Weight Inclusive Patient Care Practices

A Framework for Change

Since the "weight equals health" paradigm is widely accepted, making the shift to weight-inclusive care requires change on multiple levels. For the clinician, it is helpful to think about these changes as a ripple, beginning with addressing their own weight bias, creating a safe, shame-free clinical environment, and tackling the systemic issues through a social justice framework.

Mauldin, K., May, M., Clifford, D. (2022). The consequences of a weight-centric approach to healthcare: A case for a paradigm shift in how clinicians address body weight. Nutrition in Clinical Practice. https://doi.org/10.1002/ncp.10885

Clinician

Address Weight Bias

- Learn about the complex genetic, environmental, biological, psychological, and social contributors to weight.
- Examine your explicit beliefs and stereotypes about weight.
- Learn about your implicit associations; take the online Implicit Association Test – Weight at www.implicit.harvard.edu
- Check your thin privilege.

Check and change your assumptions…

- Higher weight patients are unhealthy
- Lower weight patients are healthy
- Higher weight patients aren't practicing healthy behaviors
- Lower weight patients are practicing healthy behaviors
- Higher weight patients' symptoms are due to weight.
- Higher weight patients' symptoms would improve with weight loss.
- Higher weight patients want to lose weight.

Don't "diagnose" your patient as fat

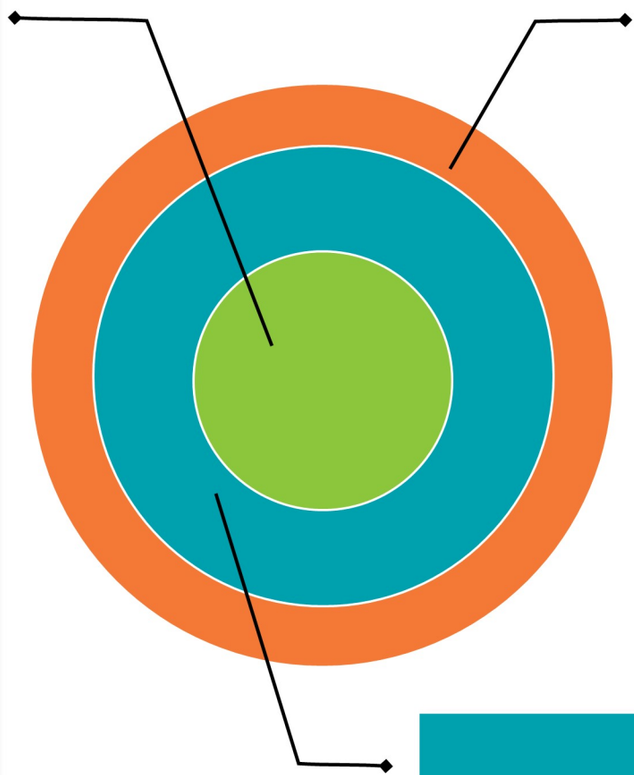
- Don't dismiss symptoms based on weight bias.
- Focus on treating the condition rather than the weight.
- Provide your patient with the same diagnosis and treatment you would provide to a thinner patient with a similar concern. Ask yourself, "Do thin people get this health problem? What do I recommend/prescribe for them?" Start there.

Screen all patients

- Utilize appropriate screening for cardiometabolic health (e.g., blood pressure, fasting blood glucose, cholesterol, or triglycerides).
- Ask all patients about lifestyle behaviors. Don't skip asking your lower weight patients about their exercise and dietary habits.

Optimize well-being for people of all sizes

- Optimize psychological and physical health and well-being of people of all shapes and sizes.
- Be cautious about healthism: patients have the right to pursue health, but not the obligation.
- Use patient-centered communication such as motivational interviewing.
- Remember, weight is not a behavior, and therefore is not subject to behavioral modification.
- Encourage feasible, sustainable behaviors by focusing on the benefits of balanced eating, physical activity, and self-care for improved health and well-being
- Ask about small changes they are interested in making (e.g., eating, activity, stress management, sleep, etc.).
- Introduce mindful and intuitive eating as an alternative to restrictive dieting.
- Encourage enjoyable leisure and physical activity.



Systemic Issues

Promote Social Justice

- Recognize the impact of social determinants of health, including the structural and political issues that affect health and well-being.
- Where possible, work to increase health access, autonomy, and social justice for all individuals along the entire weight spectrum.
- Show compassion for how difficult it is to live in a culturally stigmatized body. Support your larger clients in handling the unique challenges of their bodies.
- Remember, weight loss doesn't stop weight bias. Bias is a social justice issue. People deserve to live free of bias and prejudice no matter what they weigh.

Practice Environment

Provide a safe, shame-free environment

- Implement a zero-tolerance practice policy for comments or humor that stereotypes or degrades anyone based on a physical identity or attribute.
- Work to eliminate microaggressions—intentional or unintentional verbal, behavioral, or environmental indignities that communicate hostility or negativity toward people who hold less power in society. Examples of weight-related microaggression are not having gowns that cover a patients body or suggesting a diet to a patient who came in for an unrelated concern.
- Provide waiting room chairs that are comfortable and safe; including some that are armless.
- Make sure exam tables are stable.
- Make appropriate-sized medical equipment readily accessible, such as blood pressure cuffs, gowns, and speculums.
- Demonstrate that your practice values diversity, such as a Mission Statement, non-stereotypical images in magazines, advertisements, pamphlets, and artwork.

Reduce focus on weight

- Weigh patients less frequently; if possible, limit weigh-ins to well-visit checkups and weight-related complaints.
- Weigh privately if possible.
- Allow patients to "decline" to be weighed (not "refuse"). Patients are autonomous and have the right to decline any medical intervention without difficulty.
- Train your staff not to comment on patients' weight (even "positively").
- Ask permission before discussing weight with the patient. (Be aware that for people with a history of an eating disorder, being weighed and/or discussing weight can be triggering.)
- Do not discuss a minor's weight in their presence.
- Be aware of your language.