

# Diet and Food Preferences

**D**iet is affected not only by availability of food products but also culture, experience and religion. Food has cultural significance in terms of gaining and maintaining health and strength. In some cultures, including some Asian and Latin American cultures, people believe in the hot and cold theory of food and disease. According to such beliefs, certain foods may be classified as "hot" or "cold". This refers not necessarily to the spiciness of food, its energy value, or the temperature at which it is served, but to its effect on the body.

Various diseases and health states may also be classified as hot or cold, and this affects the kinds of foods which can be eaten. Throughout Southeast Asia, for example, the traditional belief is that women lose heat during delivery, and so prefer to eat only "hot" foods during the postpartum period in order to recover quickly and avoid longer term health problems. Hot/cold

classifications may sometimes be extended to medicine, resulting in conflict in a patients' mind where they are required to take "hot" medicine for a "hot" condition. These beliefs vary among individuals as well as from culture to culture, hence you should not assume that this is the basis of refusal to eat or reluctance to adhere to medication.

Patients should be asked about their preferred diet. Dietary preferences also extend to eating implements and where food is eaten. Some people may prefer to eat with spoons or their fingers rather than a fork.

Others may require privacy when they are eating, and on an open ward, this may mean drawing the screen around the patient.

The best way to check on patients' dietary and eating requirements is to ask them directly.

Dietary restrictions may make it impossible for some patients to eat hospital food. For instance, unless the facility exists for special arrangement, it may be



logistically impossible for kitchens to provide Halal or Kosher food, and patients may have to organise the delivery of their own meals. This can be problematic if the patient is on a special diet. Storage facilities should be available in every ward so that the hospital diet can be complemented where necessary by bringing food in from outside. (Some hospital wards have accommodated these requirements already.)

Fasting is required by some religions during particular times (e.g. during Ramadan among Muslims). The sick are usually exempt from fasting, but this is generally a decision of the individual patient. This may need discussion between the staff and patient.

On the other hand, all that may be required is assistance in

filling out a menu if the patient is unfamiliar with the names of the dishes. The condition of the patient may deteriorate simply because of inappropriate food, or because they do not understand imposed dietary restrictions. This is particularly important when visitors bring food in, and it may be necessary to ask them politely to take it back home. Some think that if they are healthy, they should eat as much as they want, and need advice on how much to eat.

The following table may be used as a general guide to the food preferences of followers of the major religions. Some foods may not be acceptable to the patient because of the method of preparation.

It is important to check with individual patients what their requirements are.



Food	Hindus/ Buddhists	Sikhs	Muslims	Jews
Eggs	Some*	Yes	Yes	Yes
Milk and yoghurt	Yes	Yes	Yes	Yes
Cottage/curd cheese	Yes	Yes	Yes	Yes
Chicken	Some*	Some	Halal#	Kosher+
Mutton	Some*	Some	Halal#	Kosher+
Beef	Hindus no Buddhists some*	No	Halal#	Kosher+
Pork	Some*	Rarely	No	No
Fish	Some*	Some	Yes	Yes
Butter/ghee	Yes	Yes	Yes	Yes
Margarine/vegetable oils	Yes	Yes	Yes	Yes

\* Very strict followers avoid this.

#Halal meat must be killed, dedicated and prepared in a special way.

+Kosher meat for Jews requires special rituals and butchering procedures in preparation.

*Adapted from Kirkwood, 1993 (see Resources section)*

