

Health care services are not always suitable for morbidly obese patients, says researcher

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For her PhD thesis 'Misfits: An ethnographic study of extremely fat patients in intensive care', Caz Hales, who will be graduating in Victoria's May celebration, looked at the challenges critically ill patients weighing between 120 and 180 kilograms pose to healthcare systems. Her research shows that the standard practice of hiring and ordering equipment based on a patient's weight is often unsuitable for patients

weighing in excess of 120kg.

"For instance, the bed of a 180 kilogram patient I observed was designed to take a weight of 260 kilograms, but because of her [fat distribution](#) her skin folds were hanging over the sides," says Caz, a lecturer in Victoria's Graduate School of Nursing, Midwifery and Health, who is also a specialty clinical nurse at Wellington Hospital.

"Assessments of a patient's physical shape and appearance would be a far more useful measure than weight when ordering equipment."

Caz's study included interviews with 45 [health professionals](#) and spending four months as a 'fly on the wall', examining the behaviour of doctors and nurses as they interacted with extremely overweight patients.

"I found staff behaviour generally very professional and non-discriminatory. Staff were extremely sensitive about the social stigma surrounding obesity, to such a degree that a common approach was to ignore the issue of the patient's weight as a way to manage potential embarrassment felt by the patient. If they had to talk about the patient's obesity they tended to use secret codes such as pointing to words, lowering voices or making non-verbal gestures to minimise what the patient could hear."

Caz says her thesis has generated considerable debate about what language is acceptable when talking about extremely overweight patients. "Healthcare professionals are trained to talk about patients using 'correct' terminology such as 'bariatric' and 'obesity' but over time that medical use of language has been stigmatised and politicalised, resulting in health professionals avoiding all language to do with the subject because they don't want to offend the patients.

"My research identified that many overweight patients prefer the word

'fat' to 'obese'. In fact using the word 'fat' is far more helpful in clinical practice. For instance, often there are issues with [blood pressure cuffs](#) not fitting—instead of saying 'it doesn't fit because you're obese' it's more informative and helpful to say 'the fat on your arm is causing problems with the ability for the cuff to inflate and undertake a correct reading'."

Since completing her research, Caz has spoken at numerous research seminars and made presentations around the country on her findings, to advocate for changes to the healthcare system. She has also been working with local providers of bariatric equipment to think about how equipment can be altered to suit extremely [overweight patients](#).

"Although [patient care](#) is individualised there are some basic rights all [patients](#) should have— beds, chairs and the ability to have their hygiene attended to in a respectful, dignified way.

"Obesity is on the rise in New Zealand so we need to ensure that the services we provide are fit for purpose."

Provided by Victoria University

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