



Addressing weight stigma: a timely call

The *Lancet Public Health* Editorial¹ highlighting the need to address weight stigma is both timely and warranted.

As empirical evidence has demonstrated, similar to other health conditions, obesity is complex and has the same determinants (eg, genetic and environmental) as other health conditions such as cancer. However, framing and representations of obesity are simplistic, with an emphasis on blaming individuals and a consistent message that obesity is solely caused by eating too much and too little exercise and thus can easily and rapidly be reduced by moving more and eating less. This rhetoric, in addition to the pervasive stereotypes and misconceptions of obesity evident in obesity policy, campaigns, media, and education, has and continues to play an important role in the pervasiveness of weight stigma and discrimination that has been reported across the world.

The impact of weight stigma and discrimination on health is not new, and neither is the evidence that

demonstrates its prevalence across settings.^{2,3} Concerted efforts are needed to reduce and ultimately end weight stigma and discrimination. This is not a simple task. Stigmatising attitudes and beliefs are formed and maintained through consistent exposure to demeaning content that is not supported by published evidence and is derogatory towards people with obesity. To address weight stigma, improved education, rethinking of current practices, and collaborative efforts are crucial. Isolated actions are unlikely to make a difference. At all levels, change is needed—from the UK Government in societal messages and policy; the media, which often portrays information about obesity and associated treatment inaccurately; education, which at present is limited and does not reflect the complexity of obesity; and health care through equitable, supporting practices.

An important point raised in the Editorial¹ is that patients with obesity should be treated with the same consideration and compassion that is extended to other diseases, which is vital considering the impact experiencing weight stigma and discrimination can have—

eg, avoidance of health care and development of maladaptive health behaviours. The UK National Health Service has three core principles, one of which is “that it meets the need of everyone”.⁴ Thus, health-care environments should represent a safe space that is free of judgement, stigma, and discrimination, where patients, no matter their reason for attending, feel able to access health care, receive support and care if required, and speak openly with a trusted practitioner.

I declare no competing interests.

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- 1 The Lancet Public Health. Addressing weight stigma. *Lancet Public Health* 2019; **4**: e168.
- 2 Flint SW, Snook J. Obesity discrimination in the workplace: implementation of recent EU laws. *Curr Obes Rep* 2015; **4**: 504–09.
- 3 Puhl R, Suh Y. Health consequences of weight stigma: implications for obesity prevention and treatment. *Curr Obes Rep* 2015; **4**: 182–90.
- 4 National Health Service. Principles and values that guide the NHS. <https://www.nhs.uk/using-the-nhs/about-the-nhs/principles-and-values/> (accessed April 17, 2019).