



LANGUAGE GUIDELINES

A NOTE ON MSSI LANGUAGE GUIDELINES MOVING FORWARD

We recognize that in the medical community, there are numerous terms used to describe bigger bodies that are stigmatizing and harmful. Our organization seeks to bridge the gap between the current medical landscape and the marginalized communities for whom consideration and care have been historically lacking or absent. Here are our commitments to address the harmful terminology utilized in medical environments.

***CONTENT NOTICE*: FATPHOBIA/ANTI-FAT LANGUAGE**

Body Mass Index (BMI) – The precursor to the BMI was created in the 1800s by Adolphe Quetelet using data collected from a small group of white Western European men in an attempt to utilize population-level statistics to define the measurements of the "ideal man". Since the repurposing of the index which was renamed by Dr. Ancel Keys in 1972, BMI has been used as a measure of patient health, and has become an erroneous method to classify bodies as "healthy" or "unhealthy". Published research remains inconclusive as to whether increased BMI alone is causative of increased morbidity and mortality². It has also been shown to be a very poor measure of adiposity³ and an even poorer measure of health. The use of "BMI" in our content is with the understanding that it remains a flawed, inaccurate, and restrictive tool that does not consider environmental, economic, and social factors that influence health and health outcomes for individuals who are the higher end of the BMI spectrum.

“Overweight” and “Obesity”

- “Overweight” – This term is stigmatizing as it implies that there is a normal weight for an individual (“over *what* weight?”). The BMI was not intended to measure individual health, and cannot be used to establish a “normal weight” for an individual. The CDC defines “overweight” as having a BMI between 25.0-30.0¹.
- “Obesity” - This word is derived from the Latin “to eat oneself fat”. It is considered harmful as it misidentifies the cause of body size diversity, pathologizes that diversity, and implies that there is a “normal” BMI for an individual, despite BMI not being intended to measure the health of individuals. It is defined by the CDC as a BMI >30.0¹.
- As an organization, we will refrain from including both of these terms in our language when possible, referring to the specific category of BMI that is referenced in the literature or guideline (replacing “overweight” with BMI 25-29.9 and “obesity” for the specific BMI range used like >30 or 30-35, 35-40, >40, etc). When the word is necessary, as referring to specific research, events, or medical practices, we will use quotations (i.e. “overweight” and “obesity”) and include a content warning.

Person First Language (PFL) with the term “obesity” –

Commonly used examples of PFL include phrases such as “person with obesity” or “people with morbid obesity”. Originally, PFL aims to “put the person before the disability and describe what a person has, not who a person is.”⁴ Specifically in reference to “obesity”, PFL is utilized in an attempt to make the term “obesity” less offensive, while simultaneously medicalizing bodies and further pathologizing body size diversity.



It supports the idea that “obesity” is a “disease” that an individual, solely based on a BMI number, can have. In alignment with much of the fat activism community, we will avoid the use of PFL in reference to “obesity” as it promotes harmful ideologies that work directly *against* our mission of promoting weight-inclusive healthcare.

One last note on shared content-

We recognize the importance of uplifting and promoting weight-inclusive organizations and materials, which is why we strive to share content from a variety of sources working within this field. However, we *also* acknowledge that because mainstream medicine is weight-centric, some useful content may still contain offensive language or harmful ideas. In that case, we will provide content warnings and be clear about the purpose of the post.

As an organization, we understand we are not experts in the field. We are committed to continuous improvement and learning. If you have comments, questions, or concerns, please reach out to us directly at sizeinclusivemedicine@gmail.com or message us @sizeinclusivemedicine on Instagram and @sizeinclmed on Twitter.

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References

1. Centers for Disease Control and Prevention. Defining Adult Overweight & Obesity. <https://www.cdc.gov/obesity/basics/adult-defining.html>.
2. Bacon, L., Aphramor, L. Weight Science: Evaluating the Evidence for a Paradigm Shift. *Nutr J* 10, 9 (2011). <https://doi.org/10.1186/1475-2891-10-9>
3. Okorodudu, D., Jumean, M., Montori, V. et al. Diagnostic performance of body mass index to identify obesity as defined by body adiposity: a systematic review and meta-analysis. *Int J Obes* 34, 791–799 (2010). <https://doi.org/10.1038/ijo.2010.5>
4. District of Columbia Office of Disability Rights. People First Language. <https://odr.dc.gov/page/people-first-language>.