

The Hobbit's Guide to Food

The healthcare food scene has sadly not been the same in the last couple years with the passing of Prof Chao Tzee Cheng. Dr Cuthbert Teo's recent article on food descriptions entering the pathology lexicon in the *SMA News* (<http://news.sma.org.sg/4106/Patho.pdf>) is seminal, but it is still not quite the same as seeing the late Prof eating his *char siew* rice in close proximity to a corpse with relish and zest.

The issue with food in the hospitals is a serious issue that needs urgent attention. With each passing day, we find from reliable evidence (such as the fine health reporting in the local newspapers) that everything we thought was good to eat has become unhealthy and everything we thought was bad is actually not too harmful after all.

The first thing we have to realise is that doctors don't oversee food in hospitals; dietitians do. Dieticians are a strange bunch because they claim to know everything about food. The only problem

is that they know everything about food *after* it leaves the buccal cavity whereas the rest of the world (including doctors) are interested in food *before* it enters the buccal cavity. This leads to serious fault lines and it is not helped when doctors (especially alpha-male orthopaedic surgeons) stray into the dieticians' realm. Folklore has it that in a mythical hospital called Ali-Sampah hospital, a senior orthopaedic (well, maybe not so senior then) surgeon once sent a piece of toast that registered 11 on the Mohs Scale¹ of Mineral Hardness in an envelope to the hospital dietician. On the envelope was scribbled, "Dear dietician, can you tell me what is the nutritional value of this piece of toast?" This was in the good old days when the hospital kitchen actually supplied breakfast free of charge to the doctors' lounge daily. It was rumored that the dietician was most distraught and ever since then, doctors have been

unknowingly sipping water laced with lead/mercury/arsenic in doctors' lounges all over Middle Earth.

The next issue about food in hospitals is supper during night-call. This is a matter of life and death. I remember my first call as houseman. I hadn't eaten since breakfast, was struggling to clerk admissions, set up a drip and was about to commit concomitant self-mutilation with a 14G needle when suddenly at 10pm, a reassuring voice came up to me from behind, "Houseman, remember, always have supper when you are on call." It almost sounded like Sir Alec Guinness intoning, "Luke, remember, the Force will always be with you."

It was my surgical registrar and he was looming tall over me squatting by the bedside, with a packet of *cheng tng* in his hand. God bless the man. I was almost moved to tears and *cheng tng* never tasted so good. Of course, such incidents will be a rarity going forward because with the residency system, the resident (also known



as “houseman”) can go into “protected mode” and have his *cheng tng* while the consultant clerks the new case. The new inspirational line can be “Consultant, remember, always clerk new cases when I am on protected time.” Incidentally on the issue of on-call suppers, research evidence has shown that eating *bao* does not make the call any worse². This is probably the most impactful scientific conclusion that has come out of our shores in decades and is another indication that you don’t need million dollar grants and “whales” to do great research. The only problem is that the study used minced vegetable *baos* in the intervention group. Who on earth eats minced vegetable *baos* while on call other than vegetarians? What happened to *char siew bao*, *tua bao*, chicken *bao* or at least the *leen yong bao* (lotus seed paste *bao*) and so on? What is the external validity of a minced vegetable *bao* study?


Seriously, with the residency system, it is more imperative that we understand the importance of suppers, or rather, the buying of good suppers. This is the key to a medical student being selected as a resident even before he or she graduates. Think about it, how else will a consultant remember the many faces of medical students who pass through the unit? In *kiasu* Singapore, there will always be the super-mugger-toad student who mugs more than a Johannesburg street gang and there will always be those irritating Dean’s List folks who know everything. How do you, the average Joe stand out? Simple – you buy good suppers. The corollary is that if you buy lousy suppers, you will also always be remembered. Can you imagine what the consultant is thinking at the resident selection interviews? “Gosh, this girl bought me a Value Meal for supper when I was on call last month. And she didn’t even upsize the Coke. Do I want to eat fast food for the rest of my life when I am on call?” So it is very important that medical students know where the good food joints are around each and every public hospital. This is especially true for surgical units where the eating habits of most (male) surgeons have been known to make grown men and women cry in Health Promotion Board. As aforesaid, plain toast will not do for alpha-male

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surgeons, they need real food, preferably laced with ghee or lard or both. An unsatisfying supper elicits almost as much grief from the on-call surgical team as a ruptured appendix.

Beneath all this angst about food, the fact is, we should be thankful for a few things. For one thing, we are NOT poikilothermic but homeokilothermic³ animals. This is because 80% of our energy intake is spent on keeping our body temperature at 37 degrees Celsius while only 20% is spent on moving us around and expended as kinetic energy. If we were cold-blooded animals, we would need 400 calories instead of 2000 to maintain our body weight. Can you imagine going on a 400 calories-a-day diet? (I know some teenage girls get by with 400 calories or about one packet of instant noodles a day but that is not to say they are cold-blooded). The fact that we are warm-blooded actually means we can consume 2000 calories and still not get fatter. The exemption here is that hospital administrators are actually poikilothermic but can still live on 2000 calories and not gain weight. The downside to all this is that contrary to what the fitness freaks tell you, you are not going to get much thinner just by exercising and not dieting, because doubling your activity only amounts to maybe 400 calories. Of course, running marathons is another matter. You may get thinner if you don’t get an acute myocardial infarction (AMI). Another way of looking

at this is that if you are cold-blooded and consumed 2000 calories a day, you would eventually weigh 300kg at a steady state. Even if your heart can take it, you will still drop dead quickly when the weather gets a bit cold.

The next point we should be thankful for is that unlike cows and goats, humans cannot digest cellulose because we don’t possess cellulase. This means we don’t gain much weight by eating vegetables. If we possessed cellulase, all those crazy women trying to get even thinner by eating salads day in and day out would actually get very fat on them. And then, like cows and goats, mankind would also burp and fart a lot and contribute to global warming. Can you imagine attending a hospital-wide scientific meeting or a CEO retreat with all this farting and burping? Actually wait a minute, maybe we don’t have to imagine at all... 

References:

- 1 Mohs Scale, named after German Mineralogist Friedrich Mohs, a scale to measure hardness, a value of 10 being the hardness of diamond and 1 for talc.
- 2 The Tao of Bao: A Randomised Controlled Trial Examining the Effect of Steamed Bun Consumption on Night-Call Inpatient Course and Mortality; Min-Han Tan et al; *Ann Acad Med Singapore* 2008;37:255-7.
- 3 Poikilothermic – cold-blooded; homeokilothermic – warm-blooded animals, like birds and mammals.