

Weight Bias



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People who are overweight are highly stigmatized in our society. Negative perceptions that characterize people who are overweight as lazy, incompetent, noncompliant, sloppy, lacking in self-discipline, and willpower are pervasive¹². Research has documented the impacts of weight-based discrimination in all realms of a person's life. Weight bias leads to distressing childhood experiences³, inequities in employment⁴, disadvantages in education⁵, and disparities in health care⁶.

The overt weight bias observed in society continues into the clinic. Weight bias in a clinical setting refers to the negative attitudes, stereotypes, and discriminatory behaviors that healthcare professionals may exhibit towards patients based on their weight or body size⁷. A study published in 2020 analyzed a representative sample and concluded that 72% of respondents reported experiencing weight-based discrimination at least once in the health care system, confirming weight discrimination appear more common than previously recognized⁸. Research also indicates that providers account for the most commonly reported (69%) of interpersonal sources of weight bias.⁹

Healthcare providers may hold biased attitudes and beliefs towards patients with higher body weights¹⁰. This can include assumptions that weight is solely a result of personal choices, laziness, or lack of willpower¹¹. Such attitudes can lead to stigmatizing or judgmental interactions with patients.

Weight bias leads healthcare providers to attribute all health concerns to a patient's weight, forgoing thorough investigation and evaluation of the patient's reported ailment¹². This diagnostic overshadowing results in delayed or missed diagnoses for other health conditions. Treatment disparities impact people who are overweight by influencing treatment options resulting in disparate care¹³. Healthcare providers may focus solely on weight loss as a solution to all health issues, overlooking other evidence-based treatments or interventions that may be more appropriate for the patient's overall health¹⁴. Addressing weight bias in a clinical setting is vital to provide equitable and patient-centered care.

Patient-provider relationships are impacted by weight bias, hindering effective communication between healthcare providers and patients. Patients may feel stigmatized, ashamed, or judged, which can lead to reluctance in discussing their concerns or health behaviors. This can impair the patient-provider relationship and limit the effectiveness of healthcare interventions. A study conducted with physicians affiliated with the Texas Medical Center in Houston found the weight of a patient significantly affected how physicians viewed and treated them. Although physicians prescribed more tests for heavier patients, they simultaneously indicated that they would spend less time with them and viewed them significantly more negatively on 12 of the 13 indices¹⁵.



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Weight bias contributes to disparities in preventive care¹⁶. Patients with higher body weights may be less likely to receive recommended screenings, vaccinations, or health promotion interventions due to assumptions about their health or priorities¹⁷. Research from the Health and Retirement Study (HRS) and the Asset and Health Dynamics Among the Oldest Old (AHEAD) found higher weight to be associated with less frequent receipt of preventive services among middle-aged white women and elderly white women and men¹⁸.

The psychological impacts of weight bias in a clinical setting and the lasting negative psychological effect on patients have also been well documented¹⁹. Weight gain can lead to feelings of shame, embarrassment, low self-esteem, and body dissatisfaction²⁰. These emotional impacts can further contribute to psychological distress and hinder overall well-being of people who are overweight²¹. Patients reported resorting to binge eating as a coping mechanism and other risky behaviors²².

The following are strategies and best practices providers can employ to reduce the impacts of weight bias.

Education

Partaking in training programs that raise awareness on the impacts of weight bias and provides resources to provide equitable care is a proven strategy. The Rudd Center has [online learning modules](#) to further educate providers about the consequences of weight bias for health and healthcare. Obesity Action has a [guide](#) for providers working with people who are impacted by obesity²³. Education should focus on promoting empathy, cultural sensitivity, and a patient-centered approach²⁴.

Other Available Education

American Academy of Physician Associates: Overcoming Bias and Stigma in Obesity [CME](#)

American Medical Association: Recognizing and Eliminating Weight Stigma and Bias in Health Care [CME](#)

Reflective Practice

Healthcare providers should take time to reflect on their own biases and attitudes towards weight and body size. This self-reflection can help identify and challenge preconceived notions and stereotypes²⁵.

Language and Communication

Promoting the use of neutral and non-stigmatizing language when discussing weight-related topics. Healthcare providers should focus on health behaviors, well-being, and addressing specific health concerns rather than solely focusing on weight. Using people first language should be incorporated in all forms of communication²⁶.

Inclusive Healthcare Environment

Working together with administrators to ensure healthcare settings are inclusive and free from physical barriers or biases is important to promote acceptance. This includes providing appropriately sized seating, gowns, and examination equipment that can accommodate patients of all sizes in all healthcare areas.

Building Trust and Rapport

Healthcare providers should strive to create a safe and non-judgmental environment where patients feel comfortable discussing their health concerns, goals, and challenges. The George Washington University has a [guide](#) to discussing obesity and health with your patients. Building trust and rapport with patients is essential for effective care.

By addressing weight bias in a clinical setting, healthcare providers can contribute to more equitable and patient-centered care, promote positive health outcomes, and reduce health disparities based on weight.

****See Page 18 for Endnotes***

Weight Bias Endnotes



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