Nutrition: Central practice in patient care

Karidia Karaboue
Department of Precision Medicine, University of Campania Luigi Vanvitelli, Naples, Italy

Abstract. This paper aims to examine an aspect that shapes everyone's everyday life, namely nutrition, but from a particular perspective, how its role in treatment is shaped. With all its symbolic correlates and meanings, nutrition plays a central role for humans not only physiologically, but also culturally, morally, identitatively and socio-relatively, as well as within the therapeutic doctor-patient relationship. From a biological and physiological point of view, nutritional status is a fundamental factor for a person's state of health, homeostasis and immune function, and thus for the ability to cope with stress and disease situations, as it is one of the basic human needs. Food is not only of fundamental importance for the human state of health from a nutritional and metabolic point of view, but also the symbolic means par excellence. Therefore, it is a fundamental aspect to consider, as it represents a mediating element in care to create moments of interaction with the patient, to preserve their residual potential and to promote a sense of normality even in illness.

Key words: Food, nutrition, care

Nutrition, one of the first and most important human needs, is included in all the classifications concerning primary needs, i.e., strictly related to the maintenance of life, as opposed to secondary needs, which are unnecessary. However, this classification appears problematic as it is influenced by the variability of time and context, which makes it not so easy to clearly understand what is meant by the need for food (1). The idea that one must diet to be healthy dates back to Hippocrates and has evolved to the birth of modern food science, which has spread an almost obsessive attention and concern for healthy eating and reinforced a view of food as a disease agent or as medicine (2, 3). An influential association in this sense, accompanied by a specific moral connotation, is that between natural foods and healthy foods: it expresses the innate fear of artificiality, which can take the form of fear of overwork, the use of chemical additives, and so on (4, 5). This concept is more straightforward the more direct the link between food and livelihood, whereas today, as we have seen, it is somewhat more complex and responds to different needs so that it is recognized that the enjoyment of meals and food intake are also essential factors in the quality of life (6). The contrasts between natural/artificial and real/manipulated do not take into account the positive aspects associated with specific transformation processes that, for example, make food safer but are more or less conscious cultural constructs that should be kept in mind to understand one of the aspects of the shift to artificial food that will be analyzed later.

Parallel to society's growing interest in nutrition science, the relationship between nutrition and health and between nutrition and disease has also become the focus of contemporary medical discourse (7). The increase in life expectancy has favored the medicalization of ageing, as the increase in chronic diseases means that most people will have multiple limitations for a long time, for which medical solutions are sought (8,9). An example of this is clinical nutrition, a relatively young field of medicine that deals with disorders of nutrition in the broadest sense, e.g., malnutrition and dysphagia, and also concerns the use of artificial nutrition in the short and long term (10). From this perspective, nutrition can be understood as a therapy (11). These changes

have gradually transformed the issue of nutrition from a non-medical to a medical field. The prevalence of malnutrition in hospital, home and institutional settings, as well as the increase in average age and chronic diseases, have increasingly opened the way for the medical profession, sometimes changing its role and competencies (12,13). Nutrition is a central practice in patient care, especially in a context such as the nursing home where, as we have seen, the meal is a moment around which various activities and expectations converge (14). In particular, the aspect of observation, which is ubiquitous today, encompasses different meanings. In short, it refers to an extension of the medical sphere to non-medical issues, for example, life events such as pregnancy, adolescence and death (15,16). In addition, this practice establishes a relationship and, in many cases, direct physical contact between the medical staff and the patient (17). This is also true for patients with significant cognitive deficits, for whom it is a privileged means of relationship. Mealtime can thus constitute a mediating element in the therapeutic relationship (18,19). It can make it possible to maintain residual resources or restore a previous situation, alleviate suffering, provide well-being and enable self-determination and the preservation of identity. In this sense, nutrition can be a practice of fundamental importance within the cure: It is a cure that does not focus exclusively on treatment and healing but on the well-being of the individual whose biographical aspect and experience it takes into account. In this sense, the disease does not simply coincide with the biological dysfunction summarized in the diagnosis but is interpreted as illness, which represents and interprets a person's illness (20-22). Suggestions for implementing nutritional care understood in this sense point to the need to know the patient's culture and that the habitual meaning of meals for residents is constructed from the socio-cultural background, family experiences and memories of the particular group, thus helping to create a sense of normality, community and strengthening of the residents' identity (23-25). It has been shown that the meanings of food are as numerous as the particular relevance and importance it has for each resident based on their life history and experience (26, 27). Another example is encouraging residents to invite relatives and friends to meals to maintain and strengthen existing relationships. However, care related to nutrition can be compromised in situations where technologization and medicalization prevail, e.g., artificial feeding (28-30).

Conflict of Interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article

References

1. Russell C, Schram A, Salmon L, et al. Interdisciplinary insights on the future of food systems research: Perspectives from the next generation of research leaders. Public Health Nutr 2022;25(11):3235-3239.
2. Loss SH, Teichmann PDV, Pedroso de Paula T, Viana MV, Viana LV. Nutrition as a risk for mortality and functionality in critically ill older adults. J Parenter Enteral Nutr 2022;46(8):1867-1874.
3. Fiorini F, Granata A, Battaglia Y, Karaboue MAA. Talking about medicine through mass media G Ital Nefrol 2019;36(1):2019-vol1.
4. Karaboue MAA, Lacasella GV, Cecannecchia C et al. End-of-Life in Italy: Critical and Bioethical Aspects of the Bill on Physician-Assisted Suicide Med Histor 2022;6(1):e2022026
5. Cyr-Scully A, Howard AG, Sanzone E, et al. Characterizing the urban diet: development of an urbanized diet index. Nutr J 2022;21(1):55.
6. Karaboue M, Casella GL, Karaboue K, Cipolloni L, Bosco MA, de Simone S. Il dibattito in Bioetica Health and disease: a multicultural dichotomy. Medicina e Morale 2023;72(2):207-212. DOI: 10.4081/mem.2023.1236.
7. Russo A, Reginelli A, Lacasella GV, et al. Clinical Application of Ultra-High-Frequency Ultrasound. J Pers Med. 2022;12(10):1733. DOI: 10.3390/jpm12101733. PMID: 36294872; PMCID: PMC9605054.
8. Vrkatić A, Grujičić M, Jovičić-Bata J, Novaković B. Nutritional Knowledge, Confidence, Attitudes towards Nutritional Care and Nutrition Counselling Practice among General Practitioners. Healthcare (Switzerland) 2022;10(11):2222
9. De Luca L, Veneziano FA, Karaboue M. Late Presenters with ST-Elevation Myocardial Infarction: A Call to Action J Clin Med 2022;11(17):5169.
10. Takeda M, Okada K, Kondo M, Yoshida M, Yamazaki Y. Factors Associated with Food Form in Long-Term Care Insurance Facilities Dysphagia 2022;37(6):1757-1768.
11. Karaboue MAA, Massaro M, Lacasella G. Artificial nutrition and hydration: Bioethical and biolegal profiles: Artificial nutrition. Progress in Nutrition 2023;25(2):e2023034. DOI: 10.23751/pn.v25i2.14592.

12. Bernetti A, La Russa R, de Sire A, et al. Cervical Spine Manipulations: Role of Diagnostic Procedures, Effectiveness, and Safety from a Rehabilitation and Forensic Medicine Perspective: A Systematic Review. Diagnostics 2022;12(5):1056.
13. Ogata B, Carney LN. Academy of Nutrition and Dietetics: Revised 2022 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Pediatric Nutrition. J Acad Nutr Diet 2022;122(11):2134-2149.
14. Karaboue MAA, Ferrara M, Bertozzi G, et al. To vaccinate or not: literacy against hesitancy Med Histor 2022; 6(1):e2022014
15. Campagna V, Mitchell E, Krsnak J. Addressing Social Determinants of Health: A Care Coordination Approach for Professional Case Managers. Prof Case Manag 2022;27(6):263-270.
16. Giaconi C, Manetti AC, Turco S et al. Post-mortem computer tomography in ten cases of death while diving: a retrospective evaluation Radiol Med 2022;127(3):318-329.
17. Munoz N, Litchford M, Cereda E. Nutrition and Wound Care Phys Med Rehabil Clin N Am 2022;33(4):811-822.
18. Karaboue MAA, Milone V, Lacasella GV, et al. What will our children do when we are gone? Italian legislature does not tackle the worries of parents of disabled children. Reflections on disability. Med Histor 2022;6(1):e2022013.
19. Agrawal V, Subitha L, Medha R, Deepanjali S. Impact of nutrition status and body mass index on mortality in hospitalized general medical patients: A prospective observational study. Nutr Clin Pract 2022;(6):1316-1325.
20. Russo A, Reginelli A, Lacasella GV, et al. Clinical Application of Ultra-High-Frequency Ultrasound. J Pers Med 2022;12(10):1733
21. Karaboue M, Massaro M, Karaboue K. When nutrition becomes artificial: A bioethical issue. Progress in Nutrition 2023;25(2):e2023033. DOI: 10.23751/pn.v25i2.14605.
22. Palaia G, Bossù M, Pranno N, et al. Oral Pathologies in Migrants: The Experience of the "PROTECT" Project in 3023 Patients. Applied Sciences (Switzerland). 2022;12(24):12621. DOI: 10.3390/app122412621
23. Raspini M, Cavalcanti R, Clementini M et al. Periodontitis and Italians (2016-2020): Need for clinical guidelines to perform effective therapy Dental Cadmos 2021;89(5):346-356.
24. Cattani A, Teixeira PP, Silva FM. A systematic review on the agreement between clinical practice guidelines regarding the steps of the nutrition care process of adult patients who are critically ill J Parenter Enteral Nutr 2022;46(8):1769-1786.
25. Lacasella GV, Karaboue K. Nutrition and hydration of patients in a persistent vegetative state. Progress in Nutrition 2022;24(2): e2022136
26. Lacasella GV, Karaboue K. A short history of human nutrition from prehistory to ancient civilisations Progress in Nutrition 2022;4(2): e2022135
27. Morena D, Delogu G, Volonnino G, Alessandrini S, Karaboue MAA, Arcangeli M COVID-19 Risk Management: a Survey among Italian physicians. Clin Ter 2023;174(2):167-179
28. Cioffi A, Cecannecchia C, Baldari B, Karaboue MAA Informal caregivers in Italy: the 'phantom zone' of welfare. Acta Biomed 2023;94(1):e2023018
29. Zanza C, Tornatore G, Naturale C, et al. Cervical spine injury: clinical and medico-legal overview. Radiol Med 2023;128(1):103-112
30. Cappabianca P, Russo GM, Atripaldi U, et al. Universal Access to Advanced Imaging and Healthcare Protection: UHC and Diagnostic Imaging. Med Sci (Basel) 2021;9(4):61

Correspondence:
Karidia Karaboue
University of Campania Luigi Vanvitelli
Piazza L. Miraglia, Naples - Italy
E-mail: info@karaboue.it