Session 5: Moving Forward _ Technology, Treatment and Patient Autonomy

16:30-18:00

16:30 – 18:00	**SESSION 5: Moving Forward - Technology, Treatment and Patient Autonomy** **Moderators: Violeta Moize & Julie Parrott**	
16:30 - 16:45	The Language of Obesity	David Sarwer
16:45 – 17:50	**Inter-disciplinary Panel Discussion on Moving Forward with Technology, Treatment and Patient Autonomy**	
	Lisa Schaffer (Lived Experience)	
	Karen Flanders (Nursing)	
	Blanca Rios (Psychology)	
	Rejane Marcon (Physiotherapy)	
	Muffazal Lakdawala (Metabolic Bariatric Surgery)	
	Tair Ben-Porat (Nutrition)	
	David Cummings (Obesity Medicine)	
17:50 - 18:00	**Closing remarks**	Angela Leal & Tair Ben-Porat

Let’s Hear Your Thoughts – Polling

AI and the Era of Social Media: Is it a Boon or Bane for Obesity Management and People living with Obesity?
a) A Boon (positive thing) b) A Bane (negative thing) c) A Boon and A Bane.

Technology: AI and the era of rapid info (e.g.. internet, social media):

PANELLISTS TO COMMENT **2 minutes per person max**	**1) Which AI tools have/ do you use and how do you find them helpful in practice/ research/ advocacy?** **2) Please share some of the innovations/ advances in technology and Models of Care Delivery in your discipline.** **3) How do you envision these will benefit / have benefitted PLwO?**

Lisa Schaffer – Lived Experience

- Looking back on your journey, what is one decision you wish had been made **with** you rather than **for** you?
- How often do you hear "you took the easy way out" and how do you respond to yourself and to others?
- What does respectful, person-centred obesity care feel like from the patient's perspective?

Karen Flanders – Nursing

- How can nurses become stronger advocates for shared decision-making and help ensure every patient's voice is heard throughout obesity care? E.g. transform obesity clinics into stigma-free environments?

- How can nursing (often as care coordinators) better collaborate with other disciplines e.g. with nutrition?

Blanca Rios – Psychology

- How can we move beyond treating emotional distress to actively helping people living with obesity rebuild identity, self-compassion and confidence throughout their treatment journey?

- **Time-permitting:** Many patients undergo drastic changes to their physical appearance (including extra skin) and this can be rather unexpected to them (not pre-empted). Any coping strategies you can share with us?

Let’s Hear Your Thoughts – Polling

What matters most when recommending obesity management interventions?
a) Clinical criteria b) Patient goals c) Quality of life d) All equally important

Rejane Marcon– Physical Activity

- How do you adapt physical activity recommendations to what matters most to each patient, especially understanding that many of the patients have limitations even with basic activity and movement?

  E.g. How do we shift the conversation from prescribing exercise for weight loss to helping patients discover movement that improves their quality of life, confidence and wellbeing?

- With the current trend on muscle health and at times, “obsession” with “building muscle” during weight loss, how do you reconcile the science to make treatment relevant to patient’s needs and physical status? (e.g. some have lack of energy and with MSK pain/problems limiting physical activity)

Muffi Lakdawala – Metabolic Bariatric Surgery

- How has the role of the bariatric surgeon changed from "performing an operation" to becoming a long-term partner in the patient's journey?
- What does shared decision-making look like in your practice?

David Cummings – Obesity Medicine

- With highly efficacious OMM available and more in the pipelines, what's your conversation with patients like when offering them obesity management interventions e.g. OMM vs MBS and approach to adjunctive treatment?
- How do we ensure treatment decisions are driven by patients' values and goals rather than by the newest technology?

Tair Ben-Porat – Nutrition/ Dietetics

- How can dietitians move beyond telling patients what to eat and instead empower them to make informed decisions that fit their lives, culture and personal goals?

  e.g. How do you balance evidence-based nutrition recommendations with what matters most to each individual patient?

Autonomy as a dietitian: Do you have:

- ready access to identify nutrient deficiencies (e.g. lab tests)?
- autonomy to make recommendations? If yes, to whom and who listens and for which interventions e.g. can you prescribe or do you suggest treatment for nutrient deficiencies?

Closing question for the whole panel:

Moving forward with all that we already or foresee to have, please answer:

- If every person living with obesity could experience just one change in obesity care over the next five years, what would you want that change to be?
- What is one paradigm shift that every obesity professional should embrace to deliver truly person-centred, stigma-free care?