



Why are fat people the focus of medical attention?

On the medicalization of obesity
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Main questions of this talk

- Why are fat people increasingly subjects of medical attention?
 - The drives of medicalization
- Is medical attention benefitting fat people?
 - Voices of fat people
- Conclusion





Medicalization of obesity

- Obesity has since 1950 gained increased attention from medical doctors (Sobol, 1995)
- By describing obesity as a disease healthcare professionals and medical scientists become the specialists in handling the lives of fat people.





Why is medical interest increasing?

- I will draw attention to certain social forces that might partly explain why bodily appearance is increasingly the subject of medical attention.
- In doing that I draw on the works of Sadler et al. (2009) where they describe forces and values in society that drive medicalization.
- By using their insights and applying it to the obesity debate it is possible to speculate on the forces that drive the medicalization of obesity.





What drives medicalization?

- *the promise for cure*
- *healthcare as a commodity*
- *desire for power*
- *Eudaimonia*
- ***individualism vs. communalism***
- *depoliticizing politically difficult social problems*
- *technological values*
- *medicalization as a drive to transcend human-existential limitations.*

Sadler et al. 2009





individualism vs. communalism

- changes occurring regarding individual rights and responsibilities on the one hand and governmental or societal roles and responsibilities on the other





Changes in public health policy

- Instead of seeing the role of public health as forming policies and making political changes
- it is oriented towards influencing and controlling the individual through “education” or propaganda.
- Public health works through culture of *shame* and *blame*





Obesity propaganda





Obesity propaganda





Fat people: Critical voices



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I'm Your Patient, Not a Problem

- *Before I even talk to my doctor, I am set apart from the other visitors by my size. Chairs in waiting rooms and treatment rooms may be too flimsy for me, or have arms that prevent me using them. Sometimes I attempt to sit on an examination table and it groans, or I will be asked not to sit on it at all. **More than once I have had to stand during my appointment, or ask for another chair, or sit on the floor whilst waiting to see someone.** Every visit to a doctor begins with the anxiety that this will happen, and the embarrassment of dealing with it if and when it does. **This is the starting point for my interactions with doctors—the physical reminder that I am apart and different and that it is not their job to take care of me but my job to change and accommodate them.** In this way the physical limitations of a doctor's office are emblematic of the relations between patient and doctor.*

Lauren Moore (2014). Narrative Inquiry in Bioethics





Critics of medicalization

- Since 1950 the prevalence of obesity has not dropped
- Long-term results of medical treatments of obesity are poor.
- Fat people are stigmatized and marginalized in today's societies. They are stigmatized in health care settings
- By medicalizing a marginalized group it may be marginalized even further (Garry, A. ,2001)
- Medicalization is not neutral, it can *per se*, harm fat people by putting them in an even more oppressive situations in society.





Critics of medicalization

- Growing dissatisfaction of body image in western societies (*normal discontent*) (Grogan,2008)
- The way *people look* should not be the aim of health care providers.
- The focus should rather be on a healthy lifestyle and acceptance of people in all body sizes (HAES).
- When focusing on BMI figures health scientists and medical professionals are not focusing on the core of the *real problem* (fat studies)
- The real problem is not the BMI of the fat person but rather societies responses to those being fat (fat stigma).





People are themselves specialists in their own lives

- These critical voices amongst *fat people* where medicalization is denied, harmonize with the voices of *gay people*, *people with disability* and *people with mental illness*, where they reject the view that scientists are experts in their lives and they need to be *corrected* to become accepted in today's societies. They want their own voices to be heard within scientific discourse and they want to be accepted as they are.





Conclusion

- There are important social forces that play a large role in driving on the medicalization of obesity
- The benefit of medical attention, for fat people is *questionable* at best but could be *harmful*
- It is important for clinicians working with fat people and for scientists studying the issue to pay a closer attention to the *voices of fat people* and include their view in the scientific picture of being fat.





Queen Victoria (1819-1901)



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