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## **Weight Stigma in Physicians and Other Healthcare Professionals: Guidance for Individuals, Friends and Family**

*“You’re fat every day, so you should exercise every day.”*

These are words repeated to me by my patient as she shared the verbal wound inflicted by her physician, not knowing why it really hurt so badly. Some of the pounding thoughts she had about herself, which usually intruded somewhere in her psyche through most moments, though never really articulated were:

- *“I lack self-discipline.”*
- *“I need to work harder.”*
- *“It’s an energy balance situation. I need to exercise more and eat less, but I am too lazy.”*
- *“I hate the gym.”*
- *“According to the growth chart, I am obese.”*
- *“Why bother to exercise? I could never do it right anyway.”*
- *“I am shameful.”*

**Weight stigma, also known as weightism, weight bias, and weight-based discrimination, is discrimination or stereotyping based on one’s weight, especially toward larger or thinner people.**

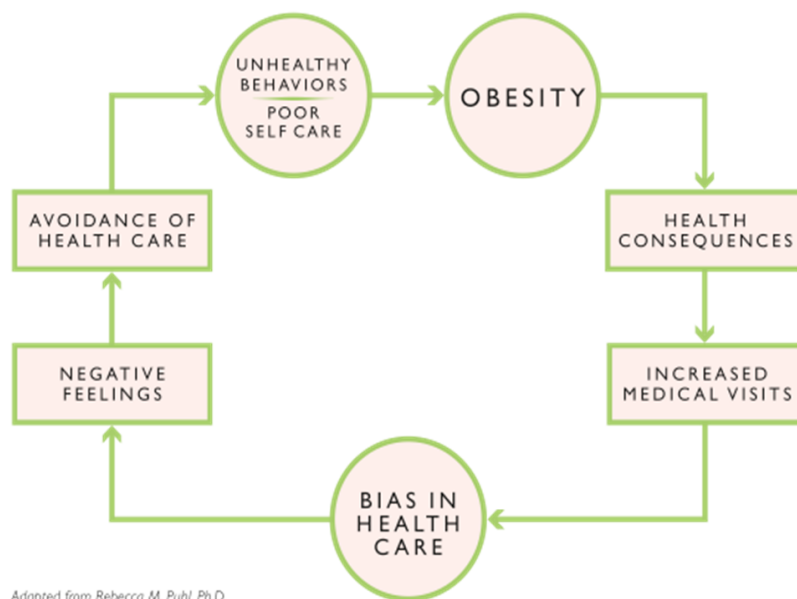
**Weight stigma reflects internalized attitudes toward body size that affects how those who are the targets of bias are treated.**

A person who is stigmatized possesses a weight that leads to a devalued social identity, and that person is often ascribed stereotypes or other labels denoting a perceived deviance which can lead to prejudice and discrimination. **Some common “weight-based” stereotypes are that obese persons: are lazy, lack self-discipline, have poor willpower, and possess defects of intelligence and**

**character.** Pervasive social portrayals of people of larger body size create and reinforce biased attitudes.

**Research has documented that physicians are the #2 source of weight stigma, and that weight stigma has also been demonstrated in nurses, medical students, psychologists, dietitians and fitness professionals<sup>1</sup>.**

Rebecca Puhl, of the Yale Rudd Center for Food Policy and Obesity, illustrates below a flowchart depicting the Cycle of Bias and Obesity. This shows the pursuit of help followed by the avoidance of help which was likely caused by the stinging, invasive weight bias experienced by the patient. The patient may not know they were subject to weightism, and may even believe that the shaming, unhelpful remarks are warranted, deserved and appropriate, and that they are even less a valuable a person for avoiding the doctor and pursuit of health care.



<sup>1</sup> Puhl & Brownell, 2001; Puhl & Heuer, 2009



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The reality is that these invasive and misguided beliefs are harmful. A study of 498 obese women showed they delayed preventive services despite high access and attributed these actions to disrespect from providers, embarrassment of being weighed, negative provider attitudes, and medical equipment being too small<sup>2</sup>.

### **Physicians, Above all, Must “First Do No Harm.”**

The issues surrounding weight are complex. Binge Eating Disorder (BED), which often results in weight gain over time, is often a complex psychiatric illness, associated with other significant psychiatric comorbidity. **Weight gain is not always caused by eating an excess of food.** Genetics play a greater role in weight gain than behavior, not to mention the medical conditions known to cause weight gain. **When physicians rush to judgment, and prescribe overtly simplistic behavior goals and directives to patients of larger size, this does a tremendous disservice, and DOES cause harm.** When shame is induced while underlying medical, psychological, and psychiatric issues are overlooked, individuals of size are not only left without the help they need, they also become increasingly avoidant of those whose role it is to heal.

Weight stigma is pervasive, occurring in workplace, educational settings, healthcare offices, and the home. Assumptions about weight are harmful, and jeopardize the accuracy and quality of the care being delivered.

Following are several tips to help guide you and your loved ones in combating weight stigma in the health care setting.

- **Know when you are experiencing weight stigma.** Read the [definition of weight stigma](#) on the Binge Eating Disorder Association website to learn more about it.<sup>3</sup>

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<sup>2</sup> Amy et al, 2006



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- **Know that you have the right to NOT experience weight stigma in the health care setting.** Recognize that in choosing a physician and health care process, you are engaging in a partnership. You are an equal partner, with rights and with reason to choose who to, and who NOT to partner with.
- **Find language that works for you AHEAD of the any appointments you may be attending that informs the healthcare provider of your needs.** This may include directly expressing to the physician that you do not want the appointment to be focused on weight, but instead on your health. You may choose to provide written material to your physician such as the Yale Rudd Center hand out: *Weight Bias, A Social Justice Issue* by Roberta R. Friedman ScM and Rebecca M. Puhl, PhD found at [www.yaleruddcenter.com](http://www.yaleruddcenter.com) which may be helpful. Another resource can be found in my book *Fed-Up, The Breakthrough Ten Step No-Diet Fitness Plan* (McGraw Hill), where a description of the many medical and psychiatric conditions that may result in weight gain is reviewed. Additionally, the AED Guidelines for Obesity Prevention Programs<sup>4</sup>, published by the Academy for Eating Disorders may be useful to pediatricians who are caring for children and adolescents. Many of the principals contained within this guideline apply to care for the adult as well.
- **Recognize that the physician may not know any better.** This is not an excuse for poor behavior, rather an opportunity to educate. If the physician is open-minded, patient, receptive and respectful, you may choose to continue the partnership. If not, you have the choice, right and reason to protect yourself from harm. Rebecca Puhl and Kelly Brownell, in their 2006 study of 2671 obese and overweight adults, found that 74% of individuals experiencing stigma respond by crying and isolating,

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<sup>3</sup> <http://bedaonline.com/what-is-weight-stigma/#.UjIwTtKsiSp>

<sup>4</sup> <http://www.aedweb.org/AM/Template.cfm?Section=Advocacy&Template=/CM/ContentDisplay.cfm&ContentID=1659>



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and 79% respond by eating. This study may be another useful article to have on hand at the time of your appointment<sup>5</sup>.

- ***Get comfortable with speaking up when you feel you are being subjected to weight stigma.*** I sometimes ask my patients to think of themselves as a lion or lioness, king of the jungle. You are the king or queen of yourself. You can let out a powerful “roar” when you are being violated. You have the right and the reason to protect yourself. Nobody really can care for yourself better than you. You deserve it.

**Written by Wendy Oliver-Pyatt, MD, FAED, CEDS**

*Wendy Oliver-Pyatt, MD, FAED, CEDS is Co-Founder and Executive of Oliver-Pyatt Centers, a comprehensive eating disorder treatment center providing all levels of care to individuals with Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder. She is married and is raising two teenage daughters in Miami, Florida. For more information about Oliver-Pyatt Centers please visit [www.oliverpyattcenters.com](http://www.oliverpyattcenters.com).*

***Edited by: Marsha Hudnall, MS, RD, CD  
Produced by: Lizabeth Wesely-Casella***

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<sup>5</sup> <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.175.4147&rep=rep1&type=pdf>