

### Recommending plant-based diets

The physician community has started to acknowledge the health benefits of a plant-based diet; the next step is to start recommending it to our patients.

Dr Grant's commentary "Time for change. Benefits of a plant-based diet"<sup>1</sup> is remarkable for a number of reasons. It highlights the broad and impressive health benefits of a plant-based diet, all backed by scientific evidence. Vegetarians, and especially vegans, are much less likely to be overweight, have high cholesterol levels, or have diabetes. The exposure to carcinogens and microbes (that can cause food poisoning) in certain meat products is nearly eliminated by eating only plants. If a new pill were discovered that had all these health benefits, it would constitute a groundbreaking discovery!

It is a step forward that these health benefits are being clearly acknowledged in medical journals such as *Canadian Family Physician*. No longer is it acceptable to view a plant-based diet as a fringe or quirky activity.

The general public and popular media are becoming increasingly aware of the health benefits of a plant-based diet. As physicians, we should not lag behind them. We should acknowledge the health benefits of a plant-based diet, but we should go further, too, and actually recommend its use to our patients.

Here are some selected resources for patients considering more plant-based meals:

- Physicians Committee for Responsible Medicine: *21-Day Vegan Kickstart* (website)<sup>2</sup>
- Forks Over Knives: *Getting Started on a Plant-Based Diet* (website based on the documentary of the same name)<sup>3</sup>
- *The Oh She Glows Cookbook* by Angela Liddon (vegan cookbook)<sup>4</sup>
- *Plant-Powered Families* by Dreena Burton (vegan cookbook)<sup>5</sup>
- *Becoming Vegetarian* by Vesanto Melina and Brenda Davis (information and cookbook)<sup>6</sup>

Doctors should consider advising patients that if they move toward a plant-based diet they will be healthier, need to take fewer pills, improve and possibly reverse the courses of chronic diseases such as diabetes, and increase their longevity.

When put this way, why wouldn't we recommend a plant-based diet to our patients?

—Scott D. Smith MD CCFP MSC  
Kelowna, BC

#### Competing interests

None declared

#### References

1. Grant JD. Time for change. Benefits of a plant-based diet. *Can Fam Physician* 2017;63:744-6 (Eng), 747-9 (Fr).
2. Physicians Committee for Responsible Medicine. *21-Day vegan kickstart*. Washington, DC: The Physicians Committee. Available from: [www.pcrm.org/kickstartHome](http://www.pcrm.org/kickstartHome). Accessed 2017 Nov 2.
3. Forks Over Knives. *Getting started on a plant-based diet*. Los Angeles, CA: Forks Over Knives; 2017. Available from: [www.forksoverknives.com/getting-started/#gs.5ttaEGI](http://www.forksoverknives.com/getting-started/#gs.5ttaEGI). Accessed 2017 Nov 2.

4. Liddon A. *The Oh She Glows cookbook. Vegan recipes to glow from the inside out*. Toronto, ON: Penguin Canada; 2014.
5. Burton D. *Plant-powered families*. Dallas, TX: BenBella Books; 2015.
6. Melina V, Davis B. *Becoming vegetarian. The complete guide to adopting a healthy vegetarian diet. Revised and updated*. Toronto, ON: Wiley; 2003.

### Evidence for benefit of low-dose alcohol

While there is almost no doubt that excessive alcohol use is invariably harmful to health and communities, I believe the study cited<sup>1</sup> by Dr Ladouceur in his editorial in the October issue<sup>2</sup> does not provide enough evidence to counter the mountain of high-quality evidence that suggests drinking alcohol in moderation is overall beneficial for health. Low alcohol consumption does improve all-cause mortality, diabetes, and cardiovascular disease despite it being a known carcinogen in higher doses.<sup>3-5</sup>

Although the Whitehall II study does appear to show a correlation between moderate alcohol use and changes on neuroimaging, the cognitive decline outcomes were not consistent.<sup>1</sup> However, I believe the main flaw with the study was that magnetic resonance imaging was only performed once during the study. This is effectively a snapshot at one moment in these patients' lives where self-reported alcohol use was described as moderate. The authors admit that the moderate-to-light drinkers in the study could possibly have been heavier drinkers in the past or even at the time of the study. The Rosenthal effect (the idea that being a study participant makes one behave differently because one is being studied) might have decreased self-reported alcohol use. No amount of statistical wizardry can account for these subtleties of human behaviour.

The so-called J-shaped mortality curve has been discussed in the medical literature for decades and, time after time, large-scale prospective cohort studies and meta-analyses have shown that there is mortality protection from low-dose alcohol consumption. It could be argued that if low-dose alcohol were a pharmaceutical drug, such as thrombolytic agents for acute myocardial infarction, it would be considered unethical to perform further studies.<sup>4</sup> Like all drugs, there are contraindications

#### Top 5 recent articles read online at [cfp.ca](http://cfp.ca)

1. **Commentary:** Time for change. *Benefits of a plant-based diet* (October 2017)
2. **Letters:** Spinal manipulative therapy for low back pain—time for an update (September 2017)
3. **Clinical Review:** Approach to recurrent fever in childhood (October 2017)
4. **Tools for Practice:** Complete blood count for screening? (October 2017)
5. **Editorial:** What if alcohol were harmful, even in moderation? (October 2017)