

Physicians have less respect for obese patients, study suggests

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Doctors have less respect for their obese patients than they do for patients of normal weight, a new study by Johns Hopkins researchers suggests. The findings raise questions about whether negative physician attitudes about obesity could be affecting the long-term health of their heavier patients.

As patients had higher [body mass index](#) (BMI), physicians reported lower respect for them, according to the study, being published in the November issue of the [Journal of General Internal Medicine](#). In a group of 238 patients, each 10-unit increase in BMI was associated with a 14 percent higher prevalence of low patient respect. BMI, calculated from a person's weight and height, is a shorthand used to determine whether someone is a healthy weight. A person whose BMI is 25 to 29.9 is considered overweight; a BMI over 30 is considered obese.

Mary Margaret Huizinga, M.D., M.P.H., an assistant professor of general internal medicine at the Johns Hopkins University School of Medicine, says the idea for the research came from her experiences working in a [weight loss](#) clinic. Patients would come in and "by the end of the visit would be in tears, saying no other physician talked with me like this before. No one listened to me," says Huizinga, the study's leader and director of the Johns Hopkins Digestive Weight Loss Center.

"Many patients felt like because they were overweight, they weren't receiving the type of care other patients received," she says.

Data was collected from 238 patients at 14 urban community medical practices in Baltimore. Patients and physicians completed questionnaires about their visit, their attitudes, and their perceptions of one another upon the completion of the encounter. On average, the patients for whom physicians expressed low respect had higher BMI than patients for whom they had high respect.

Previous studies have shown that when physicians respect their patients, patients get more information from their doctors. Some patients who don't feel respected may avoid the health care system altogether, surveys and focus groups have shown. One limitation of the new study, Huizinga says, is that it was unable to link low physician respect directly to poor health outcomes.

"The next step is to really understand how physician attitudes toward obesity affect quality of care for those patients, to really understand how this affects outcomes," she says. "If a doctor has a patient with obesity and has low respect for that person, is the doctor less likely to recommend certain types of weight loss programs or to send her for cancer screening? We need to understand these things better."

Ultimately, she says, physicians need to be educated that obesity bias and discrimination exist. One good place to start would be in medical school, where Huizinga says little is taught to reduce or compensate for these negative attitudes. "Awareness of their own biases can lead to an alteration of behavior and sensitivity that they need to watch how they act toward [patients](#)," she says.

Source: Johns Hopkins Medical Institutions

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