EXAMINING OBESITY AND THE EFFECTS OF WEIGHT BIAS IN WESTERN MEDICINE

by

KATIE DICKERSON

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Dr. Kaela Urquhart

Abstract

The increase in the global prevalence of obesity has become a major issue in medicine. Obesity is a complex and serious disease, often resulting from an interplay between physiology, environment, and lifestyle choices. As the rise of obesity continues, so does the pervasiveness of weight bias. Stigmas surrounding weight and weight-based discrimination have a widespread prevalence in the Western healthcare setting and among healthcare providers and students. Weight bias leads to many adverse health consequences, including worsening a patient's health and negatively impacting their experiences in healthcare. Views on body image, over-idealization of thinness in Western society, and the lack of education and training have perpetuated worsening stigma and biases towards individuals who are overweight or have obesity. Stereotypes and discrimination based on weight do not motivate individuals to lose weight and instead contribute to worse health outcomes. Addressing biases and eliminating harmful stereotypes of weight stigma is crucial for creating a culture of medicine that promotes respect, inclusivity, and empowers patients with the ability to make changes that better their health.

Introduction

Lazy. Noncompliant. Unmotivated. No self-discipline. No willpower. These words encompass the frequently held stigmatizing beliefs regarding people who are overweight or have obesity.[1] These attitudes, known as weight bias, lead to many individuals with obesity being blamed, ridiculed, and mistreated.[6] Since 1990, the global adult obesity population has more than doubled, with the adolescent obesity population quadrupling.[2] The World Health Organization reported that, in 2022, 1 in 8 people have obesity, with 43% of adults aged 18 and over being overweight and 16% living with obesity.[2] There is no doubt that the rise in obesity rates over the last several decades is a major cause for concern, the World Health Organization declaring obesity a major public health concern and global epidemic in 1997.[3] However, this rising rate of obesity is paralleled by a rise of weight stigmatization, and increasing evidence indicates there has been a rise in bias and discrimination towards people who are overweight.[4] While in recent decades attitudes towards other stigmatized groups have begun to improve, attitudes towards weight bias have seen little to no change and, in some cases, it is worsening.[6]

Body ideals vary from culture to culture, and these ideals often reflect the social context of how we exist both in the physical and cultural sense. For millennia, curvy bodies have reflected highly ranked societal values of reproduction and abundance.[7] However, over the last several decades, the push for thinness in the Western world has grown. The media, especially social media, has played a key role in escalating body pressures and impacting individuals' perception of body image.[8] Throughout the 1980s and 1990s, the gap between model sizes and the average size for women significantly increased. This widening gap in combination with media influences has led to thinness being perceived as a matter of achievement.[7] The narrowing of views related to ideal body image has kept societal perspectives of health dependent on

outward body appearance opposed to objectively thinking about the internal workings of the human body.[7] We have come to associate “healthy” with “thin”, but it is what is going on inside our bodies that determines what is healthy, not necessarily the external appearance. Societal views of body image is a direct contributor to the widespread stigmatization and discrimination against people with obesity.

It is a common misconception that obesity is purely a result of personal choices. Being overweight is often viewed as something that is in complete control of the individual.[9] People generally attribute weight gain to either overeating, under exercising, or a combination of both. While each can be major contributors, it does not mean they are always the cause or sole contributors of obesity. Healthcare providers are not immune to these beliefs and misconceptions. Frequently, providers will provide the standard advice of just eating less and exercising more to lose weight.[10] While both are necessary for weight loss, it is not always so simple and straightforward. Obesity is a complex issue, and it often results from a combination of physiology, genetics, the environment, and lifestyle choices. This standard advice ignores many of these other contributing factors, and it blames the patient as the sole contributor of their obesity.[10] Changing the way weight is viewed, addressing stigmas and discrimination, is the first step necessary for reshaping the way obesity is approached and treated.

Obesity as a Disease

In 2013, the American Medical Association (AMA) designated obesity as a disease.[11] Obesity is characterized by an excessive amount of fat deposits that can impair an individual’s health.[2] As a result of excess fat, individuals experience adverse metabolic and biomechanical health consequences. Obesity is related to impairments in genetics, hormones, metabolism,

neurology, and psychology. Furthermore, obesity is closely linked to cardiovascular diseases, certain cancers, and various sleep disorders.[11]

Debates over whether obesity should be considered a disease have arisen since its designation as one by the AMA. Some argue that labeling obesity as a disease removes incentive for behavioral and lifestyle changes. There is the concern that obesity being categorized as a disease invalidates the importance of proper nutrition, consistent exercise, and discipline; enabling individuals with obesity the opportunity to escape responsibility.[11] However, recognizing obesity as a disease allows for the inclusion of the numerous factors that contribute to obesity. Dr. Mads Tang-Christensen explains that there are many ways to define disease, and he connects three different views on disease to obesity. First, he states a disease can be something that impairs functionality and reduces life expectancy. Second, a disease can be something that leaves an individual more susceptible to other diseases. Third, a disease can be a genetic impairment that leads to a functioning impairment. Obesity fits into each of these three definitions.[12]

Furthermore, designating obesity as a disease provides multiple benefits. It can establish the bridge between additional research, coordination of effective treatment, and more resources available for weight loss. In addition, viewing obesity as a disease can result in improved physician education and training, reduce stigma and discrimination surrounding obesity, and increase funding for research on prevention and treatment.[11]

Weight Bias in Clinical Care

Weight bias is widely experienced by individuals living in bigger bodies. It can affect interpersonal relationships with friends and family, and negatively impact people's experiences

in school, the workplace, and even in clinical settings.[13] The healthcare setting has shown to be one of the most pervasive areas contributing to weight bias.[5] Providers exhibit both implicit bias, or the biases that remain outside of our awareness and control, as well as explicit bias, or the biases we are aware of, towards a patients' weight. 63% to 74% of patients have reported experiencing bias from doctors. Furthermore, studies have shown the prevalence of bias among providers and trainees with one study of over 4,700 medical students reporting 74% showed implicit weight bias and 67% showed explicit weight bias.[1] These numbers are especially concerning considering that the healthcare setting should represent a safe space free of judgement for all patients. Patients often report feeling that their provider sees them as a fat person first before seeing them as an individual.[14] Multiple studies have found that proportions of providers hold negative stereotypes towards people with obesity, believing them to be lazy, unsuccessful, stupid, personally to blame for their weight, noncompliant, and deserving of derogatory humor.[4,9] Weight bias is sometimes described at the last acceptable form of prejudice.[14] After examining the numerous studies that report findings of provider bias towards weight and the stereotypes many providers hold, it is clear just how true that statement may be. Attitudes about weight held by healthcare providers is generally a reflection of (1) the widespread and consistent exposure to weight bias in society and (2) the lack of education and training focused on obesity.

Consequences of Weight Bias in Healthcare

The bias healthcare providers hold, whether conscious or subconscious, negatively impacts many patients' experiences in the clinical setting. Contrary to popular belief, weight stigma does not motivate individuals to lose weight and instead worsens health by creating emotional distress and increasing harmful habits and behaviors.[6] Weight bias in healthcare

impacts the patient-provider relationship, contributes to psychological stress, and can bring on or exacerbate other medical conditions. Barriers to care as well as lower quality of care for patients with obesity is often a result of weight biases in healthcare.

Providers have been shown to over-attribute a patients' medical complications to weight and obesity. They are less likely to build rapport and strong physician-patient relationships and demonstrate lower engagement in patient-centered communication. Furthermore, physicians who hold these negative attitudes and believe patients will not adhere to medical advice or treatment often allocate consultation time differently, spending less time educating patients about their health. [14] This behavior demonstrated by some physicians seems to demonstrate a reciprocal problem. If providers do not adequately spend their time educating patients about their health, then how are patients expected to know how to make the necessary changes? If patients do not make changes to better their health and address weight related complications, then how will providers who already don't spend enough time with overweight patients be expected to behave any differently? It should not be the expectation of the patient to make changes when there is inadequate guidance and education from providers. Patients have the responsibility to address their health and work towards bettering it; however, it is the duty and responsibility of physicians to make sure their patients are informed, educated, and have the skills and resources necessary for bettering their health.

In addition to lower quality care and rapport, weight bias in healthcare can result in worse health-care experiences and health-related quality of life.[6] Stigma and discrimination based on weight leaves individuals at a higher risk for depression, anxiety, low self-esteem, and substance abuse.[15] Stress from stigmatization can lead to further health problems. Stress can significantly impact the body's endocrine function and result in complications of increased cortisol, blood

sugar, fatty acids, and LDL.[14] Individuals who experience weight bias often internalize the negative stereotypes and apply it to themselves. They often blame themselves for their weight and view themselves to be inferior and deserving of societal stigma. Research has shown that the more internalized weight bias is the more individuals gained weight, avoided the gym, and held an unhealthy body image.[6]

Conclusion

The rise in obesity prevalence is a major global health issue, and it is one that should not be ignored. Obesity is a serious disease and is intimately connected to other health complications. However, obesity is not solely the result of life choices. Numerous physiological and environmental factors contribute to the onset of obesity, making the disease complex and multifaceted. It is critical that weight bias, stigma, and discrimination is addressed and that efforts are made to eliminate prejudice towards people with obesity. Weight bias leads to many adverse health consequences, often worsening patients' health and their experiences in healthcare. These negative outcomes can be mitigated by working towards addressing biases, making the clinical setting more inclusive for patients with obesity, and increasing provider education and training on the complex nature of obesity. By challenging these biases and stereotypes, healthcare can shift from a culture that shames and stigmatizes patients for their weight to one that empowers them to make the effort to improve their health.

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