

Our Current Approach to Healthcare Weight-Centric Care

Before we explore the concepts of weight-inclusive care, first, we need to discuss where our healthcare system is now. Current medical practices are rooted in a paradigm called weight-centric care.

Weight-centric care is a practice that focuses on an individual's weight as a marker of health. It works under the assumption that there is a "normal" weight, and that anyone over the "normal" weight for their height and age is unhealthy. Within a society that subscribes to diet culture, the thin ideal is enforced through weight-centric care, with weight loss being celebrated.

In practice, weight-centric care translates to weighing patients at each visit, counseling weight loss and diet regardless of chief complaint, and creating weight-based cut-offs for surgery and other treatments. For example, requiring that patients lose a certain amount of weight before joint replacement surgery or gender affirming care. According to weight-centric care, each of these practices are essential to maintaining the health and safety of our patients.



What are some ways medical students contribute to weight-centric care?

Using mnemonics like “female, fat, and forty.”

Using BMI is a proxy for disease risk, with little other information.

Assuming all concerns are caused by weight in larger-bodied patients

Suggesting weight loss for higher weight patients in CBL and clinical rotations.

Weight-centric care is not only present in our practices, but in our policies, too: the Standing Senate Committee on Social Affairs 2016 report stating that steps “must be taken to help Canadians achieve and maintain healthy weights.” Many Westernized countries have stated that tackling the “obesity epidemic” is central to maintaining health and longevity.

Watch this video to get an overview of the weight-centric paradigm:



But, why does this matter? Well, practicing weight-centric care has pitfalls, and has a weaker evidence base than you might think. In this Tapestry, we will display the evidence in support of adopting alternative approaches to care, namely, the weight-inclusive paradigm.