate to being “Affable.” The last CMPA element is integrity, for which I would add a fourth A to the old-fashioned mnemonic: “Accountable.”

While all of these individual qualities are important to the professional provision of care, the ability to contribute within a team of health care

professionals including nurses, pharmacists, and social workers now plays a large role in patient care as well. According to the CMPA, being an effective communicator and collaborator are central themes in demonstrating professionalism. A physician leader I know suggested that physicians need to learn to “leave their title at the door” so every team member feels that they too have something to contribute. That is not to imply that the medical expertise isn’t central to patient care, but simply that a clinician’s knowledge should not overshadow what others can offer to improving care. Thus the CPMA recommends that “hierarchy and status should not alter a physician’s communication style.” However, sometimes getting the medical point across is extraordinarily difficult. With limited health care resources, short time lines, and excessive workload, how should physicians maintain professionalism while communicating within complex systems of care?

The CMPA points out that “In support of quality of care, physicians may struggle to find the appropriate balance between meeting the needs of individual patients and the wider needs of society.” Or, more simply put: “I have a patient in front of me right now who needs something you administrators say we don’t have, or can’t afford.” We have all been faced with these dilemmas, more often than we would like. Of all the professionalism challenges outlined in the October *Perspective*, these situations are perhaps the most difficult for physicians. While the CMPA outlines several suggestions to address such care concerns in a professional manner, there are a couple for which I think our performance has the greatest opportunity for improvement.

First, it is suggested that physicians need to “offer multiple options for

consideration or possible solutions.” In my experience as a physician/administrator, it is doctors’ expertise that often puts physicians in the best position to come up with patient-focused solutions. To the detriment of the health care system, that engagement and involvement doesn’t always happen. Second, producing proposals that are “comprehensive, understandable, measurable, and accountable” to improve care systems may not be our forte. Lack of time, resources, and proposal development experience have all led to physicians missing opportunities to drive system change. I have seen many initiatives produced with far too little physician input and guidance. This certainly mitigates against success.

Medical professionalism is vital to all physicians. It impacts every patient interaction and profoundly affects everyone we work with. Using the approach outlined in the *CMPA Perspective* ensures that we focus on the critical aspects to keep professionalism, like our patients, alive and well.

—AIC

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don’t have any health statistics on that population. I’m also pretty sure cave-men didn’t lie around worrying about bloating or indigestion.

All I’m asking for is a little common sense, and therefore I am proposing the following radical “Dave-man” lifestyle program: don’t smoke, drink alcohol only in moderation, exercise regularly, get adequate sleep, and consume a balanced diet of non-processed foods.

—DRR