

Medical school isn't teaching doctors much about nutrition, according to researchers

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Nutrition is a key determinant of health. But American physicians aren't receiving effective training to counsel patients on the topic, according to a new paper from University of Georgia researchers.

Current medical training focuses on weight and body mass index (BMI), exacerbating anti-obesity bias and increasing the risk of eating disorders, the authors said. And it doesn't give future doctors adequate education on how to encourage healthier eating habits.

"Mainstream medicine is still very focused on linking weight to health," said Kearney Gunsalus, lead author of the paper and an assistant professor at the Augusta University/University of Georgia Medical Partnership.

"Because people with obesity and higher body weights are more likely to have [health problems](#), it's easy to jump to the conclusion that the weight itself is causing those problems. And if you assume that the weight is causing the problems, it seems logical to assume that weight loss is the solution."

Research has shown that being overweight may not mean being unhealthy, the researchers said.

The researchers advocate that small changes to [medical education](#) and in how [health care providers](#) interact with their patients could have a real impact on some of the greatest health challenges facing the world today.

BMI is not an accurate measure of health, cardiometabolic health is

BMI has long been the standard for sorting individuals into four main categories: underweight, healthy weight, overweight or obese. And it's taught in medical school as a way of gauging a patient's general health.

The problem is it's not accurate, the researchers said. BMI overestimates the number of people who are unhealthy.

Medical education on nutrition should instead focus on objective measures of cardiometabolic health. Cardiometabolic health includes things like blood pressure, insulin resistance, cholesterol levels and more. And it is a much stronger predictor of overall health.

Previous research demonstrated that almost half of Americans deemed overweight by BMI standards are actually metabolically healthy. About one in three whose BMI is in the "healthy" range are actually unhealthy when assessed by more comprehensive measures.

"When you look at some of the newest studies on obesity surgeries and the use of medications like Ozempic and Wegovy, it appears that patients can see health benefits even without weight loss," said Dr. Ellen House, co-author of the publication and an associate professor at the Medical Partnership.

"We really love things that are clear-cut and black and white in medicine. But if the benefits precede and appear to be independent of weight loss, we need to shift the conversations physicians have with their patients to focus more on health and not weight loss."

Anti-fat bias negatively affects patient care

In addition to focusing exclusively on [weight loss](#) and BMI, current medical education often neglects to address weight stigma, the researchers said.

Weight stigma connects obesity with moral failures, laziness and gluttony without accounting for the biologic and systemic factors that intersect with weight. These factors include availability of fresh, healthy foods, the ability to afford those foods and access to safe spaces to exercise, among others.

This bias may lead physicians to be less empathetic toward their [overweight patients](#) and to provide lower quality care.

"Overweight patients are less likely to get the appropriate screenings or treatments for their medical concerns," said House, who is also a board-certified psychiatrist. "Physicians will miss the asthma, they'll miss the cancer, because they attribute symptoms to weight when weight isn't what's causing the patient's concerns."

Those negative interactions where health concerns are dismissed with a simple "just lose weight" demoralizes patients and can make them less likely to share problems going forward. Shaming patients for their weight can sour patients on the health care system in general, prompting them to stop seeking medical care even when they really need it, the researchers said.

Reframing the conversations between doctor and patient to focus on healthful behaviors, such as moving more and avoiding labeling foods as inherently "good" or "bad," can go a long way in encouraging individuals to move toward health.

"I think doctors are trying to help people be healthier by advising them to lose weight; they're just not aware of the harms that can be done by that advice," Gunsalus said. "If I could wave a magic wand and have doctors do one thing differently when interacting with their patients, it would be to start from the assumption that every patient wants to be and is capable of being healthy."

The findings are [published](#) in the journal *Medical Science Educator*.

More information: Kearney T. W. Gunsalus et al, Medical Nutrition

Education for Health, Not Harm: BMI, Weight Stigma, Eating Disorders, and Social Determinants of Health, *Medical Science Educator* (2024). [DOI: 10.1007/s40670-024-02025-9](https://doi.org/10.1007/s40670-024-02025-9)

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