Child hunger: semi-starvation study repeated in Canada

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Semi-starvation results from inadequate intake of macronutrients (proteins, fats and carbohydrates). It may be partial or complete. In fasting, all food energy is excluded, whereas in semi-starvation insufficient energy and protein are ingested. Human starvation and semi-starvation result from deprivation of food, not specific nutrients, so both micronutrient and macronutrient deficiencies result, causing clinical disease. The body defends against these deficiencies by triggering hunger, a cognitive state in which ruminations persisted in all of the 25 volunteers who underwent semi-starvation will experience hunger, weakness, lack of drive, decreased ability to feel happiness, osteoporosis, hypoalbuminemia, dependent edema, decreased muscle mass, alopecia, hypotension, poor wound healing and depression.4 "Children of hunger" will be less productive, will learn more slowly and are more likely to have behavioural problems.4–12 Canadian health care costs will also be greatly increased owing to health problems, including complications during pregnancy and birth, in malnourished mothers who attempt to offset the hunger of their children by depriving themselves of food.

Ending the semi-starvation of Canadian children, a starvation that is implicitly endorsed by all Canadians who collectively have a mean income that is almost higher than any other country, will require a multilevel and multifaceted approach. Physicians and other health care professionals, the media, the education system, families and all levels of government must be involved.

First, CMAJ, in conjunction with television, radio and other media, should make public the NLSCY results as broadly as possible.

Second, the Canadian Neonatal and Pediatric Nutrition Network Workshop, which was held in Ottawa on June 17-19, 2000, and brought together health care professionals from across Canada to improve communication and cooperation in research, must continue to disseminate information about childhood malnutrition in Canada and extend this communication beyond their membership. Emails are already exchanged frequently across the nation.

Third, schools should offer subsidized breakfasts and lunches, to be supervised by parents and planned by registered dietitians. In the United States in 1996, $4.4 billion of the $39.8 billion targeted for food and nutrition programs went to support school lunch programs.13

Fourth, physicians must more carefully identify children suffering from inadequate diets and request monthly social assistance for food supplements in conjunction with a family dietary consultation. The purchase of nutritious foods on a limited income is nearly impossible, and physicians do not have enough time or training to provide adequate nutritional counselling. Because of these barriers, the help of dietetic associations should be sought.

By permitting children to go hungry, Canada is tacitly repeating Keys' landmark study. This must be stopped. As individuals, we will be troubled when we read that Canadian...
children are experiencing hunger. As physicians, we must be more suspicious of hunger and malnutrition in our patients. As a medical community, we must make our country aware of this tragedy and give specific advice for its remedy.

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References


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