THE ROLE OF WEIGHT BIAS AND STIGMA IN OBESITY CARE

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Weight bias refers to the negative attitudes towards, and misperceptions about, others due to their weight.[1] Weight bias can lead to weight stigma, which is defined by the World Obesity Federation as the "discriminatory acts and ideologies targeted towards individuals because of their weight and size".[2] This results in the stereotyping of people with overweight and obesity as, for an example, gluttonous, lazy, unmotivated, lacking in willpower and self-discipline, and personally to be blamed for their increased body weight. Weight stigma resulting in weight discrimination manifests as prejudiced behaviours toward individuals with overweight and obesity, creating social and healthcare inequalities (e.g., in the workplace, educational and healthcare settings).[1,2]

The lack of understanding of obesity as a disease and of the complexities involving its causes have led to the over-simplification of public health messaging and obesity management to an "eat less, move more" solution.[3,4] This has further perpetuated weight bias systemically by shifting the responsibility of weight management to the individual, disregarding weight regulation as a biologic process and attributing obesity solely to poor lifestyle choices. Up to 60 percent of adults with obesity have reported experiencing weight stigma, with this number increasing up to 80 percent in those presenting for bariatric surgery (i.e., higher body mass index).[4,5]

Weight bias and obesity stigma have been shown to negatively impact the physical and mental health of persons living with obesity. People who experience weight stigma tend to be less engaged in the lifestyle habits promoted by public health messages of obesity prevention and management, with decreased physical activity levels. Detrimental psychological effects include low self-esteem, increased risk of mental illnesses such as depression and anxiety, and an increased frequency of maladaptive eating disorders (such as binge eating or emotional eating habits).[5] There is also an increased risk of stress-induced pathophysiology, worse cardiometabolic risk profiles, higher risk of obesity and weight gain, and mortality in those who experience weight stigma compared to those who do not.[5]

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Weight bias internalisation (i.e., self-directed weight bias) occurs when individuals agree with weight stereotypes and apply these stereotypes to themselves. People with weight bias internalisation (IWB) respond negatively with self-directed shaming and devaluation of their intrinsic worth.[6] The adverse effects of weight stigma are further augmented in those with IWB, with greater reductions in mental and physical (health-related) quality of life reported; they also possess lower trust in their healthcare provider and are more likely to either switch doctors and/or avoid future medical appointments. Healthcare professionals are among the most frequent source of weight bias, with about 70 percent of persons with obesity reporting experiencing weight stigma from doctors.[6] Stigmatising discussions about weight can reduce patient motivation and compliance to medical advice.[6] Therefore, weight bias and obesity stigma can compound the delay or refusal in seeking medical treatment, in addition to non-adherence to treatment provided by healthcare professionals.[6-8]

Doctors who display weight stigma tend to allocate less time and provide less health education to patients with obesity compared to those with lower body mass index.[7] This can reduce the quality of care for patients with obesity despite the best intentions of healthcare providers to provide high-quality care and concerning implications for patients' healthcare utilisation and experience.[7,8,10]

Therefore, the consequences of weight bias and weight stigma are counterproductive to the management of obesity and the many conditions associated with it. In fact, experienced weight stigma is detrimental to the healthcare experiences and quality of care perceived by people with obesity,[7] and may reduce the uptake of treatments among patients with obesity.

Measures to tackle weight bias and obesity stigma require a multi-level and multi-systems approach. These include reframing the narrative of obesity to rectify the misunderstanding of obesity and the implicit weight bias many people – including the media, educators, policymakers, and healthcare professionals – hold, relooking at the current stigmatising public health messaging, and shifting the public health and treatment paradigm from being weight-centric to a disease/health focus, and promoting the use of non-stigmatising language and imagery.[4,10]

In the healthcare setting, active detection of weight bias among students and professionals should be implemented, with interventions to reduce weight stigma. Proposed interventions include training and education on weight stigma, on the use of respectful person-first language (as in other chronic diseases),[9] and on how to provide an inclusive environment for people with obesity with, for example, the provision of appropriately-sized medical equipment.

This may ultimately benefit their care delivery and improve health outcomes of their patients with obesity. Healthcare professionals can conduct self-assessments to screen for weight bias and educate themselves on the impact of weight stigma on their patients' health and the quality of care they deliver. Raising the awareness of weight stigma beyond the healthcare setting and throughout the lifespan is particularly important in various contexts such as education and workplaces with the aim to improve equity for children, adolescents, and adults.[10]

Last but not least, it is essential that the perspectives and voice of people living with obesity be heard in all aspects of their care, including research, clinical care, programme feedback, and public health policy,[10] with the consistent use of patient-reported outcome measures in both research and clinical care.[11]

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