

The Food Police



by Theodore Dalrymple

The world, said James Boswell, is not to be made a great hospital; but to a hammer everything is a nail, and to doctors and medical journals everything is either a medical problem or a medical solution.

Looking at the website of the *Journal of the American Medical Association* today, I came across a paper with the title “Effect of an Intensive Food-as-Medicine Program on Health and Health Care Use.” It was published just above “A Young Pregnant Person With Old Myocardial Infarction.”

Could that pregnant person possibly be a woman? Heaven forfend that so prejudiced a thought should occur to us! If it occurred to you, dear reader, I suggest that your brain still needs washing. The word *woman* is here abjured by *JAMA* as completely as, say, it would abjure (rightly) the word *bitch* with reference to a woman. In other words, the

word *woman* is now treated as if it were in itself an insult, a rather strange result of pro-feminist indoctrination.

The paper begins, "A patient in their 30s presented to the hospital..." No doubt I am deeply reactionary, almost a dinosaur in a world of mammals, but is not *their* the plural possessive adjective, and is not "a patient" singular? If the authors of the paper were really not sure whether the pregnant person was a man or a woman, surely they should have written "A pregnant person in his or her 30s..."? That would have been a step too absurd (so far) even for the editors of *JAMA*, assuming that the paper in question was published with some kind of editorial oversight. I anticipate further linguistic absurdity in *JAMA* with a mixture of amusement and irritation; that there will be one is a racing certainty (a Dutch friend of mine was going to write a book about Dutch social policy titled *Creative Appeasement*).

The paper, by the way, gives new meaning to the first two sentences of Nietzsche's book *Beyond Good and Evil*: "Suppose truth to be a woman—what then? Are there not grounds for the suspicion that all philosophers, insofar as they were dogmatic, have been very inexpert about women?"

But back to food as medicine. The idea that all flesh is grass—or these days, double cheeseburgers with fries, washed down by some disgusting soft drink looking like the effluvial by-product of a noxious industrial process—is certainly not new. The 18th-century English physician George Cheyne, who was once so fat that he had to move around with the help of pulleys, wrote more than one book extolling the virtues of moderation in alimentary consumption. But in the modern world, there is an inverse dietary anxiety rule: Those who need to worry least worry most, while those who should be careful are the most insouciant.

Anyway, what the investigators did was to give a group of type 2 diabetics supposedly healthy food—fruit and vegetables, you

know the drill—free of cost to them for ten meals a week, and compare their diabetic control with a group of similar diabetics (surely they should by now be called *people living with diabetes* rather than diabetics?) who were not given such healthy food. The diabetics were allocated consultations with dietitians, nurse evaluations, health coaching, and education about diabetes. The same food was also given to the rest of their family.

It was with considerable, though no doubt discreditable, satisfaction amounting almost to joy that I read that, from the point of view of diabetic control, all this made no difference. The uselessness of the trial was further demonstrated by the fact that, of 1,064 people deemed eligible to participate in the study, because they were poorly controlled diabetics with “food insecurity” (as established by asking two questions), and were living within the area in which the study was conducted, only 500 agreed to take part and 465 completed the program. It has to be remembered moreover that the investigators were probably full of enthusiasm and goodwill, as the staff if the program were bureaucratized would not be!

The researchers had to be satisfied with what are known as “secondary outcomes,” that is to say results that were not the main object of the experiment, in this case a greater number of requests for prescription medicine, self-reported improvement in diet, and more visits to dietitians. But whether these things themselves did any good, in the sense of preventing illness or death, is not known, and would require further research to discover. They seem to be procedural results rather than real ones, if by real in this context we mean something that benefits patients rather than those involved in their health care, for example by giving them something to do.

Of course, it cannot be known either whether those provided with healthy food actually ate it. Perhaps they did, or

perhaps they didn't; they might have done something else with it, like sell it. Strictly speaking, the subjects of the experiment should not just have been given the food but should have been supervised eating it (perhaps this could have been done electronically).

I must admit that if I had been one of the subjects of the experiment, receiving visits from dietitians and so forth, I would have delighted to subvert the results by noncompliance with the protocol. No doubt the people conducting the experiment would have had my best interests at heart, but Dostoyevsky says somewhere that even if those who ruled us were entirely benevolent, people would still oppose them just for the sake of exercising their freedom.

Suppose what might have been the case, namely that the distribution of supposedly healthy food free to type 2 diabetics actually improved their diabetes or even reversed it: The question would still arise—though not, perhaps, in the pages of the *Journal of the American Medical Association*—of how far we should take this kind of intervention in people's lives. After all, there is very little that humans do or consume that has no potential effect on health whatever; their entire lives could therefore be supervised, regulated, and subsidized in the name of health.

There is, I fear, no end to the appetite for benevolence.

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