

# YOUR GOOD HEALTH

## Weight bias

Health-care providers fall into fat-shaming trap

By **JoAnne Viviano**

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**S**tepping on the scale at the doctor's office is a moment many of us dread.

We take off our jackets, set down our bags and slip off our shoes to shave off pounds.

Still, we cringe as the digital numbers climb, knowing that our doctor will either be pleased or discouraged by the final figure. It's one of those things we endure for good health.

But some people who are overweight or obese avoid going to the doctor altogether because their physician's response to their weight can feel humiliating.

Yes, fat shaming happens even in the doctor's office, experts say, and it can mean that people who are overweight or obese don't get the care they need.

Fat shaming is a cultural term for weight bias — when individuals who are overweight or obese are viewed as being less worthy than others, said Jen Carter, a sports psychologist at Ohio State University Wexner Medical Center in Columbus, Ohio.

In a culture that places a high value on thinness, health-care providers are not immune from falling into the fat-shaming trap and placing undue importance on weight.

"Doctors' offices are actually one of the key places where weight bias happens," said Jason McCray, chief clinical officer at the Center for Balanced Living on the Northwest Side. Physicians "don't receive very good training in how to discuss weight and weight loss with patients in a way that's likely to be effective and be helpful as opposed to being rather stigmatizing."

But advocates are working to change that, he said. People who feel shamed

are speaking out on social media, and the topic is being raised in medical journals and at medical conventions.

Fat shaming occurs in part because physicians are pressured for time, McCray said. When doctors have only four minutes to have a conversation that should last 20 minutes, they might sound blunt and do more damage than good. Doctors also often have unrealistic expectations and goals when it comes to weight loss, he said.

To avoid fat shaming, doctors might focus more on fitness, making small changes to a patient's fitness regimen or even going so far as "prescribing exercise," Carter said. They also might refer patients to dietitians, who can help them sort through the many diet myths that pervade our culture, she said.

Carter also suggests that physicians learn more about eating disorders so they can assess whether a patient has binge-eating disorder. People with the eating disorder eat significantly more food than average in one sitting, often with a feeling of loss of control or a compulsive urge to eat. It is more prevalent than bulimia or anorexia, she said.

Patients who are shamed might avoid care, have negative feelings about their doctor or fail to take medications, said Dr. Julie Cantrell of the OhioHealth McConnell Heart Health Center. Physicians might overlook medical conditions or fail to order tests they'd run on other patients.

"What happens is other serious medical problems that aren't weight-related can get ignored because everything gets blamed on being overweight," she said.

Cantrell gave the example of a patient who was short of breath because of a severe genetic heart disease, but doctors believed the symp-

tom was related to weight. Another patient expected praise after losing 50 pounds and lowering blood pressure and blood sugar. Instead, the doctor said, "But you're still obese."

Such shaming is more common among new doctors, as



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well as doctors who don't treat obesity as a disease, said Dr. Chazz Dabbs, a bariatric surgeon in the Mount Carmel Health System.

Patients have told him how physicians respond when they place a stigma on overweight and obese people. "They get a lot of, 'You have to just clean up your act,'" he said.

Doctor behavior isn't the only shaming experience, Cantrell said. Patients are usually weighed in a common area, and a nurse might say their weight aloud. There also might not be chairs or equipment that can accommodate them, or a blood pressure cuff that is big enough.

Shaming is counterproductive because it helps create low self-esteem and increases depression and hopelessness, Dabbs said. People in such a state have a hard time making big life changes.

"Shame makes people hide, and they don't talk about it," Carter said. "The more we're talking about this issue the less shame there is."

If someone believes they have received weight bias from a physician, even if done with good intentions, they should speak up, let the doctor know it was hurtful and ask for more encouraging help, she said. The doctor might have no idea how the patient perceives the talk.

"We're not immune to the messages that are out there," she said. "This is part of our culture, and we're all trying to learn together."

— *JoAnne Viviano writes about health and medicine for The Columbus (Ohio) Dispatch. Email her at [jviviano@dispatch.com](mailto:jviviano@dispatch.com) or follow her on Twitter at @JoAnneViviano.*



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