Person First Language

Background

Obesity is a progressive, relapsing, chronic disease that affects a large portion of the population globally.[1] Obesity is a complex chronic disease caused by many factors such as genetics, physiological, psychosocial, and environmental factors.

Unfortunately, obesity is also a highly stigmatized disease.[2] The stigma associated with obesity is due, in part, to the over-simplification of the disease as an individual responsibility issue or a lifestyle choice. Obesity stigma is pervasive in our society and is demonstrated through social stereotypes about people with obesity such as: people with obesity are lazy, unmotivated, lacking will power, unsuccessful, ugly, and unintelligent). Obesity research, practice, and policy approaches that over-simplify obesity may lead to unintended consequences such as the perpetuation of obesity stigma.[3]

People living with the disease experience bias and stigma across their lifespans and across settings (home, schools, workplaces, media, public spaces, and healthcare).[4] Experiencing weight stigma has significant consequences for peoples' health and well-being. Studies show that weight stigma can increase morbidity and mortality. [5]

How do we avoid unintended consequences?

To avoid the perpetuation of weight stigma in research, health care practice and policy, the international obesity associations, including Obesity Canada, have adopted the use of **person-first-language** in all written and verbal communications. [6] Person-first-language is the standard for respectfully addressing people with chronic diseases, rather than labelling them by their illness.

Obesity Canada urges their partners and members to use person-first-language when referring to chronic diseases such **as diabetes, obesity, cancer, or hypertension**.

How should we use person-first-language?

Whatever disease a person may have, it may not define them as persons or individuals. For example, having a chronic disease such as cancer does not make a person identify as a cancerous person. Therefore, we must avoid using the name of a chronic disease (e.g. obesity, cancer, hypertension, diabetes) as a noun. So rather than saying "obese people" or "diabetic person" or

"hypertensive patient", we should rephrase these terms as "people with obesity" or "person with diabetes" or "patient living with hypertension".

What else can we do to avoid the perpetuation of obesity stigma?

- Materials should avoid using language that puts the focus entirely on personal choices or personal responsibility. We have significant research to show that health behaviours happen in the context of individuals' personal, social, and environmental factors. [7] So, it is not always about making poor choices. If a person lives in a low socioeconomic situation, it may not be possible for that person to make healthy choices. Materials should avoid framing obesity as mainly a personal responsibility issue and recognize the complexity of health behaviour change, and promote health, dignity and respect, regardless of body weight or shape.

- Communications materials, research documents, policy documents and other obesity related materials should use the medical definition of obesity (rather than framing obesity as a risk factor) and avoid focusing solely on weight goals.

    a. **Obesity is a complex chronic disease** characterized by abnormal or excessive body fat (adiposity) that impairs health and/or wellbeing. [8] In this context, "abnormal" body fat refers to the accumulation of excess fat in organs and tissues as well as changes in fat cell function which can have major repercussions in other organs.

    b. **Obesity is considered a chronic disease because our bodies try to "defend" their fat stores to maintain our highest weight** (this is what researchers call "starvation response"). When a person goes on a calorie-restriction diet or begin exercising, weight loss becomes progressively more difficult. The weight will also come back as soon as the person stops the behaviour change program.

    c. **Obesity has numerous health impacts and can affect several organ systems.** Obesity can affect an individual's psychosocial well-being. In severe cases, excess accumulation of body fat may lead to functional limitations (e.g. reduced mobility).

    d. **Obesity needs to be diagnosed by qualified health professionals using medical assessment tools that go beyond body weight and BMI.** Traditionally, body-mass index (BMI = weight [kg]/height^2 [m]) has been used as a surrogate measure of body fat, and thus an objective parameter to define obesity, both in epidemiological and clinical studies. The recommended BMI cut-offs should serve only as a simple screening measure, which, together with other clinical indicators, can help identify individuals who may benefit from weight-management interventions. In other words, we should be clear in all

communications that obesity needs to be diagnosed by qualified health professionals using medical screening and assessment tools (i.e. beyond BMI).

   i. Furthermore, we should clarify that if individuals do not experience any health impairments due to their weight, then they may not have obesity (the disease).

   ii. We should also recognize that people come in different shapes and sizes and that health can happen at a range of BMI levels. It is important for individuals to consult with their health care professionals before initiating a weight management program.

e. Obesity is a complex chronic disease and nutrition and physical activity are not the only solutions. Healthy eating and physical activity are just one part of the solution. Obesity needs to be treated as seriously as any other chronic disease. This means that individuals need to consult with a health care professional about what obesity solutions work best for them.

f. Obesity Canada does not encourage people to lose weight unless it is medically necessary. We live in a fat-phobic/weight biased society and most people are trying to lose weight (regardless of whether they have obesity or not).

g. Obesity Canada provides evidence-based information about obesity and weight management. Many people believe that the amount of fat in your body is only determined by what you eat and how much you exercise. But the truth is that weight control is much more complex.

h. Obesity Canada cannot recommend particular weight goals or weight ranges for individuals. While short-term "quick-fix" solutions can sound appealing, they are usually temporary and are therefore linked to high rates of weight regain. Obesity management is never about how much weight a person can lose or how fast a person can lose it – all that matters for overall health and well-being is how much weight patients can keep off while still living a life that they can enjoy. This is called your "best weight".

i. Obesity Canada does not recommend fad diets.

j. Obesity Canada encourages individuals to focus on their healthy eating and exercise plans as part of the overall comprehensive chronic disease management care plan that they have developed in collaboration with their health care provider.

k. Obesity Canada encourages all individuals (regardless of whether they have a chronic disease or not) to focus on improving healthy habits and quality of life rather than just weight loss.

l. Obesity Canada emphasizes health and quality of life for people of all sizes. For example, Obesity Canada encourages everyone (media, scientists, policy makers, and partners) to use images that show individuals with diverse body sizes.

m. Obesity Canada does not recommend measuring the impact of healthy eating and physical activity behaviours in terms of weight loss. Weight is not a behaviour and should not be a target for behaviour change. Weight loss may or may not happen when individuals adopt healthy eating and exercise habits.

We hope this brief can help OC members, partners, and collaborators to move forward with obesity related content in research materials, education tools and knowledge translation strategies. Please do not hesitate to contact us at info@obesitynetwork.ca if you need clarification on any of these comments.

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