With respect to patients from ethnic minority backgrounds, there are certain factors that contribute to health inequities and poorer outcomes. Some of these are attributable to cultural socio-economic and lived experiences. The other side of the health inequities equation fall under the umbrella of institutional racism. Raising awareness of these issues through sharing patient stories is important in order to improve outcome. Ascertaining what matters to the individual patient is important, even more so when you have limited experience of that patient's influencing culture and beliefs.

Food is intrinsically linked with culture and there is strong evidence of this in ethnic minority communities. This poses serious challenges with respect to health conditions that require dietary modifications. Often nutrition guidelines offered to patients fail to appreciate this fact and are often more suited to Caucasian diets.

There was a 70 year old man of Asian background who came into clinic. Due to serious cardiac problems and diabetes, he was referred to a dietitian. He came with his daughter who was his interpreter. Some of the advice and the information given related to a need to cut down on sugar, salt, use of herbs and spices and so on. The meal suggestions were mostly things that he wouldn't touch with a barge pole. With respect to the use of flavours and spices in food, this is a crucial part of his traditional foods. This suggestion to remove or cut this out was seen as a punitive measure. He then stated that he would rather starve than eat bland or strange foods. His reaction was seen as extreme and non-cooperative by his medical team.

There is a need to consider the why of people's choices and not judge their responses and choices. In this particular situation, this man was just being true to himself. He wasn't been a difficult patient, he wasn't been non-engaging, he was just stating what had been his way of life for 70 years.

There was a Black woman in her 40s who had an earlier IBS diagnosis and as a result was having some concerns with regards to digestive issues. Without requisite tests, her GP suggested that she try a low FODMAP diet. She declined because, as the way she saw it, the tests that needed to be done before she could be put on such a restrictive diet were not done and therefore she decided to take matters into her own hands. The recommended diet would have meant that she wouldn't be able to eat any of the foods that she had grown up with or socialise within her community. That in itself would have ostracised her and made her feel like the odd person out.

**Points to remember:**

* Food is intricately linked to culture
* Consider the “why” of people’s choices, don’t judge their responses
* Nutrition recommendations need to be made adaptable to the diversity of culinary experiences