Commentary
EPIDEMIOLOGY/GENETICS

Obesity

Putting People First in Obesity

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Introduction

Bias and discrimination against people with obesity create obstacles to quality patient care. Language used for this disease contributes to the problem. People-first language is the standard for respectfully addressing people with chronic disease, rather than labeling them by their illness. Because of the importance of reducing bias associated with obesity, The Obesity Society and all members of the Obesity Care Continuum have affirmed people-first language as the standard for their publications and programs.

Commentary

Substantial evidence has demonstrated that weight bias creates adverse outcomes for emotional functioning, personal relationships, educational attainment, employment, and healthcare. Of particular concern is the consistent presence of weight bias documented across a range of healthcare professionals, including those specializing in obesity (1,2). Using stigmatizing language to describe people with obesity or referring to them as "the obese" can contribute to the already pervasive weight bias present in health care settings.

In light of growing recognition and evidence that people-first language affects attitudes and behavioral intentions toward persons with disabilities,(3) many professional, scientific, and medical groups have adopted people-first language policies. It has become the standard in language addressing people with mental and physical disabilities, and is broadly accepted as an important part of efforts to reduce stigma associated with these illnesses. This standard also holds true in scientific communication. For example, the language rules for scholarly writing in American Psychological Association publications requires that authors "put people first, not their disability" and to "not label people by their disability." Likewise, the *American Medical Association Manual of Style* requires authors to:

> Avoid labeling (and thus equating) people with their disabilities or diseases (e.g., the blind, schizophrenics, and epileptics). Instead put the person first. Avoid describing persons as victims or with other emotional terms that suggest helplessness (afflicted with, suffering from, stricken with, maimed). Avoid euphemistic descriptions such as physically challenged or special (4).

As an example, the AMA advises authors to refer to persons with diabetes, rather than diabetics. However, although people-first language has been widely adopted for most chronic diseases and disabilities, it has not been adopted for obesity. These differential norms are easily apparent in published research. For example, a "Google Scholar" literature search for research publications with the phrase "diabetic people" yields 5,550 results, whereas a search for "people with diabetes" yields 121,000 results. For obesity, the results are the opposite. Searching for "obese people" yields 30,400 results, while searches with the phrase "people with obesity" yields only 2,000 results.

Referring to individuals as "obese" influences how individuals feel about their condition and how likely they are to seek medical care. In a study conducted by Puhl and colleagues, people preferred that health providers use terms such as "weight" or "unhealthy weight" and perceived these terms to be more motivating for weight loss and less stigmatizing than being referred to as "fat," "obese," and "extremely obese." When asked how they would react if they felt a doctor had stigmatized them about their weight, 19% reported they would avoid future medical appointments, and 21% would seek a new doctor (5).

Obese is an identity. Obesity is a disease. By addressing the disease separately from the person—and doing it consistently—we can pursue this disease while fully respecting the people affected. O

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