Patients First, What about People-first?

Pam Davis, RN, CBN, Chairman of the Board, Obesity Action Coalition

Way back when I went to nursing school (about twenty-some years ago), we were instructed never to refer to our patients as their disease. There was not “a gallbladder” in room 23; there was a patient who had gallstones in room 23. A living, breathing human who was sick, scared and lonely and who was now looking to us to take care of them, to heal them, to insure their safety and yes, to preserve their dignity while doing so. What has changed since then? Why is it now okay to refer to our patients as “the morbidly obese guy in the unit?” The answer is – it’s not okay.

Much has been published regarding the bias, stigma and yes, the discrimination individuals affected by obesity encounter daily. Unfortunately, often times individuals may face this type of bias and stigma among healthcare professionals, tragically, even from those working in the field of bariatric surgery and bariatric medicine.

It is time for those of us who work with patients affected by obesity and severe obesity every day to make the changes, both obvious and subtle, that support our patients. These changes need to support and recognize those affected by obesity as people worthy and deserving of respect and treatment. What are some small changes you can work on immediately?

- Set the example by reviewing your patient and staff education materials and changing the terminology from referring to individuals as “obese or morbidly obese” to “affected by obesity” or “someone with obesity.”
- Set the example by reviewing your PowerPoint presentations for appropriate language as above and for use of appropriate imagery when representing an individual affected by obesity. The Yale Rudd Center for Food Policy and Obesity has many free images available for use.
- Become the role model and start retraining your brain to accommodate usage of the term “affected by obesity” versus “obese” when speaking with or referring to individuals.
- Lead by example when writing articles, guidelines and other materials by utilizing people-first language.

Below, I share with you a document from friend, colleague and Vice-chairman of the Obesity Action Coalition (OAC) Board of Directors, Ted Kyle, RPh, MBA, detailing the need to utilize people-first language for obesity.
**People-first Language for Obesity**

People-first language has been widely adopted for most chronic diseases and disabilities but not obesity. Describing individuals as “obese” as opposed to “having obesity” could have a negative impact on how people view them.

Bias and discrimination against people with obesity is well documented. Research has demonstrated substantial impact on personal relationships, educational attainment, professional achievement, and healthcare delivery. Further, studies have shown that a description of a person as "obese" is sufficient to cause discrimination in the absence of any meeting with the person in question.

People-first language has become the accepted norm in addressing people with mental and physical disabilities. The rules of APA Style calls for language in all publications to "put people first, not their disability" and to "not label people by their disability."

Likewise, the AMA Manual of Style requires authors to:

“Avoid labeling (and thus equating) people with their disabilities or diseases (eg, the blind, schizophrenics, epileptic). Instead, put the person first. Avoid describing person 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. “

As an example, they advise authors to refer to persons with diabetes, rather than diabetics.

Feldman et al (2002, J Appl Rehab Counsel) found that people-first language affects attitudes and behavioral intentions toward persons with disabilities.

Likewise, people with conditions such as autism, diabetes, or asthma prefer to be considered as people first, and not defined by their condition. A verbatim search of the Internet for people-first and condition-first language yields significantly more results for people-first language than for condition-first language in each of these conditions. The results for obesity are precisely the opposite. Searches were performed, using Google web search, for "People with Autism" and then for "Autistic People," repeating the process for each condition. Results are summarized in the table below:

<table>
<thead>
<tr>
<th>Condition/Adjective</th>
<th>People First</th>
<th>Condition First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism/Autistic</td>
<td>4,030,000</td>
<td>579,000</td>
</tr>
<tr>
<td>Asthma/Asthmatic</td>
<td>3,570,000</td>
<td>125,000</td>
</tr>
<tr>
<td>Diabetes/Diabetic</td>
<td>4,920,000</td>
<td>230,000</td>
</tr>
<tr>
<td>Obesity/Obese</td>
<td>218,000</td>
<td>2,710,000</td>
</tr>
</tbody>
</table>
The effect of referring to individuals as “obese” has been shown to influence how individuals feel about their condition and how likely they are to seek medical care. In a study conducted by Puhl (2011) and colleagues, they found patients preferred the terms weight, unhealthy weight, and weight problem as opposed to fat, obese, and extremely obese. The patients felt that referring to their weight as opposed to labeling them as obese is more motivating and less stigmatizing. When the patients felt stigmatized by their doctor they were less likely to continue to seek help by doctors (Puhl, 2012). Obese individuals have been stigmatized and discriminated against in the workplace and throughout society (Puhl, 2001).

Thus one can reasonably conclude that labeling individuals as “obese” creates negative feelings toward individuals with obesity, perpetuates weight bias and should be avoided.

What do you say ASMBS? Together, let’s set the example for others to follow. I challenge each of you to lead by example-help change the public perception of obesity and of those affected by obesity-let’s continue to put our patients first by always referring to people first.