

The Elephant in the Room

by Dena Rifkin

Not too long ago, you might have seen her under a circus tent at a tawdry sideshow: The Fat Lady. She was a massive woman, more than seven hundred pounds on a five-foot frame. She had not chosen to be on view—in fact, in her early forties, she had confined herself to home because of her size. A fall followed by overwhelming infection led to her emergence. “They had to cut a hole in the wall to get her out,” the nurses whispered.

For The Fat Lady, the hospital was a constant ordeal of exposure. In and out we came, interns and residents and attendings, x-ray technicians, respiratory therapists, nurses, cleaning staff. She had to be turned and cleaned, intravenous lines had to be inserted, urinary catheters placed. Four people were needed to roll her bed down the hall, and six to turn her.

One day, as we tried to estimate an appropriate dose of medication for someone of her size, I noted that she weighed as much as our five-person team *combined*. Nervous laughter followed. Yet it was critical to discuss her weight—her obesity defined her illness and limited our ability to help her. She could not fit into the CT scan machine, so the abdominal infection causing her sepsis could not be easily localized. She could not breathe lying in bed, so she needed a breathing machine. Her veins were nearly impossible to find, so intravenous medications were harder to provide.

Although the weight was killing her, it seemed absurd and cruel to talk to her about it, like telling someone who was suffering from incurable lung cancer that they really should quit smoking sometime soon. There were, of course, the inevitable whispers outside her room: *How could she let herself get that way? Her family must have some major issues. I've never seen anything like it. Even if she gets better, how will we get her out of that bed?*

The medical care a seven-hundred-pound woman receives in an intensive care unit at the end of her life may seem to have little to do with our obligations to the average overweight patient. Yet whether we are sitting in an ICU or a clinic, we are unwilling to meet the question face-to-face. Surveys suggest that doctors don't discuss obesity, even though we know well that it is a major cause of chronic illness and death. So why don't physicians bring it up? And what should my patients expect from me?

If we consider obesity purely in medical terms, every patient should be weighed and measured and informed of health risks, treatments available, and followup required. Thus speak the United States Public Health Task Force Guidelines. But surely telling someone they are overweight is different from telling them their blood count. When we obtain blood tests or X-rays, we are acquiring data that are uniquely in our purview as physicians to obtain and interpret. Patients don't need us to find out that they are overweight—in fact,

I've had several patients tell me the fear of the standard office weigh-in kept them from visiting a doctor for months or years. Are we discouraging people from seeking medical care by putting them on a scale—humiliating them by pointing out the obvious?

The societal stigma against obesity complicates all of this. As a physician I am obligated to inform patients if I know of problems that might be detrimental to their health. But with weight, even the facts can be heard as an accusation. “The Fat Lady” is a troubling epithet, but a true description. Likewise, the word “obese” is at once a technical medical term (meaning greater than 120 percent of ideal body weight) and a slur. In New Hampshire, one woman has filed a complaint against her physician over being labeled obese; the medical board is holding disciplinary hearings to investigate.

How do I talk with patients about their weight? Am I trying to help them change, or am I too forgiving? Do they walk out feeling angry, motivated, scared, or so humiliated they never return? Perhaps that New Hampshire physician was right to give his patient an ultimatum to change. At the VA hospital where I used to work, former smokers would often remember a physician who plucked the last pack of cigarettes from their pocket or gave them an impromptu tour of the cancer ward.

I think of one young woman I saw for two years in resident clinic. She was thirty years old and weighed three hundred pounds. Her problems—poverty, single motherhood, drug abuse—went far beyond her weight, or perhaps they were at the root of her obesity. She needed support more than blame, I thought. I talked to her about walking to work and about how to buy healthy food on her budget, but she could never quite manage either goal. She gained twenty pounds during our time together and then, when her insurance ran out, never came back. Did I fulfill my duty to her? I fear meeting her again someday in an ICU, where we'll all wonder why no one did anything about her weight.

Copyright of *Hastings Center Report* is the property of Hastings Center and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.