

Relevant research articles

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1. Anderson DA, Wadden TA. Bariatric surgery patients' views of their physicians' weight-related attitudes and practices. *Obesity Research*. 2004; 12: 1587-95.

OBJECTIVE: A prior study found that nearly 80% of bariatric surgery patients felt that they were treated disrespectfully by members of the medical profession. This study assessed patient-physician interactions in a group of bariatric surgery patients and in a group of less obese patients who sought weight loss by other means. **RESEARCH METHODS AND PROCEDURES:** A total of 105 bariatric surgery candidates (mean BMI, 54.8 kg/m²) and 214 applicants to a randomized controlled trial of the effects of behavior modification and sibutramine (mean BMI, 37.8 kg/m²) completed a questionnaire that assessed patient-physician interactions concerning weight. **RESULTS:** Only 13% of bariatric surgery patients reported that they were usually or always treated disrespectfully by members of the medical profession, a percentage substantially lower than that found in the previous study. Surprisingly, surgery patients were significantly more satisfied than nonsurgery patients with the care they received for their obesity. Surgery patients also reported significantly more interactions with physicians concerning obesity and weight loss compared with nonsurgery patients. A substantial percentage of both groups, however, reported that their physician did not discuss weight control with them. **DISCUSSION:** These and other findings suggest that doctor-patient interactions concerning weight may have improved in the past decade; however, there is still much room for improvement. Increased efforts are needed to help physicians discuss, assess, and potentially treat obesity in primary care practice.

2. Bell SE. Current issues and challenges in the management of bariatric patients. *Journal of Wound, Ostomy, & Continence Nursing*. 2005; 32: 386-392.

Morbid obesity is an increasingly common healthcare problem, and providers and patients currently face numerous challenges in dealing with this problem effectively. Issues addressed in this article include the effect of stigma, the need for more evidence regarding effective management options, and the declining insurance coverage for bariatric surgery. The role of bariatric surgery in effective management of morbid obesity is discussed, along with the effect on and possible reasons for declining coverage. A comparison between benefits and coverage for bariatric surgery and angioplasty/stent placement is included.

3. Kaminsky J, Gadaleta D. A study of discrimination within the medical community as viewed by obese patients. *Obesity Surgery*. 2002; 12: 14-18.

BACKGROUND: Although prejudice may not be verbal in nature, the lack of response from professional and non-professional medical personnel regarding the obese patients' needs (medical equipment, comfortable surroundings, properly fitting attire, etc.), leads one to assume that obese patients continue to be a target of unfavorable opinion. **METHODS:** 200 patients from four busy east coast bariatric practices received detailed surveys requesting information regarding experiences incurred during the entire peri-operative period. The

responses were blinded as to patient or site of surgery. Patients were questioned about attitudes of primary care and consulting physicians and staff, all hospital and outpatient departments, and patient care areas within the hospital. The appropriateness of equipment was also questioned. RESULTS: There were 40 respondents aged 44.7 years (range 21-61 years); 34 were women. Average preoperative weight was 145 kg (range 101.8-231.8 kg). Average weight loss at time of survey was 42.8 kg; average time after surgery was 9.5 months. Responses concerning physician attitudes were similar through all patient groups. There was no difference in degree of discrimination felt by the lightest or the heaviest of the morbidly obese. 7 patients (17%) changed primary care physicians due to a perceived indifference, lack of concern, or negative attitude toward bariatric surgery. The procedure-oriented physicians (orthopedic surgeons and gastroenterologists) were most supportive, while social workers and psychologists scored lowest. Most hospital departments treated patients well, except those with equipment that may be affected by increased patient weight (e.g. treadmills and x-ray tables). CONCLUSION: Patients undergoing bariatric surgery continue to feel misunderstood and mistreated by medical and non-medical personnel involved in the treatment of their obesity. Like other forms of prejudice, this most likely is due to a lack of understanding of the disease of morbid obesity, the root causes and the medical consequences if untreated. Despite laws designed to prevent discrimination based on appearance, unfavorable attitudes and practices persist. A plan for continued education of the medical and non-medical communities is essential to breakdown the barriers in place due to ignorance and indifference. Patient support groups continue to play an important role in the ongoing battle to correct the negative effect of these attitudes on the morbidly obese patient.

4. Rand CW, Macgregor AM. Morbidly obese patients' perceptions of social discrimination before and after surgery for obesity. *South Med J.* 1990; 83: 1390-1395.

Morbidly obese patients' perceptions of obesity-related prejudice and discrimination were assessed before and 14 months after operation for obesity. Preoperatively, the 57 consecutive patients perceived overwhelming prejudice and discrimination at work, within the family, and in public places. After a weight loss of more than 45.5 kg (100 lb), these patients perceived little or no prejudice or discrimination. We examine factors contributing to the change in patients' perceptions and comment upon patients' perceptions of the negative attitudes held by health professionals toward obese patients.

5. Reto CS. Psychological aspects of delivery nursing care to the bariatric patient. *Critical Care Nursing Quarterly.* 2003; 26: 139-149.

The purpose of this article is to discuss the physical and emotional challenges in caring for the bariatric patient and the potential biases that may complicate that process. Issues regarding fat biases, physiological and psychological components of eating, as well as nursing-patient dynamics are discussed. The intention is to show how societal pressures, personal struggles with weight, and misperceptions regarding the obese combine to subtly influence our thinking, attitudes, and subsequent behaviors. Providing a better understanding of this interplay may create more empathy for both nurses and the morbidly obese and facilitate a more comfortable atmosphere of caring for both.

6. Sorensen RD. A personal perspective on the needs of the weight loss surgery patient. *Critical Care Nursing Quarterly*. 2003; 26: 150-157.

Weight loss surgery (WLS) patients, such as those undergoing biliaryopancreatic diversions and other Roux-en-Y gastric bypass procedures, present a relatively new population for the health care system. WLS creates special needs for this population that health care providers may not be fully aware of. The author, a former WLS patient and health care quality assurance professional, presents observations from his unique personal perspective. He feels that WLS patients, and post-WLS patients receiving other health care services, can be inadvertently jeopardized by the lack of awareness of their special needs. These needs are the result of the permanent postsurgical malnutrition and malabsorption syndrome occurring after the Roux-en-Y gastric bypass. These needs include nutrition, management of electrolytes during surgery, and pain management. Additionally, the morbidly obese patients may possess low self-esteem to the degree that they may not actively and appropriately participate in their own care. The author also offers personal observations concerning his belief that there is discrimination against morbidly obese patients in the health care setting. The author presents a personal case study as a tool for better understanding of the WLS patient by caregivers.

7. Mulligan A, Young LS, Randall S, Raiano C, Velardo P, Breen C, Bushee L. Best practices for perioperative nursing care for weight loss surgery patients. *Obesity Research*. 2005; 13: 267-73.

OBJECTIVE: To describe the unique nursing responsibilities involved in providing nursing care to severely obese weight loss surgery patients and to develop evidence-based guidelines for safe patient care. **RESEARCH METHODS AND PROCEDURES:** We performed a systematic review of the scientific literature using MEDLINE and CINAHL. A specific search of nursing journals from 1985 to 2004 identified 134 articles; 16 were found to be pertinent. These were reviewed in detail and used in the context of this report. The quality of the evidence was graded according to a system derived from established evidence-based models. Recommendations were developed from published evidence and expert opinion. **RESULTS:** This Task Group found that safe and competent nursing care requires assessment of, and provision for, the complex physical and psychological needs of weight loss surgery patients. We developed evidence-based guidelines for preoperative, perioperative, and postoperative care that address risk factors unique to severely obese patients. We also addressed issues related to the use of proper body mechanics and positioning to avoid on-the-job injury to nursing staff. **DISCUSSION:** We found that patient safety is best served when nurses are specifically trained to deal with the physical, medical, and psychosocial needs of severely obese patients and when they play an integral role in the multidisciplinary healthcare team. This role should start with a patient's first contact with the system and continue through discharge and follow-up. Special attention needs to be paid to the widespread bias and discrimination that severely obese individuals often experience. [References: 22]

8. Whittlemore AD, Kelly J, Shikora S, Cella RJ, Clark T, Selbovitz L, Flint L. Specialized staff and equipment for weight loss surgery patients: best practice guidelines. *Obesity Research*. 2005; 13: 283-9.

OBJECTIVE: To provide evidence-based guidelines on the specialized personnel, equipment, and physical plant required for safe and effective care of severely obese weight loss surgery (WLS) patients. **RESEARCH METHODS AND PROCEDURES:** We examined MEDLINE (Ovid and PubMed) and the Cumulative Index of Nursing and Allied Health Literature for articles on facilities resources for care of WLS patients published in English between January 1980 and March 2004. We queried several web sites for appropriate references; these included the Agency for Healthcare Research and Quality and the American College of Surgeons. The majority of reference material was descriptive and not specific to facilities resources for WLS patients. We identified a substantial body of literature on the general subject of patient safety; three of these articles were used to develop recommendations on the use of technology for medical error reduction. All other recommendations are based on 11 expert opinion reports. **RESULTS:** We recommended adequate training and credentialing for all medical staff; dedicated support and administrative personnel; and specialized interventional, diagnostic, operating room, and transport equipment. We specified needed adaptations to the physical plant and developed evidence-based guidelines for medical error reduction and systems improvements. **DISCUSSION:** Specialized resources and dedicated staff are needed to protect the health of WLS surgery patients and staff. Adaptations include preoperative preparation for safe means of patient transport; techniques of anesthesia and intraoperative exposure; provisions for postoperative recovery; and measures to assure postoperative patient safety, hygiene, and comfort.

