

## Doctors must examine own weight bias before treating patients, researcher says

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Doctors must examine their own weight bias before treating patients, according to researcher Rebecca Puhl. Credit: Rudd Center Photo

In the war on obesity, the medical profession is needed on the front lines. Yet there is mounting concern that some practitioners harbor a negative weight bias.

Research has found that some obese patients are reluctant to seek

medical attention because of feeling judged or disrespected about their weight, says Rebecca Puhl, deputy director and senior research scientist at the Rudd Center and senior research scientist at CHIP, who is joining UConn's Department of Human Development and Family Studies.

"Adults who have [obesity](#) report doctors to be one of the most common sources of weight stigma they experience," she says. "Recent evidence also indicates that being stigmatized or shamed about one's weight really has a damaging impact on emotional and physical health, and can actually increase the risk of obesity and remaining obese over time."

For the past 14 years, Puhl has conducted research on weight bias, focusing on its impact on health and potential policy remedies to address this problem.

Biases among medical professionals may stem in part from inadequate training, says Puhl. There is very little training for obesity in medical schools and when it comes to talking about weight, it can be a difficult conversation for both physicians and patients.

In an effort to change the way the medical community deals with the issue, the American Medical Association recently classified obesity as a "disease." Defined as a medical condition, obesity is when body fat accumulates to the point where it can have a negative effect on one's health, including heart disease/cholesterol; high blood pressure; type 2 diabetes; sleep apnea; and a number of cancers.

"For [health care providers](#), weight stigma is an important clinical concern when we consider that two-thirds of Americans are affected by either overweight or obesity," says Puhl. "Education and increased awareness of weight bias are needed both at the medical school level and for those already in clinical practice."

In response to this problem, the Rudd Center has created several evidence-based training films that address weight bias among health providers and what they can do to reduce these barriers in clinical practice. These films are being used in medical school across the country and as required training for [health](#) providers and staff in [health care](#) facilities and bariatric surgery centers, Puhl says.

Puhl also developed an online course to educate [health providers](#) about weight bias, with strategies that they can use to improve their interactions with patients who have obesity and enhance the delivery of care. "Part of the course includes practical strategies such as how to have a productive, respectful conversation about weight with a patient who is struggling with obesity, in a way that is not stigmatizing," she says.

Next month, Puhl will speak about her efforts at the national annual meeting of the Obesity Society in Boston. The weeklong conference brings together the nation's top experts to present their work in obesity research, prevention, and treatment. Puhl is slated as a keynote speaker and will deliver a talk with the title "Addressing Obesity Stigma in Health Care: Challenges, Remedies, and Implications for Bariatric Care."

Reducing weight prejudice will require shifting societal attitudes and potentially policy-level strategies, she says.

"We live in a culture where weight bias and prejudice are socially acceptable, rarely challenged, and often ignored," she notes. "There are widespread perceptions that an individual who has obesity is lazy, sloppy, and lacking in self control, will-power, and discipline. These negative stereotypes fuel broader prejudice and unfair treatment."

The damage caused by this kind of bias and prejudice is underreported, Puhl says. She cites a 2012 Rudd Center study of more than 2,800

Americans that found that reports of weight discrimination jumped 66 percent in a decade, and are on a par with rates of racial discrimination among women.

"Obesity is a very complex condition and certainly personal behavior is one piece of the puzzle, but if we focus only on that one piece, the puzzle will never be solved, and blame and stigma will continue to thrive," Puhl says. "We really have to look at the broader societal factors that contribute to obesity, and recognize that stigma is a significant barrier to effective prevention and treatment for obesity."

Provided by University of Connecticut

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