

Obesity Bias in Health Care

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Obesity is a complex, chronic disease affecting more than two billion people globally; however, people with overweight and obesity are often targeted by weight bias. Discrimination and stigmatization against individuals with overweight and obesity has been shown in three main areas that include the workplace, education and health care. In a nation where nearly 70% of our population is overweight or obese, every healthcare provider will manage and treat patients that have chronic obesity.

The impact of obesity on physical and mental health is vast. Individuals with overweight and obesity are often reluctant to seek care due to perceived and sometimes real discrimination. Unfortunately, providers get little training at medical school on how to talk to patients about their weight and offer evidence-based treatment options. Providers may, consciously or not, be biased toward individuals with excess weight further hindering our ability to address the obesity epidemic.

Research has shown that healthcare professionals demonstrate an implicit negative association toward individuals with overweight or obesity. In one study 35%-45% of nurses said they felt uncomfortable caring for patients with obesity. These negative stereotypes include laziness, lack of education, lack of self-control, poor compliance and worthlessness. The stigma of obesity is so strong that even healthcare professionals may have the belief that individuals with obesity have blameworthy behaviors that contribute to their condition. These beliefs are then extended to other characteristics, such as intelligence and personal worth. Blaming chronic obesity is on the patient can influence the provider's care in both obvious and more subtle ways. The impact can be seen in time spent with the patient, empathy, active listening and willingness to provide support. Weight bias in health care translates to individuals who have overweight or obesity being less likely to seek care, including preventative health services, such as mammograms, gynecological exams and colonoscopies. This is highly concerning given obesity is a risk factor for certain cancers. It can also be uncomfortable and embarrassing for a patient when equipment and facilities are inadequate, reinforcing the negative association with health care.

Better understanding and addressing weight bias as healthcare providers are important steps toward helping individuals with overweight or obesity obtain appropriate preventative care. One way to achieve this is to address stigma associated with obesity in medical school and ongoing professional education. Even seemingly small steps, like sensitivity training for staff to include education on the language we use to address patients with obesity, can go a long way. Studies have shown that healthcare professionals who deal with individuals with overweight and obesity on a regular basis are less likely to have weight bias and thereby foster more positive experience. Yet despite physicians recognizing the health risks of obesity and identifying many of their patients to be overweight or obese, many do not intervene as much as they should or remain ambivalent about how to manage obese clients. In turn, they are unlikely to formally refer a client to a weight loss program.

Helping patients address overweight and obesity leads to better health and quality of life for those patients. Recognizing and treating obesity as a chronic disease without stigma will improve utilization of the multidisciplinary teams that offer compassion, unbiased and comprehensive treatment.

