Weight stigma in Healthcare

"What does the evidence say, what can we do about it & why does it matter what you say?"

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Outline of session

1. Weight stigma in healthcare
2. Weight stigma in dietetic practice
3. Can training help?
4. What we say matters
5. Summary

Optimistic

Non-compliant

Not feeling blamed

Unsuccessful

"What emotions do you want to feel when you see healthcare professions?"

Hope

Lazy

Supported

Weak-willed

Positive

Dishonest

(Flint, 2016 BJO,; Price et al, 1987; Hebl and Xu, 2001; Foster et al, 2003; Ferrante et al, 2009; Puhl and Heuer, 2009; Huizinga et al, 2009; APPG Obesity , 2019).

Weight Stigma in Healthcare

- Bias exist **across all healthcare professional**
  - Doctors (69%); Dietitians (37%): nurses; exercise professions[1,2]
  - Unfortunate also among HCP **specialising in obesity management**[3]
  - Confirmed by **patients qualitative reports** within literature[4,5]
- **Education plays a pivotal role** in shaping the perceptions & attitudes of HCP
  - Potentially reinforces **pre-existing prejudices & biases**.
- Stigmatising attitudes, both conscious & unconscious held by HCP reflects
  - exposure to **consistent & widespread weight stigma**
  - the **lack of training & education for HCP** on obesity & how to avoid bias[6]
- Obesity bias can **directly affect the screening and treatment** of various medical conditions in these individuals.

(1..Puhl & Brownell 2006, Obesit;y; 2. Panza et al., Obesity Review; 3..Abbott et al., 2023 Eclinical Medicine; 4. Ryan et al., 2022 Obesity Reviews; 5. O'Donoghue et al., PLOS One 2021; 6 Flint 2021 Eclinical Medicine 34)

Weight Stigma- Medical decisions in Healthcare

- Impacts **medical consultations**, also **additional procedures & treatments**, predominantly in **preventive screening exams**.
- **Women** seem particularly vulnerable;
  - Less smears, colorectal cancer screening, mammography (75% of studies)

- Quality of medical consultations also impacted with:
  - Less **Eye contact**
  - **Less confidence** in patient complying with treatments
  - **Lower performance of physical examinations** & measurements.


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REVIEW
OBESITY REVIEWS WILEY

Obesity bias: How can this underestimated problem affect medical decisions in healthcare? A systematic review

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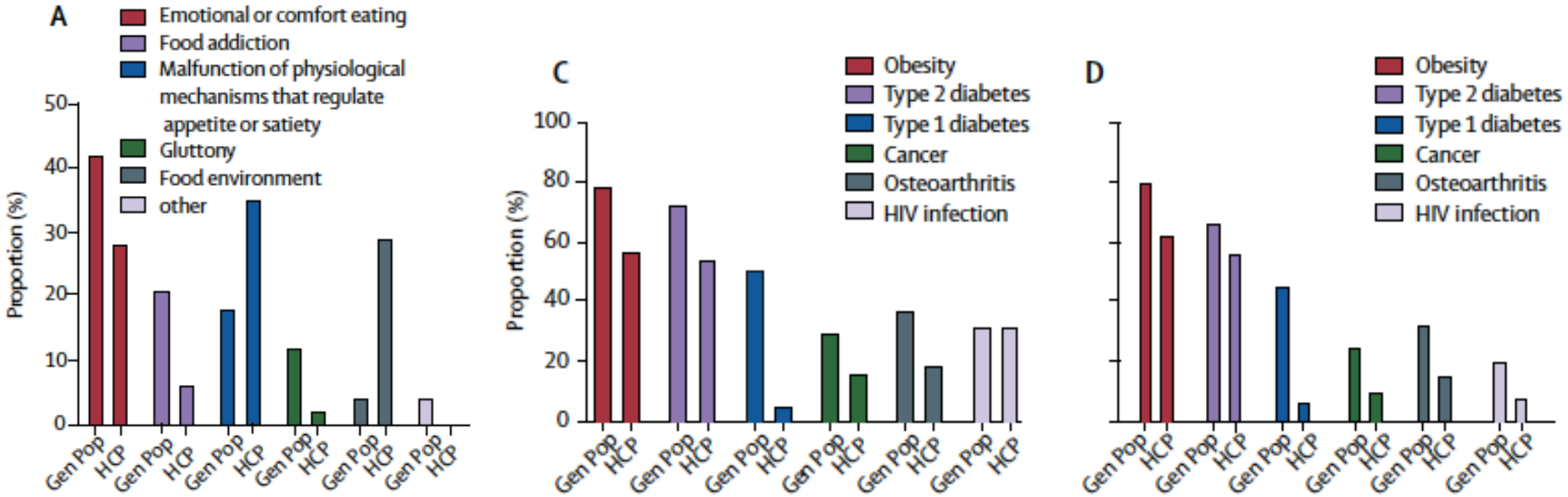
- Impact on pharmacological treatment
  - Patients with T2D living with obesity were **less likely to have treatment intensified** Vs patient living without obesity
  - Patients with obesity **more likely to receive an antidepressant prescription**, despite its known obesogenic properties.

Weight Stigma in Healthcare

- Belief that main factors causing obesity are **behavioural factors** including lack of **physical activity**, **overeating** & **emotional eating**[1,2]
- The Attitudes, Stigma and Knowledge (ASK) Study[3]



(1 Kaya Cebioğlu et al., Rev Nutr. 2022; 2. Harvey et al., 2002 JHND; 3. O'Keeffe Lancet Diabetes & Endocrinlogy, 2020)

(1

Can training help?

- We identified **5 stigma reduction strategies** in healthcare
  1. Increased **education** - increase knowledge about obesity
  2. Causal information and controllability - focus on genetics & social factors
  3. Empathy evoking - increasing acceptable & liking of PLwO
  4. Weight-inclusive approach - plus weight bias awareness
  5. Mixed methodology - causal, empathy & awareness
- Addressing **early on & continuously** throughout education & practice
  - Teaching **genetic & socioenvironmental determinants** of weight, & explicitly discussing **the sources, impact & implications of stigma.**

(1. Talumaa et al., 2022 Obesity Reviews;).

How we say things matters

- Initial conversations about weight key to setting tone of future conversations
- Poor communicate with people living with obesity (PLWO) impacts engagement, motivation & patient-practitioner relationship[1-4]
- Neutral words - “weight” or “unhealthy weight” or “BMI” are possible preferred terms & “obese” and “fat” were disliked[1-6]
  - Despite this, ambiguity remains[5]

(1. Hirschfeld-Dicker et a., 2019 Acta Paediatr; 2. Ivezaj et al., 2020 Obesity; 3. Hayward et al., Stigma and Health, 2020; 4. Puhl & Suh, 2015, Curr Obes Rep; 5. Puhl 2020 Obes Rev; 6. Puhl et al., 2011 Pediatrics;).

Preferred & Least Preferred Health-related terms - Adults

"Weight"

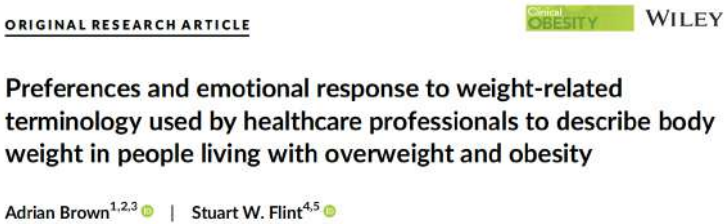
"Unhealthy Weight"

"Overweight"

"Super Obese"

"Chubby"

"Extra Large"


ORIGINAL RESEARCH ARTICLE

Clinical OBESITY WILEY

Preferences and emotional response to weight-related terminology used by healthcare professionals to describe body weight in people living with overweight and obesity

Adrian Brown[1,2,3] | Stuart W. Flint[4,5]

(Brown & Flint, 2020, Clinical Obesity)

Key Principles

Seek permission	Some words are unacceptable	Don't generalise	Be empathetic
Use language that is non-judgemental, person-centred, and collaborative and engaging	Avoid combat and humour	Don't blame	Listen and explore
	Language has power	Stick to the evidence	

(Obesity UK. Language Matters: Obesity. 2020. Available from: https://cdn.easo.org/wp-content/uploads/2020/07/31073423/Obesity-Language-Matters-_FINAL.pdf)

What can we do? - Zero discrimination in healthcare

- **If you see stigma, challenge it - compassionately**
- **All patients treated as people**
  - Treated with respect and dignity
- **Equal access to timely, quality healthcare in a timely manner.**
- **Education and training** needed for HCP
  - During pre and post registration - long-term
- **Ensuring PWLO are involved** in obesity-related policies & developing care
- Language can **impact on your relationship** with person living with obesity
- **Carefully** consider language that might **unintentionally communicate bias, blame or negative judgement**
- Also consider weight stigma is experienced by **healthcare professions themselves**

(1. Flint 2021Eclinical Medicine 34; World Health Organization. 2. Weight bias and obesity stigma: considerations for the WHO European region. 2017)

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Obesity Specialist Group

Slimming World

Obesity UK

Question?

Thank you for listening

Any questions?

Also follow me on twitter @brownadey!