

Do No Harm: Weight Stigma in the Clinical Context

Selected Slides

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A Word About Language

Stigmatizing Terms	Preferred Terms
Obese	“Overweight/obese according to current BMI standards”
Overweight	Higher weight
Skinny	People of size
Unhealthy Weight	Larger-bodied
Healthy Weight	Thin-bodied
	Persons with thin privilege



Effects of Weight Stigma on Teens

Chronic stress response ⁽²²⁾	Psychological distress ⁽²⁹⁾
Poor social and emotional adjustment/loneliness ⁽²⁶⁾	Fewer friends ⁽³⁷⁾
Disordered eating ⁽²⁷⁾	Somatic symptoms (in girls) ⁽¹⁵⁾
Increased depression, anxiety, substance use, self harm (after accounting for age, sex, BMI, and age of onset) ^(5; 7; 13; 14; 37)	School avoidance/worse grades ⁽³⁷⁾
	Internalization ⁽²⁹⁾

Effects of Weight Stigma on Patients

- Decreased preventative health care services
 - Delay in breast and gyno exams in fat women ⁽⁹⁾
- Appointment cancellations ⁽³¹⁾
- Ineffective or harmful weight management strategies
 - Exercise avoidance, disordered eating patterns, increased calorie consumption ^(39; 45; 48)
- In adolescents, associated with preference for sedentary isolative type activities ⁽¹³⁾
- Drug doses not calibrated ⁽¹⁹⁾
- 75% of higher weight patients look to their physicians “a slight amount” or “not at all” for help with weight ⁽⁵⁰⁾
- When parents were asked how they would react if a doctor referred to their children’s weight in a stigmatizing way
 - 34% would switch doctors
 - 24% would avoid future medical appointments for their children ⁽⁴⁰⁾

Microaggressions from Clinicians

- Use sizeist, alarmist language: “Obesity epidemic,” “overweight,” “unhealthy weight”
- Equate weight with physical health
- Equate weight with mental health
 - Diagnosing depression, binge eating, addiction, or anorexia/bulimia based on body size
- Engage in stereotyping
 - Non-compliant, undisciplined, poor self-image, etc.
- Praise fat people for doing things that we would label “unsafe” or “disordered” in slim people
- Compliment weight loss without knowing cause
- Assuming people who are at higher weights aren’t doing self-care

(12)

Microaggressions from Clinicians

- Fail to educate ourselves about how activities of daily living, family life, parenting, sex, etc. might need to be adapted for people with bigger bodies
- Imply that treating mental health (e.g. depression, binge eating) will reduce weight
- Assume weight-loss as a goal without consulting client/family
- Promise therapy will help with weight loss when there is no guarantee
- Support partners & parents who shame higher-weight clients
- Maintain inaccessible and/or hostile spaces
 - Scales, scanners, M.R.I. machines

(12)

Improving Clinical Practice

- Role Modeling
- Clinical Documentation
- Clinical Environment
- Behavioral Health Screening
- Language and Word Choice
- Health at Every Size®

American Academy of Pediatrics

Stigma Experienced by Children and Adolescents With Obesity (2017)

(33)

NAAFA

Guidelines for Health Care Providers Who Treat Fat Patients (25)

- Philosophy/Approach
- Weighing Patients
- Diagnosis
- Treatment
- Medical Procedures
- Accommodations
 - Waiting Room
 - Exam Room

Advocacy

- Patients
- Schools
- Youth-Targeted Media
- Provider Training
- Parents
- Health Care Organizations

Ethical Responses to Weight Stigma

- Engage in critical analysis of research on weight loss efforts & the conflation of body weight with health
- Explore intersections w/ race, SES, gender, other identities
- Weight-neutral responses in health care
- Teaching techniques for cultivating body acceptance
- Recognize & respond to weight-based microaggressions
- Avoid making assumptions about diet and activity based on size
- Ask ourselves: **How would we treat this patient/family differently if their bodies looked different? (bigger, smaller, etc.)**
- Purposefully include higher weight subjects in our research studies

(12)

Our Bodies with Patients

- Explore and help patients cope with weight stigma.
- Be a role model for resistance (to societal norms) and change.
- Talk about the political nature of body image. Experiences of stigma are not our body's fault.
- Honor the expertise of the person who occupies the body.
- Talk about the processes of life, not the outcome of weight.
- Turn up the volume on patients' curiosity. What is pleasurable? What is satisfying?
- Chose to explore the discomfort instead of going into problem solving. What is it like to live in the world with this discomfort, in a world that isn't accepting you as you are?

(12)

Our Bodies with Patients

- Our bodies are in the room!
- Questions you can ask patients regarding size bias:
 - What's worrying you about my size?
 - What concerns you most about my size?
 - Tell me more about what my size means to you?
 - What is it like for you to be talking about these things with someone of my size?

(12)

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