A few months after the new cholesterol guidelines were announced last year, I went to a free educational luncheon seminar for physicians. It was sponsored by an unrestricted third-party grant from a pharmaceutical company; academic cardiologists from excellent universities made fair-balanced presentations on the subject of cholesterol-lowering drugs.

We filed in, 250 of us. Tables of 10 were set, decorated with glossy notebooks and PowerPoint printouts. Most of us, however, headed straight for the buffet.

The luncheon was remarkable for two reasons: First, the seminar and the food served contradicted each other. On the one hand, the expert cardiologists expounded on the need for cholesterol control, its relationship to heart disease, and its importance in the prevention of all vascular disease.

But on the other hand, physicians consumed platters of cold corned beef, Swiss cheese, pan-fried chicken piccata and pecan sticky rolls, slathered with real butter. Oiled pasta with butter, without vegetables. Airy white and rye breads, without a trace of fiber. Canned soda. It seemed that many of us eating lunch had no idea that what we were eating was bad for us.

Second and sadly, the food was actually better than the usual fare at medical conferences. There were fresh salads and vegetables. There was fresh melon, albeit chunked into unwieldy shapes. There were diet sodas, along with the others.

But this seminar was typical in most ways. Physicians lined up to have a meal, in an orderly way. They showed no displeasure at eating what was served. If only they knew that corned beef and buttered pasta for the heart are like unfiltered cigarettes for the lungs. And that fish and soy are like seat belts.

You’d think that an educational program on cholesterol management would be an ideal forum for dietary role modeling. A few small changes in what you eat can make a big difference in your cholesterol level. Unfortunately, the food served probably raised everyone’s cholesterol level, and not their good cholesterol (HDL), either.

Of course, there are foods that lower harmful LDL cholesterol levels. Fruits and vegetables, soy, whole grains, nuts, legumes, beans, red wine and fish top that list. Preparing those foods flavorful is easy for an expert hotel kitchen, used to cranking out hundreds or even thousands of meals daily. Chefs love using their imaginations and creating food that people love and want to come back for.

But maybe doctors don’t request cholesterol-lowering foods at conferences, and don’t even avoid cholesterol-raising ones because they’re just grateful to be fed. Or perhaps doctors genuinely enjoy trays of battered chicken and cold cheese, and plates of pecan rolls and butter. Perhaps doctors prefer the check-off meal choices routinely made by a hotel conference manager or meeting planner to the extra work involved in winning over a hotel catering staff. Or perhaps the already arranged food is cheaper, more familiar, and easier to eat than arranging for something new—healthy, delicious conference food.

But I think doctors just don’t know what’s in what they’re eating and what’s being served. Because if they did, they would want other choices. What if doctors led by example on eating to lower cholesterol levels? What if doctors actually ate the food they prescribed to their patients?

Doctors have led by example before—with tobacco. Many doctors have stopped smoking, and even more have never started. Just 2% of medical students smoke, according to a 1998 JAMA survey, compared to 24% of the general population. Smoking isn’t tolerated inside hospitals any more. Smoking isn’t permitted at medical conferences—or for that matter, in many hotel lobbies. Maybe heavy, fatty, oily, high saturated fat and high trans-fat foods ought to banned at medical conferences, too.

Physicians are readying to prescribe the $13 billion in cholesterol-lowering medications that the Wall Street Journal predicts the U.S. will spend this year. And they are, by and large, very effective, very useful medications. But what a difference a meal—a conference meal—could make.

At the First International Wellness Conference (www.iwellcon.com) in Galveston, Texas, in January, the food was spectacular. For breakfast, leek, potato and asparagus egg white frittatas. Smoked salmon with capers, egg, and red onion. Soy milk, whole grain cereals, green tea, and moist banana nut muffins made with applesauce instead of shortening.

For lunch, Red Snapper Vera Cruz. Mexican brown rice with peas and corn. Hand-rolled, lightly baked homemade chicken cilantro enchiladas, with roasted tomatillo sauce. Frijoles charro, fresh guacamole, and pico de gallo. Just-squeezed grapefruit and orange juices. No soda, anywhere. For dessert, whole pears poached in gewürztraminer and cloves, flan with caramel sauce and raspberries, and beautiful tiny blueberry tartlets.

I know the food was great and good for you because I designed the menu—and the doctors loved it.

Food at medical conferences should show doctors how to eat for flavor, and eat healthfully. Only then can doctors help their patients make the changes needed to improve cholesterol levels and prevent heart disease.

The views expressed in this article are the author’s and do not reflect those of P&T.