

FAMINE AND FEAST

Moderation is a virtue only in those who are thought to have an alternative.

Henry Kissinger, *Observer*, 24 January 1982

An unfortunate and seriously flawed aspect of the way that this planet is organised and managed by its leaders is the apparent inability to suppress famine and to remedy starvation. Yet not only does obesity, due to overeating, occur concurrently with famine, but its incidence, similarly to that of global hunger,¹ has been increasing rapidly, as are the many serious life-threatening and disabling pathological problems that follow in its wake.

The United Nations (UN) Special Rapporteur on the Right to Food, Jean Ziegler,^{2,3} has defined this basic human right as the 'right to have regular, permanent and unobstructed access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the national traditions of the people to whom the consumer belongs, and which ensures a physical and mental, individual and collective, fulfilling and dignified life free of fear'. This right was first spelt out and enunciated in 1948. Over half a century has elapsed since and, although the world as a whole is said to be prospering and general standards of living have never been higher, food is still not universally available, and deaths from starvation and malnutrition are almost as prevalent as they have been over the last two centuries. This most basic human right seems to be side-stepped and ignored.^{4,5}

This 'right to food' principle rankles with the sobering statistics published by international aid organisations, in particular by the UN. These figures indicate that more than 2.8 billion people – close to half of the world's population – live on less than the equivalent of \$2 per day, with about 20% of the world's population, having to survive on less than the equivalent of \$1 per day. South Asia has the largest number of poor people (522 million – with many eking out a living on less than the equivalent of \$1 per day). Saharan Africa has the highest proportion of people who are poor, with poverty affecting 46.3% or close to half of the region's population. Worldwide, about one billion people are illiterate; more than one billion people do not have access to safe water; and some 840 million people go hungry or face food insecurity on a daily basis. About

one-third of the world's children, younger than five years, suffer from malnutrition.^{1,4}

The estimated cost of providing universal access to basic social services and to sufficient financial resources to alleviate poverty and starvation is \$80 billion per annum, which is less than 0.5% of global income.^{4,6} By comparison, the 2003 Iraq war and reconstruction that is due to follow will cost at least double this, and about \$13 billion is spent every year in the US and in the EU on perfume!

The top fifth of the world's people who live in the highest income countries have access to 86% of the world's gross domestic product (GDP).⁷ The bottom fifth, who live in the poorest countries, has about 1%. The combined assets of the world's three richest men exceed the combined GDP of the world's 48 poorest countries. About 80% of the corn grown in the US is eaten by livestock, not by humans.

The alleviation of hunger and malnutrition to some significant extent constitutes a political condition and indeed its resolution will have to depend on local and multinational political decisions and stratagems. The earth has enough knowledge and resources to eradicate the ancient scourges of starvation and famine, and to put an end to malnutrition and hunger. Why then are these resounding moral imperatives not shaking the leaders of the world more than ever before and galvanising them into some decisive anti-famine remedial action? For the first time in the history of mankind, humanity has the instruments and the technology in hand to defeat food shortages at a very reasonable cost, even ignoring such controversial issues as genetically modified foods and universal population control. We all have a say in electing our politicians; some medical practitioners also become more deeply immersed in the world of politics in a personal role, as politicians in government or opposition.

In the face of this global need, one cannot turn away from this issue and decide that it is someone else's problem; all of us have a collective responsibility, and, as those in the know about the short-term and long-term consequences of under-nutrition, physicians may have an even more direct and pressing role in trying to assist. The days when every two seconds a child starves to death and one adult dies every five seconds as a direct result of malnutrition should be terminated.

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On the obverse side of the same coin, a looming problem for doctors, which will become even more significantly manifest over the next two decades, is the problem of obesity.⁸ Prakash Shetty, Chief of the US Food and Agriculture Organization's Nutrition Planning, Assessment and Evaluation Service, states: 'We believe obesity is a significant problem that needs to be dealt with, along with the problem of the underfed.' This problem may indeed even exist cheek-by-jowl with hunger in some countries: in China the percentage of overweight jumped from 10% to 15%; in Brazil and Columbia it is about 40%; even in sub-Saharan Africa, young urban women are showing obesity trends.⁸

This had led to the coining of the term 'globesity' to describe the epidemic proportions of overweight that occur in the more affluent countries; obesity is usually used to refer to a body mass index (BMI) of 30 or over. This problem appears to be affecting both the younger pre-teen population, and the young adult and middle-aged sector of society. In 1995, it was estimated that 20 million adults worldwide were obese, as well as 18 million children under five. It is now estimated that over 115 million people are clinically obese.^{9,10}

On 9 November 2003, the Food Standards Agency, a governmental organisation in the UK, initiated a discussion about children's diets, and the advertising and promotion of foods in the media, particularly on television. A systematic review was commissioned linking food promotion and the eating habits of British children. The head of this organisation, John Krebs, indicated that 'we already know that many children's diets contain more fat, sugar and salt than is recommended. It is known that the level of obesity in children is rising, and in the words of the Chief Medical Officer, is a health time-bomb that could explode.'¹¹

In Britain, obesity has doubled over the last decade in six-year-olds to 8.5% and trebled in 15-year-olds to 15%. Type-2 diabetes is now being diagnosed in school children with increasing frequency.¹¹⁻¹³ Half of the British population are well beyond their ideal weight, and the figure may even be higher in Scotland, particularly in the young. A survey, by *Slimming* – a top populist weight-loss magazine – that questioned 2,000 people, found that 75% of males over 45 were overweight and that 81% had received no weight-loss guidance from their family doctors. The survey also revealed that 87% felt being overweight was damaging their sex lives and 79% were convinced that it was easier for slim women to secure good jobs. Claire MacEvilly from the British Nutrition Foundation says: 'It's an alarming figure. It's the biggest health issue we could deal with as nutritionists because of the implications on heart disease, diabetes and cancer.' A major increase in obesity among school-children also made the headlines in the daily newspapers and other media for several days.¹⁴

In the US, one in every 14 people lives with diabetes.¹⁵ Nearly as many people suffer from impaired glucose tolerance. The incidence of these conditions is on the rise in both adults and children and a major factor accounting for their increase is obesity.

The World Health Organization sounded the alarm about this in the 1990s and has since worked in conjunction with the universities of Sydney, Australia, and Auckland, New Zealand, to analyse the reasons for this trend and to attempt to establish whether any political, cultural, physical or cultural factors could be identified.

This trend has also been linked to carcinogenesis, not least to the increase incidence of a tumour for which effective therapy is lacking at present, and in which initial presentation is delayed, namely pancreatic carcinoma.¹⁷⁻¹⁹ A high BMI has also been linked with higher death rates from malignancy of the oesophagus, colorectum, liver, gallbladder, kidney, uterus and breast.

Like the entrance of the Mandraki harbour in Rhodes, which was once dwarfed beneath the two legs of the Colossus, the construction of Chares of Lindos, the opening years of this century are straddled by two gigantic problems stemming from the same body: food. On one side is the overwhelming problem of malnutrition and starvation, on the other the even faster-growing problem of overeating and obesity. The inscription on the Colossus, which was erected to the glory of Helios, the sun, read: 'To you, O Sun, the people of Dorian Rhodes set up this bronze statue reaching to Olympus when they had pacified the waves of war and crowned their city with the spoils taken from the enemy. Not only over the seas but also on land did they kindle the lovely torch of freedom.' After 56 years, this awe-inspiring statute collapsed under the cataclysmal tectonic movement produced by an earthquake, never to be re-erected.

Will a similar number of years have to elapse before the world is able to deconstruct and solve these pressing problems? Will these serious healthcare enemies be pacified and conquered? Will a nation, a superpower, an organisation or an individual muster the courage and conviction to cause the earth to erupt and shake down these nutritional problems? If not, many millions throughout the world, even in the so-called prospering developed nations, will continue to pay with their lives, and with years of misery and suffering.

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