VIEWPOINT

Challenging Ronald: McDonald versus McDonald’s

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Abstract: Obesity is the most prevalent health condition affecting first world children in 2011. This article recounts a campaign that opposed the construction of a fast food outlet in close proximity to a large school complex. The epidemiologic evidence that there is a negative health impact on children that attend schools close to fast food outlets is reiterated. There is an urgent need for planning laws to be modernised to reflect that evidence.

Key words: childhood obesity; fast food; planning laws.

I have enjoyed being a country town paediatrician for the last 20 years. You become a part of your community, with all the ups and downs. It is not always easy. At the moment, I am involved in a campaign against a planning application by the McDonald’s restaurant chain, which is proposing to use the space currently occupied by my local general store, demolishing it to build a large McDonald’s outlet. If approved, the new outlet will be within a residential zone and directly next door to a school complex attended by 1700 students (Fig. 1).

When an area is zoned residential, small general stores are an allowed development, to service the local community. It is deemed ecologically sensible and useful. Our local residential planning laws permit a general store, in addition to their usual function, to attach a couple of tables for customers to enjoy coffee. Commercial development within residential zones is strictly prohibited. It appears that in order to satisfy that prohibition, McDonald’s has called its large proposed development a ‘refreshment room’. In my view, a 100-seat fast food outlet with 150 staff and 24-h ‘Drive-Thru’ is a far cry from the small, attached refreshment room permitted by our local planning laws.

The obesity epidemic is the most urgent health challenge facing paediatricians and has become startlingly apparent in clinical practice. The majority of obese children will remain obese throughout their lives. My anaesthetic colleagues complain to me that their equipment no longer fits children and that my weight and drug dosage formulae are outdated. We were all taken by surprise recently when preparing for the arrival of a 14-year-old motor vehicle accident victim. He weighed 90 kg and was too large for the emergency helicopter. The causes of increased obesity in children and adolescents are multifactorial, but increased junk food intake is clearly a major contributor. Obese children are at risk of lifelong adverse health problems and possible premature death.

There is impressive epidemiological evidence that close proximity of fast food restaurants to schools may increase the obesity rate in children attending the schools. The California Healthy Kids Survey was a well-designed cross-sectional study of over 500 000 children. Analysis of the data by Davis and Carpenter in 2009 showed that there was a statistically significant increased risk of obesity if a fast food outlet was located within 500 m of a school. The proposed McDonald’s outlet would be 50 m from local schools and, based on the evidence, could constitute a threat to the health of the schoolchildren.

I felt that a strong response was necessary, so I joined a very arduous public campaign, with a small number of committed local residents. We were able to mobilise substantial opposition to this proposal, and eventually, 5900 objections were lodged with Council.

If it had not been for the presence of local planning laws, however, there is nothing that could have been done to stall this proposal, as McDonald’s sells a legal product. Existing planning laws for communities rarely include any provision specifically to improve health, particularly child health. Backyards are shrinking, parks are disappearing, particularly in new subdivisions, and the roads where children commonly used to play are now too busy and unsafe. During this campaign, it became quite clear to me that staying in my office to treat obesity was almost pointless because, as a society, the pressures to increase weight in children are much stronger than any attempts by paediatricians to reverse that trend, as rising obesity rates clearly demonstrate. Unfortunately, the burden of obesity falls most substantially upon disadvantaged communities.

I think that with the nature of our profession, we should be very cautious in our association with fast food outlets. The obesity epidemic has parallels with to the tobacco epidemic. A government-mandated, public health-based response
using similar approaches to those used to curtail cigarette use will be necessary to reverse the alarming trend in obesity rates over the next decade.

My first-hand experience of McDonald’s corporate tactics showed that it is efficient and very determined when it comes to business. Maximising profit by increasing presence in the market is a well-recognised business practice. This technique was pioneered very successfully by the Coca-Cola Company, whose ideal was that nobody should at any time be more than 100 m from access to their product.

The Royal Children’s Hospital in Melbourne (RCH) will shortly be re-developed. A McDonald’s has existed in the old RCH for 20 years and has been incorporated into the new building. The community at large still believes that doctors run hospitals (a belief that may be met with surprise by clinicians) and are therefore entitled to believe that this development has the approval of the doctors of that hospital.

In fact, many local doctors strongly oppose the co-location of McDonald’s within RCH (Prof M South, pers. comm., 2010). The powerful stamp of approval for McDonald’s provided by the RCH development was used by our local opponents to support their case in favour of the Port Macquarie development, while McDonald’s support of Ronald McDonald charities was used in two official presentations to the council to support the benefits of its local proposal. At least one children’s hospital in this country has a statue of Ronald McDonald within the waiting room of the hospital (Fig. 2). In my opinion, this is not harmless and we would probably not allow a pharmaceutical company the same privilege.

At the moment, having been refused permission at the local council level, McDonald’s have initiated an appeal to the Land and Environment Court. The local fight will continue because I do not believe I should stand by and watch a development which I consider may be harmful to the children of my community without a vigorous attempt to defend the health of those children. It feels like a very unequal battle – a handful of locals versus one of the world’s largest corporate giants, who appears determined to win this one. It seems that resources do count in these matters, and McDonald’s has very deep pockets. The fight will have to be entirely on planning laws as, regrettably, under current local environment plans, health considerations are totally irrelevant when it is time to front up to the Development Application Panel.

The concern about this subject is not new and has previously been comprehensively and eloquently addressed. Paediatricians’ professional credentials in the area of children’s health are important in preserving the health of all children. They are hard earned, and the community respects them. For that reason, they...
are a privilege, not a right and, occasionally, may need to be used judiciously to promote all aspects of child health, not just those we see on our daily ward rounds or in our offices. In my view, planning laws should reflect scientific evidence that close proximity of fast food outlets to schools may have a harmful and possibly lifelong impact on children who attend those schools.

References
5 Tisdell L. Port Macquarie News. 2010; 8 September.

The Land and Environment Court dismissed the Appeal by McDonalds and upheld the Council prohibition in February 2011. The General Store remains closed.

Fig. 2 The author with Ronald McDonald in the foyer of an Australian Children’s Hospital.