

STIGMA in HEALTHCARE

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Disclosures

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Talk overview

1. How common is weight bias among health care professionals (HCPs)?
2. What are the health consequences of weight bias upon people with overweight and obesity?
3. What can be done to reduce/eliminate weight bias?



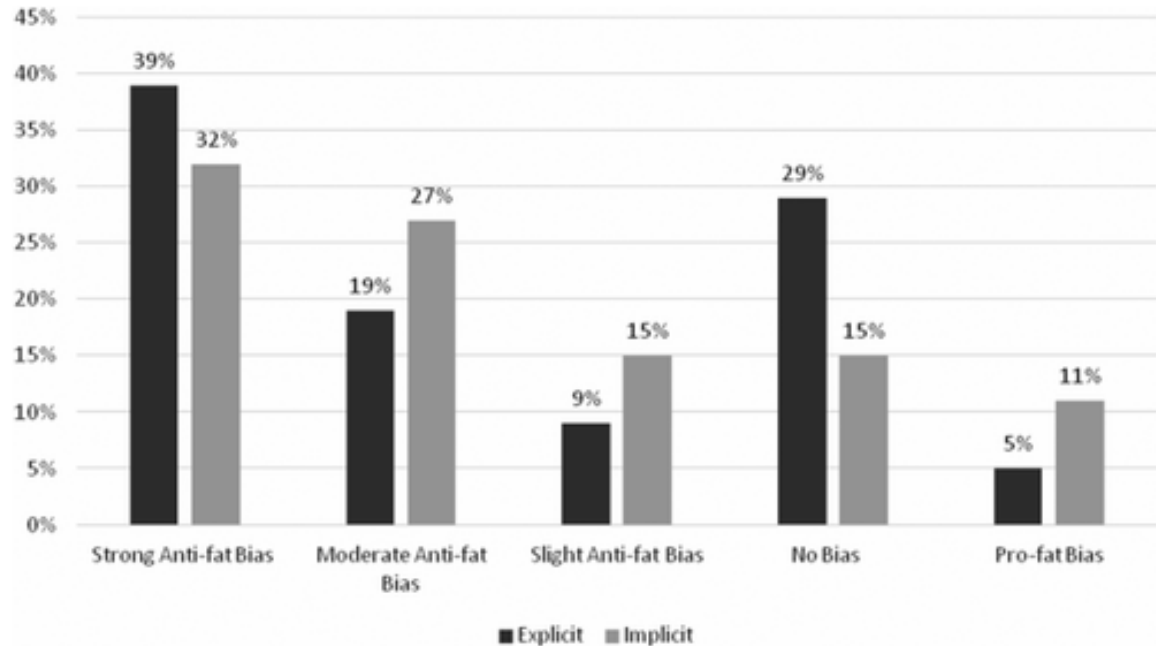
How common is weight bias among health care professionals?

- Medical students
- Doctors (primary care and all specialists studied (adult and paediatric) including obesity specialists)
- Student nurses and qualified nurses
- Dietitians
- Psychologists
- Fitness professionals

Weight bias is present in all groups of health care professionals (HCPs) studied

Medical students

- Web based survey of 4,732 1st year medical students from 49 medical schools, 1,146 overweight/obese
- Implicit bias (weight implicit association test (IAT))
- Explicit bias (fat thermometer and anti-fat attitudes)
- 74% implicit bias
- 67% explicit



Medical students

Believe patients with obesity to be

- Poor in self-control
- Less likely to adhere
- Sloppy
- Awkward
- Unsuccessful
- Unpleasant

Physicians

- Test-takers voluntarily accessed a public web site, known as *Project Implicit*[®], and opted to complete the *Weight Implicit Association Test* (IAT) (N = 359,261).
- A sub-sample identified their highest level of education as MD (N = 2,284).
- Among the MDs, 55% were female, 78% reported their race as white, and 62% had a normal range BMI.
- MDs, on average, also showed strong implicit anti-fat bias.
- All test-takers and the MD sub-sample reported a strong preference for thin people rather than fat people or a strong explicit anti-fat bias.
- A cross-sectional study of internal medicine residents revealed that 80% reported feeling uncomfortable examining patients with obesity or difficulty feeling empathy for them.

Physicians' views of patients with obesity

- Non-compliant
 - Lazy
 - Lacking in self-control
 - Weak-willed
 - Unsuccessful
 - Unintelligent
 - Dishonest
 - Less respect
-
- Weight bias reported in diabetologist, endocrinologists, cardiologists, obesity specialists, paediatricians etc.

GPs/Primary care

- French GPs (2005)
 - Cross-sectional study of 600 GPs (telephone survey)
 - 90% regarding obesity as a disease requiring long term management
 - 30% had negative attitudes towards patients with overweight and obesity
- UK GPs (2005)
 - Qualitative interview of 21 inner London GPs.
 - GPs primarily believed that obesity was the responsibility of the patient, rather than a medical problem requiring a medical solution

Nurses

- Nurse view patients with as obesity a
 - Non-compliant
 - Overindulgent
 - Lazy
 - Unsuccessful
- In one study
 - 31% “would prefer not to care for patients with obesity”
 - 24% agreed that patients with obesity “repulsed them”
 - 12% would prefer not to touch patients with obesity

Dietitians

- Registered dietitians express:
 - Negative attitudes
 - Beliefs obesity is due to emotional problems
 - Pessimism about adherence
- Dietetic students view patients with obesity to be
 - Overeaters
 - Lacking self-control and will power
 - Unattractive
 - Insecure
 - Slow

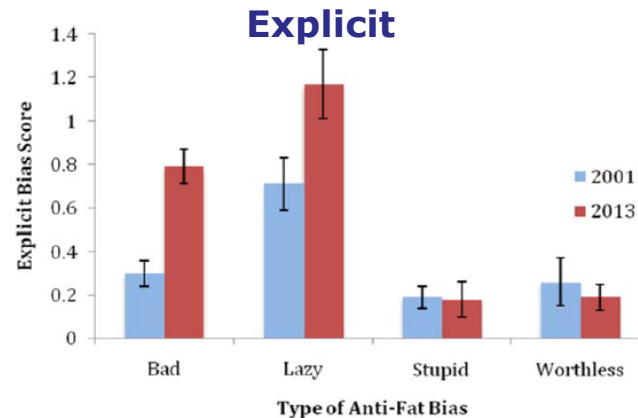
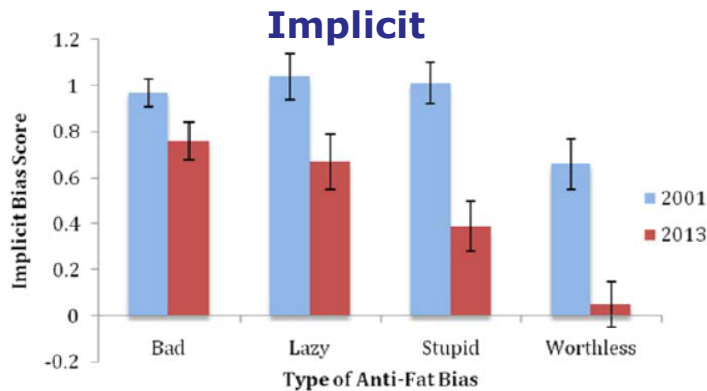
Psychologists

Ascribe to patients with obesity

- More pathology
- More severe symptomatology
- More negative attributes
- Worse prognosis

Has increased understanding of the biology of obesity reduced weight bias

- 232 attendees at Obesity Week 2013 conferences
- 389 attendees in 2001 (North American Association for the Study of Obesity)
- Overall participants exhibited significant implicit and explicit anti-fat/pro-thin bias
- 2013 showed lower implicit but higher explicit bias



Impact of weight bias among HCPs on the health of people with obesity

All Party Parliamentary Group Obesity Inquiry



ALL-PARTY
PARLIAMENTARY
GROUP ON OBESITY



**The current
landscape of
obesity services:**

**a report from the
All-Party Parliamentary
Group on Obesity**

88%

of people with obesity
reported having been
stigmatised, criticised or
abused as a direct result
of their obesity

26%

of people with obesity
reported being treated with
dignity and respect by
healthcare professionals
when seeking advice or
treatment for their obesity

15th May 2018

Healthcare professionals as a source of weight bias

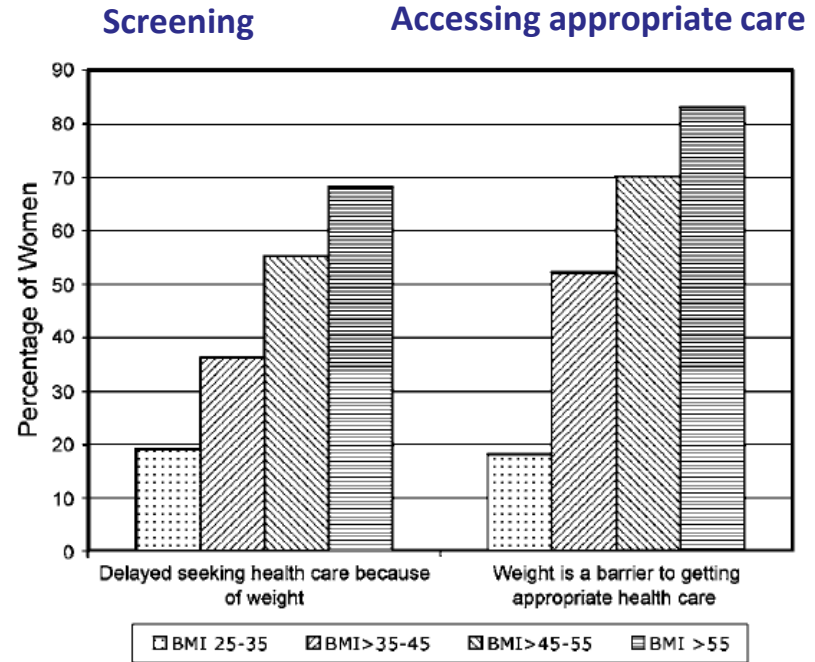
- A study of 2449 women with overweight and obesity,
 - 52% reported doctors had stigmatized them
 - 34 % nurses had stigmatized them
 - 26% dietitians had stigmatized them
 - 13% mental health care professionals had stigmatized them
- Women with obesity view physicians as one of the most frequent sources of weight bias that they encounter in their lives.

Impact on Care

- Less time in appointments (Hebl MR 2003)
- Less education about health (Bertakis KD 2005)
- More reluctant to perform screening (Adams CH 1993)
- View patients as likely to be less compliant with medications (Huizings MM 2010)
- Less desire to help patients with obesity and find them more annoying and a greater waste of their time compared to thinner patients (Hebl MR 2003)
- Over attribute symptoms to weight e.g. SOB 5% received medications vs. 23%
- More assignment of negative symptoms
- Less intervention

Reduced healthcare utilization

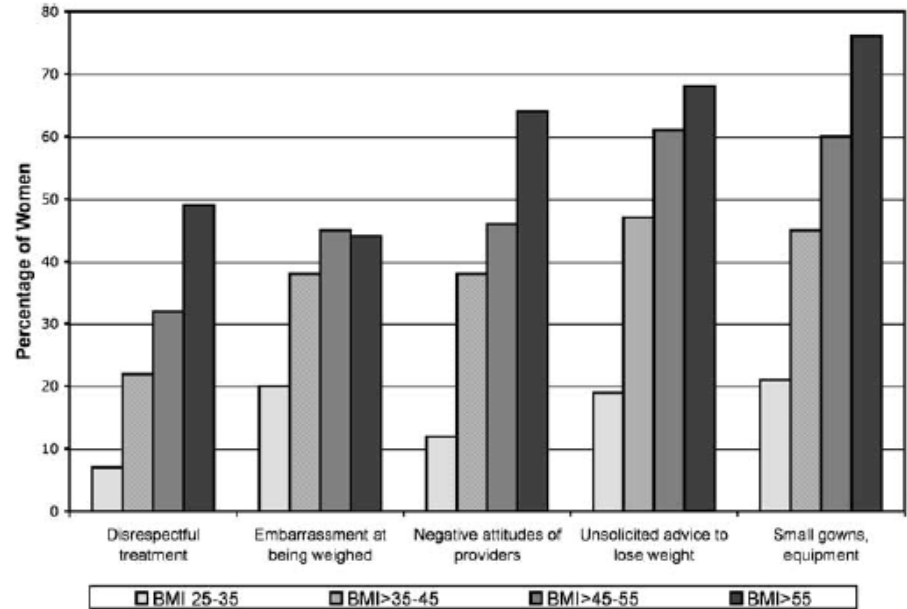
- Patients with obesity are less likely to obtain
 - Preventive health service and examinations e.g. cancer screens, pelvic examinations, mammograms
 - And are more likely to cancel or delay appointments



Impact upon women attending for gynaecological cancer screening

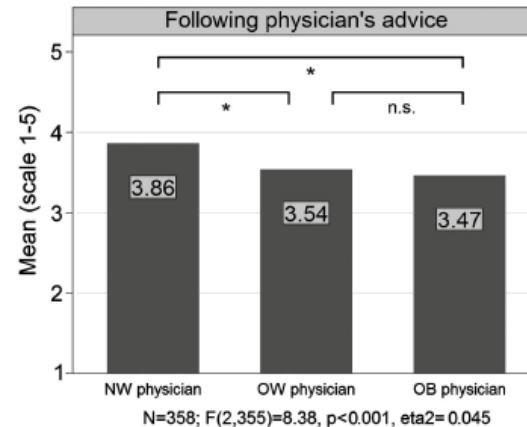
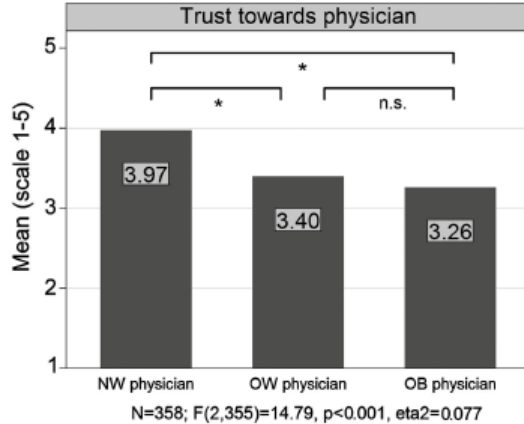
Survey of 498 women found that women with obesity delayed preventative services despite high access due to

- Disrespect from providers
- Embarrassment of being weighed
- Negative provider attitudes
- Medical equipment too small
- Unsolicited advice to lose weight
- Small gowns



Effect of physicians' body weight on patient attitudes

- Providers perceived to be overweight or obese may be vulnerable to biased attitudes from patients
- Providers' excess weight may negatively affect patient perceptions of their credibility, level of trust and inclination to follow medical advice



What can be done to reduce/eliminate weight bias?

Strategies to reduce weight bias

- Pervasive and more socially acceptable than other types of bias thus weight bias is often explicit (consciously and deliberately expressed) as well as implicit (unconscious level and involuntarily formed)
- Explicit and implicit bias are only weakly correlated so need to target both
- One third of medical students at university had an implicit anti-obesity bias but most were not aware of this
- Evidence that older practitioners display more bias (e.g. primary care providers) thus education would need to be ongoing
- **First step to modifying bias is to recognize its presence**

Strategies to reduce weight bias

- Explicit weight bias has been reduced by
 - Education emphasizing the complex causes of obesity including genetics, metabolic and social factors.
 - Educational films, lectures, written material and simulated interactions with virtual patients

Modifying anti-obesity bias

Implicit bias

- Making people aware that implicit bias affects the care
- Exposure to counter stereotypical traits (include success and intelligent). Exposure to people who defy stereotypes
- Obesity curriculum to paediatric residents (4 x 30 min videos; obesity diagnosis, management and bias). IAT before and 6 weeks after lecture series completed there was a significant improvement
- Residents stated that awareness of the bias made them more mindful of their attitude during a clinical encounter

Strategies to reduce weight bias

- Contact theory
 - Having shared positive experiences with members of a stigmatized group
 - E.g. positive contact with patients or peers with obesity during medical school has been shown to reduce implicit and explicit bias in medical trainees (Phelan SM 2015)
- Empathy focused interventions e.g. participants imagine themselves to be a member of the stigmatized group and have to write about their experience
- Altering normative beliefs by adopting a zero tolerance approach for clinic staff use of derogatory language about patients people first language
- Communication skills to address language and recognition of bias

(Phelan SM 2015, Kushner RF 2014)

The patient voice/ patient groups

- Obesity Action Coalition
- European Association for the Study of Obesity
- Obesity Canada
- Help Overcoming Obesity Problems (HOOP)
- Obesity Empowerment Network UK (<http://oen.org.uk>)

Take home messages

- Weight bias is present across all HCPs even those specialising in obesity
- Weight bias needs to be considered in the prevention, treatment and management of overweight and obesity
- Weight bias has a detrimental effect on the delivery of care and access to care
- Weight bias has a detrimental effect on health
- **We need to eliminate weight bias in HCPs, education regarding obesity being a chronic complex disease**
- **We need to eliminate weight bias**

Thank you for your attention

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