TRENDS & Ideas

NUTRITION

Kids Mistaken About "Good" Versus "Bad" Foods

Sim Gellman

More than half (51 percent) of the children participating in a Gallup poll said they sometimes skipped meals, most frequently breakfast. Nearly three-fourths (71 percent) said they were tired of hearing about foods being good or bad for them.

Perhaps the most interesting thing about the late 1994 survey—sponsored jointly by the American Dietetic Association (ADA), the International Food Information Council, and the President's Council on Physical Fitness and Sports—is that its busy but wary respondents sounded very much like contemporary adults.

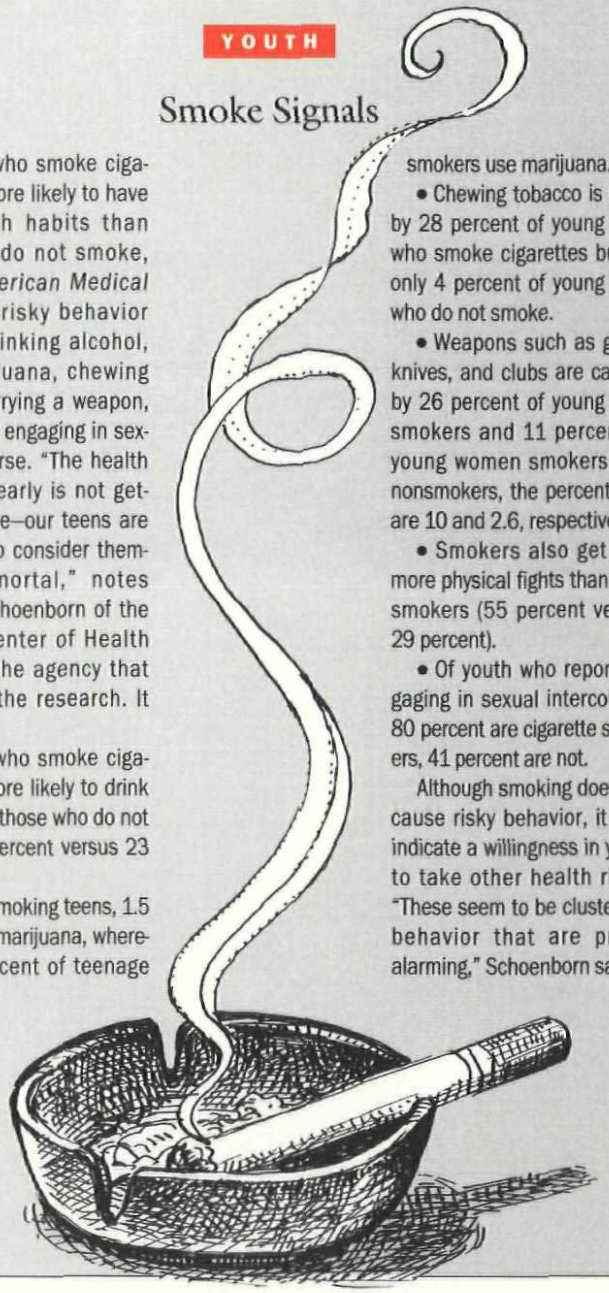
The kids surveyed, ranging in age from 9 to 15, were generally well informed about the issues. Nearly all agreed that a balanced diet (97 percent) and physical activity (98 percent) were very important for good health. Eighty percent said they wanted to increase their physical activity this year.

On the other hand, nearly 81 percent said—incorrectly—that high-fat foods should be avoided altogether. Seventy-one percent said their favorite foods are not good for them, a growing misconception among children (64 percent had said the same in a 1991 survey).

But there are no "bad" foods, noted Nancy Schwartz of the ADA. "We need to remind consumers, especially young people, that all foods fit into a healthful diet," she said. "For example, if you find yourself eating foods that are higher in fat and calories one day, then choose foods the next day that have less fat and calories."

YOUTH

Smoke Signals



Teenagers who smoke cigarettes are more likely to have risky health habits than peers who do not smoke, reports *American Medical News*. The risky behavior includes drinking alcohol, using marijuana, chewing tobacco, carrying a weapon, fighting, and engaging in sexual intercourse. "The health message clearly is not getting out there—our teens are continuing to consider themselves immortal," notes Charlotte Schoenborn of the National Center of Health Statistics, the agency that sponsored the research. It found:

- Teens who smoke cigarettes are more likely to drink alcohol than those who do not smoke (74 percent versus 23 percent).
- Of nonsmoking teens, 1.5 percent use marijuana, whereas 26.5 percent of teenage smokers use marijuana.
- Chewing tobacco is used by 28 percent of young men who smoke cigarettes but by only 4 percent of young men who do not smoke.
- Weapons such as guns, knives, and clubs are carried by 26 percent of young men smokers and 11 percent of young women smokers. For nonsmokers, the percentages are 10 and 2.6, respectively.
- Smokers also get into more physical fights than nonsmokers (55 percent versus 29 percent).
- Of youth who report engaging in sexual intercourse, 80 percent are cigarette smokers, 41 percent are not.

Although smoking does not cause risky behavior, it may indicate a willingness in youth to take other health risks. "These seem to be clusters of behavior that are pretty alarming," Schoenborn said.

PHYSICIANS

Out of Bounds

Physicians are beginning to pay more attention to professional "boundaries" in their dealings with patients, write Glen O. Gabbard, MD, and Carol Nadelson, MD, in *JAMA*. A boundary is that invisible ethical line beyond which a physician's care of the patient turns into some form of exploitation. Violations of sexual boundaries tend to get the most publicity, but there are many others.

For example, boundary violations can occur when physicians accept inappropriate gifts or services from grateful patients, address patients by pet names or speak to them in an erotic manner, or seek patients' sympathy and comfort by revealing personal issues.

Boundary violations often occur when a physician either overlooks or deliberately manipulates a patient's vulnerability, write Gabbard and Nadelson. Patients have been known to "transfer residual longings from other relationships onto the person of the physician," for example. Such patients may view their physician as a parent, spouse, lover, adversary, or friend. Physicians who buy into one of these roles jeopardize the objective decision making necessary to protect the patient's best interest, note the authors.

Office visits that are inordinately long or set at an inappropriate time can also result in boundary violations. For example, a female patient may feel extremely uncomfortable seeing a male physician when no other staff members are present, such as after office hours. In addition, physicians need to keep the duration of appointments in check. Although a patient may be flattered to spend extra time with the physician, he or she "may wonder which of the physician's own needs are being gratified."

Gabbard and Nadelson argue that education is the best way to ensure that physicians behave appropriately with patients. Sensitivity to professional boundaries should be discussed not only in medical school ethics courses but in all clinical courses. Medical school instructors should offer to counsel students on how to appropriately handle amorous feelings for a patient.

Physicians also must have clear communication skills, especially about examination procedures. Such skills are important "in a managed care era in which patients are routinely seeing new physicians with whom no sense of trust has developed," state the authors. Having a chaperon, such as a nurse, present while examining a new patient might be prudent, Gabbard and Nadelson advise.

The authors acknowledge that preventive education may not have a positive effect on unscrupulous practitioners who have severe personality disorders. "The best we can hope for is that such individuals . . . can be identified early in the medical school process and redirected toward other careers."

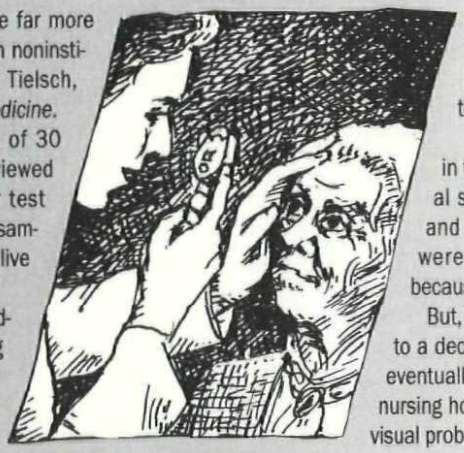
NURSING HOMES

Turning a Blind Eye

Older people who live in nursing homes are far more likely to have untreated visual problems than noninstitutionalized older people, write James M. Tielsch, PhD, et al., in the *New England Journal of Medicine*.

In the authors' study, 499 residents of 30 Baltimore-area nursing homes were interviewed and had their visual acuity tested. Their test results were then compared with those of a sampling of older Baltimore citizens who did not live in nursing homes.

The study indicated that the rate of blindness was 13 to 15 times higher for nursing home residents than for nonresidents. The authors had previously discovered that more than 40 percent of cases of blindness in older people result from cataracts or other treatable or preventable eye problems. Nursing home residents are less likely than other older people to have had care for their eyes, the authors conclude.



Indeed, the authors found a good deal of variation in the nursing homes' awareness of their residents' visual status. The authors interviewed the homes' medical and nursing directors, all of whom said their residents were often admitted because of dementia but never because of visual problems.

But, the authors note, a severe visual loss may contribute to a decline in an older person's cognitive function–and thus eventually to his or her institutionalization. They suggest that nursing homes monitor their residents more closely for possible visual problems.