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Breaking the Bias: Addressing Stigma in Obesity Care

Announcer:
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Dr. Coutinho:
Hello. This is CME on ReachMD, and I'm Dr. Walmir Coutinho. Here with me today we have Dr. Charles Vega.

Charles, what do providers need to know when it comes to addressing the stigma of obesity?

Dr. Vega:
If you're a clinician, I'm sure that you've seen someone who is experiencing shame and guilt about their body type or their body weight or their diagnosis of overweight and obesity. And actually, it's been demonstrated that we in healthcare are one of the leading causes of that shame and guilt because we don't treat patients with respect, we don't treat patients with empathy. We blame them for what is a chronic illness. That is a chronic illness, just like hypertension or diabetes.

So I think that the first thing is you want to set the framework that this is a chronic illness and that it’s caused by many different factors that the patient's lifestyle contributes to, but it's certainly not only due to patient choices or their lifestyle. So I think of it this way: Person-first language is really important. And what that means is, in the simplest way I can put it, is that diseases are nouns; they aren't adjectives. There is no 45-year-old obese woman, it's a 45-year-old with obesity. Just like I would say as well, there's no 36-year-old alcoholic female, it's a 36-year-old woman with alcohol use disorder. So if you get away from using diseases as adjectives and put them after the patient, and as with the disease state that is, you're going to be a lot better off.

And we certainly don't want to use terms like fat, thick, big. Patients may use these terms, but I always will reframe it. I reframe body weight as a health issue, not a cosmetic issue. And I always use the terms overweight and obesity. I do tend to use the term overweight more in my practice, even though patients may meet body mass index criteria for obesity, because overweight’s a little bit easier to take for some patients emotionally than obesity. But at the end of the day, I'm going to explain that the diagnosis is obesity if their BMI is 30 or more and explain why it's important to document that.

In terms of other tools to really start engaging folks with overweight and obesity in a productive conversation about achieving a healthy body weight, first, you really have to use that person-first language, express empathy, use open-ended questions. They gather more information than closed questions, but they're much more patient centered. And you want your whole staff to be involved with this as well.

Also think about physically how your office is laid out. You have a scale. We should be assessing body weight routinely on our patients when they come in for clinic visits. Is your scale in a private area where patients can feel like it's just for them and not out in the open where everybody can see the results? Is your staff yelling down the hall, “Hey, do you have the thigh cuff for the blood pressure? Because this arm is way too big”? That is something patients will remember. You really want to avoid that and set your staff up for

success as well. Have the right size gowns available and have the right equipment available.

When patients finally talk about their own history of experiencing shame or bias, I accept that and I validate that experience, but I also tell them, “Hey, it's different. We are going to focus on this, I think, optimistically. We're going to approach your body weight constructively and treat it like the chronic disease it is.”

Finally, I'll just advocate again, ask permission before discussing obesity because it can be such a sensitive subject for folks, understandably so.

Dr. Coutinho:
Thank you, Charles. That was very helpful. I think it's so important that we keep focused on all the psychological burdens associated with obesity. We need to avoid certain words that may seem offensive to some patients with obesity. For instance, as you mentioned, morbid obesity, it sounds offensive for many of our patients. We need to be very careful on how to address the problem. Ask permission for the patient to address their weight problem. And I think that this is quite important in our day-to-day practice.

So with this takeaway message, I'd like to thank you very much for your attention, and we hope it was useful for your practice. Thank you.

Dr. Vega:
Thank you. Take care.

Announcer:
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