



EDITORIAL

Nutritional care is a human right: incorporating principles into clinical practice

Gil Hardy

Ipanema Research Trust, Auckland, New Zealand

Introduction

The landmark Vienna Declaration (VD), initiated by the international human rights working group (IHRWG) and endorsed by more than 75 professional societies acknowledged that nutritional care is a human right alongside the right to food and the right to health. In a series of position papers the IHRWG have elaborated on the commitments required for translating human rights and ethical principles into clinical practice.¹⁻³ The ultimate objective of the VD is to ensure all patients have a right to be screened and diagnosed for disease related malnutrition (DRM) then to receive evidence based artificially administered nutrition and hydration (AANH) administered by an interdisciplinary team of experts to positively impact clinical outcomes and survival. Unfortunately, nutritional care in hospitals and post discharge is frequently below standard and is not part of the patient's holistic care.² Reasons include; inadequate education of healthcare professionals (HCPs), lack of malnutrition awareness, no reimbursement for nutrition treatments, or absence of public health policy.^{2,4}

Ethics, that allow us to make decisions about what is right and wrong, and human rights are guiding values for clinical nutrition practitioners. Together they ensure a patient-centered approach, in which the needs and rights of the patients are of greatest importance.⁵ An international human rights-based approach (HRBA) to clinical nutrition will encourage HCP to make evidence-based decisions in the best interests of their patient and can be articulated to a set of core values including

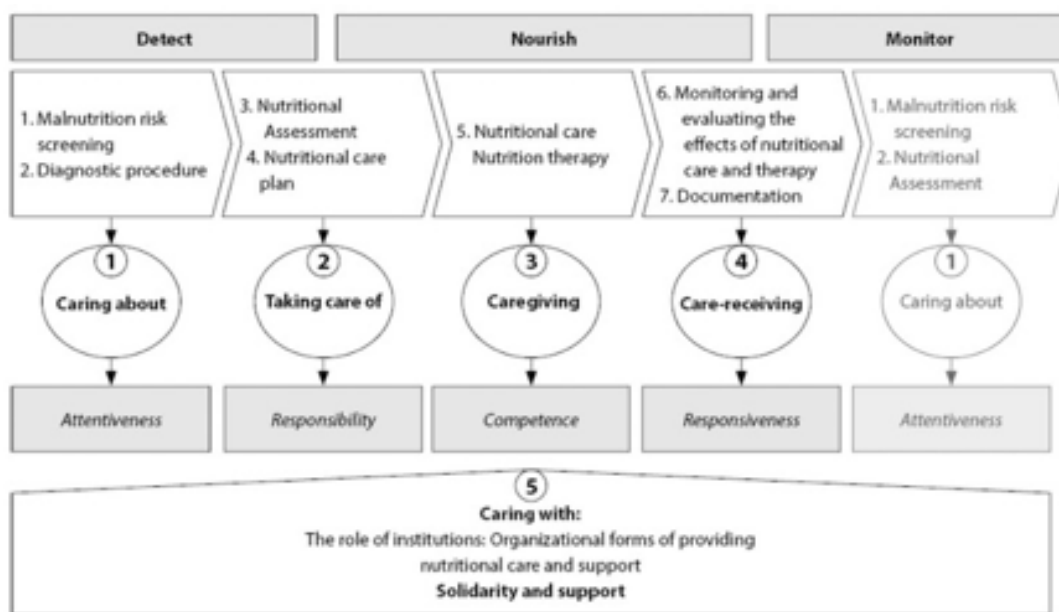
Fairness, Respect, Equality, Dignity and Autonomy. These five FREDA principles, when integrated into clinical nutrition guidelines and daily clinical practice, can inform decisions and optimise nutritional care.²

Comprehensive Nutritional care involves distinct, interrelated steps that should be provided ethically⁶ in a systematic sequence⁷ shown in Fig reproduced with permission from Cardenas et al.²

The "caring about" and "taking care of" phases of care require HCP to identify the need for nutritional care for those malnourished or at-risk of malnutrition, by using validated screening tools to assess patient's nutritional status.² A nutritional plan ensures all the nutritional requirements of the patient are addressed to combat malnutrition and improve quality of life.

In the third "caregiving" phase HCPs decide the best way provide nutrients orally, enterally, parenterally and/or by reinfusing the patients' own chyme. In this phase incompetence would result in the patients' needs not being met or in an increase in the risk of complications. Thus, HCPs must commit to life-long learning to ensure continuing competence in their practice.²

The success of nutritional therapy must be routinely monitored. The ethical element in the fourth "care receiving" phase is responsiveness to the way the patient/family/caregiver perceive their care.² Finally, the fifth, "caring with" phase defines policymakers, institutional managers and most importantly, the government as specific duty bearers with responsibilities to guarantee a HRBA.³



The "caring about" and "taking care of" phases of care require HCP to identify the need for nutritional care for those malnourished or at-risk of malnutrition, by using validated screening tools to assess patient's nutritional status.² A nutritional plan ensures all the nutritional requirements of the patient are addressed to combat malnutrition and improve quality of life.

In the third "caregiving" phase HCPs decide the best way provide nutrients orally, enterally, parenterally and/or by reinfusing the patients' own chyme. In this phase incompetence would result in the patients' needs not being met or in an increase in the risk of complications. Thus, HCPs must commit to life-long learning to ensure continuing competence in their practice.²

The success of nutritional therapy must be routinely monitored. The ethical element in the fourth "care receiving" phase is responsiveness to the way the patient/family/caregiver perceive their care.² Finally, the fifth, "caring with" phase defines policymakers, institutional managers and most importantly, the government as specific duty bearers with responsibilities to guarantee a HRBA.³

At the 2023 ASPEN conference the international clinical nutrition section proposed to create a national alliance that advocates and facilitates engagement with duty bearers. First to identify gaps then develop new policies and

institutional health procedures that address a HRBA to nutritional care. It was also proposed to create an expert advisory group (EAG), comprising strong advocates for a HRBA with experience in management of DRM. Other local experts with professional interests in HR/Ethics or familiarity with national government policy will enable the EAG to provide guidance for achieving the goals of the VD.⁹

Conclusion

A global human rights-based approach to clinical nutrition involves treating patients with fairness, respect, equality, dignity and autonomy. Practical steps are advocated for developing and implementing national strategies and processes, endorsed by local institutions and policy makers, that ensure clinicians incorporate ethical and human rights values into their clinical practice for patients to receive optimum nutritional care.

Conflict of interest

The authors declare that there is no conflict of interest related to the study.

Open Access

This article is distributed under the terms of the Creative Commons Attribution 4.0 International Licence(<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.

Received 28 February 2024
Accepted 29 February 2024
Published 29 February 2024

Link to DOI:
[10.25220/WNJ.V07.i2.0002](https://doi.org/10.25220/WNJ.V07.i2.0002)

Citation: Hardy G. Nutritional care is a human right: incorporating principles into clinical practice. World Nutrition Journal.2024 February 29, 7(i2): i-iii.



References

1. Cardenas D, Correia M, Ochoa JB, Hardy G, Rodriguez-Ventimilla D, Bermúdez CE, et al. Clinical nutrition and human rights. An international position paper. Clin Nutr. 2021.
2. Cardenas D , Correia M, Hardy G et al Nutritiona; care is a human right: translating principles into clinical practice. Nutr Clin Pract. 2022;37:743-751.
3. Cardenas D, Correia M, Hardy G. international declaration on the human right to nutritional care: a global commitment to recognize nutritional care as a human right. NCP2023: 38; 946-958
4. Cuerda C, Schneider SM, Van Gossum A. Clinical nutrition education in medical schools: Results of an ESPEN survey. Clin Nutr. 2017;36(4):915-6.
5. Epstein RM, Street RL, Jr. The values and value of patient-centered care. Ann Fam Med. 2011;9(2):100-3.
6. Cardenas D. Ethical issues and dilemmas in artificial nutrition and hydration. Clinical Nutrition ESPEN. 2021;41(41):23-9.
7. Cederholm T, Barazzoni R, Austin P, Ballmer P, Biolo G, Bischoff SC, et al. ESPEN guidelines on definitions and terminology of clinical nutrition. Clin Nutr. 2017;36(1):49-64.

Copyright: © 2024 by the authors. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Website : <http://www.worldnutrijournal.org/>