

“You are what you eat” becomes MD’s credo

Dr. Anthony Ocana is obsessed with food. The Vancouver family physician does double duty as a registered dietician, allowing him to combine his 2 passions in a unique counselling practice.

Ocana, who participates in triathlons for fun, traces his long-time interest in nutrition and health to his parents. His mother “was a bit of a health-food nut,” while his father was a family doctor.

This made nutritional sciences a natural choice for his undergraduate degree when he attended the University of Toronto, where Professor David Jenkins fuelled his interest in the interactions between nutrition and disease. “I just loved understanding foods, drugs and poisons,” he says.

Then, in his final year, Dr. Dennis Burkitt “exhorted us to go out there and carry the nutritional torch. . . . This was a physician telling us that health comes from food, not from medicine, which was a pretty revolutionary thought.” That lecture inspired Ocana to complete a master’s degree in nutrition.

While completing that degree he began attending medical school at the U of T, where he was “a troublemaker” who challenged conventional teaching on topics such as diabetes and heart disease. During his medical school years he discovered a lack of support for the importance of the relationship between nutrition and health. He also recalls a “not so subtle insinuation that prevention is a ridiculous concept because we all have to die sometime. I think it’s a shame that doctors were not [being] taught about nutrition. How many lives would have been different if, right out of the gate, all doctors knew the principles of nutrition?”

Today Ocana is carrying the nutrition torch as a clinical instructor in the Department of Family Medicine at UBC. Although he is encouraged by the growing number of physicians who now show an interest in nutrition, he is disturbed by the misinformation that has proliferated. “This is a science and it is totally misrepresented through the influence of non-scientists. This results in confusion for the average person.”

After completing his family practice residency in Calgary, Ocana moved to Vancouver 8 years ago and worked in a conventional fee-for-service practice. Tiring of that treadmill, he founded the multidisciplinary Healthsmith Community Medical Clinic on Vancouver’s affluent west side 3 years ago.

Counselling is at the heart of his practice. If he sees a patient with heart disease who wants to change his diet, it’s not

simply a matter of information transfer. Ocana uses counselling skills to convince the patient to change. “I see people every day with diabetes or heart disease who aren’t doing what they know they should be doing because there are psychosocial factors getting in the way. This is partly why, I think, doctors get so discouraged.”

Ocana acknowledges that his approach is much more difficult and time consuming than simply prescribing patients a drug. He says he was several years into his career before he realized that “it’s not what you know, but whether or not you can convince the patient that this is something that they want to do.”

Ocana says the province’s refusal to pay doctors for counselling time beyond the 4 visits allotted annually does not encourage physicians to take this approach either. In his case, he charges patients for 30-minute sessions once the government-funded visits have been exhausted.

Ocana asks patients to record their exercise, diet and moods. He argues that diets do not work if people only feel a sense of deprivation. “I try and teach them the basic rules of good nutrition rather than getting them obsessed about low fat or low carbohydrate.”

In return for patients honestly recording their food intake, he gives nonjudgemental feedback. He colour-codes the foods in their diary — yellow

for high fat, green for low fat — so that they can quickly determine their progress.

Ocana’s patients are an eclectic mix and have problems ranging from eating disorders to addictions. “These patients are all ill,” he says. “They are just not ill in the traditional medical sense. I find it so much more fascinating to try and understand what is going on in a person’s head. Why does this person have this chronic pain? Why is this person getting cancer?” Ocana carries the counselling torch in public. He’s made several radio and TV appearances and presentations to community groups.

When he is not working at his 6-day-a-week clinic, Ocana, who is married, relaxes with sports. He bought his first pair of running shoes when, as a medical student, he saw a 37-year-old man die on the operating table. This summer, at age 37 himself, he completed 2 extreme triathlons. (These involved a 1.5-km mile swim, a 30-km mountain-bike ride and an 11-km run up and down Blackcomb Mountain.)

“It was strictly for the enjoyment,” he says. — *Heather Kent, Vancouver*



Dr. Anthony Ocana: food for thought