



Having the Obesity Conversation – The Lived Experience Perspective

Raising weight in conversation:

- Minimising bias & stigma
- What matters most to our patients



Disclosures

Honoraria –

- Novo Nordisk
- Eli Lilly
- Boehringer Ingelheim
- Fortrea
- Astra Zeneca
- Lay member NICE Weight Management Committee, NICE Quality Standards Committee member & NICE Digital Weight Management technologies for specialist weight management services
- ASO – Operational role
- Consultancy – Reset Health, Perspectum

Weight across the ages...



7 years



9 years

11 years



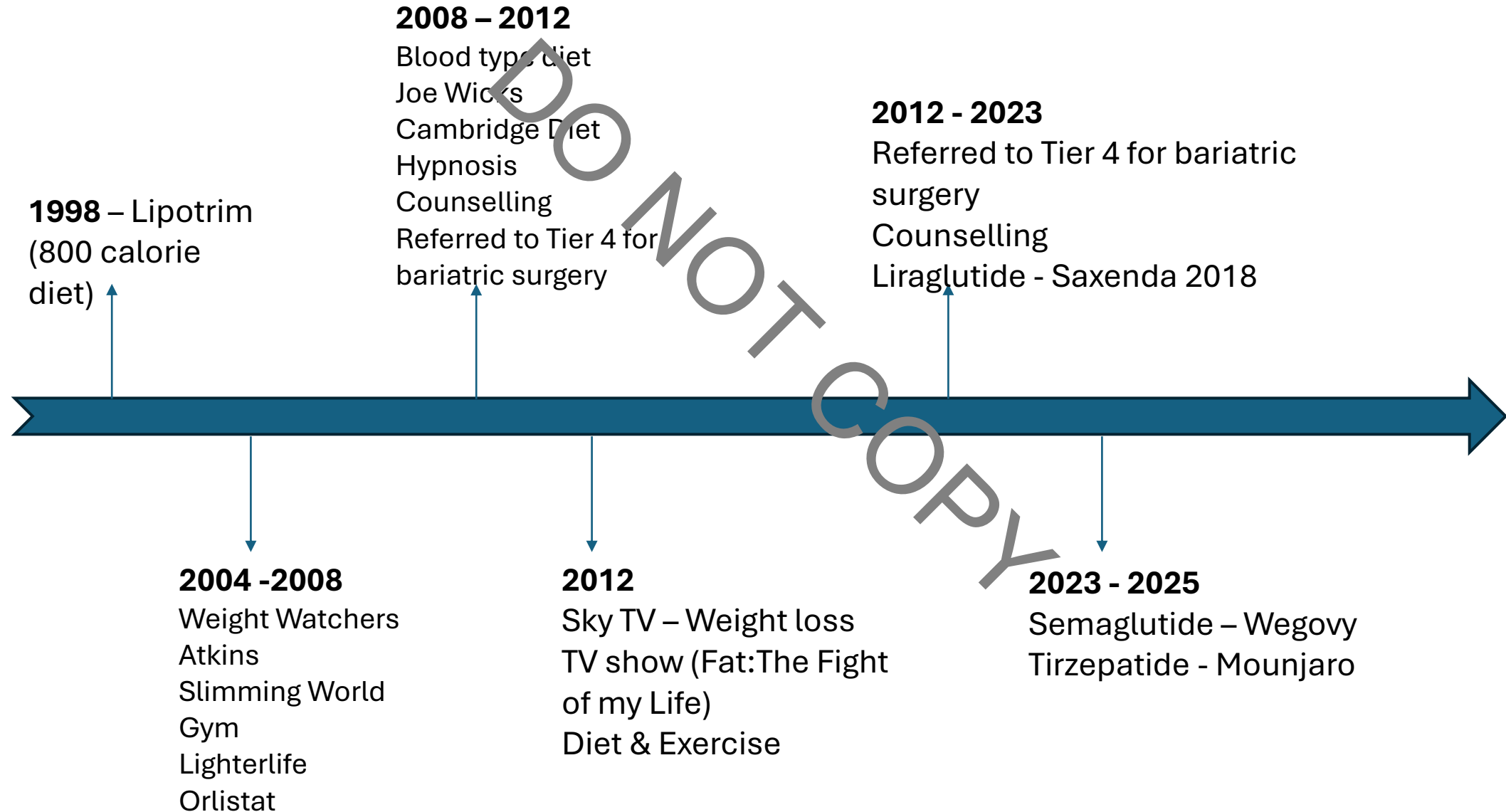
21 years



22 years



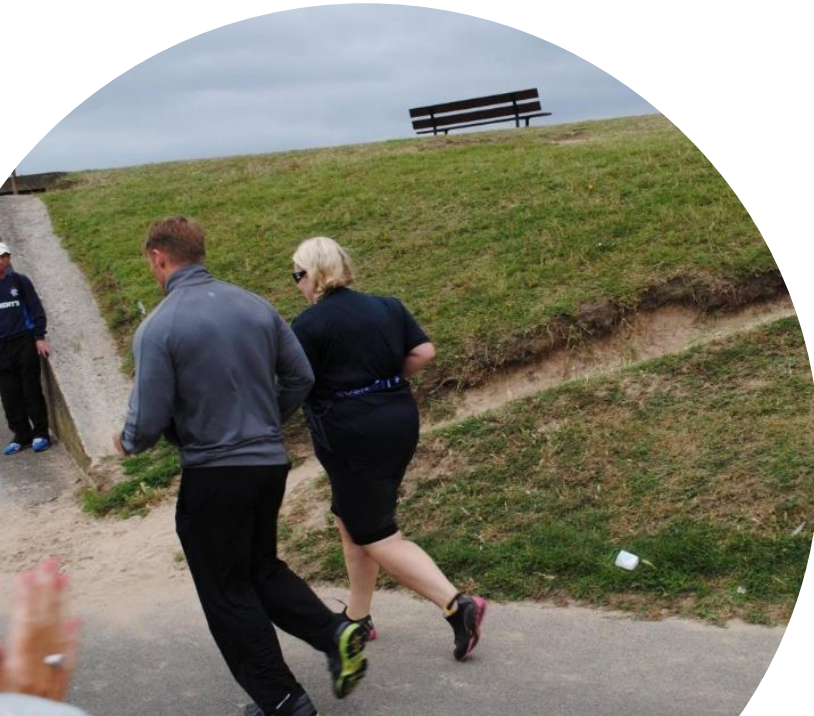
Weight interventions timeline





Sky TV Show – Fat: The Fight of my Life

- I completed an Olympic distance triathlon – 1 mile swim, 40km bike ride & 10K run
- I can deadlift 100kg



Losing the weight was **NOT** the answer.... I still didn't like the way I looked and I still wanted more

The next 3-4 years were the darkest time of my life.... The weight was creeping back on and I felt like a failure....

My GP didn't help – said there was nothing they could offer me!

There were times where I felt like I didn't want to be here anymore - All because of the way I looked!

After years of losing weight and putting it back on again, I started exploring why this was happening to me. I didn't believe it was just due to lack of willpower or failure.



Obesity is **not** simply a matter of “eat less, move more”. More than 100 factors contribute: biological, psychological, social, environmental.



Many people with obesity feel shame, blame and failure when weight increases or when they struggle to keep weight off.



The language used by healthcare professionals, society and media matters enormously: words can support or harm.



If we treat obesity as a chronic disease rather than a moral failing, we open the door to better care and less stigma.

Why this conversation matters

- Obesity is a common health condition, but it is frequently misunderstood and stigmatised.
- Thoughtful, respectful conversations about weight can build trust and empower people.
- By reframing obesity as a chronic, multifactorial disease, rather than a personal failing, we reduce blame and open the door to compassionate, evidence-based care.



What is weight stigma?

- Weight stigma means being judged, treated unfairly, or discriminated against because of body size or weight.
- It can happen anywhere - at work, in healthcare, in public spaces, even within families.
- It's not about health: it's about **bias, assumptions, and unequal treatment.**
- *“People often see our bodies before they see us.... and that can hurt.”*

Weight stigma has a negative effect on health outcomes



Where We Experience It



Healthcare: Dismissed or blamed before being heard.



Workplaces: Judged as less capable or less disciplined.

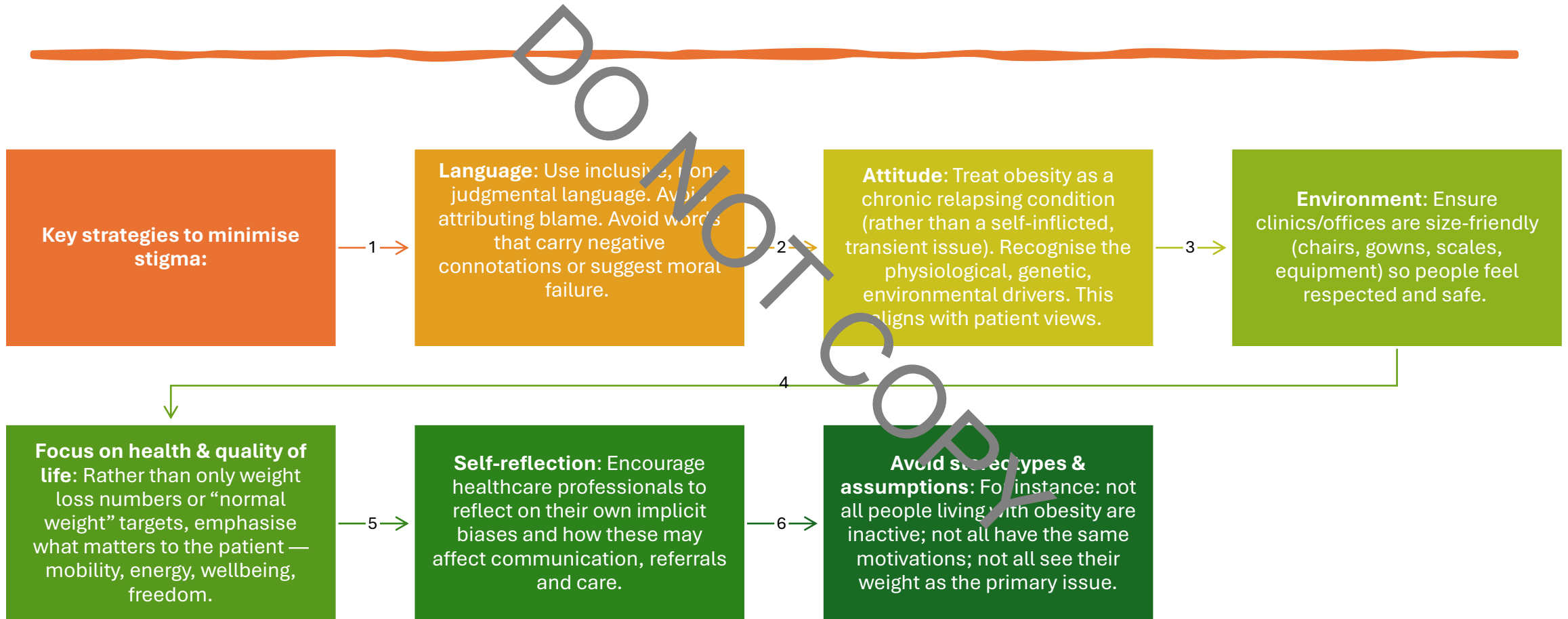


Media: Stereotypes of laziness or lack of control.



Social life: Exclusion, unsolicited advice, or ridicule.

Minimising Weight Bias & Stigma





The Importance of Language in Obesity

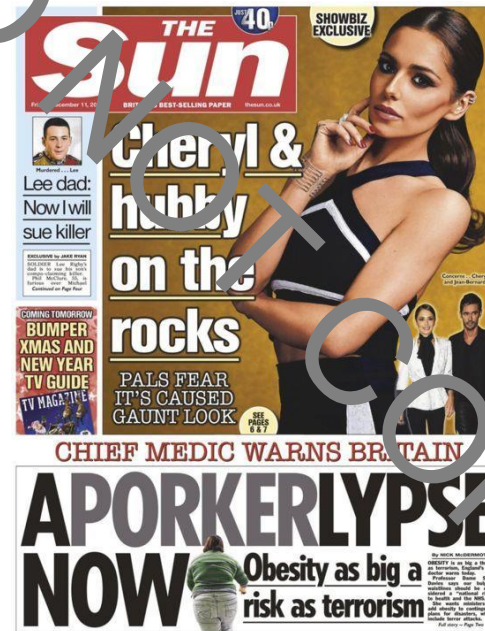
- Language plays a critical role in shaping how obesity is perceived and discussed.
- Stigmatising language can reinforce bias, shame, and discrimination.
- Person-first language (e.g., 'person living with obesity' instead of 'obese person') promotes dignity and respect.
- The 'Language Matters: Obesity' guide, 2020, emphasises the power of language to influence public attitudes, healthcare interactions, and self-perception.

Example of Language & Imagery

The language we use to describe people with overweight or obesity can have a profound impact on those individuals, leading to stigma and discrimination, which, in many instances, excludes people from leading what would be considered by most to be a 'normal' life.

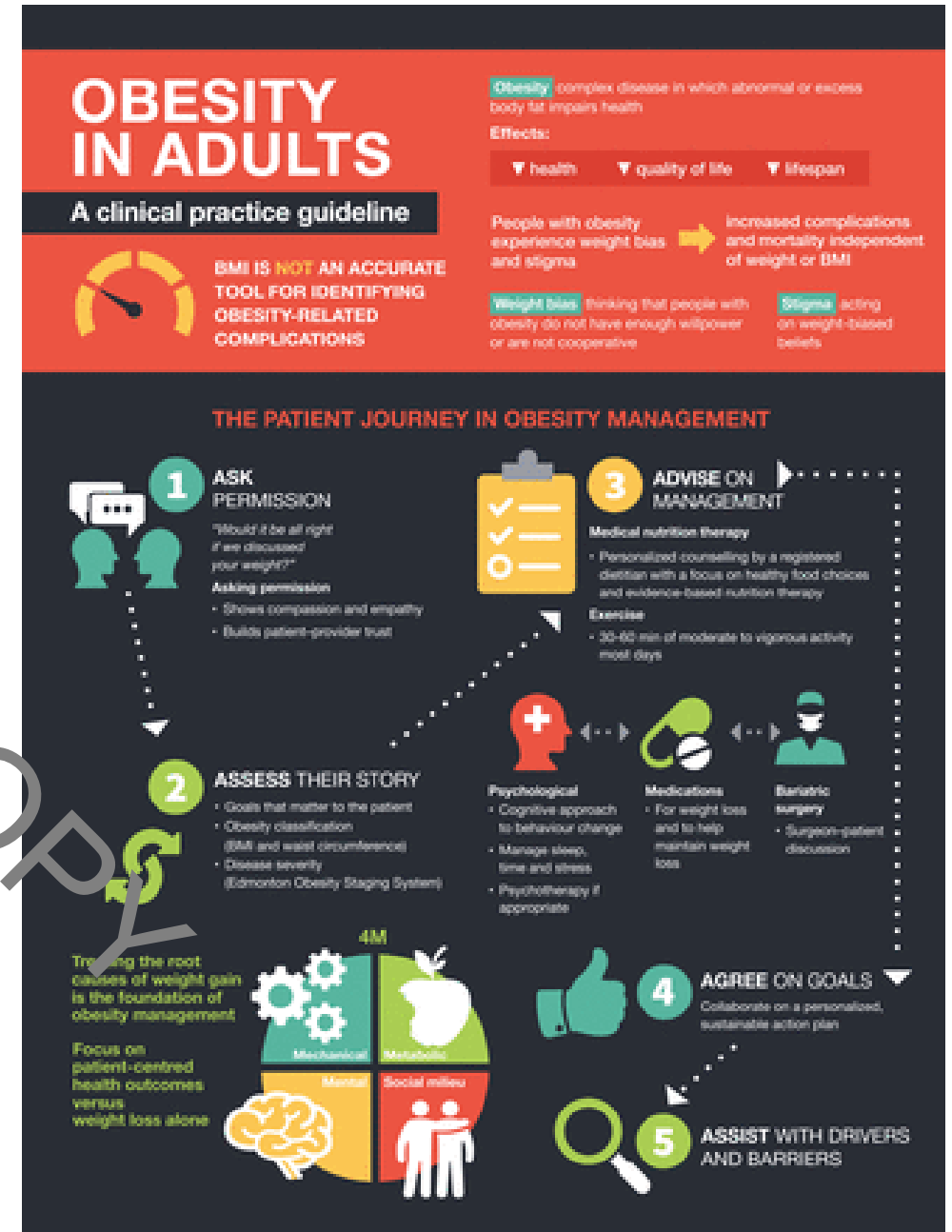
Examples of some media headlines:

Good Morning Britain (GMB)



How to frame a conversation

- Obesity Canada published guidelines in 2020 which are helpful
- They talk about discussing obesity with a patient using five A's:
- ASK permission
- ASSESS their story
- ADVISE on management
- AGREE on goals
- ASSIST with barriers and drivers
- The most important part of this is the **asking permission piece**



Imagery and Positive Communication

Visual representations of obesity should avoid reinforcing stereotypes or stigma.

Use inclusive, respectful imagery showing people with obesity engaging in everyday life and positive behaviours.

Avoid images that depict individuals as isolated, anonymous, or engaging in unhealthy behaviours.

Combining positive language and imagery fosters supportive, empowering conversations that encourage health-seeking behaviour and reduce shame.

REVIEW | VOLUME 8, ISSUE 5, P447-455, MAY 01, 2020

The importance of language in engagement between health-care professionals and people living with obesity: a joint consensus statement

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Published: May, 2020 • DOI: [https://doi.org/10.1016/S2213-8587\(20\)30102-9](https://doi.org/10.1016/S2213-8587(20)30102-9) • [Check for updates](#)



Raising Weight Issues – When and How

When:

- When the person living with excess weight expresses concerns (e.g. breathlessness, reduced mobility, comorbidities) or asks about it.
- When weight is affecting health or quality of life, and a collaborative conversation is warranted.
- But also **not** to force the topic if the person is not ready: seeking permission is important.
- Ask permission before discussing weight.
- Raise the topic when relevant to symptoms or goals.
- Avoid forcing discussion if the patient isn't ready.

Setting the tone

Be positive

Be collaborative

Be aware of non-verbal communication

Be understanding

Be helpful and supportive

Be environmentally aware

Examples

Seek to be more:				
Empathic	Empowering and inclusive	Respectful	Trust building	Person centred
Encouraging and positive	Clear	Reassuring	Understanding	Exploring
Environmentally aware	Collaborative	Helpful and supportive	Congruent words and behaviours	Culturally competent

“I appreciate you being open to talk about this”

“I can see the effort you’re putting in, keep up the great work!”

“Let’s talk together about the different options and then see what you think would suit you best”

Avoid

Seek to be less:

Stigmatising	Shaming or blaming	Authoritarian	Demanding	Disapproving
Discriminating	Stereotyping	Assumptive	Pre-judging or judgemental	Threatening

“It’s being so overweight that’s causing you to have all these problems”

“You aren’t meant to eat that”

“That’s the wrong choice, it will never work”



Principles

The following section sets out the principles for good practice for interactions between healthcare professionals and people living with obesity. This was developed with reference to the experience of people with obesity, researchers, healthcare professionals and published research.

• Seek permission

- Unless introduced by the person living with obesity, prior to initiating the conversation, seek the person's permission to discuss their weight

• Use language (including tone and non-verbal gestures) that is:

- Free from judgement or negative connotations, particularly try to avoid the threat of long-term consequences or scolding ('telling off')
- Person-centred, (also known as 'person-first') to avoid labelling a person as their condition. An example is talking about 'a person with obesity' rather than an 'obese person'
- Collaborative and engaging, rather than authoritarian or controlling

• Language has power

- Be aware that language, both verbal and non-verbal, has enormous power that can have positive or negative effects

• Some words are unacceptable

- Recognise that some words, phrases and descriptions are potentially problematic, whatever the intention of the user

• Avoid combat and humour

- Avoid using combative language when referring to people's efforts to reduce overweight or obesity, and never use humour or ridicule

• Stick to the evidence

- Communicate accurate, evidence-based information and data when discussing weight

• Don't Blame

- Avoid language which attributes responsibility (or blame) to a person for the development of their obesity or its consequences

• Don't generalise

- Avoid language that infers generalisations, stereotypes or prejudice

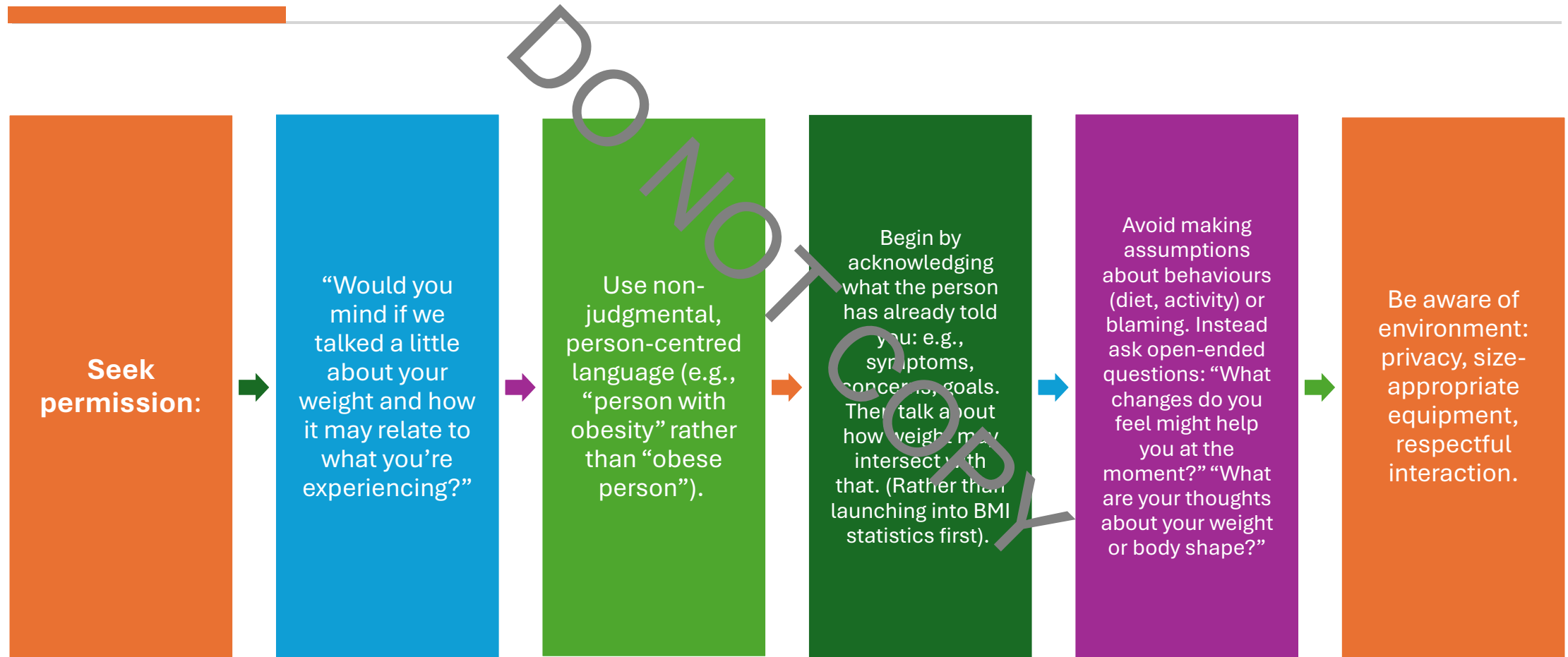
• Be empathic

- Use or develop an empathic language style which seeks to ascertain a person's point of view of their condition, rather than making assumptions

• Listen and explore

- Listen out for a person's own words or phrases about their weight and body image and explore or acknowledge the meanings behind them
- Consider how to limit any negative effects from language. Listen out for negative language used by others around you and consider ways to address this

How to raise the issue:



What Matters Most to Patients

Being	Focus on	Access
Being listened to and respected.	Focus on quality of life, not just weight.	Access to consistent, equitable, non-judgemental care.

Key themes from patient perspective

Being heard and listened to: patients often report feeling ignored, judged or that their concerns are dismissed as “just weight”.

Acknowledgment of complexity: understanding that it's not simply a matter of willpower but multiple interacting factors. This helps patients shift from self-blame to self-compassion.

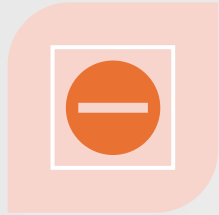
Practical support & shared goal-setting: Patients want realistic, tailored help, not one-size-fits-all weight loss programmes. Recognising that modest improvements (e.g. 5 % weight loss) or weight stabilisation can be meaningful.

Respect & dignity: Patients want to be treated with respect, in a supportive environment, without shame. Being offered choice and involved in decision-making.

A focus on outcomes meaningful to them: For example, being able to play with children, walk up the stairs without breathlessness, have less joint pain, improved mood, not just weight lost.

Access to appropriate services: We know that services in the UK are inconsistent (“postcode lottery”) and that people living with obesity should have equitable access to care.

Collaborative Care Framework



1. ASK PERMISSION



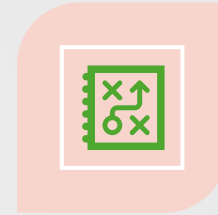
2. EXPLORE
PERSPECTIVE



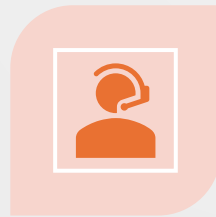
3. ACKNOWLEDGE
COMPLEXITY



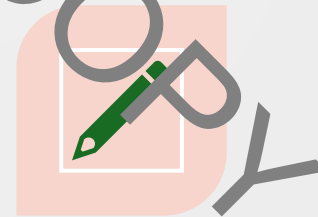
4. ASSESS
READINESS



5. CO-CREATE
PLAN



6. PROVIDE
SUPPORT

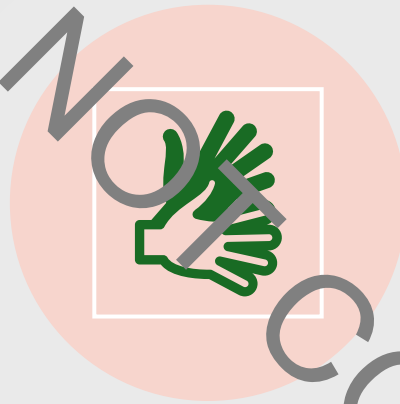


7. REVIEW & ADAPT

Summary & Key Takeaways



LIVED EXPERIENCE BRINGS INSIGHT
AND EMPATHY.



LANGUAGE SHAPES TRUST,
ENGAGEMENT, AND OUTCOMES.



INCLUDE THE PATIENT VOICE:
'NOTHING ABOUT US, WITHOUT US.'

One of the last acceptable
discriminations

This
needs to
STOP!



We need
to END
weight
stigma!

To Finish...

‘I think we will look back in 10 – 20 years time at the way we have treated people living with obesity and be utterly horrified.....’

