Editorial

Is the right to food in hospitals a human right?

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https://doi.org/10.35454/rncm.v1n2.038

> "Striving to ensure that every child, woman and man enjoys adequate food on a regular basis is not only a moral imperative and an investment with enormous economic returns; it also signifies the realization of a basic human right."
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> Jacques Diouf, FAO Director-General, 2005

Human rights are philosophical, juridical and political concepts which posit that every human being possesses inalienable, universal rights, regardless of the statutory legal framework in force and independent of other factors such as ethnicity or nationality. Each person, regardless of their social status, race, or religion, is endowed with an "inherent dignity and … equal and inalienable rights" which are exercisable at all times, even if their enforcement stands in opposition to the wider society or to power. Consequently, the concept of human rights is, by definition, universal and egalitarian and wholly incompatible with systems predicated on the supremacy of a race, people, social group, or that of an individual. Human Rights, therefore, are the assortment of an individual's personal prerogatives which democratic societies generally enshrine into law either through their political constitutions or as a consequence of adhering to international conventions, and thereby ensuring their primacy is respected by all actors, including the State.

The existence, validity, and exact nature of human rights has been a perennial topic of debate, particularly in regards to contentious rights or in contested environments; the Right to Food can turn into just such a disputed right in the context of clinical practice.

The right to adequate nutrition was first recognized as a fundamental human right in the Universal Declaration of Human Rights of 1948, deeming it a constituent part of an overarching Right to Adequate Living Standards (Article 25):

> "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including (access to) food…"[(1)].

This right became legally binding (which every signatory is obliged to uphold), when the International Covenant on Economic, Social and Cultural Rights (ICESCR) came into effect in 1976. Since then, numerous international agreements have reasserted the Right to Food, namely the Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989). To date, 160 states have ratified the ICESCR and, thus, are legally bound to enact its provisions. Article 11 establishes that "the States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food" and asserts the existence of every person's right to be free from "hunger and malnutrition" [(2)].

To live a life free from hunger is considered to be the bare minimum that should be secured for all people, regardless of the level of development of a given State. Nevertheless, the Right to Food is not solely limited to this one aspect. The Committee on Economic, Social and Cultural Rights (CESCR) defined the Right to Adequate Food in its 12th General Comment as follows:

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> "The right to adequate food is realized when every man, woman and child, alone or in community with others, have physical and economic access at all times to adequate food or means for its procurement" [3].

The Committee continues to state that the Right to Adequate Food should "not be interpreted in a narrow or restrictive sense which equates it with a minimum package of calories, proteins and other specific nutrients". Thus, a multiplicity of factors must be taken into account, such as: nutritional practices, education in hygienic practices, training in nutrition, access to healthcare, and the prevalence of breastfeeding. This implies that each person must have access to adequate amounts food to not only stave off hunger, but to also enough to maintain optimal health and well-being. Hence this right encompasses two distinct ancillary rights: the first is the right to "adequate food", while the second is "the fundamental right to freedom from hunger and malnutrition" [3].

This approach towards the Right to Food, which has been progressively evolving since the nineteen nineties, seeks to go beyond the food-security centred approach that had been the prevalent approach till then. It is no longer a question of safeguarding and promoting agricultural production, and of guaranteeing food availability; it is now a question of a Right to Food which provides protection against hunger and malnutrition to ensure optimal levels of health. In other words, it seeks to guarantee the right to satisfy one's particular nutritional needs, either through the production or purchase of nourishment. This is considered to be a radical change in perspective: the citizen benefiting from the Right to Food is no longer a defenceless, passive recipient, an object of charity, one who must "be feed". They are, rather, individuals exercising a right to derive benefit from an environment which will permit them to be feed or, failing this, to receive food aid with impinging upon their dignity [4].

What is meant by asserting that the right to food is a human right? From the political point of view, this implies that states are bound to certain obligations, whose effective implementation can legitimately be claimed to by private individuals. Therefore, States are bound "to respect, to protect and to fulfill" the right to adequate food. As surprising as it may seem, this right is often infringed upon in hospitals, the very places we've enshrined to healthcare, the places where people's optimal health and the highest level of well-being is sought. Proof of this exists in the persistently high incidence of malnutrition, despite various mitigating efforts at the national and international levels, and in the data regarding malnourished patients shown in studies such as nutritionDay [5].

There are, in my view, three reasons that could help elucidate this state of affairs. Firstly, epistemological inquiry allows us to understand that infringing the right to food could be linked to an absence of recognition of nutrition as a constituent discipline within clinical medicine. This field's estrangement from the halls of learning and in the practical training of physicians and other healthcare professionals could in turn obfuscate the problem of malnutrition. Consequently, the right to adequate food would not be upheld due to it being either "unrecognized or misinterpreted" [6].

Additionally, there is a second cause, one whose basis is ethical: nutritional care, particularly nutritional therapy, is rarely considered as being a care-giving procedure in-and-of-itself. This implies a that when a physician prescribes an artificial food-source, they are prescribing a medication which entails performing a technical gesture whose sole objective is assisting the patient's clinical improvement, and is wholly stripped of any of the layers of socio-cultural symbolism and representation inherent to processes surrounding food, its preparation, and its consumption. That is to say, that nutrition is viewed as a cure-oriented treatment, as opposed to a being a nurturing, care-oriented procedure. In this scenario, the patient's right to health is affirmed, but their right to adequate food is neglected. Therefore, when viewed in a holistic sense (i.e physiological, psychological and social well-being), only a partial level of care is being provided. The patient's dignity lies at risk.

Lastly, I believe that the absence of timely and optimal nutritional therapy in hospitals, and consequently the infringement of a person's right to adequate food, also has roots in the manner in which this right is interpreted within the clinical context. How then should the right to food be envisioned within this clinical context? Simply stated, should the right to food be conceived as the right to feed oneself, or as the right to be fed? Let us recall that at the political level it is thought that the beneficiary of the right to adequate food is a an active participant to whom the state is obliged to provide an environment which permits the individual to "feed themselves" and, failing this, to be provided with assistance without compromising their dignity. In the clinical context, the right to adequate food should be conceived as the right to receive nutritional therapy in an optimal and timely manner, that is to say, as a right to "be fed", a right which should be guaranteed by both the state and by caregivers.

On the other hand, both the state and legislators must guarantee both the availability of and access to food within a hospital. This necessitates, in the first instance, that foods, including artificial food products that stem from agroindustrial processes, have been stocked and are prepared within the hospital. This access to food should be both physical and economic. Ensuring economic access in the sense that food products should be sold at a reasonable cost. The costs associated with artificial food products are quite elevated, which places a considerable strain upon this right's capacity to be exercised. Physical access is guaranteed in the sense that it should permit everyone, including hospitalized patients, to obtain foods. This necessitates promoting mechanisms through which healthcare institutions may provide nutritional care via the healthcare system under any number of circumstance, including the provision of artificial nutrition directly to a patient's home.

Lastly, the diet should be nutritionally adequate, depending on the patient's condition, their state of health, and their metabolic needs. It should also be sensitive to cultural codes (religious prohibitions, for example).

To these three characteristics, those of nutritional availability, accessibility and adequacy, the concept of sustainability should be added. This is to say that, in the political context, adopting a conception of sustainability which encompasses both ecological and nutritional factors. Likewise, as with the political context, it is important to guarantee the right to adequate food in a clinical context for future generations. This may involve formulating regulatory policies and standards to be applied to the pharmaceutical industry, which itself entails a critical appraisal of the numerous policies pertaining to artificial food products.

The right to optimal and timely nutritional therapy should be a constant guide in caregiver actions. It is a question of defending every sick person's right to "be fed". More specifically, the right to meet their nutritional requirements through the framework of optimal and timely nutritional therapy, and in a context that upholds food's social, symbolic and emotional dimensions. It should be stressed that this should not be deemed an act of charity, as it was in the days when the sick were fed in medieval hospices. On the contrary, it should be viewed as a treatment which is integral to overall course of therapeutic treatment provided to a hospitalized patient, a person who is oftentimes doubly vulnerable because they can risk suffering from both hunger and malnutrition.

Therefore, physicians, nutritionists, nursing staff and other healthcare professionals should all help ensure the right to adequate food is met by providing patients with optimal and timely nutritional therapy. This can take shape through establishing tailored nutritional treatment plans. These must take into account the possible benefits (respecting the principle of beneficence), the potential risks, and account for its possible suspension at any moment, in accordance with the patient's progression (respecting the principle of nonmaleficence). They should additionally favour the provision of oral nourishment whenever this is possible and applicable. Nutritional therapeutic treatment should be neither an excessive nor over-zealous procedure, and should take into account the express wishes of patients and their of families (ensuring the principle of respect for autonomy). Benefits include not only clinical benefits, but also those benefits which improve quality of life and social and emotional well-being. This manifested in the form of a competent healthcare professional, one possessing the knowledge and skills necessary to conduct an adequate course of treatment, while simultaneously taking into account patient and family histories, and is responsive to each patient's particular desires, expectations and life goals. Thus this implies the need to not only consider the clinical and/or nutritional risks and benefits associated with nourishment, but also nourishment's familial, social, cultural and symbolic values. The nutritional professional should conceive of this through the most ample lens, and consider the patient as not being solely a body containing infirmed organs, but as a person, perceived of in their totality. Respecting the right to nutritional therapy en hospitals implies carving out a space which enshrines nutrition's role in preserving humanity dignity in the course of treating and caring for a sick person.

In this context, as well as in a general manner, respect for human right and dignity is not an abstraction, but has a concrete, practicable aspect "which defines a social order and places us in relation to each other through a network of reciprocal obligations" [7]. This right's practicable aspect is the reason behind our decision to allot in this current issue a central place to the International Cancun Declaration on the Right to Nutrition in Hospitals adopted by Latin-American Federation of Nutritional Therapy, Clinical Nutrition and Metabolism (FELANPE) member-nations in 2008. This political instrument is an attempt to put into practice, within the Latin American context, the ideal of raising nutritional

therapy to the level of a human right. It is predicated upon a conception of clinical nutrition as being interdisciplinary in nature, of being a discipline where nutritional therapy is administered through nutritional care which implies different phases, commencing with nutritional screening. It makes manifest the need to buttress research and investigation at the undergraduate, graduate and continuing education levels, as well as the need to devise guides and protocols appropriate to the field. A decade on from its signing, this instrument should be reexamined and updated so that it may be instilled with political impact necessary to permit us to fight against hunger in hospitals and improve the overall state of nutrition, health and quality of life of all Latin Americans.

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