

Addressing medicine's bias against patients with obesity



Obesity is a major health issue around the world. In the United States, for example, nearly 75 percent of adults ages 20 years or older are overweight or obese, according to the Centers for Disease Control and Prevention.

Being overweight is not easy. In addition to health risks associated with obesity, people with weight problems often become objects of ridicule or mockery, as if it's just a simple matter of excess calories. The problem doesn't end there. When patients who are overweight visit a doctor's clinic, they also encounter the same stigma.

"There is not a single patient with significant obesity who has not experienced weight bias, whether it's comments from doctors or nurses, the way waiting rooms are set up, or privacy issues," said Yoni Freedhoff, MD, an obesity specialist at the University of Ottawa. "Weight bias is ubiquitous in society as a whole. Doctors are part of society."

There is more evidence pointing to medicine's bias against obese people. In a 2015 review of the empirical literature on weight bias in healthcare, the authors concluded: "Many healthcare providers hold strong negative attitudes and stereotypes about people with obesity." Such attitudes influence person-perceptions, judgement, interpersonal behaviour, and decision-making, the authors noted.

Furthermore, data show that physicians tend to spend less time in appointments with patients who are overweight. "Primary care providers have also reported less respect for patients with obesity than those without," said Rebecca Puhl, PhD, deputy director of the Rudd Center for Food Policy and Obesity at the University of Connecticut.

Because obesity is a health risk factor, physicians feel justified to address patients' excess weight every chance they get, no matter the reason for their visit. For example, when patients with obesity seek treatment for an earache, some physicians feel the need to remind them that they need to lose weight.

"I don't disagree that it's important, but the overwhelming evidence is that by recommending weight loss to your patient in a primary care appointment, when that's not what they're there for, does not help them," said Mayo Clinic researcher Sean Phelan, PhD, a co-author of the 2015 review article.

Two recent studies suggest weight bias among medical professionals dates back to their undergraduate years. The authors used virtual human technology to see whether the weight of paediatric patients or their mothers influenced assessments made by students with healthcare majors, such as premed.

In one study, undergraduate participants rated children and mothers with obesity as being less likely to adhere to physician recommendations compared with healthy weight children and mothers. In the other study, participants rated the pain of paediatric patients with obesity as more likely to be influenced by psychological and behavioural issues compared with the pain of healthy weight paediatric patients.

"These results suggest that interventions targeting weight bias among students and healthcare trainees may be warranted," study authors concluded. "Future research should begin by examining whether or not participants are actually aware of their own bias."

Puhl wants medical schools to devote more attention to the subject of obesity, as well as weight bias. "We need more content...on obesity and nutrition so healthcare providers understand just how complex body weight is. It's not just an issue of calories in and calories out," she said.

Some medical schools have launched initiatives to change students' biases against overweight patients. The University of Pennsylvania, for example, has started incorporating more nutrition information into medical training. Meanwhile, the Mayo Clinic Alix School of Medicine devotes two afternoons each year to the topic of nutrition, covering obesity as well as malnutrition, said endocrinologist Manpreet Mundi, MD, who is on the faculty in Rochester, Minnesota. "We really fought hard for this."

Although changing healthcare students' and professionals' negative attitudes toward patients with obesity takes time, relatively simple tweaks, such as moving the scale from the hallway and into a private room, can foster a more welcoming environment.

Mundi said Mayo had remodelled his floor and placed the scale in a hallway. Patients who were overweight began refusing to get weighed. While the location of the scale seems like a relatively simple thing, Mundi said, it wasn't something he had ever thought about.

"One of the things we are starting to see now is a kind of recognition that it's not only patient-provider interactions that we need to think about, but even the office environment," Puhl said. "Are there sturdy armless chairs in the waiting room? Do they have appropriately sized medical equipment?"

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