

**Ethical issues associated with obesity**  
**Brief comments from a bariatric**  
**paediatrician**

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# **How would you respond to a condition with the following characteristics?**

## **Take 1**

- **Affecting increasing numbers of the population – mainly adults, but increasingly seen even in children**
- **Associated with decreased quality of life, increased disability and shortened life expectancy**
- **Strong genetic predisposition**
- **Globally prevalent**
- **High economic burden**
- **A significant contributor to death from other major diseases**
- **Most health professionals are untrained in its management**



**Action stations!**

# **How would you respond to a condition with the following characteristics?**

## **Take 2**

- **Strong genetic predisposition, but this is usually only manifest in a given environment**
- **Highly stigmatised**
- **Not perceived as a serious condition by much of the community and the medical profession**
- **The subject of media voyeurism and victim-blaming**
- **Affected individuals are seen as:**
  - **Less attractive**
  - **Weak-willed, morally vulnerable, lacking will-power and strength**
  - **Bringing the disease on themselves**
  - **Probably of lower value than those who are unaffected**

**Welcome to the issue of obesity!**

## **What I will – very briefly! - highlight**

- **What are some of the experiences of children and young people affected by obesity?**
- **What are some of the values and attitudes that the “health system” uses in dealing with the issue of child and adolescent obesity?**
- **Implications for us – as individuals and as health professionals**

**Experiences of children and adolescents affected by obesity – stories from my clinic**

## **Brian, aged 12 years**

- Has severe obesity and hip pathology.
- Waiting in a crowded outpatients clinic at an adult hospital.
- The orthopaedic surgeon calls out across the waiting room, *“You’re as big as an elephant!”*
- Brian’s mother recounts this story: *“Everyone turned and looked at him. His eyes welled up with tears.... “*

## **Maria, aged 10 years**

- Has moderate to severe obesity and insulin resistance.
- She and her mother walk for half an hour most evenings.
- The clinic nurse asked why they walked when it was dark.
- Mother’s response: *“So people don’t see us. People used to stop and stare, and kids used to laugh at her. This way, she’s safe from all that.”*

## **Ahmad, aged 4 years**

- **Early onset obesity**
- **Father says he doesn't want his son to experience the bullying he, himself, had experienced as a child due to his weight**
- **Already, in pre-school, Ahmad has had other young children call him names and say they don't want to play with him, apparently because of his size**

## **Ann, aged 14 years**

- **Has moderate to severe obesity**
- **Has experienced cyber-bullying by class-mates who made comments about her weight (Face-Book, text messages, emails etc)**
- **Moved schools to escape the stigmatisation from her peers**

## Peter, aged 15

- Severe obesity (~150 kg)
- Family went to Gold Coast Theme Park for a much anticipated holiday. Waited 20-30 minutes to queue for a ride. Got into the ride seat and safety bar wouldn't go down.
- Attendant said "You're too big – you can't go on the ride – it's a safety issue". Then made Thomas exit the ride and walk past the entire line of people
- Mother described it as the "*Walk of Shame*"

# **Stigmatisation of obese children and adolescents**

- **Obese children and adolescents experience a range of forms of weight-based stigmatisation - negative stereotyping, victimisation, social marginalisation etc** (Tang-Peronard & Heitman, *Obes Rev* 2008)
- **Stigmatisation perpetrated by other children, adults, teachers, parents, health professionals** (Hansson et al, 2009; Koroni et al, 2009; Puhl & Latner 2007)
- **Stigmatisation potentiated by media exposure** (Latner et al, 2007)

**How the “health system”  
can view the issue of child &  
adolescent obesity**

# Antipathy

- Email from a senior consultant, Dr Y, to his Fellow, asking the Fellow to speak on behalf of their unit at a local update conference on paediatric obesity:
  - *“Like myself, Dr X does not find obesity very palatable. And we both already have a busy year on the lecture circuit. Therefore assume that you will be presenting.”*
- Senior Hospital Exec. to a physician receiving +++ referrals to manage patients affected by obesity:
  - *“These patients don’t need to be seen here. There are more important problems to be managed in our Outpatients Clinic.”*

# Indifference

- **Comments from senior medical and nursing hospital staff about the introduction of a brief obesity management training program for staff:**
  - **“I don’t think is necessary. This isn’t a hospital issue. It’s a community issue.”**
  - **“Personal and parentally proscribed discipline should not be allowed to wither on the vine”**

## Therapeutic nihilism

- After a Grand Rounds presentation highlighting the evidence for treatment of children affected by obesity, Dr A comes up to me and asks *“You really don’t believe all that, do you? Nothing works as far as I can see.”*

# **What does this extract from the hospital Manual Handling Policy say about the experience of being weighed if you are a large person?**

## **SECTION 14 – WEIGHING**

- **(a) patients up to 150kg can be weighed in ward. Patients > 150kg will need to be weighed using the hospital loading dock.**
- **(b) The linen room loading dock weigh machine is the best option. Preferred time is after 1pm**
- **(c) Will need to test if bed can be weighed on (hospital) docks, if not possible will need to use loading docks at (neighbouring hospital)**

# Is it ethical **NOT** to provide services for a major health problem?

- **Obesity – a *National Health Priority***
- **Childhood obesity – the subject of much media and political discussion**
- **Yet – there are few services for children & young people affected by obesity in Australia (and, anecdotally, in NZ)**
  - **National audit\* shows tertiary-level services only in 3 states – and only 2 states have services staffed with multidisciplinary teams**
  - **Service level across Australia → “sparse and minimal”**
  - **Across Australia, there is only 1 Advanced Training training post that specifically includes training in weight management\***
  - **VERY difficult to establish and resource such services**

\* Spilchak et al, J Paediatr Ch Health 2008

**How should we respond?**

# **Provision of clinical services for people affected by obesity**

- **Are we training health professionals in the effective management of people affected by obesity & its co-morbidities, and in the sensitive handling of such people?**
- **Are large people made to feel comfortable and welcome in our facilities? (eg bed size, chair width, signage, attitudes of front-line staff, facilities for weighing large people etc)**
- **Are weight management services available and resourced adequately?**
- **How are severely obese people treated? Do they have access to high quality services for their associated problems?**

# **Provision of clinical services for people affected by obesity**

**What are our own attitudes towards people affected by obesity?**

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