IFSO

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

TORONTO2026

The Future of Obesity Management:
From Weight Loss to Health Gain

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COMMUNICATION AND STIGMA-FREE CARE:

LANGUAGE, BIAS, AND SHARED DECISION-MAKING

IFSO
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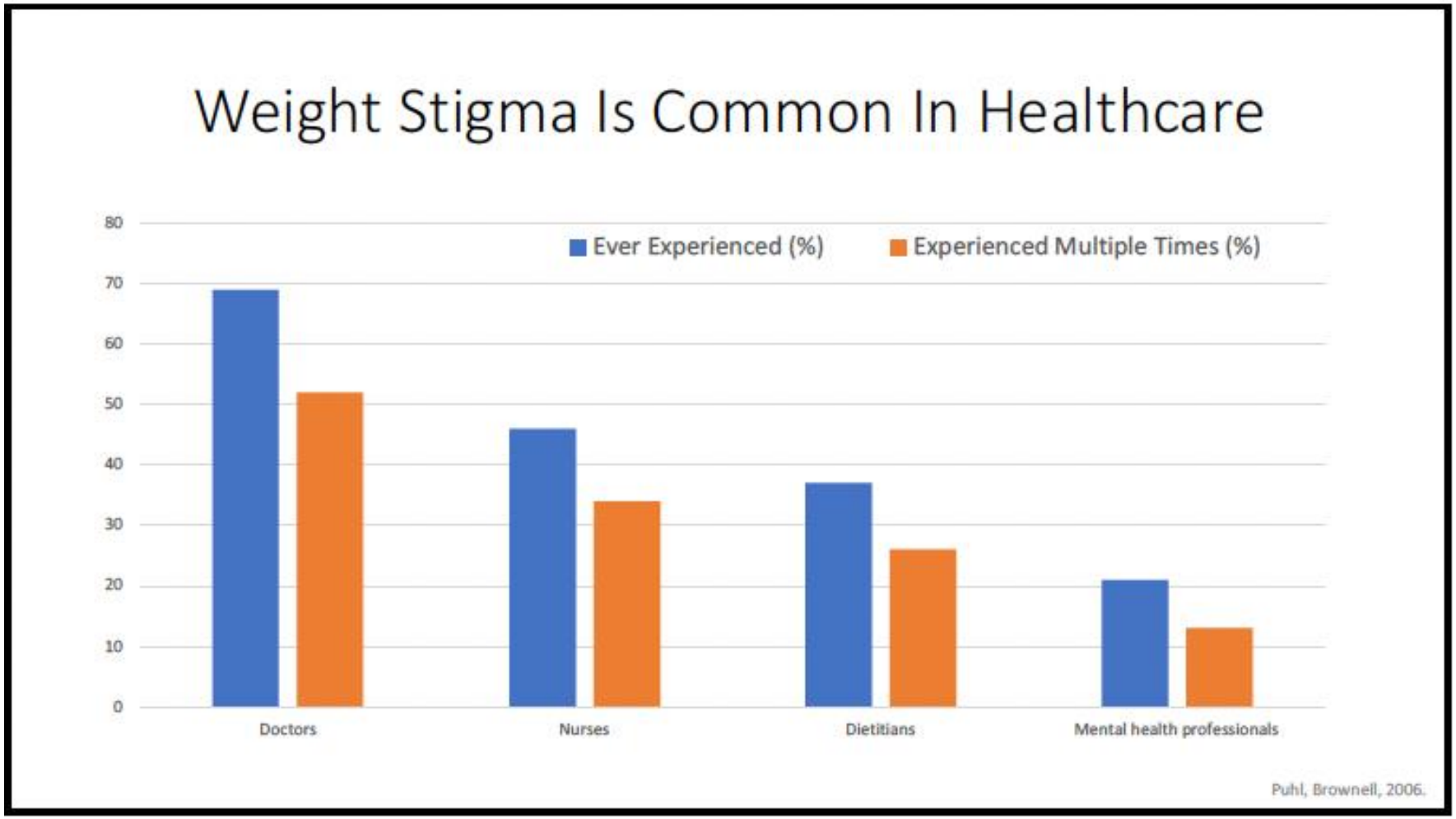
Disclosure

Nothing to disclose

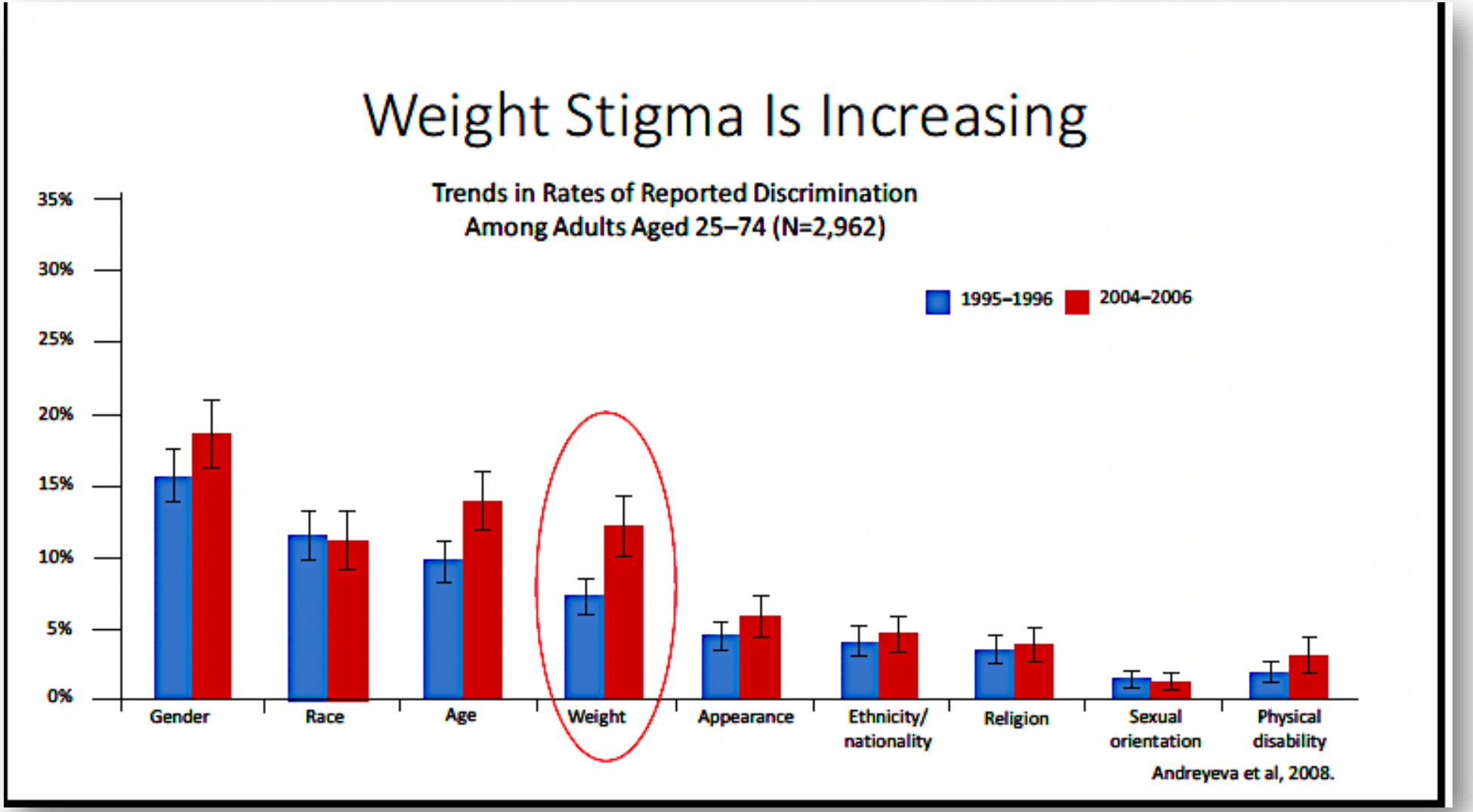
Weight Bias and Stigma

- While they are different, they operate in a vicious cycle. **Negative bias** (prejudice) against a specific group leads to discriminatory actions. When those negative biases and actions become widely accepted by a culture, they solidify into a **stigma**, which then makes future bias against that group seem justified.
- Weight Stigma is one of the most deeply entrenched stigmas today.
- **It is frequently legal.**

Weight Stigma in healthcare



Weight Stigma prevalence



Received: 19 April 2021 | Revised: 19 July 2021 | Accepted: 25 July 2021
DOI: 10.1002/osp4.553
ORIGINAL ARTICLE
Obesity Science and Practice WILEY

A model of weight-based stigma in health care and utilization outcomes: Evidence from the learning health systems network

TABLE 3 Multivariate regression model results for associations between BMI and health care experience and utilization variables in $n = 2380$ patients with BMI ≥ 25

Variable	Model 1: Stigma (B, *p*-value)	Model 2: PC communication (B, *p*-value)	Model 3: Respect (B, *p*-value)	Model 4: Delayed care (OR, *p*-value)	Model 5: Doctor shopping (OR, *p*-value)
BMI	0.03 (<0.001)	−0.01 (<0.001)	−0.003 (<0.001)	1.06 (<0.001)	1.02 (0.049)

1. "Having a doctor who makes cruel comments, ridicules you, or calls you names" and "A doctor who attributes physical problems unrelated to your weight."
2. "Giving you the opportunity to ask all the health-related questions you had"; "Giving necessary attention to your feelings and emotions?"
3. "In the past 12 months, how often did you feel your primary healthcare professional treated you with respect and as an equal?" And "In the past 12 months, did you ever feel your primary healthcare professional judged you because of your weight?"
4. They delayed or avoided seeking medical care because… "they gained weight," "they were advised to lose weight," "they thought they would be weighed," "they thought weight would be discussed," "they thought they would be asked to undress," or "they thought they could get rid of a problem by losing weight."
5. "In the past 12 months, did you change doctors or try to find a new primary care doctor?"

Obes Sci Pract. 2022;8(2):139-146.

ECPO

Weight sti

Illustrated by Liam Callebout, 2023

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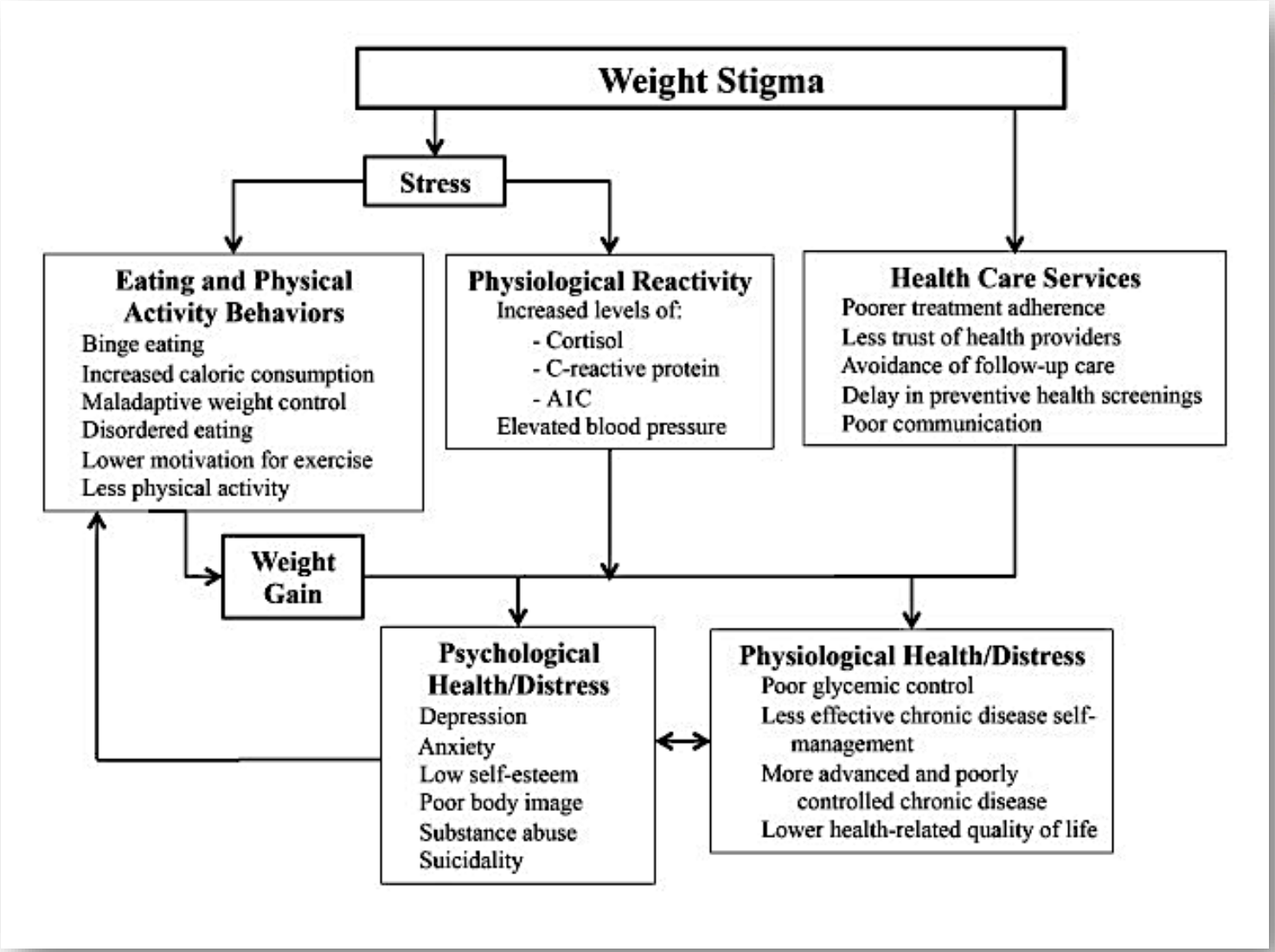
Impact of Weight Stigma



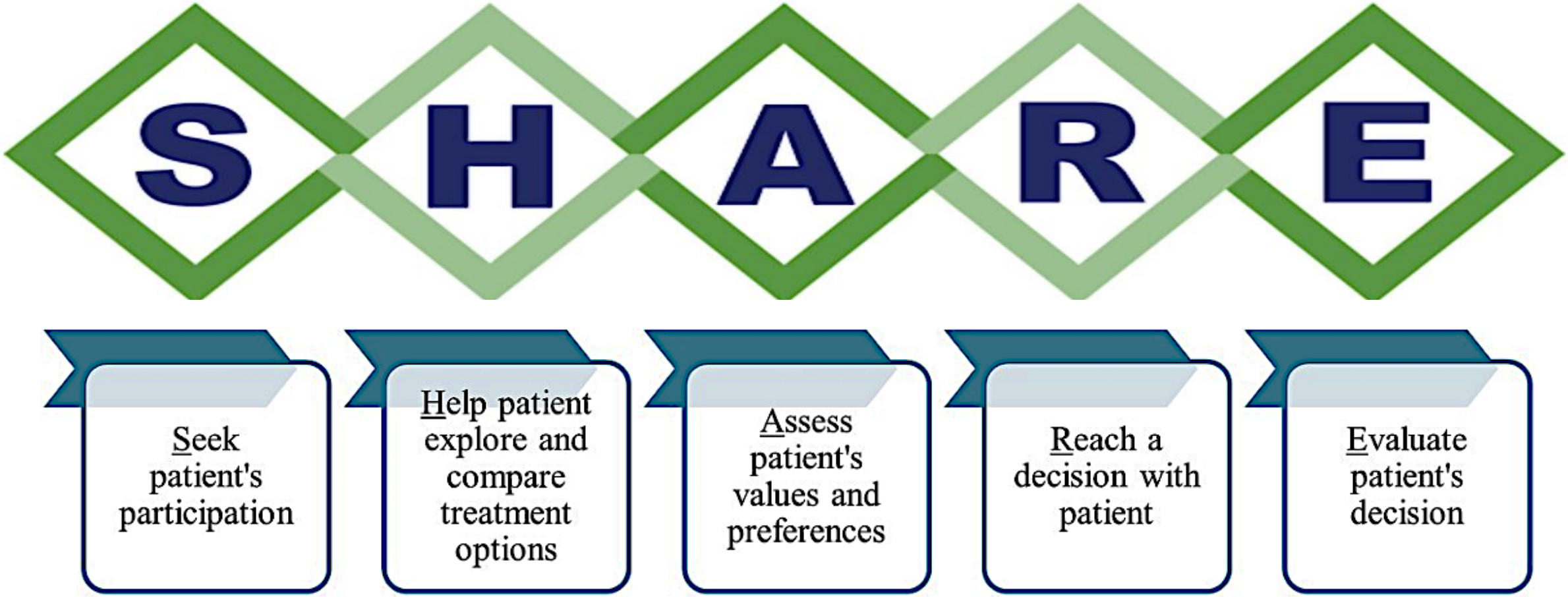
Clin Diabetes. 2016 Jan;34(1):44-50. doi: 10.2337/diaclin.34.1.44.

Language

- Language that does not put the person first:
  - ✗ Obese patient.
- The use of derogatory and pejorative labels:
  - ✗ Fat, Mammoth.
- Inaccurate or misplaced use of medical jargon:
  - ✗ Obesity is a risk fator.
- Failure to acknowledge the wider context regarding causal aspects of obesity:
  - ✗ Place a large level of emphasis on individual blame and self-control.

https://www.worldobesity.org/resources/policy-dossiers/weight-stigma

Shared Decision Making



https://www.ahrq.gov/sdm/share-approach/index.html

5As Framework for Obesity Management in Adults

CMAJ 2020 August 4;192:E875-91.

Assess

Assess patient's risk factors and readiness to change

- Ask for permission (*"Would it be alright if we discuss your weight?"*)
- Assess for obesity-related comorbidities (eg, type 2 diabetes, hypertension, hyperlipidemia, and sleep apnea)
- Screen for social determinants of health (eg, housing, food insecurity, education, and neighborhood built environment)
- Review anthropometric measurements and blood tests (eg, weight, height, waist circumference, blood pressure, lipid panel, HbA_{1c}) to classify obesity and cardiometabolic risk
- Determine goals that matter to patient

JAMA. 2023;330(20):2000-2015. doi:10.1001/jama.2023.19897

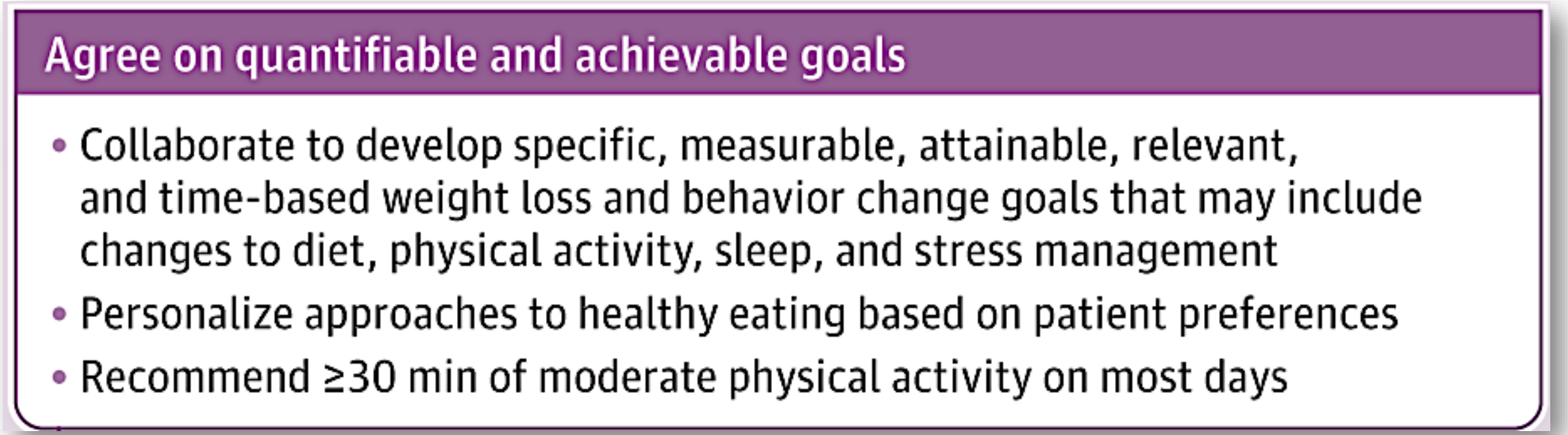
Advise

Advise on health benefits of lifestyle change and weight reduction

- Discuss obesity as a chronic disease requiring long-term management
- Review personal health risks of obesity
- Share health benefits of weight loss personalized to patient

JAMA. 2023;330(20):2000-2015. doi:10.1001/jama.2023.19897

Agree



JAMA. 2023;330(20):2000-2015. doi:10.1001/jama.2023.19897

Assess

Assist in selecting treatment using a shared decision-making approach

- Offer intensive behavioral weight management counseling or refer to program
- Include additional treatments as appropriate

Antiobesity medications if BMI ≥30
or BMI ≥27 with a weight-related comorbidity

Metabolic and bariatric surgery if BMI ≥35
or BMI ≥30 with metabolic disease (eg, type 2 diabetes, steatohepatitis)
or BMI ≥27.5 in patient of Asian ethnicity

JAMA. 2023;330(20):2000-2015. doi:10.1001/jama.2023.19897

Arrange

Arrange follow-up to create accountability and enable feedback on progress

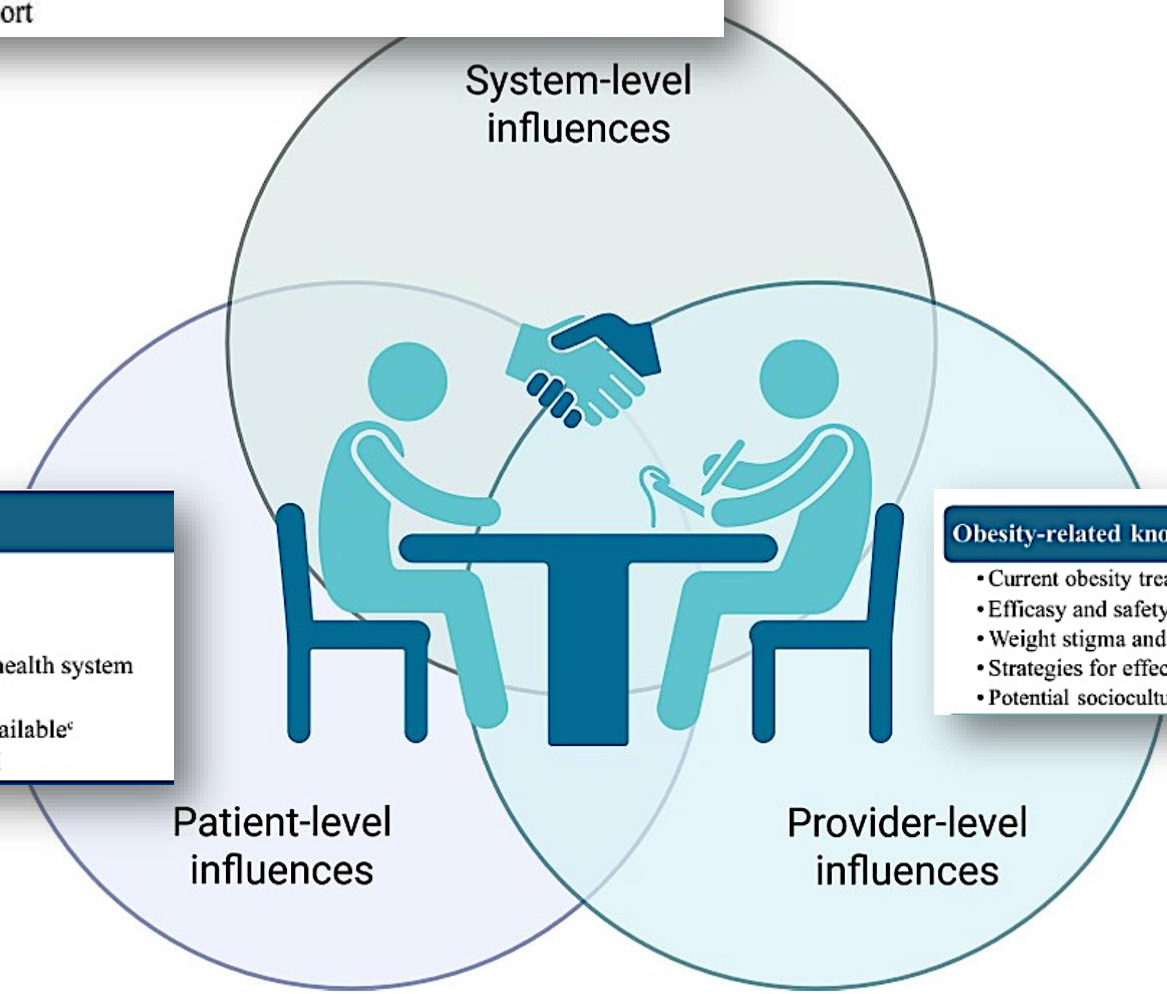
- Referral to evidence-based, multicomponent weight-reduction programs, obesity medicine clinic, or metabolic and bariatric surgical clinics as appropriate
- Adjust treatment plan as needed
- Assist the patient in obtaining adequate support and follow-up

JAMA. 2023;330(20):2000-2015. doi:10.1001/jama.2023.19897

Challenges and Opportunities

System-level efforts - *Potential advocacy targets to improve obesity care landscape & SDM culture*

- Encourage the prioritization of obesity identification and treatment within your practice and health system
- Advocate for better coverage for obesity treatments at large[d]
- Advocate for SDM training and system-level support



Resources to consider having on hand

- **Treatment resources**
  - Patient-facing resources about obesity[a]
  - Information about obesity medicine specialists[b]
  - Information on treatment resources in your clinic and health system
- **Decision-making resources**
  - Patient decision aids, including those that are freely available[c]
  - Question banks to facilitate patient engagement in SDM

Obesity-related knowledge - *topics to ensure knowledge of*

- Current obesity treatment guidelines Strategies for effectively and sensitively discussing
- Efficasy and safety of obesity treatment modalities
- Weight stigma and ways to practice bias-free care
- Strategies for effectively and sensitively discussing obesity/weight
- Potential sociocultural influences on obesity perception, weight loss interest, etc.

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Thank you

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"Advancing Multimodal Obesity Care"

24-27 August 2027

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