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## Best Practice & Research Clinical Gastroenterology



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### Ethical aspects of obesity prevention



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#### A B S T R A C T

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Programs to prevent overweight and obesity are needed in order to improve individual and public health, to support informed choice and to diminish the societal costs associated with overweight. However, lifestyle interventions frequently evoke ethical debate. The potential ethical pitfalls that arise with respect to the prevention of overweight regard consequences for physical health, psychosocial well-being, equality, informed choice, social and cultural values, privacy, the attributions of responsibilities and liberty. For doctors in gastroenterology, it is important to be aware of these ethical pitfalls, either because they apply directly to questions in the consulting-room, or because they help to create awareness of the societal context a patient lives in. An ethical framework is being presented to show which ethical issues play a role in obesity prevention and how they can be prevented, followed by reflection on the ethical issues in interventions and in policy and media debate.

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### Why should health professionals be informed about the ethical debate about obesity prevention?

As a doctor in the field of gastroenterology you are confronted with patients with obesity or overweight. Their diseases may be related to their weight. You of course also are confronted with the different measures to combat obesity. Birthday cakes have been banned from schools in the United Kingdom. Taxes on unhealthy food have been implemented in various countries. Community markets about health are being organized, including music, cooking demonstrations, breakfast in the open air and information tours in supermarkets. Soda-and-snack vending machines have been banned from

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public schools in France. A law was proposed that required calorie counts next to prices in some restaurant menus in New York. Limits to commercial advertising are being implemented. Popular television programs (presented by skinny hostesses) focus on obese persons and their dramatic efforts to lose weight. Fastfood restaurants are restrained from settling in a business area in the Netherlands. Obese employees are being forced to take compulsory physical exercise. Professionals in elementary school and high school receive tailored advice for developing planned prevention and health promotion. A 'Five Minute Walking Zone' without cars and measured by pupils was created around schools in the United Kingdom. The '5 am Tag' campaign in Germany promotes 5 portions of fruit and vegetables a day. Free swimming sessions are being offered to people under sixteen and over sixty years old in the United Kingdom. Schools include a 'weight grade' on report cards that indicate a pupil's Body Mass Index [1].

These examples show that there is a wide range of undertakings to do something against the rapid increase of overweight. On the one hand, there are serious public health interventions that are being planned and evaluated, such as the campaign for planned health promotion in schools. On the other hand there are commercial initiatives that may suggest their main goal is to improve health, but that at least also aim at a sufficient level of thrill, such as the television programs about obese persons and their struggle for weight loss. The examples also vary regarding their ethical acceptability. On the one hand there are positive initiatives that you can only applaud because they try to help prevent serious health problems without causing collateral damage. Think about zones where children can play outdoors safely. On the other hand there are programs that may make you raise your eyebrows because they involve serious ethical issues. Think about the school report card with a weight grade. In this article, I focus on the ethical pitfalls that may be involved in programs to prevent obesity.

This does not mean, however, that I doubt the necessity of prevention of obesity. The World Health Organization (WHO) classifies overweight among the major health threats of this century [2]. The prevalence of serious overweight or obesity among adults has increased steadily: in 1960–1962 an estimated 31.6% of US adults were pre-obese (BMI between 25.0 and 29.9) and 13.4% were obese (BMI > 30) [3]. In 2007–2008, 68.0% of US adults were overweight, of whom 33.8% were obese [4]. There is also an increase in the number of children and adolescents with overweight and obesity: in 2007–2008 almost 17% of school-aged US children and adolescents were obese [5]. In developed countries, persons with a low educational level and a low income have a higher risk of developing overweight [4].

Obesity can have severe physical, social and psychological consequences. It is a major risk factor for potentially life-threatening non-communicable diseases, such as cardiovascular problems, diabetes mellitus type 2 and certain types of cancers. Furthermore obesity causes several debilitating complaints with adverse effects on quality of life, such as respiratory difficulties, chronic musculoskeletal problems and infertility. Finally, obesity is associated with various psychosocial problems. The consequences of obesity for ill-health are influenced by body weight, the location of body fat, the magnitude of weight gain during adulthood, and a sedentary lifestyle [5].

Overweight can be prevented by a healthy lifestyle, that is, a healthy diet and sufficient physical exercise [2]. In order to promote a healthy lifestyle a combination of various interventions is needed: improving the environment to encourage a healthy lifestyle, legal and other regulations and education. Such interventions should pay special attention to people with a low socio-economic status and people from non-Western migrant groups. Children and adolescents also need special care [6]. There is little evidence about the effectiveness of measures to prevent overweight. However, because of the size of what is sometimes called 'the obesity epidemic' and because of its potential consequences, the World Health Organization has suggested to implement interventions that are expected to be effective as soon as possible [6,7]. Despite efforts to prevent obesity, there will always remain people who develop obesity. Therefore, there is a need for both good care and prevention [8]. This also creates a need for designing preventive interventions that are sensitive to the feelings of persons who have already developed obesity and who may not be able to get rid of it.

The point of departure for the present article is that I believe that prevention of overweight and obesity is necessary, in order to improve personal health and public health, enabling informed choice and to diminish societal costs. It is a valuable development that prevention programs are increasingly being planned and evaluated on their cost-effectiveness. However, if a program is cost-effective, this does not automatically mean that it is also sound from an ethical perspective. Lifestyle interventions frequently evoke ethical debate [9–14]. The implementation of measures to promote a healthy lifestyle

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