

# WHAT IF A PATIENT EXPRESSES A DESIRE TO DISCUSS WEIGHT/ WEIGHT LOSS?

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Some suggestions for responding:

## **EXPRESS EMPATHY**

**Acknowledge your patient's desire and validate their feelings. Allow the patient to lead the discussion and do not assume you know where they are coming from, or what they may have experienced. Consider responding with:**

- “Given the way healthcare often focuses on weight as a marker of health, it makes sense to me why you feel you need to lose weight.”
- “Weight loss and having a thin body is glorified by society. I see how that could impact your perception of your own body shape and size.”
- “Society discriminates against patients in larger bodies - there are definitely inexcusable challenges to living in a bigger body. It may not feel safe or comfortable. I am sorry to hear that you have experienced this personally.”

## **ASK QUESTIONS**

**Find out more about the patient's concerns and try to redirect focus on underlying goals.**

- “May I ask why you are looking to lose weight?”
- “What would be different for you if your body was smaller?”
- “What are you hoping to achieve with weight loss? Are there things that are not working for you now that you are hoping to change?”
- “What have you heard about BMI/body weight, either from healthcare providers or from other people?”

## **EXPLAIN YOUR PERSPECTIVE ON DIETING AND WEIGHT LOSS**

**Respectfully ask for permission. Explain that you are not worried about the number on the scale. Blood work, other screening measures, and quality of life are more direct indicators of health.**

**You can say something along the lines of :**

- “Is it okay if I share some of my thoughts about weight? I know a lot of healthcare is really interested in patients’ weights. From what I know about the research, weight is not a very useful measure of health and doesn’t add a lot to our care plan.”
- “I do not plan to talk about your weight with you unless there is a very specific reason – something like needing anesthesia or another medication that is dosed based on weight, or if you are changing weight rapidly with or without trying because that could signify something else going on. If you have any concerns about your weight, or if you do want to discuss it, let me know. Otherwise we will focus on other things like lab work, blood pressure, life-enhancing movement, and eating for well-being to optimize your health.”

(from Sadie Pile’s [Weight Inclusive Provider Toolkit](#))

**Be honest and provide facts. If the patient is interested, consider sharing about the studies that show how most weight loss attempts are not sustainable, and can result in weight cycling, which can have a negative effect on health.**

Learning resources for patients:

- [“Everything You Know About Obesity is Wrong”](#) - Huffington Post Article
- [“Is Being Fat Bad for You?”](#) Maintenance Phase Podcast
- (paid) [Center for Body Trust E-course](#)

**CHECK IN WITH THE PATIENT**

**After sharing about your size-inclusive weight-neutral approach, ask the patient how they feel. Ask if they have any questions. Evaluate whether they may be open to setting goals that do not involve weight loss or changing body shape/size.**

- “Are you open to taking a weight neutral approach to work on meeting your goal of \_\_\_?”

**If the patient is not interested or prefers to pursue goals involving weight loss, respect their autonomy and decision without judgment. Be honest and upfront about whether or not you can help them meet those goals.**

- If yes, consider an informed consent approach to weight loss - present the data and be straightforward about benefits/risks before embarking on the journey together. Set realistic expectations and discuss end goals beforehand.
- If no, be prepared with referrals and other resources for the patient.

**MAKE A PLAN TOGETHER**

**Our job is to support and assist our patients in achieving their goals. Below are possible underlying reasons for desiring weight loss, and alternative targets that you can discuss:**

| IF THE PATIENT'S GOAL IS:  | CONSIDER...  |
|--|--|
| <p>More energy, “keeping up with kids”<br/>                     Sharper focus, feeling less groggy</p> | <p>First, attempt to rule out any medical reasons for this - depression, hypothyroidism, chronic fatigue, malnourishment. It is all too easy for people to blame this on their weight. Explain that you’d like to rule out any other reasons that may have been overlooked.</p> <p>Talk about <b>activity pacing</b> - to have energy for activities, you may need to work on doing those activities bit by bit. People in all body sizes have these feelings/complaints, but those in larger bodies may have internalized their body size as the reason they don’t have energy and therefore can’t be physically active, which further decreases stamina and energy.</p> <p>Acknowledge that our bodies change with time and age, not just body size. “I want to feel like I’m 20 again” may not be an achievable goal.</p> |

| IF THE PATIENT'S GOAL IS:   | CONSIDER...   |
|---|---|
| <p>Improving self image / self esteem / mood</p> <p>“Feeling comfortable in my own skin”, “To feel “more like myself”</p> | <p>All bodies change over time, but a sense of self can remain stable if based in something beyond physical appearance. Acknowledge that positivity is hard when facing external barriers. Try curating social media feed, cultivating community, individual therapy with weight-inclusive provider, returning to activities and relationships they enjoyed in the past, if financially accessible finding clothes that fit and feel comfortable. Focus on moving to body neutrality vs body positivity.</p> <p>Resources: <a href="#">The Body is Not an Apology</a>, <a href="#">Reclaiming Body Trust</a></p> <p>Validate the want to go to weight as the “solution” given our culture’s emphasis on size/praise of thin bodies. Recommend psychotherapy focused on building body image resilience/develop self worth over deeper qualities and values/characteristics that are more enduring.</p> |
| <p>Improved mobility, less chronic joint/MSK pain</p>   | <p>Physical therapy, low-impact movement, braces, anti-inflammatories, steroid injections, joint replacement</p> <p><a href="#">Mosaic care resource</a></p>  |
| <p>Related to a health condition (lower bp, A1c, cholesterol etc) And improving their health</p>                          | <p>Treat the same as a patient in a smaller body. Focus on more accurate markers of health that do not involve weight. Share that there is data to show patients can improve health/well-being regardless of change in BMI. Research condition specific weight-inclusive care recommendations.</p> <p><a href="#">HAES health sheets</a></p>  |
| <p>Better sleep</p>   | <p>If this is in relation to OSA, which is commonly thought of as weight-related, consider CPAP or mouth devices. Refer to ENT for enlarged tonsils/adenoids. Essentially treat all sleep conditions as you would if your patient was thin.</p>   |

| IF THE PATIENT'S GOAL IS:                             | CONSIDER...   |
|---|---|
| Fitting into old clothing                             | <p>Recognize that this is a very multilayered issue touching on SES, ageism, retail-based discrimination, among others Help <a href="#">normalize and validate</a> the experience and associated feelings of grief</p> <p>Local clothing swaps like ex: <a href="#">The Plus Swap</a> (Philly), <a href="#">BigFatSuperSwap</a> (MN), <a href="#">Radical Clothes Swap</a> (LA) <a href="#">The Garment Project</a> (size-less clothes, ED recovery), <a href="#">EDF Recovery Rack</a></p> |
| Improved sex drive                                    | <p>(Similar to item #1) Rule out any medical reasons for this - depression, hypothyroidism, chronic fatigue, malnourishment. It is all too easy for people to blame this on their weight. Explain that you'd like to rule out any other reasons that may have been overlooked.</p> <p>If patient is open to the idea, consider referral to sex-positive, weight-neutral/fat-positive therapist<br/>Resource: <a href="#">Come As You Are</a></p>  |
| To reduce the experience of weight stigma & fatphobia | <p>Oof...this is a tough one. It might be a goal that the patient has but is unable to express. Included on this list more as a reminder that these issues permeate all aspects of society, and our current world is often not safe for fat individuals.</p> <p>Explain the issues with safety and efficacy of weight loss. Offer resources around fat positive community.</p> <p>See "Harm Reduction" section below</p>  |



### **HARM REDUCTION**

**Recognize that some patients may feel losing weight, even if it isn't shown to be sustainable, is worth it in the short term.**

**If a patient states they are still planning to diet, consider advising to avoid strict calorie counts, inflexible thinking and behaviors, etc.**

**Or if a patient is already on a weight-loss medication and wishes to continue with that, could you, for example, advise them to eat regular meals despite low appetite to ensure adequate nourishment?**

**Remember, this conversation may take place over many visits. Let the patient know you will continue to be their doctor no matter what they choose.**

“I often also find that a lot of patients might not be able to “hear” about weight-inclusive care on their first visit, but even at the second visit you’ve already built trust and they might come back and be more interested in exploring the weight-inclusive approach.” - Dr. Katarina Wind

**Be sure to acknowledge the difficulty of switching paradigms to a weight-inclusive model of health, and that it can be very challenging to let go of the ideal of achieving thinness. Provide resources for online spaces where they may feel welcome. Emphasize that you are fully committed to their health and well-being.**

**Make a concrete plan for follow up.**

**If a patient still expresses some hesitation, it could be helpful to agree on a “contingency plan”**

- “Why don’t we meet again in \_\_\_ weeks, and if things aren’t working, we can always revisit this conversation and/or set new goals.”

**Additional resources for patients:**

- [“Advocating For Yourself At The Doctor As A Fat Person Isn’t Easy – Here’s Where To Start”](#) - Comfy Fat Article
- [WELLNESS FOR ALL BODIES PROGRAM](#) (E-COURSE)