

Study finds physicians less likely to 'bond' with overweight patients

April 22 2013

In a small study of 39 primary care doctors and 208 of their patients, Johns Hopkins researchers have found that physicians built much less of an emotional rapport with their overweight and obese patients than with their patients of normal weight.

Bonding and empathy are essential to the patient-physician relationship. When [physicians](#) express more empathy, studies have shown that [patients](#) are more likely to adhere to [medical recommendations](#) and respond to behavior-change counseling—all vital elements in helping overweight and [obese patients](#) lose weight and improve health.

"If you aren't establishing a rapport with your patients, they may be less likely to adhere to your recommendations to change their lifestyles and lose weight," says Kimberly A. Gudzone, M.D., M.P.H., an assistant professor in the Division of General Internal Medicine at the Johns Hopkins University School of Medicine and leader of the study published online in the journal *Obesity*. "Some studies have linked those bonding behaviors with [patient satisfaction](#) and adherence, while other studies have found that patients were more likely to change their [dietary habits](#), increase exercise and attempt to lose weight when their physicians expressed more empathy. Without that rapport, you could be cheating the patients who need that engagement the most."

The researchers found that patient weight played no role in the quantity of physicians' medical questions, medical advice, counseling, or [treatment regimen](#) discussions. But when it came to things like showing

empathy, concern and understanding, the doctors were significantly more likely to express those behaviors in interactions with patients of normal weight than with overweight and obese patients, regardless of the medical topic being discussed.

Obese patients may be particularly vulnerable to poorer physician-patient communications, Gudzone says, because studies show that physicians may hold negative attitudes toward these patients. Some physicians have less respect for their obese patients, which may come across during patient encounters.

"If patients see their [primary care](#) doctors as allies, I think they will be more successful in complying with our advice," says Gudzone, whose practice focuses on weight-loss issues. "I hear from patients all the time about how they resent feeling judged negatively because of their weight. Yes, doctors need to be medical advisors, but they also have the opportunity to be advocates to support their patients through changes in their lives."

For the study, Gudzone and her colleagues analyzed recordings of visits by 208 patients with high blood pressure who saw 39 primary care doctors in Baltimore between 2003 and 2005. The recordings showed no difference related to body mass index (BMI), a ratio of height to weight, in terms of time spent with each patient or in weight counseling. But when the recordings were analyzed for expressed words of empathy, concern or encouragement, the differences popped out. The researchers found more evidence of empathetic words and phrases—showing concern, reassurance and legitimation of patients' feelings—in interactions with patients of normal weight. An example of showing empathy would be a doctor who says: "I can see how frustrated you are by your slow progress—anyone would be."

Gudzone says physicians should be mindful of any [negative attitudes](#),

make an effort to bond, and then spend time with overweight and obese patients discussing psychosocial and lifestyle issues. If they do, physicians may find their obese patients more responsive to weight-loss counseling.

"Patients want information and treatment, but they also need the emotional support and attention that can help them through the challenges that accompany weight loss and the establishment of a healthy lifestyle," she says.

Provided by Johns Hopkins University School of Medicine

Citation: Study finds physicians less likely to 'bond' with overweight patients (2013, April 22) retrieved 20 March 2024 from <https://medicalxpress.com/news/2013-04-physicians-bond-overweight-patients.html>

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