Noakes’s adversaries get him in the ‘dock’

The protagonists in the latest clash of the dieting titans (conventional v. Banting diets) agree on one thing – that asking an esteemed panel of Prof. Tim Noakes’s medical peers to rule on whether his cyber-advice on breastfeeding babies was ‘unprofessional conduct’ may prove a turning point for nutritional guidance.

The hearing, postponed in Cape Town early in June after Noakes’s lawyers questioned the proper constitution of the Medical and Dental Professional Board (MDPB)’s Professional Conduct Committee, will focus on three issues raised by Noakes’s cyber-twitter. In it, he advises a mother that when she weans her baby, it should be via a low-carbohydrate, high-fat (LCHF) diet.

The issues are basic, one of them with the potential to set a precedent on how social media should be used by health professionals. Did Noakes act unethically by: (i) providing information outside the scope of the practice for which he is registered (general practice, but with a special interest in nutrition); and (ii) giving one-on-one nutritional advice on social media to a patient whom he had not assessed? Thirdly, what constitutes best-practice complementary feeding recommendations for infants and children?
While the last question is not related directly to the ‘charge sheet’, medical professionals in related disciplines will be scouring upcoming hearings’ evidence for answers – and hope that the committee makes substantive findings on it. The charge sheet claims that Noakes is ‘guilty of unprofessional conduct or conduct which, when regard is had to your profession, in that during the period between January 2014 and February 2014 you acted in a manner that is not in accordance with the norms and standards of your profession in that you provided unconventional advice on breastfeeding babies on social networks (tweet/s).’

Did he diagnose and treat, or merely ‘advise’?

In terms of the Health Professions Council of South Africa (HPCSA) rules, doctors are not allowed to make a diagnosis or offer treatment online – even though they may give advice or share opinions online. Herein lies the rub: was Noakes ‘diagnosing and treating’ or simply advising or opining – in line with cyber-technology’s all-pervasive ‘democratisation’ of fields previously considered the sole domain of science and ‘off limits’ to all but the relevant specialists? Perhaps most importantly – and this is where his critics bang their drums the hardest – was he causing harm (in this specific instance, but they claim far more generally)? Interestingly, there is no reference in the charge sheet to Noakes’s Twitter advice being harmful or dangerous, something Association for Dietetics in South Africa (ADSA) President Claire Julsing-Strydom (who brought the original complaint in her personal capacity) has been publicly claiming. This could open the way for Noakes to bring a counter-claim.

Julsing-Strydom says the committee’s findings will provide clarity on issues that will ‘advance healthcare in the best interests of the public and clear any public and professional confusion’. A guilty finding could cost the unperturbed Noakes his licence to practise as a doctor, and get him to pull in his horns, reducing the growing public health threat that, according to his critics – many of them internationally respected academics – he allegedly represents. Noakes, on the other hand, welcomes the hearing and cannot wait for the cross-examination of his latest detractors to begin. The mother to whom he gave the cyber-advice did not follow it, raising vexed questions about actual harm caused. She was not present at the initial Cape Town hearing.

Noakes ‘out of line’ with paediatric guidelines

Julsing-Strydom, speaking to journalists beforehand, said infants are not supposed to have such a high intake of protein (Noakes has consistently said the LCHF diet is not a high-protein diet). She cites several studies showing that even in infant formulas the amount of protein has had to be reduced because it impacted on obesity later in life. ‘A baby’s little kidneys just wouldn’t manage,’ she adds. ADSA argues that the advice, via Twitter, is out of kilter with both international (World Health Organization Guiding Principles for Complementary Feeding of the Breastfed Child) and national (South African Paediatric Food Based Dietary Guidelines) feeding guidelines for infant and young child nutrition.

Noakes, who has been researching infant nutrition for the past 4 years, is about to release the follow-up book to The Real Meal Revolution (his guide to the Banting diet), entitled Raising Superheroes, which deals solely with infant and child nutrition. The book is co-written with Bridget Surtees, a registered dietitian and member of ADSA who has been practising child and infant nutrition in London and Sydney for the past 10 years, before recently returning to South Africa. He is unapologetic about advising the mother to wean her child onto LCHF foods.

‘By implication I was saying that the child should not be weaned onto traditional high-sugar, high-carbohydrate processed cereals,’ he says. He added that high-carbohydrate, processed-food diets became the norm in London and Sydney for the past 10 years, before recently returning to South Africa. He is unapologetic about advising the mother to wean her child onto LCHF foods.

Noakes agrees with Julsing-Strydom that the professional conduct committee finding could be a ‘turning point in the debate about what our infants, and in turn adults, should be eating.’

The hearing was postponed to 23 November at the Newlands Hotel in Cape Town after the committee chairperson, Advocate Joan Adams, conceded to Noakes’s lawyers that her committee had no powers to deviate from the HPCSA Act and its regulations. These required a third person on her committee to be registered with the MDPB and to be in the same discipline as Noakes. ‘We are lacking one member,’ she admitted, adding that only the chairperson of the MDPB could appoint this person.

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