

Thinking is a habit we can change it, be positive

Mohammed Hasan Nemat

FICMS Cardiac Surgeon, MSc Medical Educationist UK, Iraqi Centre for Heart Diseases, Medici City Complex. Member of Editorial Board of Iraqi New Medical Journal.
E mail: valardi71@yahoo.com

The way we acquire our attitudes in life happens through learning from our sociocultural environment. Being a product of learning process, our attitudes prone to modification. And a positive attitude is a state of mind which can be acquired through training and learning. Unfortunately the negative attitude of doctors towards patients is prevalent and it is creating a disturbed image of the doctors in the society. This problem is still huge, despite many attempts by the health authorities to find a solution. Of course, patients need proper diagnosis and treatment, yet they most importantly approached by health care providers in an empathic positive attitude which can help them amid a shortage of tools and drugs. We need to address this issue seriously and to learn from the successes achieved in campaigns that were directed towards changing many other human attitudes.

Health communication campaigns is used in promoting various healthy behaviours like smoking cessation, safe sex practice, family planning and many other programmes which are concerned with changing behaviour. A story of success for this tool is the long track campaigns for changing dietary habits. Dietary habit are complex and as many habits evolves depending on many factors. Yet, this complexity did not deter efforts from being handled efficiently by health communication campaigns.

Dietary habits differ between societies and cultures depending on many factors, among them the type of available food items and cooking tools. The food recipes are inherited through generations until they became a daily practice and cultural heritage. Societies and their cuisines are so entwined that some nations can be defined by their dishes. The impact of dietary habits on our health is a solid fact. We almost

do not need to overemphasize what became a clear relationship between bad dietary habits and many prevalent noncommunicable diseases in many societies. The good side of that causal relation is the fact that healthier life is an outcome of healthy diet among other things. Although these facts sound undisputable nowadays, they were not tens of years ago. Literature shows that modern concept of healthy food is dated back to 19th century¹ when a pamphlet written by William Banting who was an undertaker in London. In his essay, he addressed the relation between type of food and sickness.² Then it took many years of research to prove the aforementioned relation in an evidence based approach. The real challenge was to make these findings influence the society dietary habits positively. Scientists realized that it would need painstaking efforts and equally long time to transform the scientifically proven facts into a new personal and social practice; then habit. This was the job of health promotion campaigns which is using different types of tools and activities like printed hands out, discussion groups, workshops, clinical counselling, media presentation (TV, Radio, Internet). The aim of these communication campaigns is influencing behavioural change. This required in the first place to make people realize and believe in the scientifically proven effects of type of diet and its effect on health. The dissemination of the new trends of diet like low calorie and more vegetables and fruits is making its way in developed countries more than in developing countries. Obviously cultural shift is harder in less educated societies specially when it comes to convincing people to eat less tasty food. Different health institutions along with World health organization (WHO) are promoting nutritional education campaigns, raising health awareness and educating among public.³ Moreover

many health authorities lobbied for the new legislations and regulations in the food industry in form of taxes on high calorie drinks, low or zero calorie products.⁴ These efforts are still going despite the fact that on the commercial level we still see that the most prevalent restaurant series globally are the western high calorie junk foods. It is a long battle and it is too early for modern healthy habits to be the prevailing norm. Successfully planned health communication campaigns triumphed in disseminating the healthy style among many individuals and in different societies.

By saying what we said we are trying to make our case for the successful role and impact of communication campaigns in changing wrong and harmful behaviours in the society. We as doctors, by profession, are obliged to deal with physical and psychological suffering of human being. It is not fun to deal with peoples suffering but it is a noble mission. It requires not only sympathy and empathy but more importantly it requires a positive attitude and thinking style from the doctors and staff towards the patient. There are lots of ethical sides in this job and different medical schools covers some of these ethical aspects in the curriculum. Yet the level of coverage is very variable among different schools. What makes the situation even worse is that the student are taught in a way which make them act and perform the ethical attitude rather than internalizing the positive attitude and behaving it. This superficial approach to cultivate positive attitude at medical school level and the absence of reinforcement programs at the postgraduates and specialists level is clearly reflected on the disfigured doctor-patient relation in the medical institutions and in the society. Doctors in our society and in many occasions are displayed as greedy persons in the media. And the medical complications are always considered as mistakes by the society. From doc-

tors point of view it is the ungrateful illiterate society which not appreciating their efforts no matter what you do to them. We can hide our head in the sand and deny the size of the problem. Of course, the problem is multifaceted but we should admit the impact of doctors attitude in it. A healthy positive attitude can be acquire like a healthy dietary habit. I find it very necessary for our health policy makers to address this daily increasing problem. The situation should be confessed and the grass roots of the problem need to identified. Then we start designing communication campaigns to change negative attitudes of doctors to a positive tolerant one. The significance of doctors attitude is as important as the precise diagnosis and proper treatment. The teaching of positive and ethical attitude needs to be incorporated into the national CME program of the ministry of health. It is not a costly technology or expensive medication which we cannot afford. It is merely a state of mind which does not need to be reinvented, it is inside each one of us, we are just not aware of it and its power. Positive attitude is just another way of perceiving things and reacting to them. We need to be aware about it, train ourselves to internalize to it every day, and enjoy it.

REFERENCES

1. <http://www.smithsonianmag.com/arts-culture/the-history-of-health-food-part-3-the-birth-of-dieting-70429431/>
2. http://www.lowcarb.ca/corpulence/corpulence_full.html
3. Hawkes C. 2013. Promoting healthy diets through nutrition education and changes in the food environment: an international review of actions and their effectiveness. Rome: Nutrition Education and Consumer Awareness Group, Food and Agriculture Organization of the United Nations. Available at www.fao.org/ag/humannutrition/nutritioneducation/69725/en/
4. Franck, Caroline, Sonia M. Grandi, and Mark J. Eisenberg. Taxing Junk Food to Counter Obesity. *Am J Public Health* 2013; 103(11):1949-1953.
5. Snyder L B. Health Communication Campaigns and Their Impact on Behaviour. *J Nutr Educ Behav* 2007;39:532-540.