



637 Emerson Place, Severna Park, MD 21145 / Toll-Free 855.855.BEDA (2332) / 410.741.3037 FAX

Weight Stigma in Healthcare: Guidance for Physicians and Other Healthcare Professionals

“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.”*

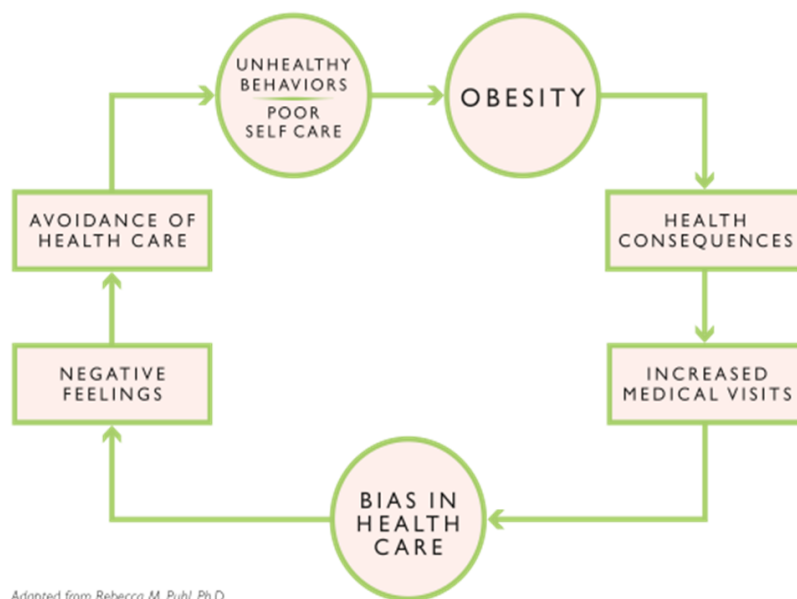
Weight stigma, also known as weightism, weight bias, and weight-based discrimination, is discrimination or stereotyping based on one’s weight, especially toward larger or thinner people. Weight stigma reflects internalized attitudes toward body size that affects how those who are the targets of bias 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 professionals¹.

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.



¹ Puhl & Brownell, 2001; Puhl & Heuer, 2009



637 Emerson Place, Severna Park, MD 21145 / Toll-Free 855.855.BEDA (2332) / 410.741.3037 FAX

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 small².

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 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 to guide physicians and other healthcare professionals in combating weight stigma in their work.

- **Know what defines weight stigma.** You may not have been trained on weight stigma, but weight stigma is a social justice issue impacting millions of patients every day.

² Amy et al, 2006



637 Emerson Place, Severna Park, MD 21145 / Toll-Free 855.855.BEDA (2332) / 410.741.3037 FAX

- ***Train your office staff on weight stigma and develop awareness of the needs of all of your patients.*** This may include thinking about furniture in your office, blood pressure cuffs, etc. Your office practice or health care setting should be a place where all of your patients feel respected and safe. Train your staff on procedures around weight and appropriate methods for weighing patients. Consider the possibility that weighing your patient may or may not be of service to him/her.
- ***Recognize that you have the power to help create a healthy and helpful partnership.*** This will rely on the patient feeling safe, understood, and above all else, not shamed through his/her interactions with you and your staff. This partnership focused on health vs. weight has the power to heal.
- ***Find effective language to address the medical problems the patient may be experiencing.*** Understanding weight stigma will help you create language that will allow connection in the doctor-patient relationship, which can only serve to help the patient and help the physician be effective in their work. 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 can be informative. Review the presentation “[Obesity Stigma, Implications for Patients and Providers](#)”³ for information that is critical to this process. Review this presentation also with other personnel in your facility.
- ***Increase your knowledge of the many medical and psychiatric conditions that may result in weight gain and also learn about the risk of weight cycling.*** Resources for this information include 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

3
http://www.yaleruddcenter.org/resources/upload/docs/what/bias/Implications_for_Patients_and_Providers_Presentation_2013.pdf



reviewed. Additionally, the AED Guidelines for Obesity Prevention Programs⁴, 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.

- ***Have an open mind and be receptive to addressing internalized weight stigma.*** Ignorance cannot withstand the test of “First Do No Harm”. Be aware that medical interventions, including prescribing dieting and being weight focused vs. health focused, can cause harm.
- ***Learn the principals of intuitive eating and mindful eating.*** Mindful eating and intuitive eating are terms that are used to describe internally-regulated eating based on the body’s cues for hunger, fullness and satiety while learning to self-regulate emotion without using food. For more information, check out [The Center for Mindful Eating](#)⁵ and [Intuitive Eating](#)⁶
- ***Do not shy away from patients who are brave enough to speak up and let you know how your treatment is impacting them.*** Patients need to become empowered, they are the king or queen of their healthcare. Having a voice may be the first step in the person developing a new relationship with you as their healthcare provider. Your time with the patient may be the first step in a series of critical points of change and healing. You have the opportunity to provide the patient with a thorough medical, and sometimes psychiatric, work up as opposed to the age-old chain of events leading to shame and avoidance.
- ***Do not assume that because someone is of a larger size, they are either unhealthy OR over-eating.*** Size variability is normal. On the other hand, do not assume that a medical or psychiatric

4

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

⁵ www.thecenterformindfuleating.org.

⁶ <http://intuitiveeating.org/>



637 Emerson Place, Severna Park, MD 21145 / Toll-Free 855.855.BEDA (2332) / 410.741.3037 FAX

condition is, or is not impacting weight or a patient's relationship with food. All of this must be explored in a respectful, professional manner which allows the patient an opportunity for health.

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

Wendy Oliver-Pyatt is Co-Founder and Executive Director 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.

(c) Wendy Oliver-Pyatt, MD, FAED, CEDS all rights reserved

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