



# Dietetics: the essence of clinical nutrition

*Dietética: la esencia de la nutrición clínica*

*Dietética: a essência da nutrição clínica*

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As a discipline in the clinical field, nutrition is highly dependent on technological developments and scientific breakthroughs<sup>(1)</sup> so that it can be practiced on the basis of evidence, always with an eye on the evolution of therapy and remaining abreast of what happens in the field. A clear example is clinical nutrition, which began with the need to improve feeding of the wounded in the Second World War and, since then, has been riding the waves of surgical medicine advances<sup>(2)</sup>.

During these past years of the pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the practice of nutrition has had to adapt to technology, as it has done in the past. This time, technology includes digital media through which to care for patients with special nutritional needs. Although it has enabled us to reach patients confined to their homes and has blurred the frontiers of our work, it entails the risk of losing the essence of clinical work, namely, human interactions, just a Michel Foucault states<sup>(3)</sup>.

Given that the principal aim is to provide support through nutritional therapy, care focuses on the body and how it is affected with a view at improving the patient's clinical condition. However, therein lies the risk of losing sight of the human essence of nutrition when only its effect on disease is considered.

Before specialization, nutrition was embedded in dietetics, which was conceived as a philosophy of life<sup>(4)</sup>. More specifically, Greek dietetics, which began with

the Pythagorean school and was later embraced by Hippocrates, considered the interaction between food and human beings with their way of life and their environment<sup>(5)</sup>.

Those who joined the Hippocratic school did not only apply observation to gain insight into the history of the disease, but they also studied the nature of human beings and their relationships in order to understand the potential effects of disease on their way of life, as well as the influence of ethos on pathological development<sup>(5)</sup>. They were the therapists who had the knowledge of treatments, understood human beings and served their communities, driven by their calling<sup>(6)</sup>.

Their goal when prescribing treatments was to strengthen the patient's own natural processes to help promote healing, but also to sustain the recovered state of health through education for self-care and awareness of a life lived in moderation<sup>(7,8)</sup>.

And if something is to be considered the characteristic of their therapeutic practice was the standardized process they used to get to know the patient and offer individualized treatment in all the dimensions of health, mitigating risk factors or the causes of disease. This required a consistent dialogue between the therapist and the patient<sup>(9)</sup>.

Today, providing care through electronic devices may shift the focus of therapy to the disease, based on what little can be observed and inferred from what patients report. In the best of cases, it is possible to see and talk to the patient, and take a history as if done in person, but many times, due to different factors, it is not possible to establish a space for communication.

Despite the challenges and limitations of remote care, we must strive to create an opportunity for two-way com-

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munication: being able to see the patient, take the clinical history and work on the nutritional care process, as well as focusing on factors that affect feeding dynamics and paying attention to what the patient feels go a long way in gaining a clear understanding of the diagnosis and improving treatment certainty.

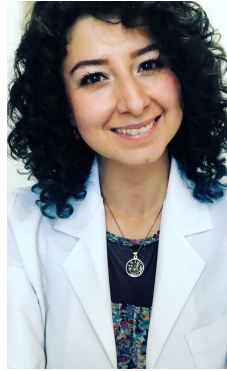
It is worth remembering that the calling is not all that is required of the therapist, because the study of human beings and human rapport is what can make the difference for successful treatment as they are the key that opens the door to communication and understanding. The aim is not merely to support other therapies in working to solve the pathological picture, but also to use nutritional therapy to promote patient (or caregiver) awareness about their responsibility for self-care.

We cannot afford to lose the humane approach to clinical nutrition to the technology that it has had to adapt to. Remembering its beginnings in the Pythagorean and Hippocratic schools, understanding its purpose of serving other human beings and going back to the essence of who the therapist is will be the way to ensure the humane practice of clinical nutrition.

It is within therapy that lies the essence of who nutritionists really are: they need to study human beings, the interactions with their context and the pathology that afflicts them in order to act as the therapists who provide not only treatment but also education with a view at maintaining an optimal health status through the care of nutritional therapy.

### Conflict of interest

The author declares having no conflict of interest.



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