

Inspiring Doctors. Episode 2: Saliha Mahmood-Ahmed

Transcript generated by Adobe Premiere's AI and edited by Lisa Bott-Hansson

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Welcome to *Inspiring doctors*, a podcast series brought to you by the British Medical Association. I'm Martin McKee, a professor of public health and the president of the BMA.

In this series, I'm joined by people who I see as role models. They've successfully taken their medical knowledge to a wider audience in creative ways. So what inspired their work? What lessons have they learned? And what advice do they have for young doctors who may want to follow in their footsteps?

There is something magical about the confluence of medicine and communication. My interviewees are only some of the role models who do this work, but they are all people who have inspired me. I hope that our conversations will in turn inspire you.

My guest today is Saliha Mahmood-Ahmed. Saliha qualified in medicine from King's College London and has undergone specialist training in gastroenterology. She was the 2017 BBC *MasterChef* winner, and she's combined her medical career with frequent appearances in the print and broadcast media.

Saliha sees her cooking as a way to promote healthy eating. Her books include *Khazana* – much more than a recipe book, it is perfectly summarised in its subtitle, *A treasure trove of modern Mughal dishes*. Then there's *Foodology*, which she describes as a food lover's guide to digestive health and happiness, and the latest one – now a *Sunday Times* bestseller – is *The Kitchen Prescription*.

Welcome, Saliha.

Saliha Mahmood-Ahmed

Thank you! What an introduction, I'm flattered.

Martin

I want to start by saying that even though I really enjoy cooking and I do watch programmes like *MasterChef*, with a combination of intense admiration for the competitors, but also a question: why on earth do you put yourselves under so much pressure? You could be the world's greatest pastry chef, but then you get a challenge that requires you to demonstrate skills in a completely different area.

Isn't it a bit like repeating your PACES – you know, the practical part of the MRCP examination – almost every week? What was it that made you decide to have a go?

Saliha

I think it is a bit like doing your PACES over and over again, but in essence, mistakes when you fail your PACES are much higher, whereas presenting a bad dish to two judges is not the end of the world. It may be the end of the road in the competition, but that's how I sort of framed it in my head.

I think I must be a bit of an adrenaline junkie, actually, because I really thrive off the pressure. If I think back to the time when I did *MasterChef*, which was 2017, I was a senior SHO working at Watford General Hospital, which is a very busy district general hospital. And my life at the time was constant night shifts, on-calls, juggling married life, a young baby, etc. So I got used to needing to be extremely organised, working efficiently at high pace and under high pressure.

So when I went on to *MasterChef*, a show which I'd always loved – and my husband actually put my application forward for it – I psychologically was in a very, very good place because for me, going on a show which other people found extremely stressful was actually light relief compared to the work that I was normally doing.

And I really embraced the challenge. I embraced the fact that I was doing something that felt so vastly different to my day-to-day life, something that I felt was just for me, at that moment in time when so many other aspects of my life were for everyone else – whether that's your children, your family, your patients, you know, whatever it is that you're doing.

So in honesty, yes, it's a highly adrenalised environment. But I think the thing that kept me going for so long, and gave me the competitive edge above other people, was that I was able to control my nerve because of the skills that being a senior medical SHO – carrying the bleep, you know, being in resus all day – those skills that I had imbibed made me a very strong contestant in the competition.

Martin

What were the highs and lows of your time in the programme?

Saliha

There were so many highs. Winning, of course, was one of the biggest highs. But travelling to South Africa, learning from various Michelin-star chefs and really being able to understand cookery – not just in the context of it being something that I do at home in my family, but the art, the science of cookery, and knowing how people think about food, outside of my own context.

The amount that you can learn from just talking to people... I think I was talking and talking and talking and talking to people, just so I could imbibe every little bit of knowledge. I was talking to the sous chefs, I was talking to the home economists, I was talking to the people who were filming the competition about their experiences. I was talking to anybody I could find in the food industry who we were exposed to through the competition.

I wanted to just imbibe everything about them. I was talking to the contestants so much; I learned so much from fellow contestants about their food cultures, their food ethos. Suddenly I was in this situation where it's almost like having this accelerated GNVQ in food, but rather than over a course of years, it happens over the course of a few months – everything's compressed. So not only are you learning techniques, but you're learning about the psychology of food, and food cultures, and techniques, etc. And I think for someone who loves learning, it was an incredible process.

Being a South Asian woman, I think it was also really special for me to be able to represent my food culture – a food culture which I thought hadn't had mainstream representation, a culture that was represented by the cooking of women, predominantly, over men – and how their stories were often lost in the kitchen. So my grandmother, my great-grandmother, all of these amazing women who had fantastic abilities to cook, fantastic ethos to food, but no one in the world really knew about it or knows about it. And to be someone who they could relate to on screen was deeply, deeply powerful.

Martin

When I looked at your cooking, it demonstrates not just enormous technical skill, but also amazing creativity. Take your winning dessert on *MasterChef*. It was saffron, rosewater and cardamom panna cotta – delicious – served with a deconstructed baklava comprising candied pistachios, pistachio honeycomb, filo pastry shards and kumquats. How do you actually come up with a combination like that?

Saliha

It's greed, really. I love tasting. I really love the sensation of putting something delicious in your mouth, and it activating all the dopaminergic receptors and everything just going '*fwoom!*' in your brain, you know, and suddenly these memories are coming back and you're having intense satisfaction, relaxation, stress going away. So when I think about food and recipes, I'm thinking about maximum visceral satisfaction that I can create; that includes taste and it also includes texture.

So when I was thinking about how to design the saffron panna cotta dish, I had in my mind flavours of the Middle East, because that was a portion of my childhood – about four or five years – where we grew up in the Middle East. Desserts in the Middle East are a very big part of life, and I wanted to use those flavours that were so familiar to me, those flavours that I associated with happiness, joys, memories of Eid, family, visiting people in their houses and them giving you those desserts. The textures of baklava – when you get a really crunchy piece of baklava, and you bite into it and the honey oozes out, but it's still kind of crunchy. I wanted to encapsulate that all in one dessert.

So I suppose it starts with food greed, and it starts with real pertinent memories of food, and then I worked on creating that in my own kitchen. Bearing in mind I had a very small kitchen. I still have a very small kitchen, but when I was on the show, I had a *really* small kitchen in a very tiny little flat, and I used to practise these dishes after long on-call shifts, getting home at 10 o'clock at night, having some pasta or something quickly, and then shutting everyone out and being in the kitchen, practising, making panna cottas and baklava shards. It's almost quite surreal when you talk about it now.

Martin

You've already mentioned your grandmother, and in one of your books, you describe how she was an inspiration to you when you were growing up. You describe her as cooking imaginatively but frugally. And one of the challenges we face today is the amount of food that we waste. In, again, one of your books, you tell the story of her encounter with an apple tree, and I wondered if you could share it with us and reflect on the lessons that we should take from that story.

Saliha

My grandma was an incredibly good cook. Undervalued, I would say, and underappreciated – none of her recipes have ever been documented, but I do remember her flavours and her tastes very well. And my parents were junior doctors. They moved from Pakistan to the UK. They had me, and when I was very

young my grandmother had to come over from Pakistan to look after me, so that my mum and dad could progress in their careers. She sacrificed her own time with her family to spend a few years with us, to raise me, so my parents could continue their NHS career journeys.

We lived in hospital accommodation and there was an apple tree growing outside the hospital accommodation, and she was just fascinated by apples. She loved apples because she had Kashmiri heritage, and if anybody knows a Kashmiri woman, a Kashmiri woman loves an apple. She went outside and she saw that nobody was using the cooking apples – they were falling on the floor, there were insects all over them. There were big, fat, juicy apples on the tree, and she thought, ‘Oh my God, how could we possibly waste this?’

So she brought all the apples she could possibly take off the tree inside the house, to the point where I think my mother recalls that every work surface in the kitchen was covered in apples. And then she decided day by day what she wanted to do with them. I mean, you cannot imagine the creativity. There were apple chutneys, apple pickles, there was apple curry, which is a new one to most – so this is almost a stew-like curry made with Kashmiri red chilli powder, onions and tomatoes, and then the apples are gently stewed in it. And because the apples are naturally quite sour and tart, she added a little bit of extra sugar to the curry as well, and then she used that over warm basmati rice.

When I actually won the competition, I was asked by the *Times* to write some recipes, and the first recipe that I wrote for the *Times* was the apple curry recipe. So that was a great pleasure.

Martin

And that’s a lovely example of the globalisation of food, because often people talk about English apples, but we forget that they came originally from Kashmir. I also liked your reference to adding sugar to the curry, because I think you also tell the story in *Foodology* where the family chef in Pakistan added jaggery to the curry to give it that particular flavour that I think just brought it out, took it to the next level. Really interesting.

Now you refer to your medical training in the introduction to *Foodology*, and you describe being underwhelmed and a little bored, to quote you, by the teaching on the gut, with its emphasis on cell structures, gut physiology and intestinal anatomy. But food was never mentioned. Yet you and others – and I’m thinking

in particular of Tim Spector, who you mention in your books – have been vociferous in your calls for change.

I sit on Medical Schools Council and we often discuss the medical curriculum. There's enormous pressure to add more things in. But what would you like to see and how could it be done in a way that left nobody underwhelmed and bored like you were?

Saliha

It's a really interesting question. I think, with hindsight you can look backwards. So now that I'm 10 years post-qualifying, I can look back at my education and yes, all the basics were covered and covered very well, and I'm grateful for that.

But I now have the hindsight of being able to reflect on what the last 10 years of patient experience has taught me. And in my experience, on a day-to-day basis, patients are interested in what they should eat to make themselves better, what they should eat to prevent disease. This is heightened in particular in gastroenterology, in our outpatient clinic setting, but it is by no means unique to gastroenterology clinic. It's a universal phenomenon, and recognising that our patients are looking for food-related solutions and understanding that food is the single most important factor in preventative medicine is critical for doctors.

That's one step, the recognition, and then the second step is being able to give people the tools that they need to then talk about food with patients. So if you have a patient with an irritable bowel syndrome flare, what are the key bits of foodie advice that you give them? If you have someone with Crohn's and colitis, what is the foodie advice? Someone who's elderly and constipated, and comes into hospital with severe constipation – what can you tell them to do to try and increase their gut transit through food?

I'm not saying, don't give medicine. Clearly, I don't think that – that's not the point here, that's all a given. But patients are much more amenable to change when it comes to trying food-related options. And I think we have to recognise that.

Now, the second thing, having said all of that, is then building up that knowledge base – building up that culinary and lifestyle medicine knowledge base – to a degree where it is so solid that you can then transpose that into the medical curriculum. That is where we're at right now, where we're actually solidifying aspects of culinary medicine, and teaching around the culinary medicine

curriculum, so that we can then empower medical students. And today's doctors – the doctors who are near retirement, even, should know about culinary medicine as well.

So it's not just about teaching in medical school, it's about teaching people across the NHS, all the way from senior clinicians down to medical students. And the more that people like myself, Tim Spector, Rupy Aujla from *The Doctor's Kitchen* who's a GP, other physicians who have an interest in diet speak about it, the better it will be.

The way that we are making ourselves stronger in culinary medicine is actually by branching out and making inroads with other allied healthcare professionals. Without good relationships with dietetics colleagues, people in the food industry, etc, we can't marry this whole sphere of work together, and we can't produce enough of the solid knowledge base to then be able to disseminate it to junior doctors, to medical students and senior clinicians. So making culinary medicine really strong is the most important thing we do right now, before disseminating it across people of different ages and stages.

Martin

Well, that really takes us nicely onto your book, *Foodology*, which I've been reading, and I've really learned a lot from it.

Saliha

Thank you.

Martin

I should say that while I was a registrar in gastroenterology a very long time ago – in the 1980s – and I realise just how much things have moved on, I was really interested in the advances in our understanding of how we taste things, how much we now know and still how much we don't know. I loved your description of the chemical bases of spices. I do know about aldehydes, of course – that was always the case, but also because I do work in the metabolism of alcohol, so that comes up quite a lot – but the terpenes, the phenols, the pyrazines, that was all new are absolutely fascinating.

One of the key points that you make in that book and you've already alluded to, to some extent, is that those who study food and the digestion of food really work in silos. And that was why you came up with the term 'foodology'. Could you just explain more about what you mean by foodology? How do we create

this new way of looking at things, and how will it help us to look at our relationship with food in a different way?

Saliha

I would start by saying, I think one's relationship with food is probably one of the most important relationships of your life, because there's nothing else in life where you have to make so many decisions on a day-to-day basis. You have to decide what to eat for breakfast, you have to decide what to eat for lunch, and dinner, and snacks in between. You have to decide what to hydrate yourself with. And for people who haven't had issues making those food-related decisions, and live in perfect health and don't have any digestive ailments their entire life – they're very, very lucky. But believe me, there are very, very few of them.

The reality is that our relationship with food undergoes many, many changes in the course of our lifespan. We vary in our love for food, we vary in our tastes for food, we vary in the types of food that we eat – whether we sometimes go from eating very nutritious and healthy food full of wholegrains, fruits, nuts, veg, all of that that, versus ultra-processed foods. There's always going to be this sort of relationship which exists, and you're always walking a tightrope.

The point also here is that in order to think about this relationship with food, you have to think about food first. So food is the 'ology'. Food is the subject of study here. What happens currently, in my opinion, is that many of us think of food as an afterthought. We think of the condition first. We might think of IBS or Crohn's and colitis first, and then we think about food as an afterthought – or, in the food industry, people are thinking about selling a food first without thinking about the health implications of that particular food item.

In fact, pretty much every angle you look at it from, you're thinking about food from a specific angle rather than food first. So the point of foodology was trying to marry up those various disciplines that exist – the food scientist, the food industry, chefs, dietitians, doctors, everybody who thinks about food from their different angle – but saying, come on, let's all come together and think about food first and work backwards to create this new way of thinking about food, where food is a subject of study first. Let's marry all those amazing disciplines together.

That's where I came up with the idea. And I think in doing so, it's quite powerful – the amazing sort of connections that you make with people. I've learned so much myself from food scientists, for example. It's amazing the different angles

that you can learn from when you start dissecting it down, taking a food first approach.

Martin

And I suppose by doing that, you can then lead into all sorts of other areas, as you've said. I was struck again in your book at the genetic variation in the ability to taste when eating coriander. And I've got a particular interest in the political science of food; we've previously written about how food speculators have driven up prices in times of crisis. So by starting from food, you can start to make all of these connections in really interesting ways, and ask some very important questions.

It's clear that you do use your insights very much in your work with patients. Can you tell us a little bit more about that in your everyday practice? Because often in medicine, when I was working in gastroenterology, one handed that all over to the dietitian and we didn't really get involved in it. But you obviously do.

Saliha

I think it's not an option anymore to not talk about it, from my perspective. Because yes, I do refer my patients to my dietetics colleagues – because there's a great amount of value that they add, and we simply cannot work without them – but unfortunately, because of the constraints they face, often it will be over a year before a patient can even see a dietitian, particularly in district generals. And therefore that gap has to be bridged, and it has to be bridged well, because in that one year there's a massive amount of work you can do to improve a patient's quality of life through food.

The trouble with it is pointing patients to the right resources, knowing where those resources are, and also taking a really tailored food history from a patient. This is not something that we're taught in medical school to do. You do drug history, family history, social history – but actually a really important part of social history is the food history of a patient. So: what do you on average in a week eat for breakfast, lunch and dinner? Have you struggled with your weight? Have you had periods where you've dieted? What have those periods of dieting looked like for you? Which foods agree with you, which disagree with you? What type of food do you like to eat? What is your style of eating – are you a 'meat and two veg' type of person or not? What trouble have you had when you've tried to increase your fibre intake or your lentil intake – do you get bloated, do you have lots of pain when that happens?

To do a proper food history takes a good 15 to 20 minutes and it is difficult in the constraints of doing an NHS clinic, where you're assigned 15 minutes in total for the patient. By the time you've worked out their clinical history, 10 minutes have already gone. But nonetheless, sometimes my clinics do run over because I do spend those extra 5 to 7 minutes at the end talking about food. And I really, really feel that it makes a huge difference to the satisfaction level of my patients. Yes, I have to start with an apology to the next patient, saying, 'I'm really sorry, it's just taken me a bit longer, but I'm all yours now, we have all the time in the world for you.'

But when they leave, they feel that they've been listened to, and they feel that they've been left with some empowering strategies that they can then use in their kitchen. That's really, really important from my perspective.

Martin

I've a huge amount of sympathy with that because in my day job I travel very extensively, usually outside the UK every week, and often what is available to eat is far outside my control and immensely varied, not always necessarily for the good unfortunately.

Saliha

Oh dear.

Martin

In *The Kitchen Prescription* and in *Foodology* you talk about the microbiome, and you note that the human gut contains perhaps 100 trillion microorganisms, each of us having a different mix. You also talk in *Foodology* about the millions of different smells that we can detect. These are huge numbers. I just wonder how you try to communicate topics like this with such enormous numbers in a way that's understandable, or is it just impossible?

Saliha

Oh, I think it's really important. Writing science for the general public is a totally different art form compared to writing science for scientific papers. We as medics are trained to read and write science papers – that is a totally different language to what everybody else can understand.

So I often have to do my reading about the science, make sure I understand it, and then leave it and forget that I've read it, in a sense, so that those words, that way of speaking in scientific terms, has gone. I then, after a break, go back and

write it and I pretend I'm trying to explain it to my eight-year-old son. Would my eight-year-old son read this and have some comprehension of what I'm saying? That's literally the thought process I have to go through.

And once I've written it, I then have a series of non-medic friends who my writing gets passed on to, who read my writing and say, 'this bit doesn't make sense as much', 'this bit doesn't make sense'. You would be surprised how hard it is to break down your writing and make it for the general public, and written in a non-science-centred way.

But yes, I think it's vital because actually, when you're talking to your patients, you have to speak in those terms as well. You can't speak in scientific terms. You're not going to go to your patient and say, have you thought about your gut microbiome? Because they'll say, what are you talking about? What we have to say is: you know, inside your gut, you've got so many bugs living in there, trillions of bugs, they've lived inside you for your entire life, and some of the problems that you might be facing might be because those bacteria are a bit imbalanced, and the way to improve that balance is going to be by doing X, Y, Z through your food.

That's much more understandable than: the microbiota... and the faecal microbiota transplantation... and the Simpson Index... because that will make your patient feel lost, completely lost. So yes, writing science in a way that patients understand it is critical.

Martin

I really do like your writing because it is so fluent and so comprehensible. I know that often when one reads what people have written in the lay summaries that you now need to write in grant applications, often people really struggle with it, so I think that probably is a lot easier for you.

Well, I've already mentioned your recipe book *Khazana* and it really is one of my favourites because I love food from that region, that extends from the Middle East to North India. I've also worked a lot in Central Asia; I've had many pilafs for breakfast in Uzbekistan and Kyrgyzstan, for example. But I really liked the way in which you brought the history of the Mughals into it. You've got a really detailed understanding of the Mughal Empire and it shines clearly through the pages.

I was wondering how important history is to you. I can see how you apply it to cookery in your book, but have you been able to apply it to medicine?

Saliha

For me, I think if you look back at history, it teaches us a lot of lessons about medicine. So yes, today we think about medicine as the stuff that comes in pills and packets. But historically speaking, medicine was an art form and medicine was taught through the lens of food. So, you know, food-related cures for things were really, really quite extensive and prevalent. That was the medicine.

I can give you an example: the use of turmeric as an anti-inflammatory. Today there is emerging science to suggest that there are huge benefits of taking turmeric as an anti-inflammatory. It does no harm and it can do some good. So I always encourage patients to have turmeric when they have inflammatory conditions, and I know for a fact that there are some select group of patients who will swear by its beneficial effects in joint inflammation and bowel inflammation as well. That's not to say that they stop taking their normal medications for those conditions, but as an adjunct it's deeply helpful for example.

Yesterday I felt very sick. I had a bit of a migraine. And in nausea there is, historically speaking, some really interesting treatments which involve boiling together mint leaves, fennel seeds and cardamom as a sort of way of controlling emesis. And that's something that has its history in the Mughals, for example, and some of the anti-sickness remedies that they used to use. I used it; I promise to you it made my emesis feel much better and I could avoid taking the cyclizine for that day as well.

So, you know, I think there's lots of lessons for us to learn. Cheap lessons as well. They're not expensive methods. They do no harm and quite often they do good. So why not?

Martin

Although, if I recall, you're not really a great fan of turmeric lattes.

Saliha

Oh they taste disgusting, don't they? I mean if you're using turmeric you've got to make it taste nice. I think that turmeric latte business where they grate this yellow-coloured turmeric, fresh turmeric – yes it's good for you – into the milk, there's something nauseating and disgusting about it for me.

Martin

Khazana is just beautifully illustrated. It's not just the beautiful pictures of the food, but there's some stunning art and architecture. And I was wondering, did you choose those pictures yourself or did you get helped with some? Because it's a dazzling array of art from that part of the world.

Saliha

Yes – so, Mughal art has always been a bit of a passion of mine. So I've always understood the art form and been able to see different examples of it through my childhood. My mother was a great collector of Mughal-style jewellery, so I knew sort of what I was looking for. And then I sat with the designer of my book, which is Nic & Lou, and I had to sort of explain the whole concept of Mughal art to them.

We went to the British Library, we saw the exhibition in the V&A, we did an online search, and I basically made this massive mood board for them where I stuck on loads and loads of photographs. And in the end we went for a celebration of the floral aspects of Mughal art; you know, we wanted to celebrate how the Mughals were such lovers of floral perfumes.

Martin

Well it's a really stunning visual array. And it really does add to the book.

Now, you open the book with a quote from the Mughal emperor Akbar, and he said, I quote: 'The equilibrium of man's nature, the strength of the body, the capability of receiving external and internal blessings, and the acquisition of worldly and religious advantages depend ultimately on proper care being shown for appropriate food. This knowledge distinguishes man from beasts, with whom, as far as mere eating is concerned, he stands upon the same level.'

And this suggests that what we eat is not just a means to obtain energy, but is a core part of being human. Also, actually, elsewhere in that book you compare our diets and our daily meals with those of chimpanzees – you're talking about the emergence of cooking at that point. But I've also seen you make this point about eating being a core part of being human in videos. Can you elaborate on that idea a bit?

Saliha

I think it's such an interesting concept, and I'm very drawn to history, as you know, but also anthropology. I think we can learn a lot about who we are through anthropology. And there's this really interesting anthropological theory which

says that humans are coctivores – so C-O-C-T-I-V-O-R-E-S. What that means is that human beings are designed to cook food.

So if you look at human beings and you look at every other species that inhabits the earth, there is no other species on the earth that can cook. Cooking is a uniquely human trait, and this distinguishes us from other species that inhabit this earth. Because you can't imagine a lion cooking, you can't imagine a fox cooking, you can't imagine your dog doing cooking. You can't imagine a chimpanzee stirring pots and pans.

What is it about cooking specifically, then, that makes it a uniquely human trait? Well, actually, the way that humans exist today is probably because of our ability to cook, because when we cooked, we extracted more calories from food, our gut changed into a shorter version of itself, our brains expanded because we were getting more energy, and we became the sophisticated creatures that we are today.

Not only that: cooking, remember, allows the ability to feast as well, and feasting and the development of those social interactions and relationships with other people is another core human trait. So it is just amazing how powerful cooking is.

And therefore when someone, anyone, comes to me and says 'I cannot cook', I have to say to them, 'I'm sorry, I don't believe you, you are human and therefore you are able to cook'. It is inherent within the person who you are. Yes, you might not have developed those skills and those can be taught very easily these days through videos, through cookery lessons, etc. I think it's very, very easy to pick up good-quality cookery skills to be able to cook fresh food from scratch and live a good, healthy life.

And I think that those cookery skills can be taught at any age. Specifically in the last couple of years, I've met a number of elderly gentlemen who have been widowed and have lost their partners who used to cook for them, and the dramatic change in their health that I've observed vis-à-vis their eating because of their inability to cook is astounding.

I'm really, really, really passionate that we don't forget that teaching cookery is something that should not be limited to an age group. It's not something that you learn when you go to university because your mum's not cooking for you any more and that's where you develop your skill set – that's not how it should be.

We should be teaching cookery to all age groups. We should be fulfilling that deficit in knowledge and the deficit in skill at all ages, for all people.

It's a greatly communal activity. It gives people the ability to interact with others, targets loneliness, improves self-esteem and self-worth, has a massive impact on mental health – positive mental health by virtue of what you're eating, and also the very act of doing something purposeful and structured. So I'm a great advocate of cooking at all stages and ages, because of it being an innately human activity, and never forgetting that you are coctivore at heart.

Martin

That's a really nice anthropological perspective. And it will actually link with one of the other interviews I'm doing later in this series with Alice Roberts, who wrote a book, *Tamed*, in which she looked at the relationship between humans and dogs, wheat, cattle, maize, potatoes, chickens, rice, horses, apples – we've already mentioned apples – and how they've shaped our history and how we've shaped their distribution in the world. So a very nice link that we'll come back to when we talk to her.

You often talk about the importance of colour in food, but are there any simple practical tips that you can offer to brighten up what we eat, without us having to have the creativity that you have described as a master chef?

Saliha

I talk about the 'rainbow diet' a lot. By rainbow diet I mean getting as much colour into your body as possible on a weekly to monthly basis, and it starts with making sure that the majority of your shopping happens in the fresh fruit and veg section of the supermarket. Also select parts of the freezer section, where you have frozen fruit and veg, and the tin section where you have tinned fruit and tinned lentils, etc.

Automatically if you start shopping in a colourful way, the food you will cook will end up being pretty colourful as well. I think my latest book, *The Kitchen Prescription*, really illustrates to people how they can make food colourful and how you can inherently develop a rainbow diet. It starts off with an understanding of the core things which are good for you, which is fruit and vegetables, nuts and seeds, legumes and pulses, and wholegrains. And spices, you can add into that as well. Those four or five food groups are inherently so colourful. So when you cook with them, your food won't turn out beige, it won't turn out brown, it will turn out absolutely colourful and delicious.

Food and appetite, and actually looking at a colourful plate of food, for me, it does so much for the way I feel. Lots of people ask me, well, you're juggling lots of balls, you're doing gastroenterology, you are a mum, you're writing books – what gives you the strength to keep going? I genuinely, genuinely believe that a big part of my resilience comes from eating varied, coloured food. So the fact that I'm getting all the nutrition into me, it really invigorates me.

Whether that's all physical – and some of it must also be psychological, I must admit – whatever it is, it works. The physical nutrition and the psychology of being able to cook for myself and feed myself, and feel like I'm looking after myself, is really important. Food and self-care are really, really linked to one another. I think it's important that we remember that.

Martin

You've been very critical of ultra-processed foods, but of course we live in a society where eating healthy is really hard for a lot of people. I've done research on the rise of food banks in the UK and we have heard so much of the struggles that people face, particularly in the current cost-of-living crisis. I was wondering what policies you would like to see the Government implement to make healthy food cheaper and more accessible.

Saliha

It's such a good question. I mean, I think there is a role for ultra-processed foods. I'm critical of them because I think it's very easy for them to become the majority of what you're eating, and not the minority, which is what I think they should be, and the majority should be fresh food. I appreciate that it can be expensive to buy fresh fruits and vegetables.

But on the flip side, I have also seen that there are hacks and easy ways of doing it, relying on your freezer, relying on the store cupboard, relying on growing it yourself where you can, farmer's markets, finding cheaper solutions. I think those who are motivated to eat more fruits and vegetables can find some cheaper solutions.

And I'm very wary of making and writing about food being good food – healthy food, good for your gut – being accessible as well, which is why I particularly focused on a couple of chapters which were dedicated to the freezer and store cupboard in *The Kitchen Prescription* as well, because I think if you start using your freezer and your store cupboard well, it is amazing how far things in the

fridge and store cupboard go, particularly lentils, pulses and wholegrains, which are a massive and overlooked part of our diet. You can create really simple, nutritious, delicious recipes from the contents of your store cupboard alone. And the freezer is a great source of fresh fruit and vegetables as well, and inexpensive fruit and vegetables.

So I think it's important to not be proud or arrogant about eating and be appreciative of the fact that we all live within the constraints of our budget. And I totally understand how more of us are eating at food banks. There are schemes which I am particularly supportive of. I've entitled my book *The Kitchen Prescription* because I think fruit and veg for some people should be available on prescription. There are charities who are doing some work on that as well. And I would love in the future to be able to see select groups of patients being prescribed fruit and vegetables and being taught how to use and cook with them. I think it could make a massive difference to people's lives as well.

Martin

So that's one way in which the NHS could get involved in the broader food economy. And of course most of the time the NHS is picking up the pieces of the failures in the broader food sector.

One of the reasons, main reasons, why I went from internal medicine into public health was being confronted with patients with scurvy and beriberi. This was in Belfast in the 1980s, when I was doing a research job in gastroenterology, trying to understand the functioning of a number of rather obscure small peptides, which seemed of very limited relevance to the challenges I was seeing in my outpatient visit clinics.

But one of the areas in which the NHS can actually exert an influence is hospital food. And in 2013 the *i* newspaper listed 21 different reviews of hospital food since 1992 – of course that's a few years ago, and there have been more since – and you've described some fairly horrendous stories of people with gut disease who have suffered because they can't get suitable food. I recall one story you told about a young girl with irritable bowel syndrome.

Why is it so difficult to bring about change, and what can doctors do to make a difference? Because this series is very much about doctors who are role models and who have made a difference. What can we do to try and change this?

Saliha

I think the kitchen culture has eroded in the NHS and it's deeply, deeply saddening for me, because the concept of having in-house kitchens in an NHS facility where everything, food, is made from scratch for staff members, for patients, for visitors. That is such a deeply powerful concept, to have local fruit and veg grown within a 20-mile radius; all your eggs being brought in for you, your bread being bought in for you, your milk being farmed from local sources. Being able to cook everything from scratch – economically as well – and present it to patients.

The kitchen culture has eroded and what has taken over in place of that kitchen culture is a culture where we provide food for our patients. We try and cater for their dietary requirements – we have kosher, we have halal, we have vegan, we have vegetarian, we have coeliac options. But the quality of the food that we're providing for our patients has really plummeted, and most of it has massive carbon dioxide emissions related to it because it's been cooked on alternative non-NHS facilities, packed inside a truck or van frozen, and transported to your NHS facility where it's defrosted in this complex microwaveable facility on-site, packaged and then sent to patients.

Food is sometimes even served in plastic plates rather than on proper crockery. One eats at home in crockery. If you came to my house, I would give you food with a knife and fork on a plate, because that is how we should be eating.

And beyond the fact that we have now these complex, microwaveable facilities and these big companies who are basically exerting control over the way that the NHS gives food out, the other thing to remember here is that food is very low on the NHS agenda, because we obviously are living in a society with technology advancing more and more, and with pressures on the NHS increasing, food somehow keeps taking the back seat.

But my argument is, if you care for someone, one of the core ways of saying that you care for them is how you feed them. So if any guest comes to my house, even if they're a stranger, the way I show that I care for them is that I sit them down, I give them a cup of tea, I make them a meal – that's how you show that you love and care for our patients.

The NHS is the most caring institution in the world, and I am 100% certain of that. But we fail on our food department because we don't show patients the care that they deserve. When you're recovering from illness, you don't want to eat food that has been microwaved. You want to eat a fresh meal.

But I appreciate that there are multiple layers involved. And when I started this journey, looking into NHS food, I think I had a degree of naivety. Someone once described me as having a Pollyanna-like positivity about NHS food, and I think that was probably true. And the more I delve into it and the deeper I go, the more political layers that I see exist, the more I realise that it's a really complex problem to solve. But it starts with having people who have the passion to want to solve it, and also framing everything around patients and how we care for patients. And food is a fundamental way that we can show that we care for patients well.

Now, it's very difficult to prove that good food makes you heal faster. Say you have someone who's had an infection, been septic and is now taking a bit of time to recover. I know, you know, everybody knows that good food will assist in that recovery process. But to compare that patient with good food recovering from sepsis versus a patient who's had non-nutritious, non-fresh food is very, very difficult to do on a population level; to prove that good food meant less days in hospital and it meant better outcomes for our patients. Because, remember, food is not just a snapshot of what happens for your five days' inpatient stay; food is what you were eating before you came in, and what you eat after you go as well.

So it's very difficult to prove to people scientifically that good food makes a difference to the outcome of your patient. If we were able to nail that, then maybe we could get people looking and thinking about making big changes to the food scene in the NHS. But it's not an easy one.

Martin

Yeah, although it does seem that it is so self-evident that we maybe shouldn't need to have to prove it. I'm reminded of the famous paper by Jill Pell and colleagues in *The BMJ* pointing out that nobody's ever done a randomised controlled trial of parachutes as an aid to surviving falling out of aircraft. So, you know, maybe.

Saliha

Haha – you're right, but sadly, in the day and age we live in, it feels like you have to prove the need for something all the time, don't you.

Martin

Yeah, indeed.

I'm going to close with two final questions, and these are questions that I'm asking everyone in this series. The first one is that we are talking about doctors as role models and you are a role model, but who are the people who have inspired or are still inspiring you, and why?

Saliha

This is a really good question because I am constantly, constantly amazed by my NHS colleagues and consultants, and I look up to pretty much everyone I've ever worked with. And maybe this comes down to my Pollyanna-like positivity about everyone, but I have to say that there is something amazing about every single senior clinician that I've worked with and something positive that I've learned from them.

I've always thought of myself as being built up of some of the positive parts of everybody. So, for example, I'll see something that a clinician does particularly well, and I'll say to myself, 'I'm going to do that with my patients as well,' or I'll see an interaction, 'I'm going to behave like that. I'm going to do this.' And I see myself as a jigsaw puzzle made up of all the positive parts of previous clinicians that I've had the pleasure of working with. In essence, I would say, amazing people: everyone who I've worked with has had some sort of inspiration and made me the clinician I am today.

Martin

Interestingly, another one of our future interviewees is Dom Pimenta, who wrote the book *Duty of Care*, and he makes a very similar point in his book about how he has been shaped and touched by the experiences of working with so many colleagues in the NHS.

So my final question: what advice would you give to someone who has just graduated in medicine and who might think about following in your footsteps?

Saliha

Oh, I would say, do not ever think that your NHS career is limited by doing just your NHS work. When you apply to medical school, you have so many things that you're doing on your CV – you know, people have done instruments and they've run marathons and they've done amazing voluntary work. And our careers are all-consuming sometimes.

However, we live in a very different day and age today, and there is so much room and space to be yourself and do things that bring you pleasure outside of

medicine. And by doing those things, you will love your medical career even more. It doesn't take away from it – it adds to it. This old adage that by doing something different, you are less committed to your career is completely untrue.

Actually, the people who do things outside their core medical career will find that their medical career is further enhanced by it, and they're breaking boundaries which haven't previously been broken by other people. So go for it.

Martin

Saliha Mahmood-Ahmed, thank you very much indeed.

Saliha

Thank *you*, thank you. My pleasure.

This podcast is hosted by Martin McKee, produced and edited by Alex Cauvi. For more information visit bma.org.uk/inspiringdoctors