



Can We Better the *Better* Health Care Concept?
(Commentary by Kenneth V. Dodgson MD)

Part 6

This is the next segment of a seven-part series on personal responsibility as a part of churches' response to the health care crisis. Kenneth V. Dodgson MD is a retired general surgeon, who spent 24 years with the Board of International Ministries, American Baptist Churches USA, serving at the Jorhat Christian Medical Centre, Jorhat, Assam, India. Dr. Dodgson is a graduate of Franklin College of Indiana, Colgate Rochester Crozer Divinity School, and Temple University School of Medicine. Upon returning from India, he became the Director and Staff Surgeon of the Occupational Medicine Program of the University of Rochester Medical Center. He and his wife, Sally, reside in Rochester, New York.

6. Eating Ourselves to Death

During my surgical residency, while on a rotation in the Pathology Department, I performed an autopsy on a gentleman who had succumbed to a heart attack at his dinner table. Even more impressive than his morbidly obese habitus was the gigantic stomach that virtually filled the abdominal cavity. Engorged with recently ingested food, the volume of undigested food within the stomach exceeded five liters and might well have qualified for the Guinness Book of World Records. It was difficult to escape the impression that the man had literally eaten himself to death.

Most of us do not view our dietary overindulgences as a way of eating ourselves to death. We do, in honest moments, recognize that the hypercholesterolemia, hypertension, and skeletal problems precipitated by being overweight or obese are the direct results of eating habits. A once a week routine for millions of Americans involves the counting of each day's multiple medications into a seven-fold "coffin" labeled "S M T W T F S" without which many would lose count of when and how many pills to take daily. Most would love to live a life less dominated by medication.

Without trying to calculate our resultant years of decreased longevity, we do know the suffering, discomfort, and inconvenience that attend daily routines, and we increasingly complain about the cost of the medications needed to control our blood pressure and cholesterol levels. It does raise an essential concern. Are we as a nation slowly eating ourselves to death? Many of us would like to die happy—old, prominent, and wealthy. We don't seem to be doing it in the right way. Most of us will die older, ordinary, and—hopefully and at best—debt free. We complain about our medical problems more than we express our joy of living. We also know that each of us, individually, can do better than we are now doing, as Dr. Gawande notes, by "perseverance, practice and precision."

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There are three basic food classifications—carbohydrates, proteins and fats. Reduced to simplicity: proteins, in the form of amino acids, are the body's building blocks; carbohydrates, including sugars, are the energy sources that drive life processes; fats are the reserve supplies. A balanced diet requires all three, and all three can be measured in calories. A gram of carbohydrate produces three calories, a gram of protein adds four, and a gram of fat adds nine calories. Weight control is essentially a calorie count. Again, simply put, to lose weight one has to eat fewer calories than are utilized or excreted by the body. Consuming more calories than are needed results in the body adding to its reserve supply both externally and around inner organs or within blood vessels.

It becomes obvious why consumption of fat quickly translates to added pounds; the calorie count is the highest of any of the foods we eat. Sufficient excess adds to medical problems. It also helps to explain why poor people are more inclined to obesity and hence more susceptible to multiple medical problems, such as hypertension, stroke, diabetes, etc. Proteins are the most expensive foods, so the diets of poor people tend to be rich in carbohydrates and fat, and the fat is often of the poly-unsaturated variety that is the most unhealthy.

The facts are inescapable. The key to preventing many of the illnesses that now usurp millions of our health care dollars lies in a combination of sensible eating and sustained exercise. We can do it by individual, long-term discipline. We might be more successful if we initiated or joined a small group dedicated to preventive medicine—a clergy support group, an adult discussion group, a Sunday School class, or a young adult fellowship—and that would help to achieve, to recognize, and to sustain our goals of sustained ideal weight within a healthy body. It takes long-term commitment, something that church people deal with every day.



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