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Why I don't ask my patients to lose weight: the ethics of obesity management

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ost people in the developed world are on a diet or feel they should be, with the societal pressure to be thin eclipsing the Imedical imperative for most individuals. Gyms, personal trainers, nutritionists, and most importantly, the fast food industry and governments are heavily invested in the notion that slimness can be achieved by dieting. The belief that we can control our weight, and that obese people choose not to, is at the core of anti-obesity prejudice. Doctors contribute to this when they ask their patients to do something most are incapable of. Understanding the potential for stigmatization is more than a moral or ethical consideration. Obesity epidemic solutions such as fiscal measures which make healthy food affordable and accessible, restrictions on the placement of fast food restaurants and efficient public transport in the place of cars have a low potential for stigmatization whereas endorsement of weight loss programmes through the workplace depends on behavioural change, targets obese individuals and is highly stigmatizing. Even activities such as the provision of weight loss programs in primary care and increasing health education in school potentially increase prejudice by emphasizing personal choice. We know that obesity is genetic. This is proven by innumerable epidemiological studies. The human genome project has taken this evidence further with identification of obesity-promoting genes. We also know that the current epidemic is the result of environmental change and globalization of diet in particular. There is no evidence for people becoming lazier, or more selfindulgent and very few people want to be fat. But diets don't work. Only 15% of people who embark on a weight loss diet have maintained weight loss at the five year mark. Is asking people to lose weight therefore not only futile but harmful? I stopped asking patients to lose weight decades ago.

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