

**Special report: Thinking about the ideal roles of dietitians**

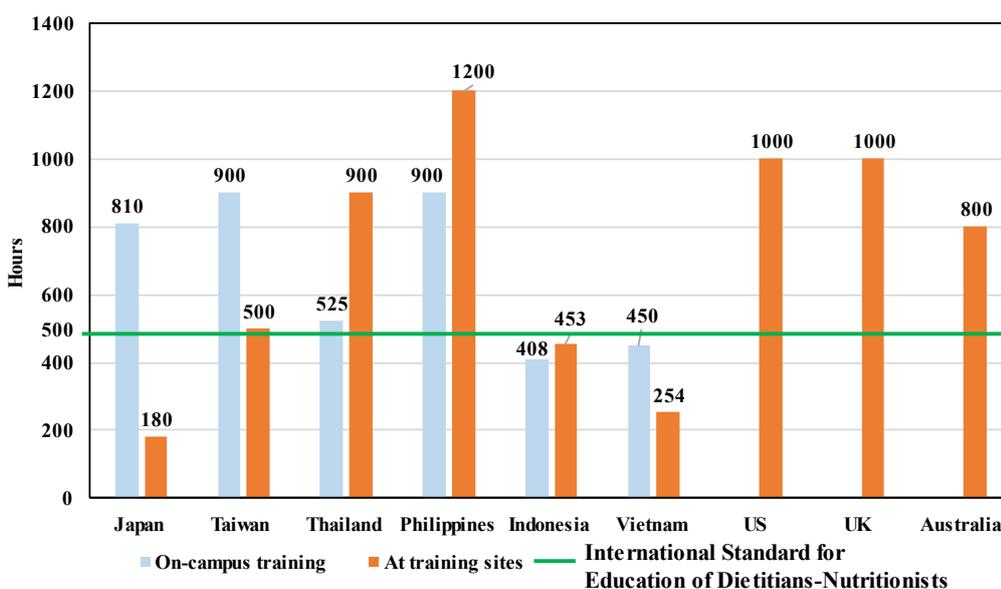
**What Dietitians Need for the Future: Evidence-Based Dietetics**

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I attended the Annual Convention of **NUTRITIONIST - DIETITIANS' ASSOCIATION OF THE PHILIPPINES (NDAP) on Feb 21-25**. A symposium entitled "Dietitians and Physicians: Building Collaboration and Synergy Using the NCP" chaired by Dr. Varsha from India was very exciting. Speakers were Dr. Eloisa Villaraza from Philippine, Dr. Esther Myers from USA (former president of the International Federation and Dietetic Association) and Ms. Sylvia Klinger (USA). The lecture by Dr. Esther Myers was "Using NCP to Demonstrate RD vs MD in Medical Nutrition Therapy". There was a role playing by Ms. Sylvia Klinger and Dr. Esther Myers about "Dynamics of Collaboration vs. Competition (Role Playing to

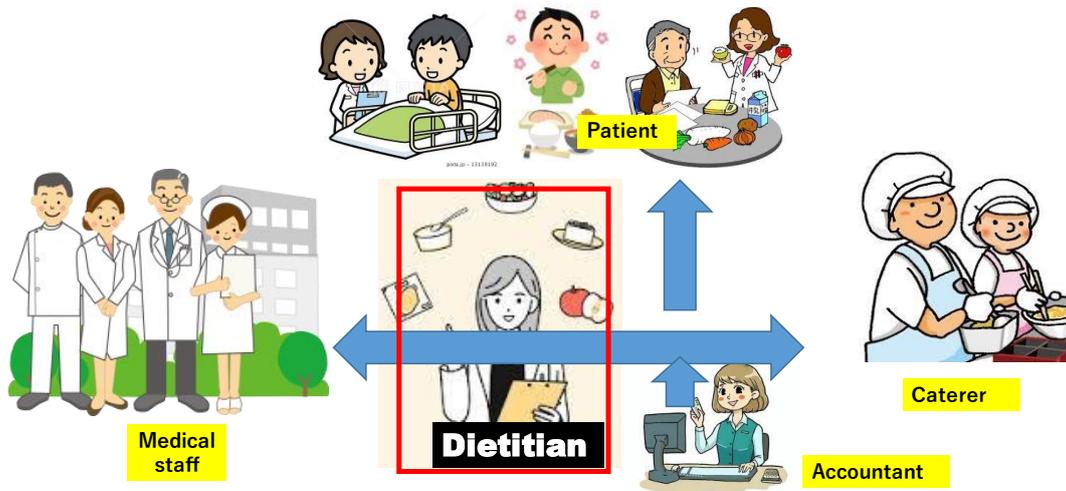
Address Various Scenarios)".

The social role of a dietitian is first and foremost to assist people through foods. In other words, it involves practical ability. If we look at educational requirements for the field at universities and other institutions, the average number of hours for an internship in Japan is 180 hours, which is too low compared to the International Federation of Dietetic Association (IFDA) standard of 500 hours (Fig.1). The United States and the Philippines require more than 1000 hours. In the Philippine, Thailand and Taiwan, I am sure that dietitians are trusted and respected by the people around them (Fig. 2).



**Fig. 1 Practice hours during Bachelor of Dietician/RD program in some Asian countries and others**

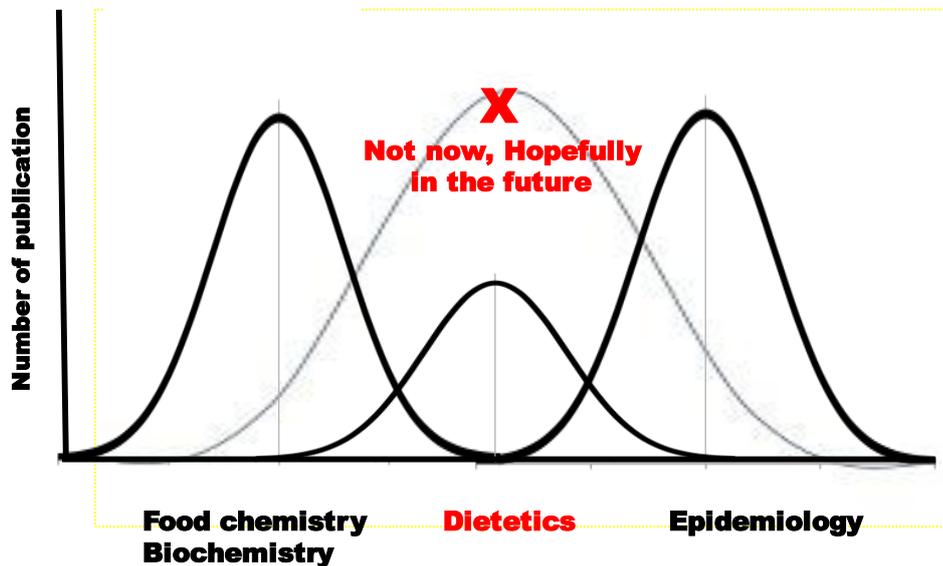
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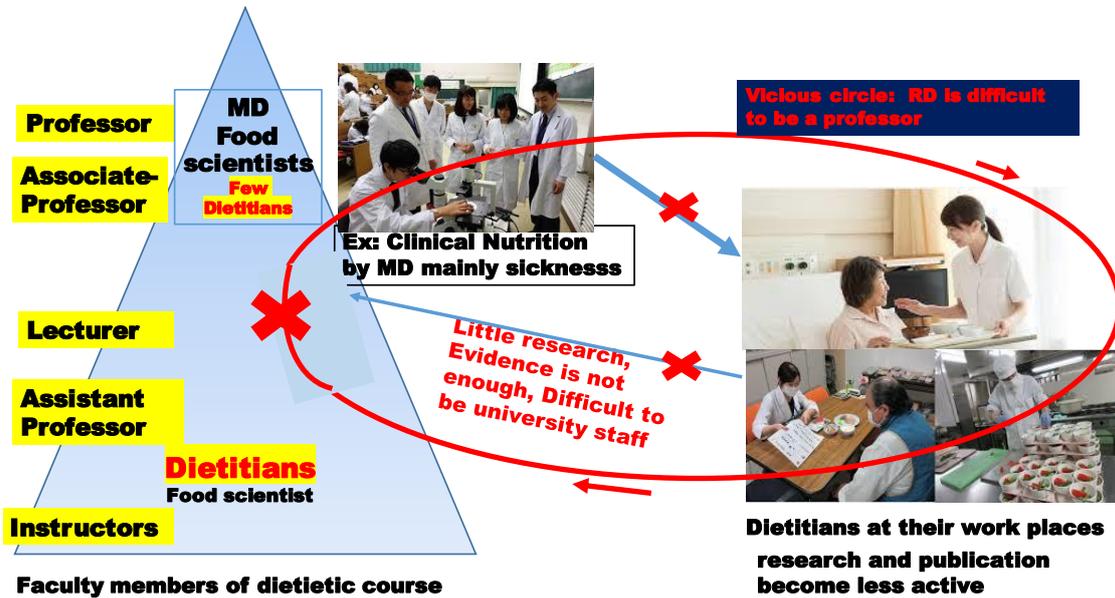
**Fig. 2 Dietitians are trusted and respected by those around them for their role as practitioners.**

Next, let's think about the necessity of research. When we look at the authors of journal articles related to clinical nutrition, most of them are medical doctors (MD), and there are few dietitians. If we look at nutrition journals, we find many food scientists as authors. The

number of papers reflects the number of faculty members in university. I believe that the reason why there are few dietitians among faculty members at universities is that there is insufficient research and few papers (Fig. 3 and 4).



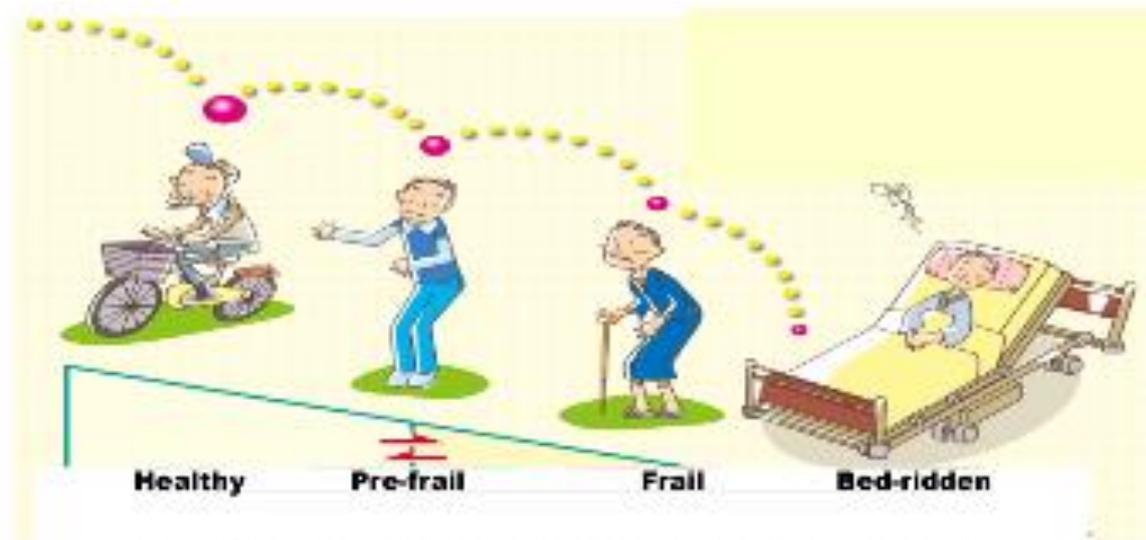
**Fig. 3 Publications by faculty members of dietetic course**



**Fig. 4 Vicious circle of dietetic education and research & publication**

Obesity is often taken up as a research theme. The cause of obesity is simple. It is because the amount of energy taken in is greater than the amount consumed. Despite this simple fact, no country in the world has succeeded in controlling obesity rates. This reality speaks to the difficulty of obesity research. The difficulty is similar for MDs. Controlling obesity is a seemingly simple subject, but it is a broad and complex subject encompassing dietetics, nutrition, medicine, physiology, biochemistry, psychology, sociology, economics, and philosophy. It resembles the humanities. Most of the work by dietitians involves such fields. Therefore, I would like to say that dietetics is like the humanities. In current science, evidence is always sought. It is not easy to produce evidence in obesity research. Even in modern society where AI has reached a high level, it seems that human behavior has not progressed at all. The war between Russia and Ukraine would be a good example.

So let's think about the kind of research that dietitians should do. In modern hospitals where the number of elderly patients has increased, there are many cases where we have no choice but to rely on meals as treatment. For example, diet problems such as frailty, sarcopenia and dysphagia are important. For hospital nutrition management, medical staff from various fields discuss how to treat patients (Fig;4). This is termed the Nutrition Support Team. The Team will ask for a rationale for a given treatment policy. We can call this Evidence-based Dietetics (EBD). Note that it's not Evidence-based Nutrition. I make a clear distinction between Nutrition and Dietetics. That is, the title dietician is only for those with an RD license, while a nutritionist does not require a license. EBD requires advanced knowledge and research methods.



**Fig.5 Changes in health condition by aging**  
(source: [www.pref.kanagawa.jp](http://www.pref.kanagawa.jp))

About fifteen years ago, I was on the Review Board for the Nutrition Education Curriculum. At that time, a law was enacted that states that MDs can teach about diseases but not clinical dietetics, so they cannot become clinical nutrition teachers. At the same time, a law was enacted that of the 8 fields in the dietitian training course, the teachers in 4 fields must be RDs, and among 5 assistants 3 must be RDs. I think this law is very sound. However, it is not easy to quickly change the long history of the term dietitian, and it cannot be said that it has been successful as yet.

In other words, faculty members with RD do not have as many publications as non-RD members in fields such as food science, biochemistry, and epidemiology. In other words, dietetic course students do not learn how to conduct research at dietitians' workplaces. Even if RD practitioners return as university faculty members, if they do not have adequate research or papers, they will not be able to secure high status and will not be able to give guidance to students on the research methods that RDs should apply. In Japan and other countries RDs must get out of this vicious cycle.