

THE PHYSICIAN – A DIALOGUE PARTNER IN THE NUTRITIONAL COUNSELLING

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Abstract: *The article offers certain pieces of advice in order to render more efficient the dialogue between the physician and his patient on nutrition issues. In the centre of attention, we find the patient as an individual, the physician's part being, first of all, to listen to his patient and then to advise him/her. The individual's diet should be looked within a psychosocial context; it cannot be influenced without the patient's consent. The nutritional counsellor, in this case the physician, should offer scientific information and avoid manipulating the patient, so that the final decision should be the patient's.*

Keywords: *nutritional counselling, food behaviour*

Rezumat: *În articol se dau unele sfaturi referitoare la eficientizarea discuției dintre un medic și pacientul său despre probleme legate de nutriție. În centrul atenției este pacientul ca individ, rolul medicului fiind mai întâi de a asculta pacientul și apoi de a-l sfătui. Alimentația individului trebuie privită în context psihosocial, ea nu poate fi influențată fără acordul pacientului. Consilierul nutrițional, în acest caz medicul, trebuie să ofere informații științifice, să evite încercările de manipulare a pacientului, astfel încât decizia finală să îi aparțină acestuia din urmă.*

Cuvinte cheie: *consiliere nutrițională, comportament alimentar*

Modern nutritional counselling should be as individualized as possible and should put the patient in the centre of attention. Each question, advice, information should be oriented according to the purposes and wishes of the respective person.

Food customs are for a lifetime and the patient faces numerous changes, some of them even radical that should last the entire life, from that moment on. For this reason, the nutritional counselling should be looked as a partnership between the counsellor and the patient.

The counsellor's part is to help the patient so that this one might find his/her way to improve his health condition, taking into account his/her purposes and wishes, as well as his/her own resources. The counsellor has three main tasks: to put questions, to listen and to inform. Thus, the patient receives new information and suggestions in order to make changes in his/her lifestyle. In health promotion, this concept is called

„empowerment” and it was very well described by Robert Anderson. (1)

The patient should be the one who wishes to be counselled; he/she should admit that he/she has a problem he/she wishes to solve. In this situation, the nutritional counselling has great chances for success, as against the situation, in which the patient is sent by his family doctor or by one of another specialization. Each people, each family have their own rules and preferences regarding their diet. Many of these behaviour attitudes do not correspond to the present knowledge regarding a healthy diet and are deeply rooted in the life of each of us. People do not often have a clear conception about what healthy food means, that is not only the process of eating. This may represent a starting point for an unhealthy diet, which represents a favouring factor for the occurrence of many chronic diseases.

Diet refers to a person as a whole, to his/her social environment, feelings, thoughts and actions. It is more a social process (for ex.: feasts, home made cooking) and we should enjoy this. First of all, the notion of food is a critical thinking concept. (2) Food science, the art of cooking, diets play more and more an important part in the every day life. The population's interest for a proper diet has increased lately. Mass media is also more active, yet not always it furnishes accurate information.

The nutritional counselling aims at identifying the importance food has in an individual's life, whether this one is interested and wishes to make changes. Raising awareness on the importance of food represents the basis for an efficient communication between the patient and the nutritionist. If, from the every start, the patient experiences certain doubts, the counsellor should give him/her proper information, as well as new one, in order to complete his/her knowledge. It is important that the counsellor should know the patients' expectations, in order to be able to offer him/her solutions as close as possible to his/her food preferences. The dialogue should start with questions, such as: “What food aspects do you like to discuss with me?”, “What are the problems you consider important as related to your diet?”, “How pleased are you about the way you eat?” If the patient did not come to the counsellor of his/her own initiative, this aspect must be clarified from the beginning, that is whether he/she wishes to be counselled now or whether

he/she will come back another time. The atmosphere during the dialogue should be friendly. Once with the first information offered, we should notice whether the patient becomes pensive, or if he/she starts putting questions, becomes active or, on the contrary he/she is still reserved and needs more time to think. There should be a dialogue between the patient and the counsellor, where the patient should express his/her opinions towards the problems he/she considers to be important and this is better to take place in a spontaneous manner. At the end of the discussion, the patient should be asked whether the dialogue helped him/her, what food aspects need improvements, what practical strategies will be applied. It is the patients' choice what information he/she will use in the future.

One of the possibilities of influencing the patient's subsequent actions is to give him/her accurate information, belonging to reliable sources from the patients' point of view. The counsellor will not issue ideas without the right to retort, due to the fact that in nutrition, as well as in other domains, new studies come up, that may contradict the statements made at a certain moment. The aspects of the human nutrition are very complex, so that the statements made, rarely remain true for ever. The counsellor will use phrases such as: "According to the present level of the scientific information, it may be said that....".

In order to establish a trustful relation, the patient must find new things and the counsellor must offer him/her accurate information, to listen to his/her patient and to discuss together his/her comments. The counsellor must recognize when it is the case, that he cannot offer the required information that very moment, but he will try to make research upon it. The counsellor must be attentive to the patient's statements, to be open, to try to identify the obstacles and to eliminate them, to answer tactfully to the critical questions of the patient. The patient should know that he/she may ask questions to his/her counsellor any time he/she has doubts or concerns. Each discussion requires the counsellor's attention and concentration, both on his dialogue partner and on the issue. A dialogue about food automatically includes many aspects of the patient's life. First of all, the counsellor should win the patients' trust. It would be helpful to divide the discussion in stages, as follows: (2)

1. Warm up – the counsellor informs the patient about the issues that will be approached. Together with the patient, the counsellor establishes the issues that will be discussed and possibly their sequence.
2. Problems' analysis – what are the problems identified by the patient, how much and in what way does the patient wish to make changes?
3. Availability for making changes – what are the solutions to the patients' problems and how does he/she see their putting into practice. The patient is given information and he/she will decide upon their use.
4. Future related decisions – how will the patient approach the food issues, what does he/she intent to put into practice until the next session, what are his/her plans

on long term?

During a conversation with the patient, the counsellor must listen "actively", that is to try to understand the feelings and the motives of the patient through listening and asking targeted questions.

The nutritional counsellor will not begin directly with pieces of advice regarding food, because the patient might not be ready for changes, yet. The counsellor should try to transpose himself in the patient's situation and to see the problems with his/her eyes. The patient's feelings may be of precious help in finding solutions. For example, he/she may be asked about how he/she would feel if he/she made changes in his/her food behaviours. The answers to these open questions may reveal whether the way chosen by the counsellor is the right one. If the patient loses sight of the topic, the counsellor may give a summary of the last ideas and ask a further question. Thus, the summary of the discussion is another important helpful instrument for the counsellor. The discrepancies, the doubts occurring during the conversation should be debated together with the patient before going on with the nutritional counselling. To do this, there is need for psychological knowledge. The counsellor should not "fight" with the patient about who is right and who is not; if he feels that the discussion has no utility, this must be interrupted.

Once with the information given about food, the counsellor should be careful as not to overstress the patient. In this respect, the counsellor will ask extra questions in order to see whether the patient has understood what has been told to him/her. It is very important for the counsellor to know whether the patient has everything understood, whether he/she agrees with what has been discussed or if he/she wishes extra information. By asking the patient's opinion about what has been discussed, the nutritional counsellor will realize if he/she has understood the aspects approached and the level of importance he/she would give them in future. It is at the end of the conversation when it is important to find out the patient's opinion about the importance of the information received and whether he/she has the same views as the counsellor.

A professional counselling allows taking individual decisions, both from the patients' point of view and of the physician's. The patient will try to resist the possible attempts of ignoring his/her own decisions. Therefore, the nutritionist must offer viable, well documented solutions from the point of view of each patient, that might be found in the every day life of the respective individual. The personalized nutritional counselling will bring satisfactions to the physician who has offered the respective information and advice.

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