



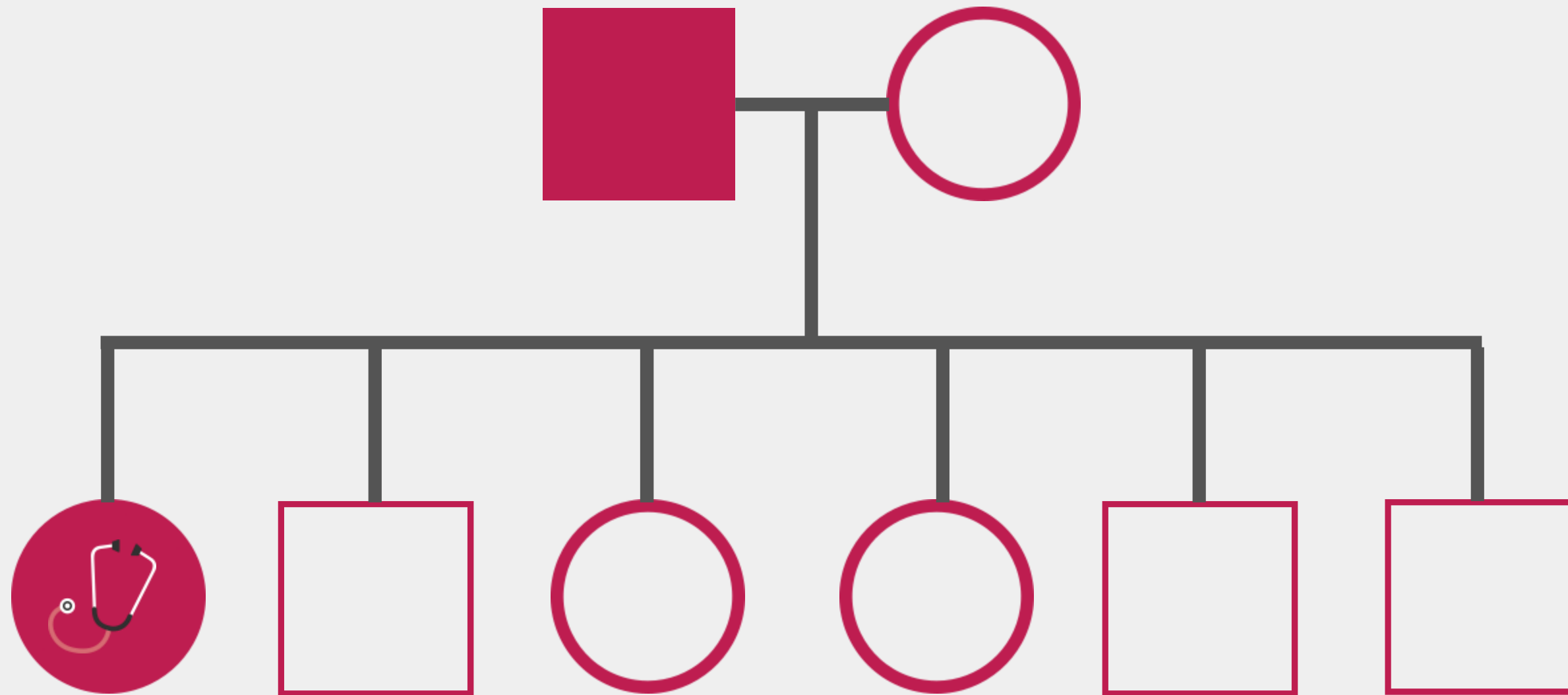
RACP CONGRESS 2019

The weight of stigma

IZZY LOMAX-SAWYERS



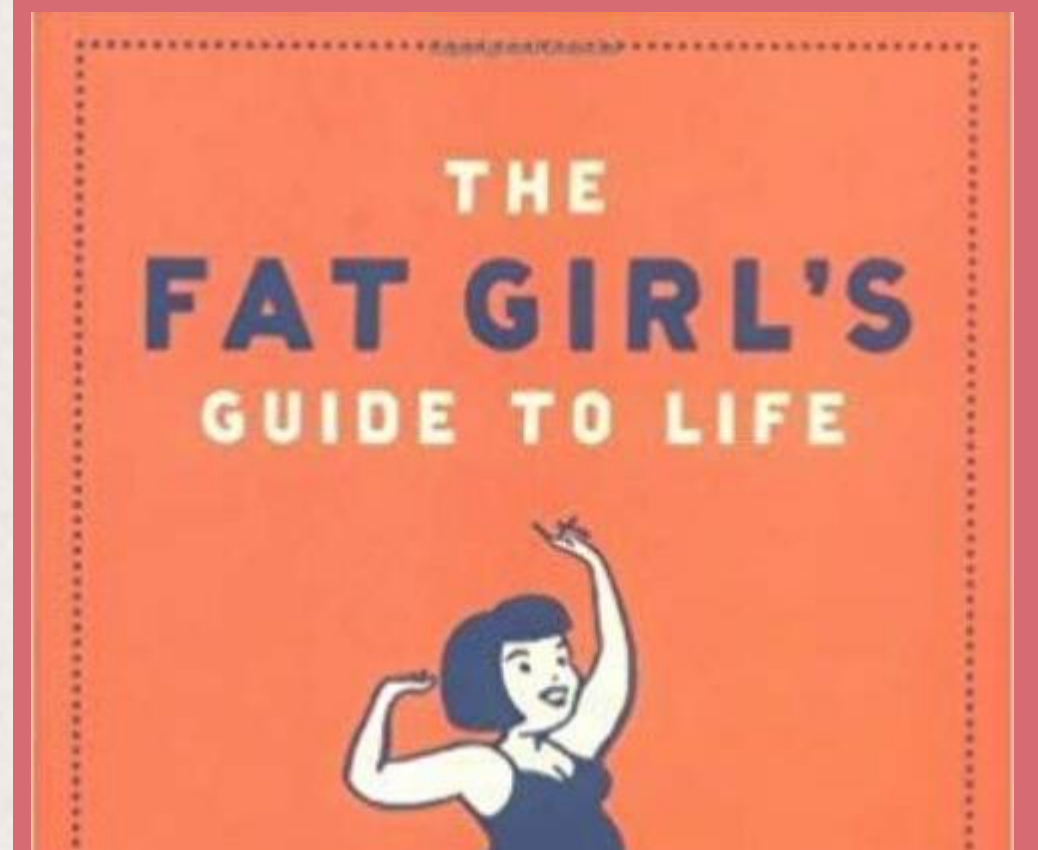
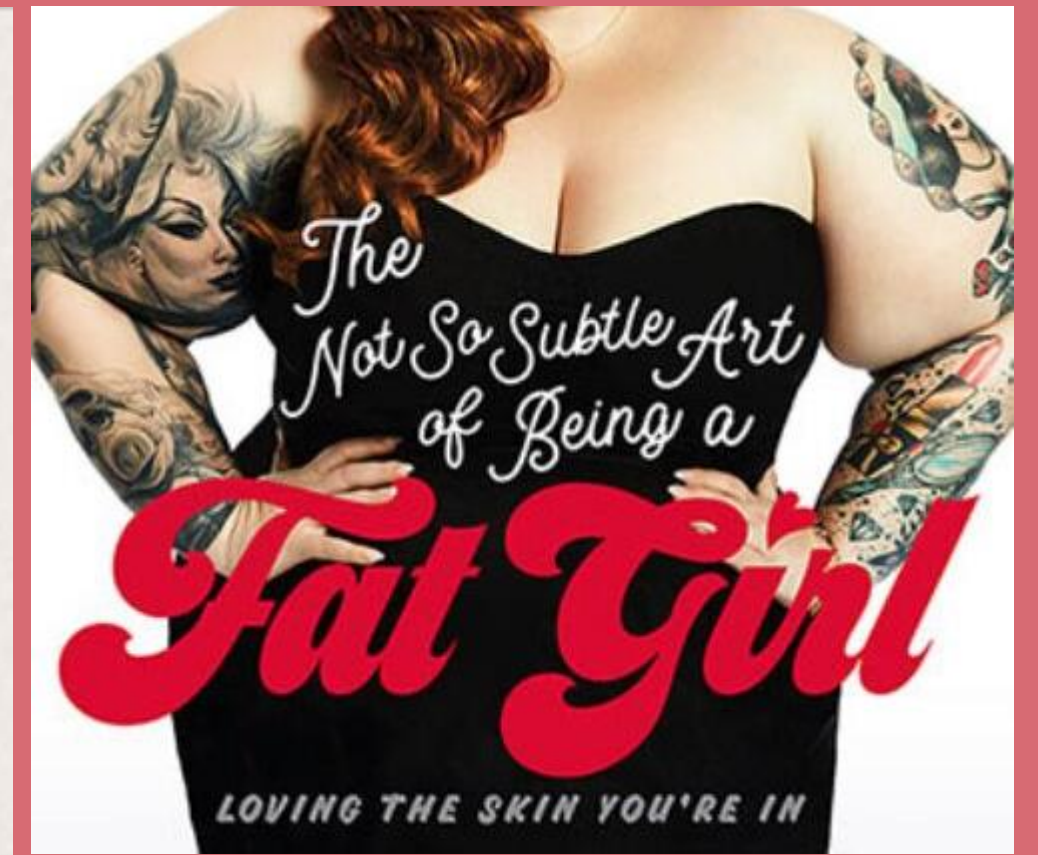
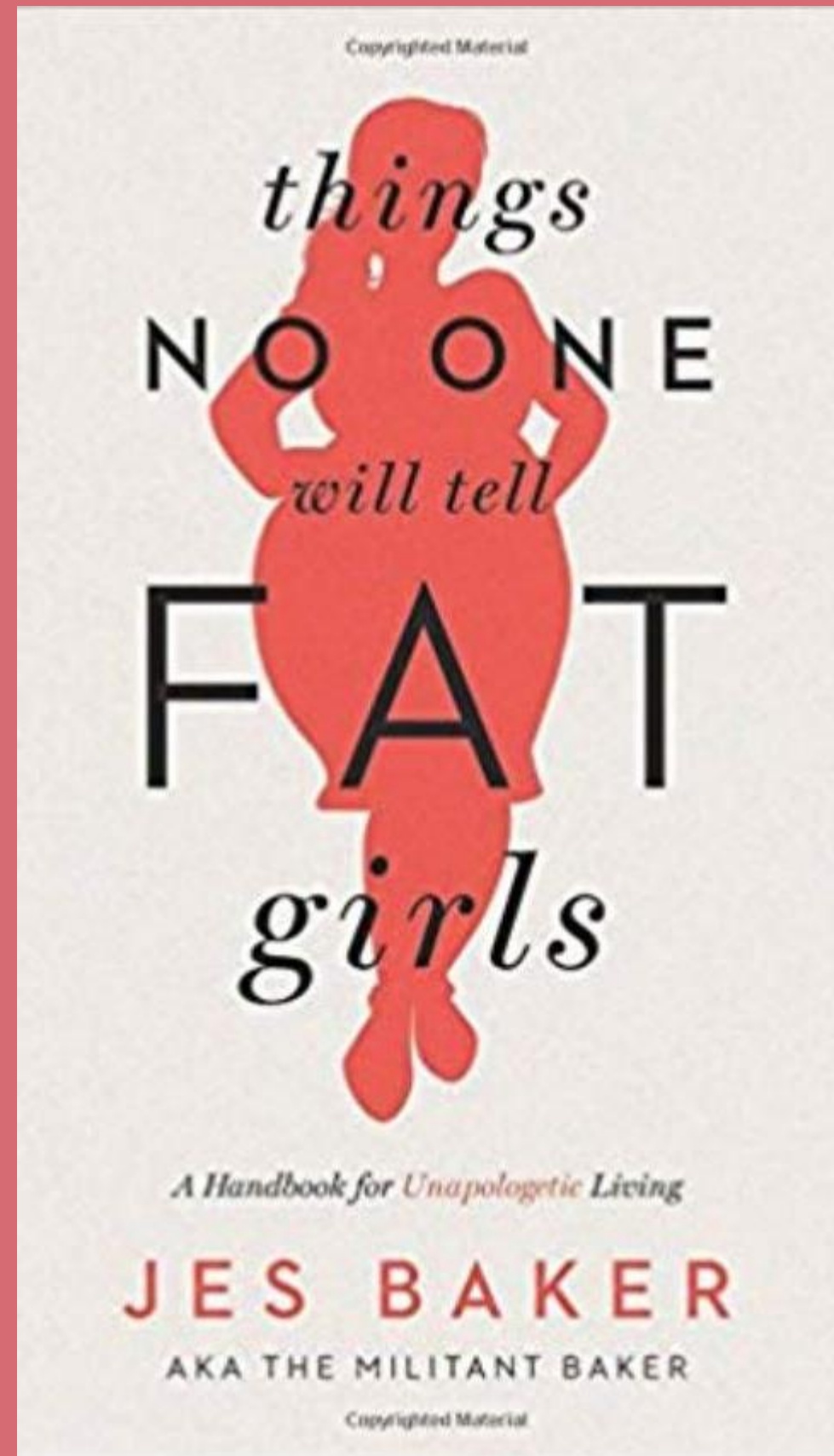
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THAT 'F' WORD

Some overweight and obese people (myself included) have reclaimed the word "fat" to describe their own bodies



In my third year of medical school I got cross about weight stigma so I wrote a thing



The big,

Isabelle Lomax-Sawyers on what it's like being overweight while studying metabolism at medical school

We're starting our "metabolism" module at med school this week, and I'm dreading it with every fibre of my being. You see, I am going to be a doctor, and I am fat.

I'm not the type of fat you feel after you've had a big lunch, and your usually flat belly is protesting against the waistband of your jeans. I'm the real kind. My BMI hovers a couple of points below "morbidly obese".

I worry a lot about what people will think of me as a fat doctor. For the smart-arses among you, of course I've tried to be non-fat, it goes without saying. The thing is though, bodies don't really like weighing less all of a sudden and are pretty good at reversing things in the long run. Mostly my body settles back to the same size 18 shape eventually.

I am always aware of my fatness, but perhaps more so here at medical school. We are training to work with bodies, and mine is a type of body we warn our patients not to have. It is the first thing described in every list of "modifiable risk factors". A colleague suggests "just don't let yourself get too fat" as we talk about preventing a certain type of cancer. A final exam question asks us to list four poor health outcomes associated with obesity.

Every week we learn physical examination skills by taking turns at being the patient, assessing

than not, we manage neither.

Fat bodies are hard to examine. It's harder to palpate for a bony structure when it is obscured by a thicker layer of fatty tissue. Harder to count rib spaces to tentatively place a stethoscope above a mitral valve. Harder to feel the border of a liver slide over our index finger.

"I hope I don't get a really obese patient," a colleague tells me with a chuckle.

In a couple of weeks, the clinical skill we will be learning is weighing someone, measuring their waist and telling them they should be smaller. I am looking forward to this like a root canal.

When you talk to a fat patient about their weight, it is not the first time they have thought about it. It probably isn't even the first time that day. I have been fat all my life to a greater or lesser

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extent and I don't believe there has been a day when I have not been aware of it. I dread eating in public and squeezing into the back seat of full cars. I plead

From 'On being a fat medical student at the start of our metabolism module" - Raspberry Stethoscope, 2017

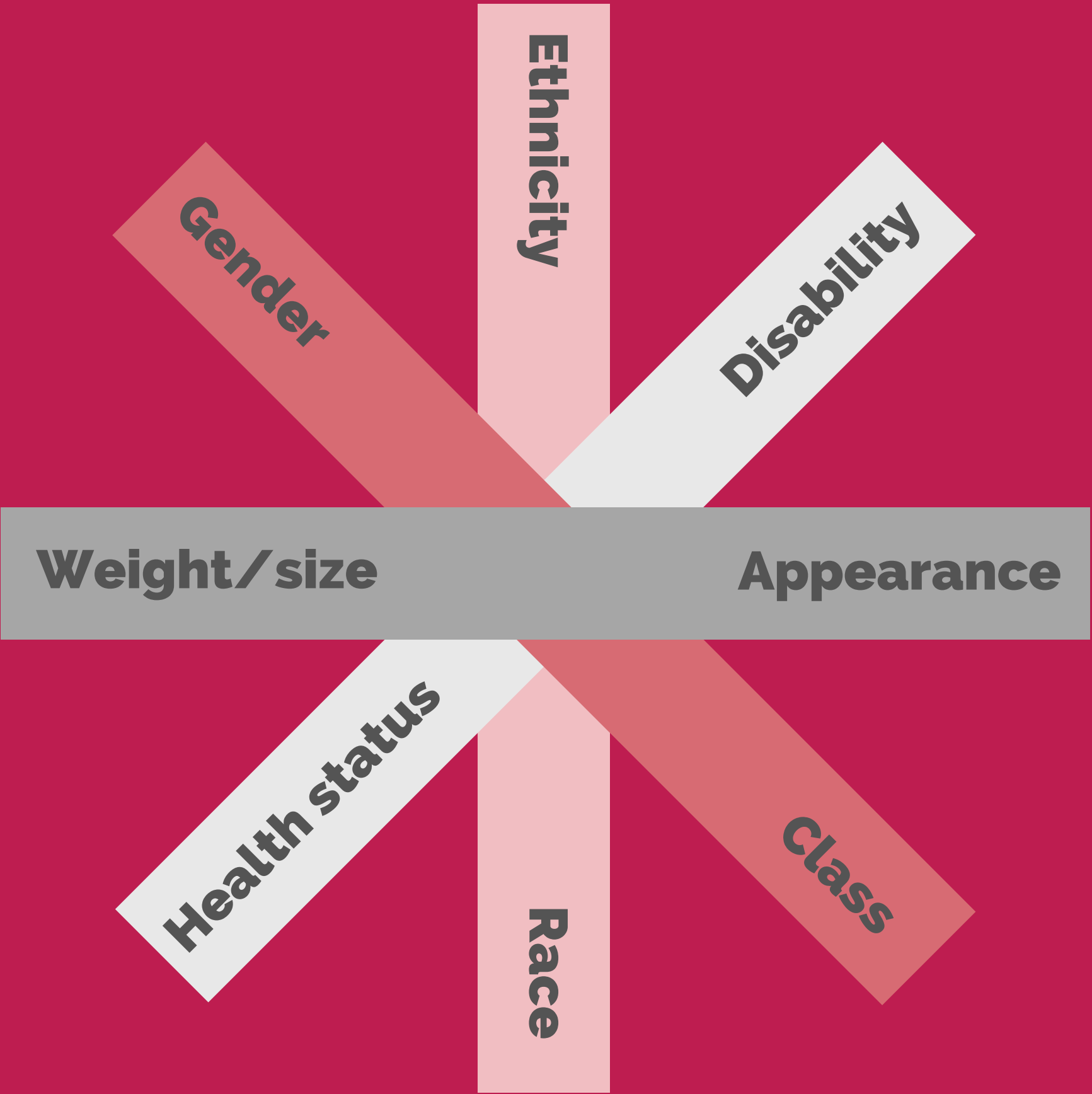
“When you talk to a fat patient about their weight, it is not the first time they have thought about it. It probably isn't even the first time that day. I have been fat all my life to a greater or lesser extent and I don't believe there has been a day when I have not been aware of it. I dread eating in public and squeezing into the backseat of full cars. I plead claustrophobia and refuse to get into elevators when they are anywhere close to capacity. I always know when I am the fattest person in the room.”

From 'On being a fat medical student at the start of our metabolism module" - Raspberry Stethoscope, 2017

“I once went to my GP with anxiety so bad it felt like I was dying. In between writing the prescription, the doctor helpfully suggested my mental health might be better if I lost weight because then I would feel better about myself. He went on to suggest that otherwise I might not be alive in 10 years. I was 22 and otherwise in good health. I went to him with acute anxiety, and he told me I would die in 10 years.”

My fat friends told me they avoid going to doctors, afraid they will be judged, lectured, or have their concerns dismissed





People

Doctors*
*not to scale

Jess @haes_studentdoctor, Instagram, 2018

“My rock bottom came as I watched a client cry from my office window, as she completed her food diary in the car park 5 minutes before her session. I shut the doors that afternoon to any new bookings. It would be six months before I could step back into practice.”



Real hope and inspiration

A few fat people maintain radical weight loss

These "inspiring success stories" are exceptions.

Most fat people will interact with healthcare

And they all deserve our kindness and respect.

So, let's find hope and inspiration in this:

Together, we can radically reduce weight stigma in healthcare, and in society

RISING TO THE CHALLENGE

OF REDUCING WEIGHT STIGMA IN HEALTHCARE

Examine unconscious bias

What messages about fat people have I internalised and how do they affect my practice?

Make fatphobia unacceptable

Refuse to use disrespectful language or jokes, and refuse to accept it from your colleagues

Get curious about fat patients

What is their experience of weight stigma in healthcare (and generally)? How does it affect them?

**From "What happens when one fat patient sees a doctor" -
Your Fat Friend, Medium, 2017**

I hear my voice crack, strangled, when I tell him that I have tried everything I can since my teen years. In that time, my body did not change. Neither did my health care. He watches me warmly, attentive and sad while I speak.

"It sounds like your health matters a lot to you," he offers, his eyes meeting mine. And suddenly, I burst into tears. All the years of effort, all the machinations to avoid humiliation and erasure, and someone has finally noticed. Later that day, I realize that despite years of trying, no one has ever told me that I care about my health. And I do.

Thank you

for listening! Here's how to contact me if you want to chat.



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