Labeling Obesity as a "Disease"

Obesity is a multidimensional, multifactorial, complex entity that has indisputably reached a "pandemic" scale spurring the American Medical Association (AMA) to officially recognize obesity as a disease in June 2013 (Pollack, 2013; Rossi, 2013; Sisson, 2013). In 2013, 31.8% of Americans met the clinical criteria for obesity with 78 million adults and 12 million children classified as "obese" following the AMA's announcement (ProCon.org, 2015; Rossi, 2013). The Centers for Disease Control and Prevention (CDC) defines obesity in terms of a weight-height relationship called the body mass index (BMI) for both adults and children (modified), but professionals recognize that BMI is only a best "guestimate" and a better way to express and define obesity (e.g. percentage of body fat) is needed (CDC, 2012; CDC, 2015; Pollack, 2013; Rossi, 2013). The advantages for classifying obesity as a "disease" include: bring gravity and time-sensitivity to the obesity crisis; creates "legitimacy"; influence public policy; increase awareness (on the individual, familial, societal, environmental, governmental, and international levels); increase, improve, and bring new opportunities in publicity, education, medical approach/treatment and research; increase funding/support; increase reimbursement (insurance) for medical expenditures for both the practitioner and client; and increase access for clients to receive help/support (DNews, 2013; Pollack, 2013; Thibodeau, Perko, & Flusberg, 2015; Think-KERA, 2014). "Obesity as a disease" is a convenient economic, political, and societal label. However, labeling obesity as a disease also has negative impacts.

By labeling obesity as a disease, the AMA instantly "diagnosed" about one-third of Americans as having a disease [needing treatment] (DNews, 2013; Mendte, 2013). The "disease" label can undermine good intentions by strengthening the "illness narrative" or the attitude that a "disease" is beyond any influence of self-regulation or effort--it is out of [the individual's] control (Hoyt, Burnette, & Auster-Gussman, 2014; Thibodeau et al., 2015). A strong illness narrative can impact an individual's autonomy; increase passivity; delay someone from taking action or making healthful choices; divert "blame"; draw focus away from an individual (decrease individual responsibility/accountability); increase feelings of hopelessness; and increase disengagement/dissociation (Hoyt et al., 2014; Thibodeau et al., 2015). Thibodeau et al. (2015) noted that when obesity was described as a "disease", overweight participants exhibited a decreased concern for being overweight and a decrease in healthful self-regulatory behaviors (Hoyt et al., 2014). These characteristics of a strong illness narrative are counter-productive to obesity which can be strongly attenuated/influenced by individual healthful efforts/choices in many cases (e.g. nutrition, exercise, stress management, medication management, etc.).

The "disease" label is more beneficial to the societal narrative than the individual narrative. The National Association to Advance Fat Acceptance (NAAFA) objected to the AMA's "obesity as a disease" label (Mendte, 2013; Portnoy, 2013). Labels present a slant. NAAFA (2013) argued that the "disease" label would further increase fat discrimination on multiple levels (Thibodeau et al., 2015). For example, obesity as a disease might qualify as a "pre-existing condition" in terms of health insurance which would increase the difficulty of insurance coverage and increase insurance/healthcare across the board. Labels such as disease, addiction, sickness, and disorder elicit/connote some amount of "blame" which is human nature--the question of why something is happening or why a situation is the way it is. Blame attribution theory and values try to quantify "how much blame" (Thibodeau et al., 2015). External blame

attribution ("blame" directed at factors outside an individual; environmental, societal) elicited more sympathy and support; the term "disease" was more appealing on the societal level than on the individual level, and incurred more public [policy] support (Thibodeau et al., 2015). Diseases are more than just a medical entity; diseases are interpersonal social events/experiences (Think-KERA, 2014). The psychological ramifications and subtext of labeling obesity as a disease may not be beneficial to the individual's narrative.

NAAFA (2013) criticized the "disease" label as being ill-defined, and noted that the "AMA declares obesity a disease against the advice of their scientific council, the Council on Science and Public Health (CSPH)" (p. 1). The CSPH (as cited in NAAFA, 2013, p. 1) noted to the AMA's House of Delegates that "without a single, clear, authoritative, and widely-accepted definition of disease, it is difficult to determine conclusively whether or not obesity is a medical disease state; similarly, a sensitive and clinically practical diagnostic indicator of obesity remains elusive". The World Health Organization (WHO) has only two entries (278.00 obesity NOS, 278.01 morbid obesity) in their International Classification of Diseases which includes conditions/situations not diseases but representing significant risk factors to health (Heshka & Allison, 2001).

The AMA decision to label obesity as a disease may be more of a "shortcut" move with economic, political, and societal agendas as opposed to being well-conceived for the individual. However many benefits may be listed "pro-disease", the same number of "cons" exist. Obesity is a societal-disease. By labeling obesity a "disease", some fitness professionals might have to safeguard against lawsuits and be very wary of "scope of practice" issues. The label of "disease" is irrelevant to how I treat or work with another individual--always with care and respect.

Supplements and ergogenic aids is such a "gray" area. Nutrition is highly individualized (like a fingerprint); everyone's metabolism works differently; everyone will absorb varying amount of nutrients and excrete varying amounts as well. Everyone's needs will also vary depending on their situation at a particular point in time. Someone's needs may change in the future. It is not possible for me to make some honest blanket statement on pros/cons of supplements/ergogenic aids. It would be nice that whole foods provided what we need, but then the discussion on the food supply's integrity and agriculture would also have to be addressed.

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