Guidelines for **healthcare providers** with fat clients

> "If doctors have negative feelings toward patients, they're more dismissive, they're less patient, and it can cloud their judgment, making them prone to diagnostic errors." - Jerome Groopman, M.D

GUIDELINES FOR HEALTHCARE PROVIDERS WITH FAT CLIENTS

As a healthcare provider, you serve people with a diversity of body shapes and sizes, including those with higher weights. You are familiar with current medical approaches to people with higher weights, but you may not be aware of serious concerns that have arisen about such approaches.

We currently live in an environment that stigmatizes anyone who does not meet the aesthetic or medically defined categories of an 'attractive' or 'healthy' weight. As a result, rates of fat phobia have risen significantly in recent decades. Fat phobia results in fat oppression, which includes cultural imperialism (for example, the absence of fat people in movies), bias, prejudice, stigma, discrimination, bullying, and violence.

An environment that furthers fat oppression is referred to as an 'adipophobicogenic' environment.[1] Unfortunately, it is now apparent that current medical approaches that focus on a client's weight, sometimes to the exclusion of all other factors, are not only unhelpful, but are 'adipophobicogenic'; that is, they are contributing to fat oppression. Anti-fat attitudes and biases of healthcare providers also contribute to fat oppression.

Why is this important to healthcare providers?
We have known for some time about the damaging psychological effects of oppression. Now there is a significant body of evidence demonstrating the negative physical health impacts of fat oppression, independent of actual body weight. For example:

- Chronic weight dissatisfaction predicts the onset of Type 2 Diabetes Mellitus[2]
- Weight bias internalization is associated with greater odds of metabolic syndrome and high triglycerides[3]
- Perceived weight discrimination predicts the 10-year risk of metabolic dysregulation, glucose metabolism and inflammation[4]
- Weight stigma results in hypercortisolism and oxidative stress[5]

An integral component of the current medical approach to body weight is to calculate a client's Body Mass Index (BMI) and alert them if they fall within categories labelled 'overweight' or 'obese'. However, even this strategy is now being called into question with a considerable body of evidence demonstrating that using these weight labels does not increase health promoting behaviors or weight loss. In addition, there are considerable harms resulting from such stigmatizing labels.

Studies have found that labelling someone as 'overweight' – *irrespective of their actual weight* – is associated with increased body dissatisfaction, internalized weight stigma, negative affect, and reduced perceived health.[6] Labelling people as 'overweight' also predicts dysregulation in cardiovascular, inflammatory, and metabolic functioning,[7] and blood pressure[8] *independent of actual weight*.

In addition, there is evidence of a direct causal pathway from weight stigma to weight gain, with or without changes in eating behavior as a mediator.[9-11] Ironically, the 'adipophobicogenic' environment is in fact an 'obesogenic' environment: a fat phobic environment makes people fatter.

In weight-centered practice, a significant proportion of healthcare clients are erroneously over- or under-treated. More than 50% of people who have a BMI of 25 to 29 and 30% of people with a BMI of 30 and over are metabolically healthy. Conversely, nearly 25% of people with a BMI of 18 to 25 are metabolically unhealthy.[12] Extrapolating from these figures, as a test for metabolic ill health, BMI has a false positive rate of over 51% and a false negative rate of almost 18%. These rates are unacceptably high for any medical test.

You may also be aware of the significant body of evidence now accumulating about the 'obesity paradox'. Studies from many countries have demonstrated lower mortality rates for people in the 25-29 BMI category, and no increased risk of mortality in the 30-34 BMI category. In addition, there is a range of conditions for which people in the 30+ BMI category have lower mortality rates, including aortic atherosclerosis,[13] hypertension, heart failure,[14, 15] percutaneous revascularization, coronary artery bypass graft surgery, peripheral arterial disease, echocardiography referrals, and co-morbid CVD and T2DM.[16-22]

It is therefore apparent that being at a higher weight has both positive and negative health impacts. As Ernsberger and Haskew (1987) commented decades ago: "...it is no longer appropriate to consider obesity a disease if it has benefits as well as hazards."[23] An 'obesity paradox' is only a paradox in an adipophobic environment.

The current 'adipophobicogenic' environment that perpetuates fat oppression and sees healthcare users weighed, labelled and stigmatized because of their weight is inaccurate, ineffective and iatrogenic. The 'war on obesity' is itself a negative determinant of health.[24-27] It is not an evidence-based or ethical approach to healthcare provision.

As a healthcare provider, fat oppression reduces your capacity to provide the highest quality of care for fat people. Fat people face a range of barriers to adequate and appropriate healthcare, and many avoid seeking preventive healthcare and medical treatment. Healthcare providers play a vital role in reducing the health inequities created by fat oppression.

Weight loss efforts have an extremely low chance of sustained success, with up to 95% of people regaining all lost weight within 2 to 5 years, and up to two-thirds regaining more weight than they lost.[28] What if we attended to the people's actual complaints, without trying to change their body size? This concept is called weight inclusiveness. How might your practice change if it were weight inclusive rather than weight focused?

Providing the highest quality of care for fat people and supporting your fat clients in handling the unique challenges of their bodies requires centering the expertise of fat people who can teach us about the oppressions in their lives, their resilience, skills and solutions, and how healthcare providers can support their wellbeing.[29] As a civil rights organization dedicated to voicing the needs of fat people, NAAFA offers the following strategies to help you provide the best possible care for your fat clients and help reduce health inequities created by fat oppression.

Here's what you can do.

CHECK YOUR LANGUAGE

Ask your clients what term they prefer to use to describe themselves. Some people prefer the term 'fat', as does NAAFA. Other people prefer terms such as 'large' or 'higher weight'. Very few people are comfortable with the term 'overweight' and almost no one prefers 'obese'. In addition to the harms of such labels described above, many people perceive the terms 'overweight' and 'obese' as microaggressions. If you do not check with your clients, using such terms may cause significant unintended damage to your relationship with them.

PRACTICE THE HEALTH AT EVERY SIZE APPROACH

Familiarize yourself with the Health at Every Size ® (HAES®)[30] approach and appropriately incorporate it into your practice. HAES is a social justice approach to improving actions and conditions of living to enhance the health and wellbeing of people of all sizes. Using the HAES approach as a healthcare provider means focusing on:

- Weight inclusivity: Respecting and appreciating the inherent diversity of body shapes and sizes without idealizing or pathologizing specific weights
- Health enhancement: Supporting health policies that improve access to information and services, and adopting healthcare practices that improve human wellbeing, including attention to physical, mental, social, spiritual, economic and environmental health and wellbeing for individuals and communities
- Respectful care: Acknowledging our biases; working to end weight discrimination, weight stigma, and weight bias; providing information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma; and supporting environments that address these inequities
- Eating well: Promoting flexible, individualized eating based on internal cues of hunger, satiety, pleasure, appetite and individual nutritional needs, rather than any externally regulated eating plan or diet for weight control
- Life-enhancing movement: Supporting appropriate, life-enhancing physical activities that allow people of all sizes, abilities and interests to engage in enjoyable movement, to the degree they choose, rather than any externally regulated activity plan for weight control

TEST YOUR ANTI-FAT BIAS

Reflect on your own potential anti-fat bias. One way to test for implicit attitudes is the Harvard Implicit Associations Test.[31] This test may help you better understand your assumptions and biases pertaining to fat and fatness. Fat people are very attuned to weight stigma and will be able to recognize if you have anti-fat bias, even if you are trying to hide it.

THINK CAREFULLY BEFORE WEIGHING CLIENTS

- Do not automatically weigh all clients; only weigh a client if there is a compelling medical reason to do so
- If weighing is necessary, ensure that it takes place in a private setting and not in the presence of other clients or staff
- Have the client stand backwards on the scale facing away from the reading
- Record the weight silently, free of any commentary
- Do not assume your client wants to be told their weight

WHEN DIAGNOSING MEDICAL ISSUES

- Respect the client’s healthcare priorities and address their chief concern
- Perform the same diagnostic tests that you would for thinner clients with similar symptoms
- Do not assume that weight is the cause of all symptoms or conditions
- Do not assume that fat people eat more calorie-rich, energy-dense foods, or are less physically active than thinner people
- Do not assume that fat people do or do not have an eating disorder

WHEN TREATING MEDICAL ISSUES

- Consider how you might treat a thinner client with similar symptoms
- Do not delay treatment or insist that your client lose weight prior to receiving treatment
- Demonstrate care in ordering medication dosages; some people react sensitively to small dosages of drugs, while others require a higher dosage
- Offer to revisit medications as required

WHEN UNDERTAKING MEDICAL PROCEDURES

- Use durable medical equipment that meets the needs of fat clients
- Use the most appropriate equipment for each client WITHOUT comment
- Have several sizes of blood pressure cuffs readily available; using a small blood pressure cuff on a bigger arm can produce false readings
- Have longer needles and tourniquets available in order to draw blood from your fat clients
- Ensure your lavatory has a seat that is split in front to enable fat clients to more easily hold urine specimen cups in place; a urine specimen collection device with a handle or a 'hat' is preferable
- Closely monitor breathing with sedation if the client has sleep apnea or airway problems

WHEN PROVIDING HEALTH EDUCATION

- Avoid offering unsolicited weight loss advice to fat clients
- Ask your fat clients about their health behaviors; do not make any assumptions about their behaviors based on their weight
- IF your fat client is not physically active, discuss physical activity without linking it to weight; increased physical activity improves blood pressure and glucose control, decreases arthritis symptoms and increases overall wellbeing, irrespective of changes in weight
- IF your fat client is not eating well, discuss food and nutrition without linking it to weight; focus on developing skills in intuitive eating for hunger and satiety, and for satisfying nutritional needs
- Explain to clients that the greatest sustainable health gains come from self-care practices, including self-kindness

IN THE WAITING ROOM

- Provide several sturdy armless chairs, couches or benches in your waiting room; chairs with arms often cannot accommodate fat people
- Ensure there are six to eight inches of space between chairs
- Provide sofas that are firm and high enough to ensure that your clients can rise with ease; exceptionally low and soft sofas can be difficult from which to stand
- Ensure the information you provide in your waiting rooms (magazines, brochures, etc.) and on the walls is body positive and does not promote dieting or reinforce weight stigma

IN THE EXAMINATION ROOM

- Provide examination tables that are wide, and bolted to the floor or wall, or are hydraulically height adjustable so that they do not tip when your fat client sits on them
- Provide a sturdy step stool for fat clients to assist them in getting onto the examination table
- Provide examination gowns in a range of sizes that include plus sizes
- Ensure the environment is body positive and does not reinforce weight stigma

WITH STAFFING

- Avoid weight discrimination when hiring staff
- Hire diverse staff and provide them with size diversity training
- Develop a diversity strategy for your practice that enhances your ability to provide quality healthcare to people of all shapes and sizes

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RESOURCES

Poodle Science – YouTube
https://www.youtube.com/watch?v=H89QQfXtc-k

Fat Friendly Health Professionals Lists
http://fatfriendlydocs.com
http://www.plussizeyellowpages.com/health_pros.html

Medical, Health and Fitness Products for Large Size People and Healthcare Professionals
http://www.grandstyle.com/health-fitness/size-friendly-medical-products/
http://www.amplestuff.com/forhealthcareprofessionals.aspx

NAAFA's Healthcare Webpage
https://www.naafaonline.com/dev2/the_issues/health.html

NAAFA's Facts on Size Discrimination
https://www.naafaonline.com/dev2/assets/documents/naafa_FactSheet_v17_screen.pdf

NAAFA's Health At Every Size ® (HAES®) Webpage
https://www.naafaonline.com/dev2/education/haes.html

NAAFA's Healthcare Bill of Rights
https://www.naafaonline.com/dev2/about/Policies/NAAFA_Healthcare_Bill_of_Rights[Final].pdf

RESOURCES CONT'D.

Association for Size Diversity and Health (ASDAH)
https://www.sizediversityandhealth.org

HAES® Community
https://haescommunity.com

The Science of HAES
https://www.sizediversityandhealth.org/content.asp?id=21

Weight Bias Against Physicians
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"The Surprising Reason Why Being Overweight Isn't Healthy—Fat bias in health care"
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http://www.the-scientist.com/?articles.view/articleNo/29373/title/Animals-are-getting-fatter--too/

Resources for Children

Ellyn Satter *Children, the Feeding Relationship and Weight*. 2005
http://www.ellynsatterinstitute.org/cms-assets/documents/99535-616214.cfw.pdf

The Body Positive, http://www.thebodypositive.org

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