

Past, Present, and Future

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In 1962, doctor Sholom Omi Waife (1919–2011), founder and then editor of the journal *The American Journal of Clinical Nutrition*, stated as follows in an editorial titled “*The past, the present and the future*”:

“This Journal was founded because it was sincerely believed that nutrition science was well advanced in experimental (i.e., animal) areas but far behind in clinical application. We also believed, and do now, that we are in the midst of an extremely fruitful period of research and development in the nutritional sciences. Indeed, the middle of the twentieth century may well be the golden period of this biologic discipline. It was also our hope that a periodical independent, free from commercial pressures and dedicated to the highest standards would offer a unique service to the medical and allied professions by cutting across traditional lines of specialization.

In addition, we believed that not only should *The American Journal of Clinical Nutrition* be a medium of communication between scientists, but that it should also raise the status of clinical nutrition as a subject worthy of greater attention in medical schools, hospitals and, most important, clinical practice.”⁽¹⁾.

Waife believes that the “golden period” of this biological science is in the past and raised, as a priority, the need to develop the application of nutrition sciences in the clinical setting. Communication is brought into the spotlight as a tool for achieving a better acknowledgement of clinical nutrition. The editor highlights that, on the basis of that past, the present is

marked by an increase in the amount of publications. This increase is explained by the growing interest in nutrition applied to human disease. Optimistic about the future, the editor poses questions on how to better respond to the readers’ requirements. To this end, he develops fundamental lines of questioning about the balance between experimental and clinical publications, about where nutrition ends and metabolism, endocrinology, and biochemistry begin, and about the relevance of publishing about certain subjects such as therapeutic diets. In short, Waife brings the limits of clinical nutrition into question.

Clinical nutrition was, is, and will be the subject of the *Journal of Clinical Nutrition and Metabolism*. Its past, present, and future fall within the development of this science in Colombia and the world.

Past. The first six decades of the 20th century allowed the development of knowledge in nutrition sciences. Biochemistry and metabolism had their peak. The Golden Age described by Waife is the prelude to what J.C. Stevens would call “the Fourth Coming”: parenteral nutrition. This advent or paradigm is described by Dr. José Félix Patiño Restrepo (guest editor) in this issue of the *Journal*. Dr. Patiño, pioneer in nutritional support in Colombia, teacher of teachers, has accompanied the Colombian Association for Clinical Nutrition (ACNC) from its beginning and confirms to us his support today. Thank you, Dr. Patiño.

The paradigm mentioned by Dr. Patiño is based on a new conception of nutrients: artificial nutrients, those which are administered through a tube or catheter in an enteral or parenteral way and whose production is not the result of agricultural production, but the result of

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production within the pharmaceutical industry. Thus is the distance between nutrient and medication shortened, and with it the possibility to approach, in a clinical dimension, a particular problem: malnutrition. The analysis of the shift in the conception of nutrients has made it possible to establish, according to my research, from an epistemological point of view, the autonomy of clinical nutrition (2). Although there isn't today an international consensus on the limits of clinical nutrition, I would venture that there is such thing on its object of study: malnutrition (disease related malnutrition, obesity, sarcopenia, micronutrients deficiencies). This translates into a common goal within the clinical practice: the fight against malnutrition.

The Journal of Clinical Nutrition and Metabolism, issued for the first time in 2010, under the presidency of Dr. Arturo Vergara, has been published twice a year without interruption. Its objective, to promote education and research in the field of clinical nutrition. This was already being done by its predecessor 'Lecturas sobre Nutrición', launched two years after the foundation of ACNC in 1986. I would like to highlight the work of preceding editorialists, nurse Sonia Echeverri and nutritionist Patricia Savino. Patricia was a founding member of ACNC and 'Lecturas sobre Nutrición', and also an editor of the Magazine until 2017. Sonia, editor for two years, transformed 'Lecturas sobre Nutrición' into the Journal, providing it with a broad interdisciplinary approach. It's thanks to them and their support team that we have the Magazine, official body of the ACNC.

Present. The board of directors of the ACNC, led by Dr. Charles E. Bermúdez, aware of the importance of promoting research and education in clinical nutrition in Colombia and Latin America, decides to provide continuity to the Journal. Dr. Bermúdez honors me with the Editor's position, and with it the challenge of the Magazine's indexation within Colciencias' 'Publindex' National Bibliographical Index.

Today, the goal of the Journal is to continue to publish scientific information about metabolism, nutritional therapy (enteral nutrition, oral supplements, and parenteral nutrition), and the relationship between nutrition and disease. As I said before, if there is no consensus on the limits of clinical nutrition as a science, it is possible to pose a definition based upon an historic and epistemological analysis, which also finds coherence with practical guidelines from the main international societies in the field, the American Society for Enteral and Parenteral Nutrition

(ASPEN), and the European Society for Enteral and Parenteral Nutrition (ESPEN).

I find clinical nutrition to be the result of a new vision, proper to the twentieth century school of thought, a vision that defines the way in which the patient must be fed, thus establishing a close relationship between malnutrition and disease, supported by the new conception of nutrients. In the article *What is Clinical Nutrition?*, published in ESPEN's *Clinical Nutrition Journal*, I proposed a definition for clinical nutrition, based upon its epistemological status, its subject, and its specific domain of knowledge:

“La nutrición clínica es una ciencia básica interdisciplinaria y aplicada, preocupada por la malnutrición (desnutrición asociada a la enfermedad, obesidad, etc.). Su objetivo es aplicar los principios del soporte nutricional (es decir, nutrientes artificiales) en el marco de la atención o cuidado nutricional a fin de garantizar el estado nutricional y modular otras funciones biológicas para influir positivamente en el tratamiento y el resultado del paciente.”⁽²⁾ (Clinical nutrition is a basic, applied and interdisciplinary science, concerned about malnutrition (undernourishment associated with disease, obesity, etc.). Its goal is to apply the principles of nutritional support (meaning artificial nutrients) within nutritional attention or care, in order to ensure nutritional status and modulate other biological functions to positively influence the patient's treatment and result.)

Taking into account the ambition to internationalize the Journal and recognizing its aims and scope which must be reflected in the title of the Journal without geographical determinants, we have decided to change the title. The Journal is renamed from this issue as “Revista de Nutrición Clínica y Metabolismo” (Journal of Clinical Nutrition and Metabolism).

Clinical nutrition is developed in different clinical and academic settings. Nutritional support teams created since the late 70's struggle to continue to exist. The Journal intends to enable dialogue within these groups. Clinical nutrition in Colombia, through the ACNC, has positioned itself before scientific societies such as FELANPE, ASPEN, and ESPEN, as a country of reference in the mission of feeding the sick and achieving proper nutritional hospital care. The Journal means to be a communication channel with these scientific societies.

Achieving the Journal's goal is not possible without a task force and team work. Both the Editorial and Scientific Committees underwent a delicate renovation, bringing together renowned scholars and researchers, both national and international, committed to this work. Some of them have supported the Journal since its beginnings. A sincere thank you to all of them.

Future. A new phase begins. The Journal has been reshaped, keeping its above-mentioned purpose and reach. Its sections have been redesigned to offer a broad space, adapted to the subjects which are currently being developed. Each issue will have original articles, clinical cases, controversies, and other articles. Publishing of international guides translated into Spanish, which we deem to be important for the practice of nutritional care, will continue to have its place. Furthermore, emphasis will be made on the permanent dialogue between basic sciences and clinical nutrition, without forgetting either epidemiology or public health. We intend basic and clinical investigation to be in service of the betterment of interdisciplinary practices in clinical nutrition.

The future of clinical nutrition lies in its better diffusion and in the development of education and

research. To this end, there should be a fundamental shift in its conception. Clinical nutrition must be seen today not as the application of the principles and bases of nutrition sciences in the clinical setting, but as an autonomous science, which results from the interaction between medicine and human nutrition. Clinical nutrition must not continue to be a clinical subspecialty, but a true specialty of medicine of interdisciplinary nature. This conception will enable the assimilation and integration of new knowledge coming from other disciplines such as 'omic' sciences. In addition, it will allow social, technological, environmental, and ethic challenges, which are rushing into this science, to be approached. Only thus will it be "a subject worthy of greater attention in medical schools, hospitals, and, most importantly, in the clinical practice."⁽¹⁾

Bibliographic references

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