

Theory and Practice of Free Food in Hospitals: A Guide for the Hungry Hospitalist

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Anyone who has spent time in an American hospital must have noticed the abundance of free food. Whether breakfast at morning Grand Rounds, a drug representative teaching conference, or a potluck meal in the nursing lounge, free food is ubiquitous. Over the span of 2 decades, much work has been done in the burgeoning field of hospital medicine, but this subject has been starved of attention. I offer this essay to serve up this neglected topic.

Clinicians have long recognized the importance of food in medicine. Hippocrates noted, "It is easier to fill up with drink than with food."¹ Handy advice when considering what to eat. Unfortunately, Hippocrates lived millennia before development of the hospital, and we cannot know how profound his thoughts on free food at seminars, meetings, and nursing stations would have been.

Not surprisingly, free food is popular in hospitals, but topical contemporary scholarship is limited. A recent covert surveillance study found that a box of chocolate on a hospital ward was opened within 12 minutes, and the median chocolate survival time was 51 minutes. Physicians were the third largest chocolate consumers after health care assistants and nurses.² Although popular, the efficacy of supplying free food as an incentive to influence physician behavior is not so clear. Two studies out of the Mayo Clinic provide contradictory results. In the first, attendance at medical grand rounds was assessed before and after complimentary food was served. Providing free food increased attendance by 38.4%. More than half of surveyed respondents indicated food was important in their decision to attend.³ However, when complimentary food was eliminated from Mayo Clinic Radiology Departmental meetings, attendance rates did not change.⁴

Pharmaceutical industry practices leave no doubt regarding its view of the role of free food in influencing physician behavior. In a national survey of physician-industry relationships, 83% of physicians reported receiving food in the workplace from industry representatives.⁵ Numerous studies have found that such interactions, including industry-paid meals, influence prescribing and professional behaviors.⁶ Multiple professional organizations have issued guidelines regarding acceptable items of industry support. What's the skinny on industry gifts to physicians? Industry-funded, modest meals to physicians are kosher; gifts that do not primarily benefit patients are not.⁷

A common source of hospital free food once was the doctors' lounge, a place probably familiar only to senior physicians. The doctors' lounge was a site for informal networking, consultation, and complementary food. Food was provided by hospital administrators eager to woo community physicians to refer patients for tests,

care, and procedures. As a marketing tool, what better way than to feed physicians? The doctors' lounge and complimentary meals have become casualties of the growth of hospital medicine. Administrators must seek new ways to encourage community physician referrals from doctors who may no longer follow their patients to the hospital.^{8,9}

Increasingly, attention has focused on the benefits of a paleolithic or so-called caveman diet. The theory behind such a diet is that human genetics has changed little since pre-agricultural times when humans lived as hunter-gathers. Paleolithic meals consist of wild and unprocessed food, without modern grains, sugars, and oils. Published data have shown that in healthy adults, such a nutritional regimen can reduce weight and systolic blood pressure, among other benefits.¹⁰ Proponents of the paleolithic diet have overlooked a key component of the primitive hunter-gatherer lifestyle. These prehistoric humans not only ate a specific diet, but the very nature of scavenging made their eating habits irregular. Primitive hunter-gathers ate what they killed or found, otherwise they went hungry. Is this not the sine qua non of the practice of hospital medicine? One eats when and what one can.

An irregular pattern of eating may not be good for hospitalists or their patients. The work demands of hospital staff, coupled with hospitals' limited nutritional offerings, negatively affect a physician's ability to maintain healthy eating habits.¹¹⁻¹³ A senior pediatric hospitalist, Dr Michael Ruhlen, noted the adverse effect this lifestyle had on his health and patients' well-being.¹⁴ A novel solution to this challenge was

presented by a University of Calgary Health Sciences Center group.¹⁵ They found that when physicians were provided with scheduled and free nutritional breaks, the physicians had improved cognitive test scores, better controlled serum glucose, improved hydration, and less tendency to hypoglycemic symptoms. Might validation of this research prompt hospital administrators to resurrect doctor's lounge complimentary meals?

Where does this leave today's hungry hospitalist? If scholarship on the theory of hospital free food is limited, the cupboard is bare of publications on the practice of how it is found. While recognizing that expert opinion carries the lowest rank of evidence-based medicine, let my expertise be your guide.

Sir William Osler, in his classic essay "Aequaromis," wrote of the importance of physicians maintaining their equanimity in all situations.¹⁶ A hospitalist needs chutzpah to walk into the Surgical Department Morbidity and Mortality Conference, take a bagel and a cup of coffee, and leave. Aside from the intestinal fortitude to avail oneself of these opportunities, the scavenging hospitalist needs to know the prime hunting grounds and most fertile fields for finding free food. Attending committee meetings can be so dreadful that meals may be served as compensation. Educational seminars often come with snacks. Conference sponsors provide these to both encourage attendance and promote the deeper agendas of pharmaceutical representatives.

Let's not forget our nurse colleagues and the nursing station or lounge. There is almost always a birthday, baby

shower, or holiday celebration with a potluck meal on inpatient units. Free food from nurses demands reciprocity. If you order a patient an enema, it is wise to show your appreciation of that nurse's efforts with a plate of brownies.

What are the best strategies for obtaining free food in a hospital? Should one grab and go, or kibitz and nosh? Scholarship is needed on the role of hospital free food. I am issuing a call for the development of research programs, protocols, guidelines, competencies, and training programs. I am issuing a call for lunch.

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