

Fat shaming in the doctor's office can be mentally and physically harmful

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Medical discrimination based on people's size and negative stereotypes of overweight people can take a toll on people's physical health and well-being, according to a review of recent research presented at the 125th Annual Convention of the American Psychological Association.

"Disrespectful treatment and medical fat shaming, in an attempt to motivate people to change their behavior, is stressful and can cause patients to delay [health care](#) seeking or avoid interacting with providers," presenter Joan Chrisler, PhD, a professor of psychology at Connecticut College, said during a symposium titled "Weapons of Mass Distraction—Confronting Sizeism."

Sizeism can also have an effect on how doctors medically treat patients, as [overweight people](#) are often excluded from medical research based on assumptions about their [health](#) status, Chrisler said, meaning the standard dosage for drugs may not be appropriate for larger body sizes. Recent [studies](#) have shown frequent under-dosing of overweight patients who were prescribed antibiotics and chemotherapy, she added.

"Recommending different treatments for patients with the same condition based on their [weight](#) is unethical and a form of malpractice," Chrisler said. "Research has shown that doctors repeatedly advise weight loss for fat patients while recommending CAT scans, blood work or physical therapy for other, average weight patients."

In some cases, providers might not take fat patients' complaints seriously

or might assume that their weight is the cause of any symptoms they experience, Chrisler added. "Thus, they could jump to conclusions or fail to run appropriate tests, which results in misdiagnosis," she said.

In one study of over 300 autopsy reports, obese patients were 1.65 times more likely than others to have significant undiagnosed medical conditions (e.g., endocarditis, ischemic bowel disease or lung carcinoma), indicating misdiagnosis or inadequate access to health care.

Studies show that negative attitudes among medical providers can also cause psychological stress in patients, Chrisler said. "Implicit attitudes might be experienced by [patients](#) as microaggressions—for example, a provider's apparent reluctance to touch a fat patient, or a headshake, wince or 'tsk' while noting the patient's weight in the chart," she said. "Microaggressions are stressful over time and can contribute to the felt experience of stigmatization."

A medicalized view of weight conceptualizes fatness as a disease and weight loss as a cure, said Maureen McHugh, PhD, a psychologist who also presented research on fat shaming during the symposium. "A weight-centric model of health assumes that weight is within an individual's control, equates higher weight with poor health habits, and believes [weight loss](#) will result in improved health," she said.

Chrisler argued that there is no research that has shown exactly how much weight is too much. Other predictors of illness, such as genetics, diet, stress and poverty, also play a role, yet being fat often leads to the assumption that a person is unhealthy, she said.

Fat shaming on social media has become prevalent and weight is the most common reason children are bullied in school with 85 percent of surveyed adolescents reportedly seeing overweight classmates teased in [gym class](#), McHugh said.

Evidence confirms that fat shaming is not an effective approach to reducing obesity or improving health, McHugh said. "Rather, stigmatization of obese individuals poses serious risks to their psychological health," she added. "Research demonstrates that weight stigma leads to [psychological stress](#), which can lead to poor physical and psychological health outcomes for obese people."

It is essential for weight stigma to be addressed in psychology and the medical profession—in training, in theory and research, and in working with fat clients, both Chrisler and McHugh argued. Treatments should focus on mental and physical health as the desired outcomes for therapy, and not on weight, McHugh concluded.

More information: Session 1051: "Weapons of Mass Distraction - Confronting Sizeism, Symposium, Thursday, Aug. 3, 9-9:50 a.m., EDT, Room 143A, Street Level, Walter E. Washington Convention Center, 801 Mount Vernon Pl., N.W., Washington, D.C.

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