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The nutritional care is the matter of all!

(Reply to - Letter to the editor by Pedrolli C entitled ‘Cooking without cooks/chefs: is it possible?’)

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We thank very much Dr. Carlo Pedrolli for his interest in our recently published ‘ESPEN guideline on hospital nutrition’ [1]. The argument the author develops to emphasize the important role for cookers at hospital is quite convincing and will consist in a considerable advance if this could be generalized. We did not mention this aspect in our guidelines because we think that nowadays its worldwide implementation would have been a too high level challenge for most hospitals all over the world. Our aim was to establish recommendations applicable every where. Our ESPEN guideline [1] aims, for the first time for an international nutritional society, to state recommendations being feasible to implement for all healthcare givers, professionals, administrative staff, and stakeholders, involved in hospital food service and clinical nutrition all over the world. For the first time, we propose a strategy for making hospital food the first step of malnutrition prevention and therapy at hospital, to recommend the diets that are really indicated, and the monitoring of food intake [1].

In agreement with C Pedrolli, we are persuaded that in the future a wider teaching and enrolment of specialized cookers at hospital would be a strong progress, as it would help improving the appetizing character and the quality of food and meal served. However the cookers are not making all. The quality of the food served is also directly depending on the hospital budget. To increase the quality of the food served, the dedicated budget needs to be increased. The enrolment of hospital professional cookers by itself would increase the budget. But if we could demonstrate that, by improving the hospital food service and patient’s food intake we could prevent malnutrition, the money saved by decreasing malnutrition and its complications could be redistributed to the improvement of food quality and cooking, including the enrolment of hospital cookers. This could be done following the same medicoeconomic model than for covering the expenses of nutrition support teams in some countries.

The expectations towards the hospital cooker should not be too high, otherwise we could be disappointed. Indeed, the finality is to improve the food intake of hospitalized patients. The

largest the hospital, the most complicated the food service organization is. Even if you have the best cooker in the world, there is a need for an optimized organization involving all the manpower chain to improve food delivery and intake at patient bed. Nevertheless, even with the best hospital cooker (Michelin® 3-star) and the most optimized food service and the most sensitized and involved healthcare professionals, there are numerous clinical situations where the hospital food alone is not enough for nutritional care. Indeed, malnourished patients are presenting with anorexia and reduced food intake as a vicious circle maintaining malnutrition and the risk of its complications. This makes the indication of nutrition support ineluctable. The role of dedicated protocols in wards, that involve all healthcare professionals (physicians, nurses, dietiticians, nurse assistants...) is a key point. Besides, the hospital cooker and the quality of food, there is also a need to improve the meal service, presentation, and environment in hospital wards. Efforts should actually be done in the future.

We agree with Pedrolli that cooking schools should make more attractive the job of cooker at hospital, and the clinical nutrition community, especially ESPEN, should play a driving role in the process.

The nutritional care is the matter of all! To improve the hospitalized patient food intake and to prevent malnutrition, all professional categories working at hospital should be involved, from the cooker to the assistant nurse delivering the food meal to the patient, going through the kitchen staff, administrative staff and the agrifoog engineers involved in food catering. This is the only way to daily apply 'food as a care' at hospital.

References

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