Fat liberation and eliminating weight stigma in medical education

Issue:

Though language choice and strategies for improving patient health and addressing societal harms vary across entities, organizations, and communities, the AMA recognizes the harms of stigma and bias against people with "overweight" or "obesity," also called sizeism, weight bias, or anti-fat discrimination. This issue brief introduces the concept of fat liberation, notes the historical and current environment of anti-fat oppression in U.S. health care and medical education, and offers evidence-based information challenging common and reductive notions about weight and health. This brief also offers potential strategies to incorporate fat liberation principles into the improvement of medical education, equity, diversity, belonging, and patient care.

Background:

What is fat liberation and why is it needed?

A 2022 talk by Professor Harriet Brown through the University of Illinois Chicago School of Public Health's Collaboratory for Health Justice defined fat liberation as "the idea that fat people are entitled to live meaningful lives free from oppression… just as all humans are," emphasizing challenges to this goal within current social systems. In this concept and in this issue brief, the word fat is used intentionally and neutrally. This use contrasts with the inherent judgment and negative associations of words like "overweight" versus "normal weight," which are placed in quotation marks in this brief to denormalize them and call attention to their pervasiveness within medical literature.

In 2020, a multidisciplinary group of international experts released a joint statement reviewing significant evidence of widespread and deep-rooted anti-fat stigma, calling for an end to weight bias and discrimination. Anti-fat bias in both medicine and wider cultural standards developed historically from the white supremacist eugenics movement, as elucidated in a 2023 *AMA Journal of Ethics* article. This included the blending of racism, anti-fatness, and other oppressions into stigmatizing myths still prevalent in U.S. culture about fatness as an often-racialized physical and moral flaw.

Health risks

Regardless of health status, all people should be treated with dignity. But is fatness necessarily a health concern? Etiology is complicated. What medicine calls "obesity" is frequently correlated with health conditions, such as metabolic syndrome. This is not always the case, however, nor is it necessarily causative. For instance, correlations were found between "excess weight" and mortality, but the same study also found significant gender, regional, and racial differences, leading the authors to note the need for further research on societal factors, such as systemic racism. The National Center for Health Statistics observed that relative to people with "normal" weight, those with "underweight" had an elevated risk of mortality, and those with "overweight" had a modestly reduced risk of mortality, even after exclusions based on smoking, health status, early death, and weight stability.

Weight loss is not inherently healthy, nor is weight gain always pathological. Weight loss in a cohort of "overweight" patients with type 2 diabetes was an independent risk factor for increased mortality. A similar association was found between weight loss and mortality in healthy older adults.

Other measures of health may better explain some risks. For instance, one study found that individuals with "obesity" but no other metabolic risk factors did not have increased all-cause mortality risk. Another study on "obesity-related cancer" concluded, despite this wording, that these cancer risks were not, in fact, related to "obesity," but rather to metabolic status regardless of patient weight, even when weight was "normal." Similarly, a study of the National Health and Nutrition Examination Survey and the National Death Index revealed that "normal weight" adults with metabolic syndrome actually had higher mortality rates than adults with both "obesity" and metabolic syndrome, thus emphasizing "obesity-independent risk pathways." Chronic stress or repeated acute stress or trauma, sugar-sweetened beverages, and prolonged sedentary time have been associated with increased rates of metabolic syndrome.

Anti-fat social stigma is itself a traumatizing stressor, and experiences of anti-fat discrimination increase the risk of physical health problems and mortality, regardless of bodily size and even when accounting for confounding factors. Bias against patients due to their weight negatively impacts patients' mental and physical health. Such discrimination and abuse has been found to be pervasive in all domains of modern U.S. society, including in health care, where fat shaming can also lead to self-protective avoidance of care by patients or inappropriate denial of care by physicians and other health care professionals.

Medical education challenges and concerns

In the training of current and future physicians, medical education is a space where fat liberation and the elimination of anti-fat bias is extremely important. For instance, one review of anti-fat bias in medical education found that weight biases tend to increase in students as they progress through medical school, and that medical students reported operating rooms as the most frequent environment where discriminatory anti-fat comments and behavior occurred. Current medical training can exacerbate harm, and interventions are needed to positively impact learners and disrupt harmful assumptions about weight, including in continuing medical education.

In addition to improving patient care, reducing stigma is also important for medical learners themselves. Anti-fat bias is well-documented in many educational and employment settings, including residency selection. Physicians also have disproportionately high rates of eating disorders, which are often linked with weight stigma, and fat physicians may experience internalized self-hatred and fear of speaking out about their experiences of discrimination.

Potential Strategies:

- Raise awareness within medical education about the significant health and mortality risks associated with societal and medical anti-fat discrimination and stigma
- Gain familiarity with and evaluate the appropriateness of implementing existing guidelines from relevant organizations and medical educators, including but not limited to the National Association to Advance Fat Acceptance's Guidelines for Healthcare Providers with Fat Clients (2020), Gunsalus et al.'s "Medical Nutrition Education for Health, Not Harm" (2024) recommendations, Health at Every Size® principles, and others
- Encourage further development of evidence-based curricular guidelines across the medical education

continuum, to disrupt and counteract weight bias, stigmatizing labels, stereotypes, and morality myths
- Eliminate assumptions about body size and health status in medical education and practice, emphasizing equitable care, objective metrics of health regardless of thinness or fatness, and healthful behaviors for any size
- Challenge and eliminate weight discrimination against medical education learners and applicants across the continuum, and create safer educational environments where size diversity is accepted

Moving Forward:

At the time of this writing, AMA policy considers "obesity" a disease (H-440.842), though not a disability (H-90.974). Some AMA policy does, however, address the importance of reducing stigma, staying attentive to social determinants of health, and complicating the narrative of how society views weight and weight loss. For example, the AMA:

- leverages existing channels within AMA to confront stigma and bias affecting people with "obesity" (D-440.954)
- adopts the position that overemphasis of bodily thinness is deleterious to one's physical and mental health (H-150.965)
- recognizes the issues with using body mass index (BMI) as a measurement because: a. of the historical harm of BMI; b. of the use of BMI for racist exclusion (H-440.797)
- acknowledges that racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole (H-65.952)
- cooperates with appropriate state and/or federal agencies in their investigation and regulation of weight-loss systems and programs that are engaged in the illegal practice of medicine and/or that pose a health hazard to persons to whom they sell their services (H-150.969)
- supports additional research on the efficacy of screening for "overweight" and "obesity" (H-440.866)
- supports efforts designed to integrate training in social determinants of health, cultural competence, and meeting the needs of underserved populations across the undergraduate medical school curriculum to assure that graduating medical students are well prepared to provide their patients safe, high quality and patient-centered care (H-295.874)
- supports faculty development, particularly clinical faculty development, by medical schools to assure that faculty provide medical students' appropriate learning experiences to assure their cultural competence and knowledge of social determinants of health (H-295.874)

AMA Resources:

- AMA Ed Hub: AMA *Journal of Ethics* "Five Ways Health Care Can Be Better for Fat People" (1 credit CME)
- Council on Medical Education
- PolicyFinder
- ChangeMedEd
- Center for Health Equity