Weight Bias: Clinical Experiences and Solutions

Mary Forhan OT Reg.(AB) PhD
Department of Occupational Therapy
Faculty of Rehabilitation Medicine
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Learning Objectives

• Recognize antecedents to weight bias in clinical settings.

• Become more aware of your own attitudes toward and beliefs about persons with obesity.

• Learn about the impact of weight bias on engagement in primary health care.

• Be able to identify and apply strategies to reduce weight bias in primary health care settings.
Defining Weight Bias & Stigma

Weight Bias:

Beliefs about a person's values, skills, abilities and personality based on their body weight and shape.

Stigma:

The disapproval or discontent with a person or group based on perceptions and stereotypes.
## Weight Bias: Sources, Environments & Consequences

### Sources
- Physicians
- Dietitians
- Nurses
- Psychologists
- Medical Students
- Psychologists

### Environments
- Primary Health Care
- Tertiary Care
- Acute Care
- Long-term Care
- Home Care, Community Care

### Consequences
- Patients feel disrespected
- Parents of children with obesity feel blamed
- Avoidance of health care
Weight Bias from Health Professionals
Physicians

Evidence shows that physicians (including obesity experts) view patients with obesity as:

- Lazy
- Non-compliant
- Lacking in self-control
- Having no will power
- Unintelligent
- Dishonest
- Unsuccessful

Ref. Schwartz, Chambliss, Brownell, et al., 2003; Hebi & Xu, 2001
Patient Experiences with Physician Based Weight Bias

• In a study of 2449 women with obesity, 52% reported being stigmatized by doctors on more than one occasion.

• Patients reported feeling berated and disrespected by physicians.

• Patients of children with obesity reported feeling blamed and dismissed by physicians.

Ref. Puhl & Brownell, 2006; Bertaki & Azari, 2005; Turner, Salisbury, Shield, 2011
Testimonial from a Patient

“My GP and MDS staff have been the most demeaning toward me. Complaining they have to change blood pressure cuffs and difficulty getting blood and other samples. NOT pursuing a course of treatment because I am overweight. Seeing weight gain as end result rather than a symptom of an underlying issue. Faced with disbelief when asked for calorie intake and amount of exercise”.
Bias from Dietitians

Registered dietitians and students reported beliefs about persons with obesity as:

- Expected not to adhere to recommendations
- Lacking self-control
- To be unattractive
- Always overeat

Ref. Berryman et al., 2006; McArthur et al., 1997
Evidence shows that psychologists reported the following beliefs about persons with obesity:

- More pathology
- More severe psychological symptoms
- More negative attributes
- Worse psychological prognosis compared to patients without obesity

Evidence shows that medical students believe that patients with obesity:

- Have poor self-control
- Are less likely to adhere
- Are sloppy/awkward
- Are unpleasant
- Are unsuccessful

Impact of weight bias on care

- Relationship between the practitioner and patient
  - Decreased expectations of patient
  - Increased aggressiveness toward the patient (blame)
- Neglect to explore all causes of health concerns
  
  “...the doctor should look at my life a bit more and not just tell me, you know you should not be eating so much” (Forhan, Risdon, Solomon, 2013).

- Lack of respect for autonomy and individual differences
  - One-size-fits-all approach to care
- Decreased length of time spend with patient
  - Discomfort spending time with a patient who has obesity
  - Lack of confidence working with patients with obesity
  
  “I don’t think the medical profession knows what to do or have done enough to help people with weight” (Forhan, Risdon, Solomon, 2013).

Ref. Hebi, Xu, 2002; Bertakis, Azari, 2005
Impact of weight bias on patient behaviour/beliefs

• Minimize seriousness of obesity

“I am looking at myself and thinking, this can’t be right. Why are the red flags not going up in their head? I guess if he or she is not worried about it (obesity) why should I be worried about it?” (Forhan, Risdon, Solomon, 2013).

• Not returning or Delaying Care

“It’s all about finding that trusting doctor. If you don’t trust whom you are talking to or you don’t feel like they are listening to you then you don’t want to come” (Forhan, Risdon, Solomon, 2013).

• Avoiding primary health care

• Unrealistic weight-loss expectations

Reasons Patients Avoid or Delay Care

- Embarrassment of being weighed
- Disrespect from members of the healthcare team
- Implicit bias demonstrated by health care provider(s)
- Medical equipment is too small
- Unsolicited weight loss advice

“No one likes to hear, well oh, we have a larger cuff that we will use to take your blood pressure today. That can be awkward particularly if they say, oh, just a minute, I need to get the larger cuff”.

“Hearing from my doctor that they understand what it is like to have obesity is useless. Saying you understand when you don’t is a lie. You don’t understand, you can’t understand because you never went through it...it’s strange how words can have such an effect”.

“The first few times (I had my weight taken) it took me back a bit because the scale was in the hall. There use to be scales in the exam rooms. It would be better to have it in a more private area”

Ref. Amy et al., 2006; Forhan, Risdon & Solomon, 2013.
Cycle of Weight Bias and Obesity
(Puhl & Brownell, Weight Bias in Health Care Settings. www.yaleruddcenter.org)
Strategies to Reduce Weight Bias in Primary Health Care Settings

• Ask permission to talk about body weight.

• Ask the patient what their perspectives of their body weight are rather than assume they want to lose weight.

• Anticipate that patients with obesity will come to see you, don’t react once they are already in your office.

• Be mindful of the negative experiences the patient with obesity brings with them to the office prior to even meeting you.

• Place the scale in a private area and, when feasible, weigh the patient during the visit, not on the way to your office.

• Refrain from sharing your own weight loss stories or anecdotal tips.

• Prior to posting anything in the office check the content (words and images) with others to determine the content could stigmatize patients with obesity.

• Focus on outcomes of health and wellness and less on weight and shape.
References


References


Resources

Images that illustrate persons with obesity engaging in everyday activities. These images are available for free from the following sites under the heading “image gallery”:

www.obesitynetwork.ca

www.yaleruddcenter.org

Report from the Canadian Summit on Weight Bias and Discrimination 2011 available on-line from the Canadian Obesity Network

Educational resources for health professionals, educators and policy makers available from the Yale Rudd Center for Food Policy and Obesity. Tool kits for health care providers.