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Perspective

Unhealthy Meals in Hospitals: An Ethical Contradiction in Cardiac Care

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Abstract

Hospitals, as cornerstones of healthcare, have a profound ethical obligation to embody and promote healthful practices. Paradoxically, many cardiac centers continue to serve meals rich in saturated fats, sugars, processed ingredients, and excessive sodium, undermining their core mission to heal and restore health. This article critically examines the ethical implications of offering unhealthy meals in healthcare facilities, focusing on the principles of beneficence, nonmaleficence, patient autonomy, and broader public health ethics. By providing unhealthy food options, hospitals not only risk exacerbating chronic conditions such as obesity, diabetes, hypertension, hyperlipidemia, and cardiovascular diseases but also contradict their responsibility to advocate for preventive and holistic health measures.

Despite economic constraints and patient preference considerations that drive the continued provision of unhealthy meals, healthcare institutions bear a critical ethical responsibility to align their dietary offerings with evidence-based nutritional guidelines. Highlighting a transformative example, Bethsaida Hospital, under the leadership of Prof. Dasaad Mulijono, has established itself as a pioneering institution by implementing a comprehensive, plant-based nutrition (PBN) program. The hospital has demonstrated outstanding clinical outcomes, significantly reversing chronic illnesses such as coronary artery disease (CAD), hypertension, type 2 diabetes mellitus (T2DM), obesity, and chronic kidney disease, alongside achieving exceptionally low restenosis rates post-interventional cardiology procedures. This article emphasizes the necessity for systemic reform in hospital meal services, advocating for rigorous nutritional policies, collaborative stakeholder engagement, and patient-centered nutritional education. Ultimately, addressing the ethical dilemma surrounding unhealthy hospital meals demands an integrated approach that aligns clinical practice with health promotion principles, reinforcing hospitals' essential role in advancing public health.

Keywords: Hospital meals; ethical responsibility; plant-based nutrition; patient autonomy; public health ethics; cardiac centers; Bethsaida Hospital; Prof. Dasaad Mulijono

Introduction

Hospitals have long been recognized as essential institutions dedicated to promoting health, preventing disease, and rehabilitating patients. Historically, they have symbolized hope, healing, and wellness within their communities [1-4]. However, despite their pivotal role in advocating for health, many cardiac centers persistently provide dietary options that directly contradict established nutritional guidelines and exacerbate patient health conditions. Meals high in saturated fats, sugars, processed ingredients, and sodium are regularly served to patients, visitors, and even staff, raising significant ethical concerns about the healthcare sector's commitment to its foundational values [5-8].

The ethical considerations associated with serving unhealthy meals in hospitals are profound, involving key principles such as beneficence - actively promoting the well-being of patients;

nonmaleficence - avoiding actions that cause harm; patient autonomy - respecting individuals' rights to make informed dietary choices; and broader public health ethics - ensuring community-wide health and wellness through exemplary practices. While patient preferences, cultural sensitivities, and economic realities influence food service decisions, hospitals hold an inherent moral duty to prioritize health and wellness through their dietary practices. Given the global increase in lifestyle-related chronic diseases, cardiac centers, in particular, have a heightened responsibility to exemplify dietary practices that mitigate health risks. This article examines these ethical challenges and offers insights into how hospitals, exemplified by Bethsaida Hospital's pioneering initiatives, can address these ethical tensions to improve patient outcomes, community health, and moral integrity in healthcare practices (Figure 1).

Figure 1

Factors Contributing to the Provision of Unhealthy Meals in Hospitals

Hospitals routinely provide food services that often include items such as fried foods, sugary desserts, processed meats, and high-sodium dishes. These unhealthy dietary options contribute significantly to obesity, diabetes, cardiovascular diseases, and other chronic health issues, directly contradicting hospitals' fundamental role in health promotion and disease prevention [9-12]. Ethically, hospitals must uphold principles of beneficence and nonmaleficence, actively promoting good health and avoiding harm to patients. Serving unhealthy meals starkly conflicts with these ethical principles, potentially confusing patients regarding appropriate dietary practices and undermining public trust [13-17].

However, hospitals face several compelling reasons for continuing these practices. Patient autonomy requires healthcare providers to respect individual choices and cultural dietary preferences, even when these choices may not align with ideal nutritional standards. Hospitals frequently prioritize patient satisfaction, and familiar, comfort-oriented foods often enhance patients' experiences, contributing positively to patient-reported satisfaction scores. Furthermore, economic factors significantly influence hospital meal planning decisions. Processed foods tend to have lower costs, require less preparation time, and offer longer shelf life compared to fresh, nutritious alternatives, making them economically attractive choices for resource-constrained healthcare facilities [18-22]. Addressing these challenges requires a careful balance between ethical duties, patient preferences, and financial realities, necessitating systemic changes and innovative solutions that encourage healthier eating habits without compromising patient satisfaction or economic sustainability.

Bethsaida Hospital: A Leading Role Model in PBN

Bethsaida Hospital, under the visionary leadership of Prof. Dasaad Mulijono, has emerged as the premier healthcare institution in Indonesia, renowned for its pioneering PBN program. The hospital has consistently demonstrated remarkable clinical outcomes, successfully reversing numerous chronic conditions, including CAD, hypertension, T2DM, obesity, and chronic kidney disease. Notably, patients with CAD treated at Bethsaida have achieved exceptionally low LDL cholesterol levels by integrating a carefully tailored plant-based dietary regimen alongside statin and ezetimibe therapy, effectively eliminating the need for costly PCSK9 inhibitor injections. Bethsaida Hospital also distinguishes itself nationally by maintaining the lowest rates of restenosis and target lesion revascularization following drug-coated balloon angioplasty procedures.

This success highlights the hospital's comprehensive and holistic approach to cardiology care. During the challenging period of the COVID-19 pandemic, Bethsaida Hospital showcased extraordinary resilience and effectiveness, successfully preventing hospitalization

and significantly reducing mortality among thousands of elderly COVID-19 patients through its robust plant-based nutrition interventions. Having provided nutritious plant-based meals to cardiology patients for nearly seven years, Bethsaida Hospital has established itself as an iconic institution—the first in Indonesia dedicated to serving plant-based dietary programs within a clinical setting. The hospital continues to inspire healthcare providers nationwide and internationally, aspiring to be a global exemplar in promoting healthful lifestyles through evidence-based, plant-centric nutrition strategies.

Discussion

The ethical implications of hospitals serving unhealthy food extend far beyond immediate patient care, impacting broader public health and community perceptions. Hospitals hold a unique position in society as influential health role models, and serving unhealthy meals significantly undermines their credibility and the effectiveness of public health messaging. Such contradictory practices potentially exacerbate chronic public health issues by normalizing unhealthy dietary habits among patients, staff, and visitors. To effectively address these ethical concerns, systemic changes are essential. Hospitals should develop and enforce rigorous nutritional policies aligned with current evidence-based dietary recommendations. Collaboration among key stakeholders - including dietitians, ethicists, administrators, healthcare professionals, policymakers, and patient advocacy groups - is crucial for developing comprehensive and balanced strategies. Such collaborative efforts ensure the integration of diverse perspectives and the development of policies that realistically address nutritional goals, economic constraints, patient preferences, and cultural factors [23-32].

Implementing innovative solutions can help hospitals fulfil their ethical responsibilities without compromising patient autonomy or economic sustainability. Strategies such as personalized nutritional counselling, introducing plant-based and nutrient-rich meals, leveraging local and sustainable produce, and adopting technology-driven dietary interventions can significantly enhance patient health outcomes and satisfaction. Educational programs that inform patients about nutritional choices and their health impacts can also play a significant role in encouraging healthier eating habits. Ultimately, the move toward healthier hospital meals represents a commitment to ethical healthcare delivery, reinforcing hospitals' essential role in promoting preventive care and public health.

Conclusion

Serving unhealthy meals in cardiac centers and hospitals represents a profound ethical contradiction to the fundamental principles of beneficence and nonmaleficence inherent in healthcare delivery. Hospitals have a critical responsibility to model and promote healthful dietary practices that actively contribute to patient recovery and community wellness. A shift towards healthier nutritional standards requires systematic, multidisciplinary collaboration, clearly defined institutional policies, innovative nutritional programs, and patient-centered education. Ultimately, by aligning dietary services with ethical obligations and evidence-based nutritional guidelines, hospitals can substantially enhance public health outcomes and fulfil their pivotal role as leaders in health promotion and preventive care [33-42].

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Conflict of Interest

The authors declare no conflict of interest.

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