

Media Release

Healthcare system failing people with obesity

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The Australian public health system is failing people with obesity according to Professor Louise Baur, who will address the Royal Australasian College of Physicians (RACP) annual Congress event in Melbourne tomorrow.

Professor Baur, from both the University of Sydney and The Children's Hospital at Westmead, argues these healthcare system failings are evident in three key ways:

- a lack of proper training for health professionals in the treatment and management of people with obesity
- poor healthcare pathways resulting in confusion between physicians, general practitioners, surgeons, nurses and a range of allied health professionals trying to manage the referral process for patients with obesity
- weight bias, stigma and negative attitudes within medicine towards patients with obesity.

In her presentation titled *Obesity and the Healthcare System*, Professor Baur presents a variety of real-world examples of how patients with obesity are receiving substandard treatment from medical professionals and appeals to her colleagues to be mindful and respectful the next time they encounter a patient with obesity.

"It's clear that more needs to be done to ensure doctors are given adequate training in how to interact with patients with obesity, as well as a greater awareness of treatment options and management interventions available," said Professor Baur.

"At the moment when a patient visits a doctor for treatment related to another illness, say something like diabetes for example, we're generally not armed with the tools we need to start a conversation around how they could reach a healthy weight.

"I've heard some really disappointing stories from patients over the years. There are examples of patients being referred to in disrespectful ways and even things like patients being weighed on a loading dock not in the ward," said Professor Baur.

"Negative experiences like these are degrading and there is evidence to suggest they play a role in why people with obesity avoid getting help from medical professionals," said Professor Baur.

To address the current obesity problem the paediatrician said it is vital that barriers to treatment are better understood and patients are able to receive equitable access to a range of healthcare services.

An example she points to is access to bariatric surgery. Recent data from a study in Melbourne has revealed that more than 85 per cent of these procedures were performed in private hospitals*, suggesting access in the public system could be too restrictive.

"I find it baffling that many overweight patients would find it easier to have their hip replaced in the public system, even if they are having it done because of their weight, but can't have something like a bariatric procedure done," said Professor Baur.

"The current healthcare system response is setting up a false treatment dichotomy, by implying that it is too costly to undertake these procedures on the public purse and yet spending huge amounts of money managing the health complications caused by obesity."

RACP President Dr Catherine Yelland said that the College is supportive of this type of surgery for people experiencing complications with severe obesity but cautioned it shouldn't be thought of as a quick fix

"The RACP wholeheartedly agrees that there needs to be greater public access to bariatric surgery and that it should be a viable option in treatment of patients with severe obesity. We acknowledge that like all surgeries it is a serious decision and should not be entered into lightly but in some cases it can be highly effective.

"The medical community is committed to action to reduce the prevalence and impact of obesity from early childhood to adulthood. We see it is a complex public health issue with the causes deeply embedded in our social structures and environment," said Dr Yelland.

In November 2016, the RACP attended a National Health Summit on Obesity convened by the Council of Presidents of Medical Colleges. At this meeting six clear goals were developed as part of a Consensus Statement on Obesity.

RACP President Dr Catherine Yelland said that this statement is evidence of the fact the obesity problem is firmly within the sights of the College and the medical profession.

The RACP has also set up an Obesity Working Party, chaired by Professor Boyd Swinburn, who will also be presenting as part of the obesity session at RACP Congress.

Professor Baur will address the topic of 'Obesity and the healthcare system' At RACP Congress Monday, 8 May 2017 in Room Plenary 3, Melbourne Convention and Exhibition Centre from 11am to 12.30pm.

More than 1000 physicians will attend RACP Congress 2017 to discuss a broad range of medical issues including ADHD, obesity, mental illness, cognitive bias and medical ethics. There are about 80 sessions/presentations with the full program available [here](#). Media are welcome to attend and audio/video of select sessions is available.

Ends

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*Figure contained in the Fourth Report of the Bariatric Surgery Registry, published June 2016, accessible online [here](#)

About The Royal Australasian College of Physicians (RACP): The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.