Take dietary truths with a pinch of salt

The more dominant that guidelines become, the more dangerous they are

As a child of the 1950s I grew up knowing that margarine, though nearly as nasty as cod liver oil, was good for you. Doctors had been pushing it for decades, or so the advertisements told us. As early as 1915 Sainsbury’s advertised its “Nuts and Milk Double Weight” margarine under the slogan “Doctors recommend it,” although no doctors were named. As late as the 1990s hard margarines containing trans fats were sold as a healthy alternative to butter, their claims backed by a medical consensus.

Two weeks ago the BMJ published a study by Pelham Barton and colleagues on the effectiveness of cardiovascular disease prevention programmes (2011;343:d4044). It concluded that eliminating trans fats from the diet would, over 10 years, prevent 27 000 deaths, gain 570 000 life years, and return a cash benefit of £2bn (£2.3bn; $3.3bn) in England and Wales alone. Its effects far outweighed a 5% reduction in cholesterol concentrations or in systolic blood pressure or a reduction in salt intake of 3 g a day.

Far from being “heart smart” (as one product claimed), hard margarines were heart stupid. Equally stupid—it now appears—was the 1990s mantra that the route to a healthy heart lay through the reduction of total fat in the diet. Today’s version is that it is not total fat but the type of fat that matters, a switch that is based on the evidence of the Lancet, lest the Cochrane reviewers are more cautious. Consumers who see their professional skills being eroded. Advice to “treat to target” in lowering cholesterol or controlling blood glucose has diminished patients, too, by reducing them to the units from which a public health target can be reached. The outcome of such guidelines has contributed to malaise among many doctors, who see their professional skills being eroded. Advice to “treat to target” in lowering cholesterol or controlling blood glucose has diminished patients, too, by reducing them to the units from which a public health target can be reached. The outcome of such guidelines is invariably expressed, as in the recent BMJ paper, in the form of total lives saved rather than in the health gain accruing to any individual patient. That is because the individual health gain is often rather modest, with large numbers needed to treat to save a single life, even when the total potential lives saved may run into thousands a year.

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The more dominant that guidelines become, the more dangerous they are. Suppose that the health claims made for hard margarines in the 20th century had been formulated into a guideline from the National Institute for Health and Clinical Excellence or put forward as the considered advice of the Food Standards Agency. Consumers, who were initially suspicious of margarine, would have had their fears allayed. Such advice would also have put the official imprimatur on the use of hard margarines in commercial products. The deaths attributable to trans fats—which, if Dr Barton and his colleagues are to be believed, are already numerous—would have been greater still.

But that couldn’t happen, surely? I wish I were sure. Take, for example, the Food Standards Agency’s current campaign against salt in the diet, which is backed by almost every nutritionist save the ones who wrote a recent Cochrane review suggesting that the evidence that it would save lives was equivocal (Cochrane Database of Systematic Reviews 2011;7:CD009217). They were immediately contradicted by the leading advocate for salt reduction, Graham MacGregor, whose wrath I risk incurring by even raising the issue. He and a colleague were accommodated at short notice by the Lancet, lest the Cochrane heresy take root (2011;378:380-2).

They argued that the same evidence, torted up in a different way, did show a significant reduction in cardiovascular events from less salt in the diet. They may be right. The consensus backs them, even if the Cochrane reviewers are more cautious. Consumers can undoubtedly learn to love foods that have less salt, though the soup giant Campbells has bowed to consumer resistance and restored salt levels in some of its products. No one may suffer from lowering salt, and many may benefit. And it’s proper that if food companies have the power to alter our diets by high power salesmanship, others should be free to put the counter-case with equal vigour. But so many dietary truths have been overturned that I think it best to approach each one with a substantial pinch of salt.
Islamic Medical Association

What is it?
The spokesman of the UK Islamic Medical Association, Abdel Majid Katme, admits that it's a very small organisation with a big voice. The media attention given to his opinions is disproportionate to the size of the association, which no longer has a membership.

Its role now is as a health and educational lobby group and to voice Islamic views on medical ethics, says Dr Katme. This includes campaigning with other religious faiths, such as the Roman Catholic church, on common ethical concerns, including abortion.

Dr Katme would like to see an Islamic hospital in Britain where Muslims could be treated without worrying about matters such as being examined by a doctor of the opposite sex. Such anxieties keep Muslims at home when they might be in need of urgent medical attention, says the retired psychiatrist, who lives in London.

What is its agenda?
It's not hard to see why Dr Katme's views make easy headlines. He picketed a London conference on immunisation where the Microsoft founder and philanthropist Bill Gates spoke in June.

Dr Katme says that he wants to promote a debate on the practice of vaccination in general. He has also urged British Muslims not to give their children vaccines such as that for measles, mumps, and rubella (MMR), because they contain substances that make them un-Islamic. He alleged that almost all vaccines contain “haraam” (forbidden) derivatives of animal or human tissue and that Muslim parents were better off letting children's immune systems develop on their own.

He works with Christian groups to promote pro-life, pro-family health issues and is currently involved in protests in the London Borough of Tower Hamlets against school sex education.

Journalists have most recently approached him for comments after research showed that Muslim medical students were the religious group most likely to support a doctor's right to refuse to perform a procedure on moral, cultural, or religious grounds. He told the BMJ that there were many things that Muslim doctors should not do. These included giving condoms to an unmarried person, getting involved in egg or sperm donation, and assisting in abortion.

A total of 733 trainee doctors responded to a study published in July in the Journal of Medical Ethics (doi:10.1136/jme.2011.042770). It found that almost half of those surveyed believed that doctors should have the right to refuse to treat someone when doing so clashed with their personal beliefs.

Where does it get its money from?
The Islamic Medical Association doesn't have a website or an office. The last time it filed an annual return to the Charity Commission, for the year ending 31 December 2006, its income was £1 250.

The commission said that the charity seemed to be dormant and that it was seeking to contact the trustees to confirm that this was the case, before removing it from its register of charities.

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