

Vegetarian and Vegan Individuals' Experiences with Healthcare Professionals: A Descriptive Study

Vejetaryen ve Vegan Bireylerin Sağlık Profesyonelleriyle Deneyimleri: Tanımlayıcı Bir Çalışma

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ABSTRACT Objective: The prevalence and popularity of vegetarian and vegan diets in Western societies are increasing. This descriptive study examines vegetarian/vegan individuals' experiences with healthcare professionals while receiving healthcare services. **Material and Methods:** A data collection tool about socio-demographic and dietary characteristics, effects of the diet on life, and experiences with healthcare professionals was created by the researchers. Vegan/vegetarian individuals were reached through an online questionnaire, and 463 questionnaires were assessed using descriptive statistics methods. **Results:** Participants' mean age was 27, and 82.3% were female. 38% were following a vegetarian diet, and 55% a vegan diet. 38.4% reported health-related reasons as dietary motivations. 12.7% of participants received counseling from a health professional before deciding to follow their diets and 27.2% while following their diets. 30.9% encountered healthcare professionals due to health problems, and 66% of them said that the healthcare professional was not informative and/or disincensive. 37.6% were willing to share information about their diets automatically while receiving healthcare services, 53.3% stated that they would only disclose it if asked. **Conclusion:** Participants stated that they preferred their diets for ethical issues and healthy living. They stated that they received support from their family and friends regarding their diet. However, it is worth noting that the majority of the participants did not receive consultancy on their diets from a healthcare professional, and more than half of the participants only disclosed their diets if asked. It should be emphasized that participants' nutrition styles should be taken into consideration in health services and medical education.

Keywords: Vegans; vegetarians; medical ethics; professional-patient relations; delivery of health care

ÖZET Amaç: Batı toplumlarında vejetaryen ve vegan beslenme biçimlerinin sıklığı ve popülerliği giderek artmaktadır. Tanımlayıcı tip-teki bu çalışmada, vejetaryen ve vegan bireylerin sağlık hizmeti sunumu sırasında sağlık profesyonelleri ile yaşadıkları deneyimler araştırılmıştır. **Gereç ve Yöntemler:** Sosyodemografik özellikler, beslenme özellikleri, uygulanan diyetin hayata etkileri ve sağlık çalışanlarıyla deneyimleri içeren bir veri toplama aracı araştırmacılar tarafından oluşturulmuştur. Vejetaryen ve vegan katılımcılara çevrim içi anket yoluyla ulaşılmıştır ve 463 anket tanımlayıcı istatistikler kullanılarak değerlendirilmiştir. **Bulgular:** Katılımcıların yaş ortalaması 27'dir ve %82,3'ü kadındır. Katılımcıların %38'i vejetaryen, %55'i ise vegan diyet uygulamaktadır. Katılımcıların %38,4'ü beslenme biçimiyle ilgili motivasyonunun sağlıkla ilgili nedenler olduğunu belirtmiştir. Katılımcıların %12,7'si uyguladığı diyetle karar vermeden önce, %27,2'si ise bu diyeti sürdürürken bir sağlık profesyoneliyle tıbbi danışmanlık almıştır. Katılımcıların %30,9'u sağlık sorunları nedeniyle bir sağlık profesyoneliyle görüşmüştür ve bunların %66'sı görüştüğü kişinin bilgilendirici olmadığını ve/veya engelleyici olduğunu belirtmektedir. Katılımcıların %37,6'sı sağlık hizmeti alırken beslenme biçimiyle ilgili bilgileri kendiliğinden paylaşacağını ve %53,3'ü bu bilgiyi ancak sorulursa açıklayacağını belirtmiştir. **Sonuç:** Katılımcılar etik konular ve sağlıklı yaşam için bu beslenme biçimini tercih ettiklerini belirtmişlerdir. Beslenme biçimleri ile ilgili aile ve arkadaşlarından destek aldıklarını ifade etmişlerdir. Ancak katılımcıların çoğunluğunun beslenme biçimi konusunda bir sağlık profesyoneliyle tıbbi danışmanlık alması ve katılımcıların yarısından fazlasının sorulmadığı sürece beslenme biçimini açıklamaması dikkat çekicidir. Bireylerin beslenme biçimlerinin sağlık hizmet sunumunda ve tıp eğitiminde dikkate alınması gereken bir husus olduğu vurgulanmalıdır.

Anahtar Kelimeler: Veganlar; vejetaryenler; tıp etiği; profesyonel-hasta ilişkileri; sağlık hizmeti sunumu

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Limiting the consumption of various food products or completely removing them from the diet are practices that date back to old times and have cultural, economic, social and religious roots. Attitudes towards these diets, which were previously believed to increase the risk of nutritional deficiencies, have changed, and increasing number of scientific studies led to the emergence of the idea that these diets provide numerous health benefits.¹

Vegetarianism is defined as a plant-based diet that may or may not include the use of dairy products, eggs and honey.² While abstinence from the consumption of meat is one common rule for all the variations of the vegetarian diet; lacto-ovo vegetarianism includes the consumption of animal products such as eggs, honey and milk; lacto-vegetarianism includes the consumption of dairy products but not eggs, and ovo-vegetarianism includes the consumption of eggs but not dairy products. On the other hand, those who consume seafood but do not eat other meat products are called pescatarians, and those who limit the consumption of meat but do not completely exclude it from the diet are called semi-vegetarians (flexitarians). These definitions are highly controversial and there are certain groups arguing that a diet which includes meat products in any form should not be called a vegetarian diet.³ Veganism is defined as “a philosophy and way of living which seeks to exclude as far as is possible and practicable all forms of exploitation of, and cruelty to, animals for food, clothing or any other purpose; and by extension, promotes the development and use of animal-free alternatives for the benefit of animals, humans and the environment. In dietary terms it denotes the practice of dispensing with all products derived wholly or partly from animals.”⁴ In this study, the dietary aspect of veganism, which has important practical impact on daily life, is discussed.

The prevalence of vegetarianism and veganism in Western societies differs among countries and the popularity these diets have is gradually growing. For example, the number of vegetarian people in Portugal has quadrupled in the last decade.⁵ In Germany, it is estimated that there are 8 million vegetarians and more than 1 million vegans, while in Canada 1.3% of the population is vegetarian and 0.3% is vegan.^{6,7}

Much of this data is based on surveys and self-reports, and definitions provided for the diets differ among the studies. Although there is no comprehensive study conducted on the subject in Türkiye, it is known that the country is among those with the highest increase in vegetarian population.⁸

Nutrition is a fundamental part of personalized medicine studies. The compatibility between an individual's lifestyle, dietary patterns and the treatment designed for that person are important in terms of both the acceptability and the success of the treatment.⁹ Attitudes of healthcare professionals about the dietary patterns of the patients take on a new significance when it comes to ensuring openness and honesty towards healthcare professionals and acting with mutual trust and cooperation. It is argued that vegans and vegetarians meet with negative attitudes from healthcare professionals during their access to healthcare services. It is also highlighted that these negative attitudes, which includes not providing adequate, accurate and necessary counseling and guidance services, interfere with the diagnosis and treatment processes. In Türkiye, there is no research that has been conducted on this subject. The studies on the demographic characteristics of vegetarians and vegans, and why and how they follow these diets are, on the other hand, few and limited.^{10,11}

This study primarily aims to paint a descriptive picture of people who practice vegan and vegetarian diets. In addition, it is aimed to investigate whether vegetarian/vegan individuals' reach healthcare professionals about nutrition-related issues, their communication experiences with healthcare professionals while receiving healthcare services and their experiences regarding the attitudes of health professionals towards these diets.

MATERIAL AND METHODS

This is a descriptive and cross-sectional study. The study sample consisted of vegan or vegetarian individuals over the age of 18 who volunteered to participate in the study and responded to the online questionnaire. Ethical approval was obtained from Hacettepe University Non-Interventional Clinical Researches Ethics Board (date: July 2, 2019, no:

2019/17-21), and participants gave their consent before starting the survey. The study was performed according to the Declaration of Helsinki principles.

A data collection tool consisting of 24 questions about socio-demographic and dietary characteristics, frequency of food consumption, the effect of the followed diet on life, social experiences & experiences with healthcare professionals regarding the followed diet, and attitudes of the healthcare professionals towards the followed diet during healthcare service delivery was created by the researchers after a literature review.¹²⁻¹⁴

In order to provide access to this data collection tool, a link was posted on the social media pages on vegetarian and vegan diet. The link was active between 16.07.2019-30.12.2019.

At the end of the specified period, 541 questionnaires were returned. 24 questionnaires that were found to be problematic during the data quality analysis were eliminated. 54 questionnaires were also eliminated to avoid possible bias since those were answered by healthcare professionals. The remaining 463 were included in the further analysis.

RESULTS

Table 1 presents the socio-demographic and dietary characteristics of the participants. Mean age of the participants included in the study was 26.88 ± 6.82 and 82.3% of them were female. 38% of the participants were students. 32.2% were high school graduates and 55.3% had undergraduate degree. Of the participants, 38% reported following a vegetarian diet (including vegetarian, lacto-ovo vegetarian, ovo-vegetarian, or lacto-vegetarian), while 55.1% reported following a vegan diet. While 88.3% of the participants currently follow the diet they reported, 8.4% stated that they followed a vegan or vegetarian diet in the past but do not currently practice it. 47.9% of the participants have been following or followed the diet in question for 2 years or more and 14.9% for less than 6 months.

Table 2 presents the dietary motivations of the participants. While replying the question about their motivations to follow these diets, the participants were able to pick more than one option. 93.3% of the participants reported ethical concern and 38.4%

TABLE 1: Socio-demographic characteristics and dietary characteristics of the participants (n=463).

	Mean	Standard deviation
Age (years)	26.88	6.82
	(minimum 18, maximum 58)	
Gender	Frequency (n)	Percentage (%)
Female	381	82.3
Male	61	13.2
Other	21	4.5
Educational level		
Secondary school graduate	2	0.4
High school graduate	149	32.2
Undergraduate degree	256	55.3
Graduate degree	56	12.1
Income level		
Income less than expenses	137	29.6
Income equal to expenses	235	50.8
Income more than expenses	91	19.7
Profession		
Student	176	38.0
Teacher	33	7.1
Engineer	27	5.8
Academic	11	2.4
Architect, landscape/interior architect	9	1.9
Lawyer, trainee lawyer	8	1.7
Designer	7	1.5
Guidance and psychological counseling	7	1.5
Translator	7	1.5
Business manager	7	1.5
Sociologists	6	1.3
Other	164	34.4
Not answered	1	0.2
Type of diet		
Vegetarian	176	38.0
Vegan	255	55.1
Pescatarian	24	5.2
Semi-Vegetarian	6	1.3
Other	2	0.4
Continuity of diet		
"I am currently following the diet in question"	409	88.3
"I followed the diet in question in the past but do not currently practice it."	39	8.4
Not answered	15	3.2
"How long have you been following or followed the diet in question?"		
0-6 months	69	14.9
6-12 months	77	16.6
13-18 months	57	12.3
19-24 months	38	8.2
2-5 years	122	26.3
5 years and above	100	21.6

TABLE 2: Dietary motivations of the participants (n=463).

Dietary motivations	Frequency (n)	Percent of responses (%)	Percent of cases (%)
Religious beliefs or cultural habits	15	1.8	3.2
Ethical concern	432	50.7	93.3
"Influence or guidance of the people around me"	32	3.8	6.9
Because of the health benefits of the diet	151	17.7	32.6
"I adopted my diet because of my health problems by my own decision."	25	2.9	5.4
"I adopted my diet because of my health problems by the recommendation of a healthcare professional."	2	0.2	0.4
Liking the taste	51	6.0	11.0
Economic reasons (not able to afford, etc..)	8	0.9	1.7
"Disgusted by meat or can't stand the smell or sight of meat"	88	10.3	19.0
"I was raised to follow the diet"	4	0.5	0.9
Other	44	5.2	9.5
Total	852	100	184.0

chose health-related reasons (32.6% "because of the health benefits of the diet", 5.4% "I adopted my diet because of my health problems by my own decision.", 0.4% "I adopted my diet because of my health problems by the recommendation of a healthcare professional."). Two reasons were frequently reported in the open-ended part of the question: environmental concerns (climate change, biodiversity loss, etc.) (5.6%, n=26) and concerns about animal rights (2.8%, n=13).

Table 3 presents the effects of the participants' diets on their physical and mental health and medical diagnosis related to diet. Of 372 participants who responded to the open-ended question, 21.5% reported

that they had problem(s) with their physical health. Vitamin B₁₂ (5.6%, n=21) and iron deficiency (2.4%, n=9) were the most frequently repeated problems. Of 356 participants who responded to the question, 12.9% said their mental health was positively affected by the diet and 9.8% reported that they had a mental health problem due to the diet they followed. Some of the participants mentioned family and peer pressure, prejudices against their diet, and challenges of finding vegetarian/vegan options as sources of their mental health problems. 37.7% of the 411 participants reported receiving a medical diagnosis that is related to their diet. Diagnoses that existed before they adopted their diet and continued after were also

TABLE 3: Effects of the diets on physical and mental health and medical diagnosis related to diet.

Have you had any problems with your physical health because of your diet?	Frequency (n)	Percentage (%)
If yes, please explain.		
"No, I have not."	269	72.3
"My diet had a positive effect on my physical health."	23	6.2
"Yes, I had."	80	21.5
Total	372	100
Have you had any problems with your mental health because of your diet? If yes, please explain.		
"No, I have not."	275	77.2
"My diet had a positive effect on my mental health."	46	12.9
"Yes, I had."	35	9.8
Total	356	100
Have you been diagnosed with a disease that is related to your diet after adopting this diet? (B ₁₂ deficiency, iron deficiency etc.)		
"No, I have not."	238	57.9
"My diet had a positive effect on my general health/ my previous diagnosis."	18	4.4
"Yes, I had."	155	37.7
Total	411	100

included. The most frequently reported diagnoses were vitamin B₁₂ deficiency and iron deficiency (27.5%, n=113 and 7.3%, n=30, respectively).

Table 4 presents the social experiences related to diet. 32% of the participants stated that they received support from their family, 38.5% from their friends, and 23.1% from the people in their working environment. On the other hand, 22.7% of the participants reported that they met with negative attitudes from their family, 16.7% from their friends, and 22.9% from the people in their working environment.

Table 5 presents participants' status of receiving medical counseling and their experiences with healthcare professionals regarding nutrition. The majority of the participants did not receive medical counseling about their diets from a health professional. 12.7% of the participants (n=59) received counseling from a health professional before deciding to follow their diets and 27.2% (n=126) while following their diets. 7.8% of the participants stated that they consulted with someone who was not a healthcare professional before deciding to follow their diets and 5.2% while following their diet. Participants who consulted with people other than healthcare professionals often reported their vegetarian/vegan friends & acquaintances for information sources for both questions. Participants who selected the "other" option and elaborated on the channels they chose for obtaining information counted such sources as social media, websites, blogs and books, as well as personal social media accounts of vegan or vegetarian doctors and famous people (4.8% of the participants (n=22) before adopting their diet and 3.2% (n=15) while practicing their diet). 30.9% of the participants (n=143) reported contacting to a healthcare professional due to a health problem or ailment while following their diet. Approximately 66% of them (n=95) considered the attitude of the healthcare professional they consulted as not informative and/or disincentive.

Table 6 presents participants' preferences about sharing information about their diet with healthcare professionals. 37.6% of the participants said that they would give this information automatically, while 53.3% stated that they would only disclose this information if asked. When asked about what they

TABLE 4: Social experiences related to diet (n=463).

"When it comes to my diet, my family is..."	Frequency (n)	Percentage (%)
Very supportive	43	9.3
Supportive	105	22.7
Neutral	206	44.5
Resistant	85	18.4
Opposed	20	4.3
Not answered	4	0.9
"When it comes to my diet, my friends are..."		
Very supportive	30	6.5
Supportive	148	32.0
Neutral	204	44.1
Resistant	61	13.2
Opposed	16	3.5
Not answered	4	0.9
"When it comes to my diet, people in my working environment are..."		
Very supportive	17	3.7
Supportive	90	19.4
Neutral	239	51.6
Resistant	93	20.1
Opposed	13	2.8
Not answered	11	2.4

would do if they were told by a healthcare professional to change their diet, 30.7% of the participants said that they would consider this recommendation, and 66.1% said they would not follow it.

DISCUSSION

In Western societies where vegetarianism and veganism are gaining popularity, the groups that most commonly follow these diets are women, those with higher education and the young.^{7,15,16}

In our study, mean age of the participants was 27, 82.3% of the participants were female and 67.4% of them had undergraduate or graduate degree. In a study conducted with university students in Ankara, it was found that 2.5% of the students (3.9% of female students and 1.3% of male students) followed a vegetarian diet and a part of the remaining students reported planning to practice vegetarianism in the future.¹⁰ In a study conducted in the US with medical students, it was revealed that vegetarianism is more common among those students compared to general population.¹² In the present study, 38% of the participants were students. Since the link to the questionnaire form was delivered online, the participants may

TABLE 5: Getting help from a healthcare professional before deciding to follow the diet & while following diet and experiences with healthcare professionals regarding nutrition

Did you receive any medical assistance, support, or advice before deciding to follow your diet? Please explain.	Frequency (n)	Percentage (%)
"Yes, I received assistance, support or advice from a family doctor."	16	3.5
"Yes, I received assistance, support or advice from a doctor other than family doctor."	17	3.7
"Yes, I received assistance, support or advice from a nutritionist."	21	4.5
"Yes, I received assistance, support or advice from a pharmacist."	2	0.4
"Yes, I received assistance, support or advice from another healthcare professional."	3	0.6
"Yes, I received assistance, support or advice from someone who was not a healthcare professional."	36	7.8
"No, I did not."	338	73.0
Other	28	6.1
Not answered	2	0.4
Total	463	100
What was the attitude of the health professional during the interview?		
Informative and supportive	15	3.2
Informative	15	3.2
Informative but disincentive	10	2.2
Not informative	2	0.4
Not informative and disincentive	16	3.5
Other	1	0.2
Did not receive medical counseling from a healthcare professional	404	87.3
Total	463	100
Did you receive any medical assistance, support or advice while following your diet? Please explain.		
"Yes, I received assistance, support or advice from a family doctor."	33	7.1
"Yes, I received assistance, support or advice from a doctor other than family doctor."	49	10.6
"Yes, I received assistance, support or advice from a nutritionist."	33	7.1
"Yes, I received assistance, support or advice from a nurse."	1	0.2
"Yes, I received assistance, support or advice from a pharmacist."	2	0.4
"Yes, I received assistance, support or advice from another healthcare professional."	8	1.7
"Yes, I received assistance, support or advice from someone who was not a healthcare professional."	24	5.2
"No, I did not."	287	62.0
Other	16	3.4
Not answered	10	2.2
Total	463	100
What was the attitude of the health professional during the interview?		
Informative and supportive	36	7.8
Informative	22	4.8
Informative but disincentive	21	4.5
Not informative	10	2.2
Not informative and disincentive	29	6.3
Other	6	1.3
Not answered	2	0.4
Did not receive medical counseling from a healthcare professional	337	72.8
Total	463	100
Did you see a healthcare professional due to a health problem or an ailment while following your diet? If yes, please explain the reason and details.		
No	179	38.7
Yes	143	30.9
Not answered	141	30.5
Total	463	100
What was the attitude of the health professional during the interview?		
Informative and supportive	13	2.8
Informative	16	3.5
Informative but disincentive	26	5.6
Not informative	23	5.0
Not informative and disincentive	46	9.9
Other	13	2.8
Not answered	6	1.3
Did not see a healthcare professional	320	69.1
Total	463	100

TABLE 6: Share information about diet with a healthcare professional (n=463).

"If I am asked to share information about my diet with a healthcare professional while receiving healthcare services..."	Frequency (n)	Percentage (%)
"Yes, I would give this information automatically."	174	37.6
"Yes, I would only disclose this information if asked."	247	53.3
Neutral/Not sure	17	3.7
"No, I would not disclose this information."	15	3.2
Not answered	10	2.2
Your reason for not disclosing this information is...		
"I met with a negative reaction when I disclosed my dietary preferences to healthcare professionals before."	5	1.1
"I think that this is private information."	1	0.2
"I think that healthcare professionals will provide me with sloppy or inadequate health care because of my dietary preferences."	2	0.4
"I think that I will receive prejudicial treatment from healthcare professionals because of my dietary preferences."	7	1.5
N/A	448	96.8
What would you do if you were told by a healthcare professional to change your diet?		
"I would follow it."	6	1.3
"I would consider this recommendation; I am not sure whether I would follow it."	142	30.7
"I would not follow it."	306	66.1
Other	5	1.1
Not answered	4	0.9

have shared the questionnaire with their social circles, resulting in relatively higher numbers of participants who are students.

Veganism is generally considered as a subcategory of vegetarianism in the literature, and approximately 10% of the vegetarians are thought to be vegans.¹ In the present study, veganism was included as a discrete option in the data collection form, and 38% of the participants stated that they were vegetarian and 55% said they were vegan.

Ethical reasons, animal welfare, environmental reasons, and health concerns are the most popular motives for becoming vegetarian and vegan in Western societies although it may vary according to the geography and population.^{13,17} When Asian countries like India or China are considered, it is seen that religious beliefs and social and cultural factors are also influential.^{15,18}

In a study conducted by Cramer et al. in the US with people who chose to be vegan or vegetarian due to health benefits provided by these diets, approximately one fourth of the participants reported that they started following these diets for a specific health condition. The study also revealed that about one fifth of the participants were recommended by a physician to follow these diets.¹⁴ In the present study, 38.4% of the participants stated that they chose to be vegan or

vegetarian for health-related reasons (due to the health benefits of the diet, by their own decision due to their health problems, and by the recommendation of a health professional due to their health problems).

Vegetarian and vegan diets' health benefits are well documented in the literature. On the other hand, it is emphasized that these diets should be regulated to ensure the adequate intake of various nutrients.¹⁹ 37.7% of the 411 participants who responded to the question whether they had been diagnosed with a disease that is related to their diet reported receiving a medical diagnosis. The evidence on the relationship between vegetarian and vegan diets and mental health is inconsistent, and comprehensive studies are needed on the subject.²⁰⁻²² In a study conducted in Türkiye, most of the participants reported experiencing no mental changes after switching to vegan or vegetarian diet while some reported positive changes. In the same study, majority of the participants stated that they experienced positive changes in emotional and physical terms.¹¹ In the present study, 77.2% of the participants expressed that they did not experience a mental health problem related to their diet, 12.9% said their mental health was positively affected and 9.8% reported that they had a mental health problem related to their diet (of 356 participants who responded the question).

The social support from family and friends while maintaining a diet is important. It was found out in a study conducted with vegan and vegetarian university students that the dietary preferences of these people significantly affect their social relationships and that they are faced with various problems in their family, school, and social lives.²³ In the present study, 32% of the participants stated that they received support from their family, 38.5% from their friends, and 23.1% from the people in their working environment. 22.7% of the participants reported that they met with negative attitudes from their family, 16.7% from their friends, and 22.9% from the people in their working environment. On the other hand, 6.9% of the participants said that one of their motivations for following a vegan or vegetarian diet was the influence or guidance coming from their environment.

There is a myriad of sources of information on the internet about these diets, but the quality of content is varied and health literacy plays a significant role in benefiting from the information provided there.²⁴ The study carried out in the US with people who became vegan or vegetarian due to health benefits conferred by these diets revealed that only 6.3% of the participants consulted a physician for their diets. The most referred sources of information were found to be the Internet, books, magazines etc.¹⁴ Similarly, participants in the present study also reported using different types of sources. 7.8% of the participants stated that they consulted with someone who was not a healthcare professional before deciding to follow their diets and 5.2% while following their diet and named their vegetarian/vegan friends & acquaintances for information sources for both questions. It is reckoned that those who did not seek support from healthcare professionals similarly used sources of information on the Internet such as social media, websites, blogs, and books, as well as personal social media accounts of vegan or vegetarian doctors and famous people.

In the present study, 12.7% of the participants received counseling from a health professional before deciding to follow their diets and 27.2% while following their diet. The most frequently consulted healthcare professionals were family physicians,

other physicians, and nutritionists for both situations. 30.9% of the participants reported contacting to a healthcare professional due to a health problem or ailment while following their diet. Approximately 66% of them considered the attitude of the healthcare professional they consulted as not informative and/or disincentive.

In a study conducted in the state of Kentucky, USA, 15% of the vegetarian participants and 11% of the vegan participants stated that they did not tell healthcare professionals about their diet. Participants also reported having negative healthcare experiences.²⁵ In the study conducted by Cramer et al. in the US with people who switched over to veganism or vegetarianism due to health reasons found that 40% of the participants did not disclose their dietary patterns to healthcare professionals. 42% of the participants said that they did not disclose this information because they were not asked about it, approximately 30% said they did not think they needed to know.¹⁴

In the present study, 37.6% of the participants said that they would share information about their diets automatically with a healthcare professional while receiving healthcare services and 53.3% stated that they would only disclose this information if asked. 3.2% expressed that they would not disclose this information. These findings reveal how important it is for healthcare professionals to bring up the issue of dietary preferences during a medical examination. The fact that about half of the participants do not prefer to disclose their dietary pattern if not asked may be due to the fact that they do not think this information is related to the reasons for needing healthcare service. Another reason may be not preferring to share this information in order not to face a possible negative attitude. Of 15 participants who said that they would not disclose information about their diets, 7 participants chose "I think that I will receive prejudicial treatment from healthcare professionals because of my dietary preferences." and 5 of them reported "I met with a negative reaction when I disclosed my dietary preferences to healthcare professionals before." for their reason.

In a survey study conducted with vegans, participants reported a number of negative experiences

with the healthcare services, including offensive comments and pressure from healthcare professionals.²⁶ Effective communication and a relationship based on mutual trust between healthcare professionals and patients are the key factors that have an undeniable role in the diagnosis and treatment processes. When it comes down to dietary preferences and habits, patients' or patient relatives' "distrust" towards physicians or their not considering the physicians as a source of advice may result in patients' refusal of treatment or being lost to follow-up.²⁷ When participants were asked what they would do if a healthcare professional told them to change their diet, 30.7% said that they would consider this recommendation, and 66.1% said they would not follow it.

LIMITATIONS

Since the research was conducted online, the respondents were anonymous. Only those with internet access can be reached through an online survey. Young people and people with higher education are more likely to respond online surveys. Online surveys are often circulated among people in the same social circle. Those can be considered as limitations regarding sampling.

CONCLUSION AND RECOMMENDATIONS

In this study, we found that participants chose a vegan or vegetarian diet due to ethical concerns and health-related reasons. In this context, they said that they also received support from their families and friends. However, it is quite striking that it was observed that there was no such relationship between the participants and the healthcare professionals. Participants do not provide information about their diet unless asked by healthcare professionals. In fact, if they were advised by healthcare professionals to change their diet, more than half of the participants stated that they would not follow this advice. Also, it is a remarkable finding that the majority of the participants in this study did not receive counseling from a healthcare professional, neither before nor after making a significant change to their diet, which is closely related to health. Qualitative studies that would evaluate the communication between patients/counselees and healthcare professionals and the problems these patients/counselees experience while

receiving health care within the framework of a cause-effect relationship are highly needed.

Although for different reasons, veganism and vegetarianism have become preferable and visible as a lifestyle, especially in Western societies. The fact that individuals who practice vegetarianism and veganism consider their diet as a part of their identity should be handled with a multidisciplinary approach in line with the principles of beneficence/non-maleficence in the provision of healthcare services. In this context, the dietary preferences and patterns of patients/counselees should be questioned - without being judgmental or stigmatizing - as a part of the history-taking process. It is possible to ensure that individuals get expert opinions on the effects of diets on their health only if the relationship between patients and healthcare professionals is based on mutual trust, healthcare professionals respect their patients' autonomy, and effective communication is established. Individuals who have alternative dietary preferences are generally neglected during healthcare service delivery. This neglect may lead to incomplete assessment and harm these individuals. It is important that physicians/healthcare professionals have an awareness of alternative diets in order to be able to evaluate the patient/counselee with a holistic perspective. For this reason, it would be appropriate to include training courses on different dietary patterns in both undergraduate education curricula and in-service training programs of healthcare professionals.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

All authors contributed equally while this study preparing.

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