Special Topic

Professional Work and Rewards for Dietitians
A History of Dietitians in Japan: No. 1 in a Series

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Today, Asia is a highly active region with remarkable economic development. Agriculture, food processing and distribution have progressed, nutritional deficiency has been decreasing, food is abundant, and non-communicable diseases (lifestyle-related diseases) have become social problems. On the other hand, 20 to 30 years ago, in the developed countries of Europe and America, inpatient malnutrition appeared to be due to problems in the nutritional management of hospital food, which adversely affects the treatment of diseases and was related to the increase in medical costs. As a consequence, the importance of clinical nutrition management has been recognized. Enteral nutrition and central parenteral nutrition have been developed as nutritional supplements, and advanced medical technology has become necessary. This situation is spreading to Asia, and the establishment and reform of the dietitian system are progressing in each country.

About 150 years ago, Japan was the first country in Asia to introduce nutrition science, and over the past 100 years, it has developed the current dietitian system. Based on that experience, I have examined methods for further developing nutrition in Asia.

The most important aspect of nutrition improvement is to train dietitians who are specialists in nutrition improvement in the region or country and to establish nutrition as a profession in society. For nutrition to become a profession, it is necessary to clarify that nutrition is a profession and that the work of dietitians should be adequately compensated. The reason why the dietitian system is immature in some Asian countries is that "professional work and reward" as a dietitian are often not established and recognized.

For example, in the latter half of the 20th century, when the importance of clinical nutrition was widely accepted, there were proposals in Europe and the United States to train medical doctors to become specialists in clinical nutrition. The International Confederation of Dietetic Associations (ICDA) stated that ‘nutrition improvement cannot be solved only by medical doctors who have medical education centered on physiology and biochemistry but dietitians who have knowledge and technology in food science, cooking science, life science, education and guidance theory as well as physiology, biochemistry, microbiology, public health, pharmacology and others are required. The ICDA worked on these matters through various international organizations and currently countries in Europe and North America do not train medical doctors as nutrition specialists. In Japan, not only medical doctors but also nurses, pharmacists, clinical technologists, physiotherapists, and many other specialists who are interested in nutrition for team medical care currently study nutrition; however nutritional education, guidance and management are tasks of dietitians.

If this “clarification of professional work and rewards” is established, for example, in medical care, it will be inevitably incorporated into the medical system, and hospital income will increase due to the fees for dietitians. Therefore, hospitals actively employ dietitians. For example, in Japan, if a registered dietitian at a hospital gives "nutrition and dietary guidance" to inpatients who are admitted to the hospital, the usual charge will be 2600 yen (about 24 US $) for the first consultation, 2000 yen (about 18 US $) for the second and subsequent times, and 1800 yen (about 16 US $) for remote instruction using IT, and for home visit instruction 5300 yen (about 50 US $) will be paid as a medical treatment fee. Such nutritional dietary guidance is paid for in the same way even if it is conducted for outpatients in a clinic. In addition, medical fees will be added if a registered dietitian participates in a convalescent rehabilitation ward, nutrition support team, palliative care, cancer chemotherapy, intensive care unit, or bed sores countermeasure team. It means that by hiring a registered dietitian, the labor costs of a hospital can be sufficiently supplemented by the contribution of rewards for dietitians.

However, in Japan, it took about 30 years to reach such a situation. The initial nutritional dietary guidance fee was only ¥50 (about half of one US $). The current system is the result of efforts made step by step in cooperation with administrative nutrition specialists in the central government, politicians, and the Japan Dietetic Association (JDA).

In Japan, when dietitian training started and the Dietetic Association was established, the leaders of JDA were medical doctors. However, the goal of the association was the independence and development of dietitians. As the roles of dietitians become highly specialized and dietitians grew in number and became independent, medical doctors moved away from the Dietetic Association, and nutritional dietary education and hospital meal management became the duties of dietitians.

Recently, I published a book that clarified the history and actual state of nutrition in Japan (1) hoping to encourage the development of Asian dietitians and dietetic associations and to benefit people in other Asian countries.

References

1) “Japan Nutrition Unraveled by Teiji Nakamura”, Daiichi Publishing 2020.

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