

RESPECTFUL AND PATIENT-CENTERED COMMUNICATION IN DIETETICS PRACTICE

Engaging in supportive and patient-centered communication is a key strategy for reducing weight stigma across multiple areas in dietetics. Practitioners working in dietetics play an important role in promoting compassionate and respectful communication in dietary counseling to effectively address the needs of people with obesity. Prioritizing patient-centered approaches, non-stigmatizing language about eating behaviors and body weight, and acknowledgement of patients' prior experiences of weight stigma can all help improve patients' experiences and quality of dietetics care.

Prioritize individualized, patient-centered approaches in dietary counseling

People with obesity should receive individualized, patient-centered dietary counseling that focuses on improving health rather than emphasizing weight loss alone. The 5 A's framework can be a useful guide for practitioners to use in dietary counseling:

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| Ask for the patient's permission to discuss their weight |
| Assess the patient's nutritional status and dietary patterns and needs |
| Advise the patient with personalized recommendations for dietary and nutritional changes |
| Agree on a plan tailored to the patient's needs through collaborative goal setting |
| Assist with resources and support to help the patient address challenges and achieve goals |

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Ask Permission

- Would it be okay if we discussed your weight?
- Can you tell me more about the meals, snacks, and beverages you consume in a typical day?
- I'd like to hear about any vitamins or other supplements you take.

Assess

- Medical history, including weight history¹ and lifestyle assessment (including dietary intake and physical activity)
- Nutrition-focused physical exam, review of relevant laboratory tests, assessment of body composition as indicated

Advise

- Introduce treatment options, which may include lifestyle, obesity medications, metabolic/bariatric surgery
- Expectations: % weight reduction, impact on obesity-related complications, chronic nature of the disease

Agree

- Treatment goals: meaningful health outcomes, desired weight
- Lifestyle goals: recommended dietary patterns, intakes of macro-and/or micronutrients, physical activity (including resistance training), sleep, stress management

Assist

- Address challenges and barriers, including social determinants of health
- Refer as needed (e.g., for social/emotional support and arrange follow-up)

¹ Medical weight history may include age of onset, precipitating events, time course of weight changes, social and emotional factors influencing weight, impact of weight changes on health and quality of life, and previous weight loss attempts.

* Figure adapted from Almandoz JP, Wadden TA, Tewksbury C, et al. Nutritional considerations with anti-obesity medications. *Obesity*. 2024;32(9):1613-1631. doi:10.1002/oby.24067

During these conversations with patients, it's important to take into consideration social determinants of health, including access to healthy food. It's also important to prioritize health behaviors, health outcomes, and quality of life rather than BMI or body weight. This can be achieved by discussing the benefits of healthy eating behaviors and how they impact quality of life and health status, and helping patients to identify realistic and sustainable dietary behavior goals. Finally, acknowledging the multiple and complex determinants of body weight (such as biological, genetic, environmental, and social contributors) can help remove patient blame and barriers to care. When lifestyle counseling is the primary approach, energy- and/or macronutrient-restricted dietary patterns may be recommended. However, when the treatment approach includes obesity medications and/or metabolic bariatric surgery, which may reduce appetite, dietary counseling may need to shift away from dietary restriction towards prioritization of dietary quality and eating enough for optimal health.

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Use respectful language about eating and dietary behaviors

The ways that practitioners communicate about eating habits and other aspects of weight-related health can be unintentionally stigmatizing. Common phrases about eating and dietary behaviors may imply that patients lack discipline, can't resist temptations to eat, make excuses, and don't work hard enough to improve their health. This communication reinforces negative stereotypes and can lead patients to feel judged and blamed. It is important to carefully consider communication by 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 behaviors to be more respectful and 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

You can help reduce societal weight bias by choosing respectful language not only with patients, but also with colleagues, family, and friends.

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Respect patient preferences for language about weight

Body weight is a sensitive topic for many people, and the words they feel most comfortable using to describe their weight status or body size aren't always the same. This can make talking about body weight a challenge for both patients and practitioners. 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. Using terminology that the patient feels most comfortable with can promote a more supportive and productive dialogue.

Research suggests that people generally prefer neutral words to describe their body weight. Preferred terms typically include "weight", "higher 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. This evidence highlights that practitioners need to avoid making assumptions about what language to use when discussing weight with patients. Instead, it's important to acknowledge the diversity of preferences that exist and use words that patients feel comfortable with.

Approaching conversations about weight and lifestyle

If you plan to discuss weight and lifestyle with your patient, begin the conversation by first asking the patient's permission.

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, practitioners should respect this decision without judgement, responding with empathy and leaving 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."

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If the patient agrees to discuss weight, acknowledge that individuals have different preferences for terminology and ask them what weight-related terms they prefer.

Examples:

- *People have different preferences when it comes to the words used to describe their 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?*

It's important to approach conversations about weight and lifestyle in a patient-centered, non-judgmental, and respectful way.

Examples:

- *How are you feeling about your weight?*
- *I'd like to learn more about your experiences with weight and lifestyle behaviors.*
- *Do you have any concerns that you'd like to share?*
- *What would be helpful for me to know about?*
- *What goals do you have related to nutrition?*
- *Are there dietary changes that you would like to make?*
- *What specific changes would be feasible for you?*
- *What challenges might interfere with your goals?*
- *Let's create a plan together that works for you.*
- *I appreciate your willingness to have this discussion today.*

Language Takeaways

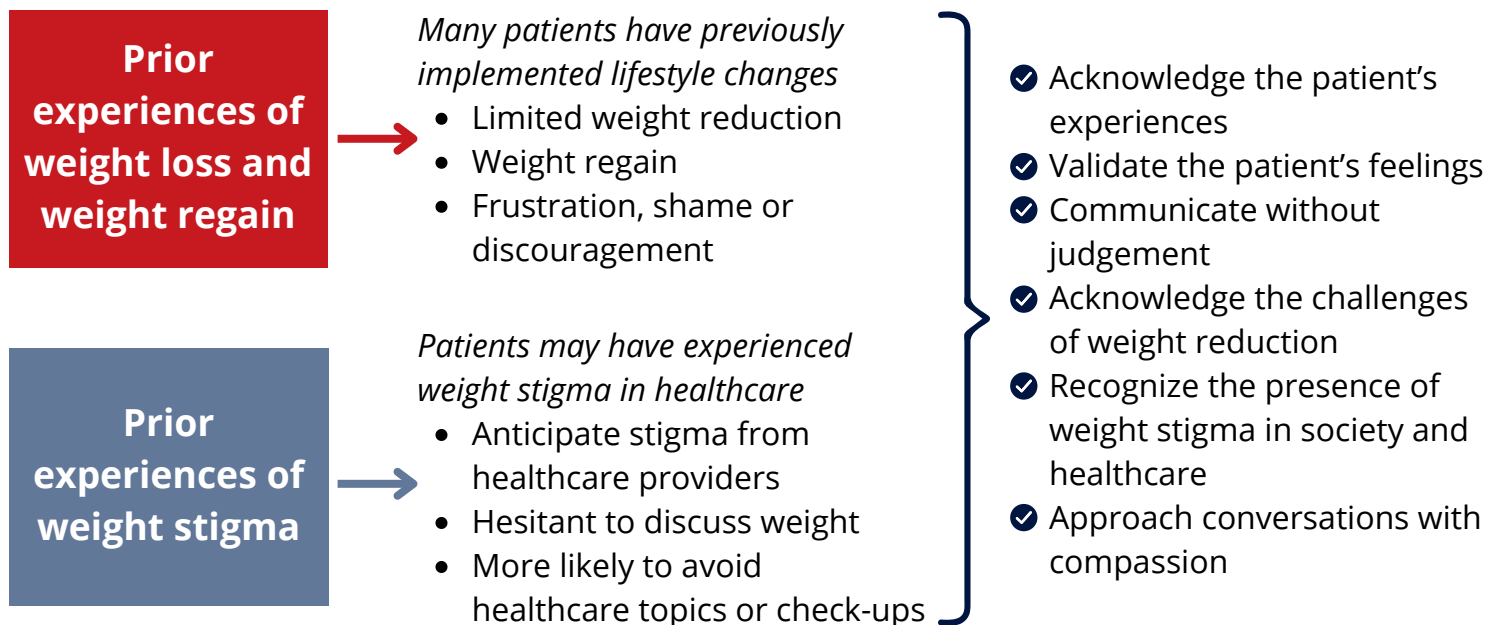
- **Use neutral terminology:**
 - "weight," "high weight" or "high body weight," "unhealthy weight"
- **People have different preferences, which can vary according to characteristics like:**
 - sex, race and ethnicity, age, weight status, prior experience with weight
- **Ask patient's permission:**
 - *Could we talk about your weight today?*
- **Ask patient's word preferences:**
 - *What words do you prefer to describe your weight?*
 - *What words would you feel most comfortable using when we talk about your weight?*

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Acknowledge patients' previous experiences of weight stigma

Many patients have implemented lifestyle changes multiple times in the past and have experienced limited weight reduction and weight regain despite their hard work, motivation, and commitment. These experiences often leave patients feeling discouraged, frustrated, and shamed in the medical system. Additionally, patients may have previously experienced weight bias in healthcare. As a result of those experiences, they may be hesitant to discuss weight and anticipate stigma and judgment in healthcare interactions. Respectful, nonjudgmental communication is key in helping patients feel supported.

Acknowledging patients' prior experiences related to their weight, and the distress resulting from those experiences, can help you approach conversations with increased sensitivity and compassion. Communicating that you understand the challenges of sustaining weight loss, and that you recognize the presence of weight stigma in our society and its damaging impact on health, can help validate your patient's experiences and feelings. This can in turn help ease their anxiety and foster more open communication. Central to these conversations is expressing empathy, which helps establish trust, increase collaboration, and promote positive practitioner-patient relationships.



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