

PATIENT-CENTERED LANGUAGE

Talking about body weight can be a challenge, for both patients and clinicians. Certain words to describe body weight may be perceived as judgmental and focusing blame on patients, which can in turn jeopardize important discussions about health. Many physicians report having little training on obesity and as a result, they may be reluctant to initiate conversations about weight or feel unsure about how to discuss weight-related health in ways that are empowering and supportive to patients. Using terminology that the patient feels most comfortable with can promote a more supportive and productive dialogue.

What Words To Use

Research indicates that people generally prefer neutral words to describe their body weight. Preferred terms typically include “weight”, “high body weight”, or “unhealthy weight”. In contrast, people generally dislike words like “fat” or “obese”. However, people’s word preferences can differ according to their sex, race/ethnicity, age, weight status, and prior experiences related to their weight. There is considerable variation in people’s word preferences. Body weight is a sensitive topic for many people, and the words they feel most comfortable with to describe their weight status or body size aren’t always the same. This evidence highlights that healthcare professionals need to avoid making assumptions about what language to use when discussing weight with patients. Instead, it’s important to use words that patients feel comfortable with.

Words to Avoid

- ✗ Fat
- ✗ Obese
- ✗ Morbidly Obese

Most Preferred Terms

- ✓ Weight
- ✓ High Body Weight
- ✓ Unhealthy Weight

Preferences vary across sex, race/ethnicity, BMI, and prior experiences with weight

Relevant Published Research Citations

Copyright © 2023 UConn Rudd Center. All rights reserved
WV-MED-147053 © 2023 Lilly USA, LLC. All rights reserved



Approaching Conversations About Weight

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

Examples:

- ***Could we talk about your weight today?***
- ***Would it be okay if we discuss your weight?***

If the patient does not want to discuss weight, respond with respect and empathy, and leave the door open for future communication. You could say, *"I understand why you feel this way. I'm here if you change your mind and would like to talk about this in the future."* If the patient agrees to discuss weight, acknowledge that individuals have different preferences for terminology and ask them what weight-related terms they prefer that you use.

Examples:

- ***People have different preferences when it comes to the words used to describe their body weight.***
- ***Are there words that you would prefer I use to talk about your weight?***
- ***What words would you feel most comfortable with as we talk about your weight?***

Currently, there is not a universally acceptable word or phrase to describe higher weight that everyone is comfortable with. Thus, it is helpful to default to neutral terminology, avoid making assumptions, acknowledge the diversity of preferences that exist, and use people's preferred words when talking with them. If the patient gives permission to discuss weight, it's important to approach this conversation in a patient-centered, non-judgmental, and respectful way.

Examples:

- ***How are you feeling about your weight?***
- ***How does your weight affect your quality of life?***
- ***I'd like to learn more about your experiences with weight and health behaviors. What would be helpful for me to know about?***
- ***Are there health behavior changes that you would like to make? What specific changes would be feasible for you?***
- ***Let's create a plan together that works for you.***
- ***I appreciate your willingness to have this discussion today.***

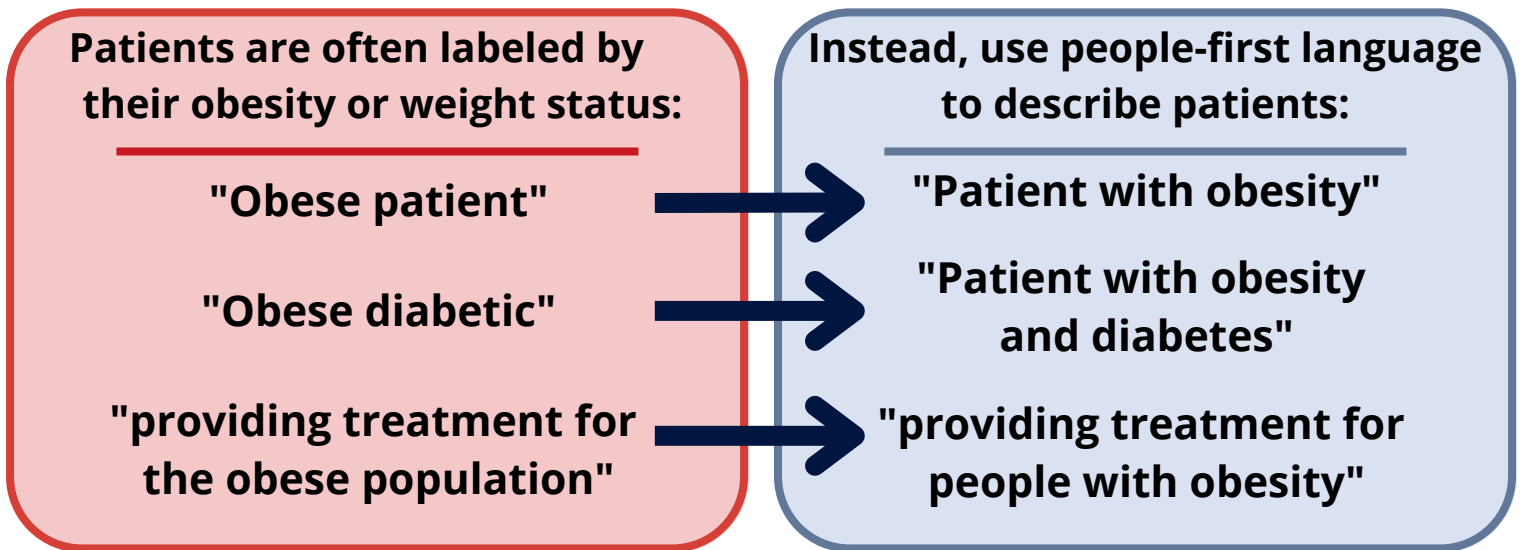
Relevant Published Research Citations

Copyright © 2023 UConn Rudd Center. All rights reserved
WV-MED-147053 © 2023 Lilly USA, LLC. All rights reserved



People-first Language

People-first language avoids labeling people by their medical condition, and instead identifies a patient as a person first, followed by their condition. This approach has been adopted with many illnesses and diseases in efforts to reduce stigma. People-first language for obesity has become an accepted standard endorsed by national medical organizations and it is encouraged for communication with patients, clinicians, and other medical personnel when discussing individuals with high body weight.



It is important to remember that individual preferences vary, and it is recommended that healthcare professionals ask patients which terms they prefer when using people-first language.

Talking About Weight-Related Health Behaviors

The ways that healthcare professionals communicate about eating habits, physical activity, and other aspects of weight-related health can also be unintentionally stigmatizing. Common phrases that health care providers use about lifestyle behaviors may imply to their patients that they lack discipline, can't resist temptations to eat, 'cheat' on their diet plan, make excuses, and don't work hard enough. This communication can reinforce negative stereotypes and lead patients to feel judged and blamed.

Relevant Published Research Citations

Copyright © 2023 UConn Rudd Center. All rights reserved
W-MED-147053 © 2023 Lilly USA, LLC. All rights reserved



It is important to carefully consider the ways in which communication about health behaviors may contribute to bias or blame. This means paying attention to the moral tone of words and using language that is supportive and empowering to patients. Below are some suggestions for ways to reframe conversations about eating habits to be more sensitive, respectful, and to avoid perpetuating stigma.

Instead of using these phrases:

'excuses'...

'discipline' or 'self-control'...

'cheat'...

'resist temptation'...

don't 'overindulge'...

Try talking about this:

...strategies to minimize triggers

...ways to *practice* healthy habits
as part of daily *routines*

...situations that create *challenges*
or *difficulties* in staying on track

...ways to cope with *emotions* or
cravings that *influence* eating behaviors

... ways to feel *satisfied*, not deprived

Key Takeaways

- Ask permission to discuss weight with patients
- Recognize and respect diverse patient preferences for weight terminology
- Ask for, and use, patients' preferred words and phrases
- Default to neutral words (e.g., weight, high body weight)
- Use people-first language
- Consider the moral tone of communication about patients' lifestyle behaviors

Relevant Published Research Citations

Copyright © 2023 UConn Rudd Center. All rights reserved
W-MED-147053 © 2023 Lilly USA, LLC. All rights reserved

