

# Statement on the outcome of the HPCSA inquiry into the conduct of Professor Tim Noakes

CHAT 64 COMMENTS APRIL 21, 2017 NUTRITIONADSA

The Association for Dietetics in South Africa's (ADSA) former president Ms Claire Julsing-Strydom submitted a complaint about Professor Tim Noakes to the Health Professions Council of South Africa (HPCSA) in 2014 on behalf of ADSA regarding, what it considered, unconventional infant nutrition advice.

## **The complaint**

The complaint was lodged after Professor Noakes advised a mom via Twitter to “ween” (sic) her baby on to a low carbohydrate, high fat diet. ADSA believed, at the time, that the advice:

1. was not based on current scientific evidence;
2. contradicted international and local guidelines for complementary feeding adopted by organisations like the World Health Organisation;
3. could negatively affect a baby's health, growth and development; and
4. was provided via Twitter without an examination or consideration of the baby's health or age and therefore nutritional needs. ADSA also considered it risky if other moms on Twitter took the same advice.

Professor Noakes did not advise the mom to continue with breastfeeding, which undermined its importance. For these reasons, ADSA considered the advice unconventional and requested the HPCSA to investigate further.

## **The HPCSA charge and inquiry**

The HPCSA is a statutory body established to regulate registered healthcare practitioners and protect the public. The HPCSA considered the complaint and decided to hold an inquiry into what it considered “unprofessional conduct” that was “not in accordance with the norms and standards of your profession” and that Noakes “provided unconventional advice on breastfeeding on social networks (tweet/s).”

ADSA has lodged other complaints to the HPCSA to adjudicate in the past. Most cases are resolved mutually without the need for a detailed inquiry. It was never ADSA's intention for this matter to span over 3 years and to progress to a hearing. The HPCSA follows a specific disciplinary process for all complaints. This case has gone through all the necessary steps and couldn't be resolved or concluded in the preliminary inquiry phase. The HPCSA has autonomy on the type of inquiry it wished to institute and ADSA has co-operated fully with their decision.

The formal hearings began in June 2015 and continued in November that year. The inquiry continued in February and October 2016. The hearings have now been concluded and the HPCSA has issued its verdict.

## **ADSA's concern**

ADSA was concerned, when lodging the complaint in 2014, that a strict low carbohydrate, high fat diet for babies would not meet all the nutritional needs of a growing child. Current scientific evidence does not support an extreme low carbohydrate, high fat diet for babies. When foods rich in carbohydrates such as whole grains and legumes are avoided and other carbohydrate food sources such as dairy, fruits and vegetables are restricted, the diet can become deficient in certain essential nutrients, such as vitamin C, B1, B3, B6, folate, magnesium and fibre. Because infants and young children are considered a vulnerable group, the potential for nutrient deficiencies is a serious concern. Deficiencies can compromise growth, and cognitive and physical development. Restrictive diets for babies with medical conditions should only be followed under strict medical supervision with monitoring by suitably trained and registered healthcare professionals.

Dietary guidelines for feeding babies are developed by organisations such as the World Health Organisation and the United Nations Children’s Fund (UNICEF), based on a strong body of evidence. In South Africa, the Department of Health has adopted these recommendations. We also have Paediatric Food Based Dietary Guidelines backed by technical support papers published in 2013. This is a widely accepted scientific approach to child nutrition. The risks of experimenting with a baby’s development are immense and the long-term effect of low carbohydrate, high fat diets for babies is currently unknown. ADSA believed that the advice provided by Professor Noakes was against accepted common practice. The concern for the health of babies was ADSA’s primary interest when ADSA lodged this complaint.

The use of social media for professional purposes does pose interesting questions, especially for dietitians and other health care practitioners. While social media may be appropriate for generic public health messages such as how to reduce salt or sugar consumption in diets, social media may not be advisable for providing specific individualised, clinical nutritional advice to vulnerable groups such as babies, where little is known about their health and medical history. ADSA does recognise that social media provides significant opportunities for public health information and for use by health care professionals. However, clear guidelines are required to guide and regulate patient interaction outlining the use and limits of social media by health practitioners.

“ADSA accepts the verdict and we are relieved that the hearing has finally been concluded. We welcome the precedent this case provides on what we considered unconventional advice. The case also sets a precedent about the use and limits of social media by health professionals. For ADSA this hearing was never about winning or losing, or standing for or against Professor Noakes. It was about protecting the health of babies and future adults,” said Maryke Gallagher, President of ADSA.

“We will study the verdict in detail and decide what implications this case has for ADSA and dietitians. We also call on the HPCSA to provide guidelines for health professionals’ use of social media in their practice,” said Gallagher.

ADSA and its members will continue to provide dietary advice that is evidence-based and in line with guidelines provided by the national Department of Health and international bodies such as the World Health Organisation. A scientific and rigorous process is used to develop international and local dietary guidelines, and the outcome of the inquiry does not mean that these guidelines will now change. ADSA will consider new approaches and practices based on scientific evidence that has been adopted by credible health organisations.

### **About sponsorship and big foods**

“Many dietitians and members of ADSA have been worried about the allegations made during the course of this inquiry that dietitians are unfairly favouring big food companies because they sponsor the organisation. ADSA wants to assure those concerned that we will never compromise ADSA’s independence as a result of corporate sponsorship. ADSA is a registered not-for-profit organisation (NPO) and relies in part on fundraising to sustain its work. In 2016, we received 63% of income from members. Our sponsorship policy is clear on non-influence by sponsors. We do not endorse any brand, product or retail chain. There is no conspiracy between big foods and dietitians to sell unhealthy food to South Africans. A healthy population through well balanced diets is what we strive for,” said Gallagher.

It is very unfortunate that the professionalism and integrity of a number of nutrition scientists in South Africa has been unfairly questioned during this inquiry. It is ADSA’s hope that the reputation of nutrition professionals and dietitians as nutrition experts will be restored. Despite the negative sentiment, ADSA believed it had a responsibility to enquire about an issue that had such significant consequences for dietitians and other health professionals.

### **On Tim Noakes**

“We respect Professor Tim Noakes for his work as a sports scientist. He is a well respected A-rated scientist and is respected in academic circles. His work is pioneering and he has always tested

conventional thinking. But, we have differed with Professor Noakes on this issue. We have no personal gripe with Professor Noakes. Our concern has always been about the health of babies,” said Gallagher.

This hearing has been rather divisive with strong views expressed on both sides. The debate has raised significant awareness about the importance of nutrition, which is positive. Health, wellness and nutrition should concern everybody. But, South Africans have also been confused by the ebb and flow of this divisive nutrition debate and the inconsistent nutritional advice provided over many years. That is unfortunate.

“I’m pleased this is over and we can now focus on other urgent nutrition challenges we have in South Africa,” concluded Gallagher.