

# Regarding Obesity as a Disease

## Evolving Policies and Their Implications



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### KEYWORDS

- Obesity • Health policy • Chronic disease
- Health care economics and organizations • Medicalization • Access to health care
- Social stigma

### KEY POINTS

- Defining what is and is not a disease is fundamentally a pragmatic decision; a clear, objective, and widely accepted definition of what is and is not a disease is lacking.
- Obesity is a highly stigmatized condition that has long been generally regarded by the public as a reversible consequence of personal choices.
- As research has documented the genetic, biological, and environmental factors that play important roles in obesity and its resistance to treatment, a growing number of medical and scientific organizations have come to regard obesity as a disease.
- The decision by the American Medical Association (AMA) in 2013 to recognize obesity as a disease state marked a key milestone in progress toward accepting obesity as a disease and advancing evidence-based approaches for its prevention and treatment.
- Some signs of progress are evident following the AMA decision, although diverse stakeholders continue to debate the merits of this determination.

### INTRODUCTION

Perhaps because of the close relationship between physical appearance and obesity, intertwined with moral beliefs and class discriminations related to obesity, the social and cultural implications of excess weight have historically received more attention

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The authors have nothing to disclose.

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Endocrinol Metab Clin N Am 45 (2016) 511–520

<http://dx.doi.org/10.1016/j.ecl.2016.04.004>

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than its medical implications. Until the mid to late twentieth century in America, undernourishment and hunger were prioritized as more important public health concerns than was obesity. In 1950, the first medical society devoted to clinical management of obesity established itself as the National Obesity Society. The organization subsequently changed its name to the National Glandular Society, the American College of Endocrinology and Nutrition, the American Society of Bariatrics, the American Society of Bariatric Physicians, and now the Obesity Medicine Association.<sup>1</sup> Separately in 1982, the North American Association for the Study of Obesity (NAASO) was founded as a scientific and educational organization. In 2005, NAASO changed its name to become the Obesity Society.

With the recognition that excessive adiposity is responsible for a growing prevalence of chronic diseases, obesity has come to be regarded as “the single greatest threat to public health for this century.”<sup>2</sup> Research has provided a deeper understanding of the genetic, metabolic, environmental, and behavioral factors that contribute to obesity. This growing evidence base challenges the dominant public understanding of obesity as a reversible condition resulting primarily from dietary and lifestyle choices that reflect ignorance or limited motivation.

These developments have led obesity to be increasingly described by scientific and medical experts as a complex chronic disease. This article reviews reasons why obesity is regarded as a disease and the implications of this increasingly dominant perspective.

## **DEFINING WHAT IS A DISEASE**

In 2008, the Obesity Society commissioned a panel of experts to consider the question of labeling obesity as a disease and to complete a thorough review of pertinent evidence and arguments.<sup>3</sup> The panel considered 3 distinct approaches to the question.

### ***Scientific***

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The scientific approach hinges on 2 questions. What are the characteristics that define a disease? And what is the evidence that obesity possesses those characteristics? The panel found that the scientific approach was inadequate for answering this question “because of a lack of a clear, specific, widely accepted, and scientifically applicable definition of ‘disease.’”

### ***Forensic***

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The forensic approach relies on authoritative statements from respected organizations declaring that obesity is or should be considered to be a disease. After an exhaustive search of public statements, the panel found “a clear and strong majority leaning—although not complete consensus—toward obesity being a disease.” However, they found that these statements were largely issued as a matter of opinion and lacked arguments or evidence to support a determination of “what is true or what is right.”

### ***Utilitarian***

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The third approach, utilitarian, is a logical analysis of the benefits and harms arising from considering obesity a disease. It formed the basis for the panel’s ultimate recommendation.

It follows that the determination of what is a disease is more of a social and policy determination than it is a scientific determination. Policymakers and experts make reasoned judgments about whether or not a condition should be considered a disease based on evidence, as well as explicit and implicit values. Public acceptance

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