



# HEALTHCARE PROVIDERS

## REDUCING STIGMA WHEN TALKING TO PATIENTS ABOUT WEIGHT



UConn  
**RUDD CENTER**  
FOR FOOD POLICY & OBESITY

Discussing weight with patients can sometimes be uncomfortable, not just for patients, but for health care providers as well. In addition, conversations about weight can make some patients feel stigmatized, and this may make them less receptive to health advice and avoid future health care.<sup>1,2</sup>

In situations where health care providers deem it necessary to discuss weight with their patients, using the following guidelines may help both patients and providers feel more comfortable with these conversations, and may increase patients' receptivity to providers' messages.<sup>3</sup>

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## Language is important:

Begin any conversation about body weight by first asking the patient for their permission to discuss his/her weight.

*Example: Could we talk about your weight today?*

If the patient agrees to discuss weight, ask them what weight-related terms they prefer that you use. Research shows that many patients dislike the words “fat” and “obese” and would prefer that providers use more neutral terms such as “weight” or “unhealthy weight.”<sup>3</sup>

*Example: People have different preferences when it comes how they describe their weight. What words would you feel most comfortable with as we talk about your weight?*

In addition to terminology, some patients may prefer that providers use “person-first” language, meaning that the provider describes them as a person with a characteristic instead of using the characteristic to describe them as a person. This terminology avoids labeling or identifying people by their medical condition.

*Example: People who have obesity can be at increased risk for diabetes (rather than ‘Obese people’ have increased risk for diabetes)*

# Other Considerations for Communications:

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There is more to language and communication than just how we refer to body weight. The ways that we communicate about eating habits, physical activity, and other aspects of weight-related health can also be unintentionally stigmatizing.

For example, the phrases that health care providers use might be communicating to their patients that people who have a higher body weight lack discipline, can't resist temptations, cheat, make excuses, and don't work hard enough. See below for some suggestions on how to rephrase typical health advice to be more sensitive and avoid perpetuating stigma.

Instead of saying...

Try talking about...

excuses

strategies to minimize triggers

discipline or self-control

ways to practice healthy habits as part of daily routines

cheat

situations that create challenges or difficulties in staying on track

resist temptation

ways to cope with emotions that interfere with eating

don't overindulge

ways to feel satisfied and avoid feeling deprived

# Takeaways for Communication

- Prioritize health behaviors, health outcomes, and quality of life rather than body weight
  - If you communicate about weight, ask patients for their word preferences, and when in doubt use neutral words such as “weight”
  - Use language that is supportive and empowering, and free of blame and shame
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2. Mensinger, J. L., Tylka, T. L., & Calamari, M. E. (2018). Mechanisms underlying weight status and healthcare avoidance in women: A study of weight stigma, body-related shame and guilt, and healthcare stress. *Body Image*, 25, 139-147.
3. Puhl, R. M. (2020). What words should we use to talk about weight? A systematic review of quantitative and qualitative studies examining preferences for weight-related terminology. *Obesity Reviews*, 21(6), e13008.