

# A healthy diet is simply a matter of good taste

→ Peter McIntyre

When cancer patients lose their appetite, serving food they like eating, at the time they want to eat it, is more effective than prescribing healthy meals that end up left on the plate.

People who undergo treatment for cancer often lose interest in food just when their body most needs to build its resilience and strength. Dieticians recommend that people with cancer eat small helpings and tasty snacks, and that they choose high-fat foods which pack a lot of calories into a small portion.

Their advice may seem counterintuitive to those of us concerned about 'healthy eating' and obesity. While, in general, plenty of fresh fruit and vegetables are recommended for healthy living, cancer patients may need to change their thinking, and focus on getting enough to eat. Amongst the advice, for example, in a Royal Marsden guide for cancer patients<sup>1</sup> is to add extra butter, margarine or oil to bread, potatoes and pasta, choose thick and creamy foods such as full-fat yoghurt, eat fried food more often and avoid filling up on low-energy foods like vegetables and fruit.

When someone is admitted to hospital for surgery, chemotherapy or radiotherapy, this advice may be hard to follow. Hospitals are institutions, and institutions have regimes and

timetables that rarely allow patients the flexibility to eat when they feel like, or to follow a whim. Dieticians may prescribe delicious and nutritious diets, but hospital kitchens are not always equipped to prepare them, and the time it takes to process meal requests could mean that the food reaches the patient after they have changed their mind, or even left the hospital.

The Netherlands Cancer Institute – Antoni Van Leeuwenhoek Hospital in Amsterdam (NKI-AVL) was no exception. Patients had to order their meals two days in advance and meals were served three times a day in the wards. A patient who had undergone chemotherapy on a Monday had to work up some enthusiasm about what they would want for lunch the following Wednesday.

When the specialist centre – its particular strengths are breast cancer, melanoma and genetics – was given the green light in 1999 to build a new 180-bed hospital, they were told that they could not even have a full in-house kitchen, but only a 'cook-chill' system, which would be used to heat up meals that had been pre-prepared off-site.

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1. *Eating well when you have cancer*. Royal Marsden NHS Foundation Trust. [www.royalmarsden.org](http://www.royalmarsden.org)



This restaurant at the Netherlands Cancer Institute - Antoni Van Leeuwenhoek Hospital is designed to encourage patients to eat. You can wander in at any time between 7.00 am and 8.30 pm and choose from a variety of snacks and meals

## FOOD FOR THOUGHT

Managers, dieticians, nurses and doctors decided it was time for a rethink. People with cancer come for in-patient treatment from all over the Netherlands, and staff felt it was important that their stay should be as pleasant an experience as possible under the circumstances, with an atmosphere that would be as homely as possible.

The in-patient design was for three floors, each housing three 'wards' of 16 beds in single and double rooms. So it was decided to add a restaurant area on each floor which would offer hot meals and snacks throughout the day.

Since the new hospital opened in September 2003, patients have been able to visit their nearest restaurant at any time from 7.00 in the morning to 8.30 in the evening, and find a good choice of hot food. They are encouraged to break out of meal times, and snack when they want. 'A la carte' has replaced 'plat du jour'. And today nurses and dieticians are not as concerned about the content of meals as about patients eating enough.

Petra Tuyp, head of facility services at the hospital, said: "We used to share the opinion that the cancer patients needed a special diet. But we had a lot of discussion with the dieti-

cians and the doctors and we talked to the patients. We decided that it was more important to eat something than to eat nothing. Calories are more important than vitamins."

Since the hospital opened, surveys show that patients prefer chips to boiled potatoes, and if that is what gets them eating, then that is fine.

And so while menus in the restaurant include salmon and spinach, patients can also choose burgers and chips. "If you are ill, you may choose what you think is the nicest tastiest food rather than what you believe is the healthiest. If the patient likes fish and chips, for example, it is more important they eat this, than be served with vegetables they will not eat."

The new system costs more. There are three restaurants and they each have to be staffed. However, food costs have remained the same and the number of meals served has risen by 10-15%. Tuyp says that they were disappointed by this modest increase until they looked at how little they were throwing away every day. "Under the old system, we served every patient three meals a day and we served a lot of food that was not eaten. Under the new system all the food we serve is eaten."

## If the patient likes fish and chips, it is better they eat this than be offered vegetables they will not eat

### POPULAR

The new system is popular with patients. "The most important thing is how the patients feel in hospital, and that they can stay in as normal an environment as possible. Our surveys tell us that they feel that the new system is very good and that they feel very cared for."

Not that the new system has been without problems. It took time for patients to adjust to the "eat as much as you like, when you like" message.

They tended to go to the restaurant only at traditional meal times. Now nutrition assistants visit the wards with lists that show patients what they could have. Patients are encouraged to take a snack mid-morning, and another at 4.00 pm, between lunch and supper.

Even bed-bound patients get a better deal than before, as they are able to order their meals two hours rather than two days in advance. They are served their meals in their rooms, although not at such flexible times as those who go to the restaurants.

Relatives too miss out on the benefits. Because patients come from all over the country, the NKI-AVL has a guest house for relatives to stay. But they cannot eat with the patients in the hospital restaurants. Tuyp accepts that this is a drawback. "We surveyed the patients and they said they would like their relatives to eat with them, but because of budget restrictions, we cannot offer food to the relatives in the restaurants, although on some occasions the nurses close their eyes to it.

"If relatives ate there we would have to double the number of meals. Also, patients are not charged for their meals. We are looking at whether it is possible to set up a system to charge relatives for meals."

Another issue that required attention was an initial lack of communication between nutrition assistants and nurses. That has been addressed

and nurses are now given more information so that they communicate better with patients about what they can eat, and call on nutrition assistants if a patient has a problem.

### WHATEVER YOU FANCY

People receiving treatment and medication for cancer may be put off their food for many reasons. They may feel sick, and so not want fried food. Others may have a sore mouth or throat due to radiotherapy or chemotherapy, and so need to choose soft and smooth foods that slip down more easily, and not eat food that is too hot. It is also possible for a cancer patient to have an altered sense of taste, so that foods taste bland or the patient has an unpleasant taste in his or her mouth.

The beauty of the new system is that whatever the dietician recommends, the patient will find something suitable on the menu.

In addition to regular patient surveys, research staff study the nutritional status of patients. However, it will never be possible to produce hard evidence that the new eating arrangements lead to better nutrition, especially as the average length of stay is gradually being reduced from five to six down to two to three days. Tuyp is content to know from surveys that the patients feel they have had a better experience. "There are many influences on your nutritional status, and it is difficult to say whether this makes a difference."

The proof is in the eating, and in the fact that nobody wants to turn back the clock. Tuyp says: "Changing the system is not under discussion at all. No one talks about going back to what we had before. Everyone is convinced that the new system is better for the patients. The doctors and dieticians are very enthusiastic. We have done this project together in cooperation with the dieticians, otherwise it would not work."