

A PIECE OF MY MIND

MaryAnn Dakkak, MD, MPH

Boston University
School of Medicine,
Boston, Massachusetts.

Fat Shame—Inside and Out

"Do you always...always look like this?" the pain specialist asked, waving both his hands in a circle in front of my body. I knew what he was asking. Was I always this fat?

I wavered. "No, I have been this weight just once before, but I usually live about 20 to 30 pounds less than this comfortably."

"But that is still not acceptable," he said.

"I know," I said.

He went on to tell me what I already knew—obesity contributes to inflammation and pain. My mind went to where I hear my own patients' doubts go, that obesity is the cause of all evil things, all pains, all ailments. And it went further: Why go to the physician if they will just point at your weight? May as well stay home and just deal with it.

Every time I go to a physician's appointment, I want to apologize for my body. My obstetrician is a friend from medical school. We have worked together for 7 years. I have never heard her mention someone's size. She is strictly unbiased. Yet every time I see her as a patient, I fight off the urge to apologize for my weight. I know she doesn't care, yet *I care* about my size for her. I have yet to unbind myself from the learned blame and stigma against people who are obese.

I work to peel away stigma and pain the patients have experienced from our health care system. I focus on function and goals. I try to frame shame, depressed mood, and low self-esteem as symptoms of stigma, not obesity.

A month before my appointment with the pain specialist, I started having trouble dressing myself. My left leg became difficult to lift, and I had hip pain. My 10-year-old started helping me get dressed in the morning. I was in consistent conversation with an anesthesiologist and a neurologist, both of whom hoped the symptoms would resolve with time. Then, one night, I collapsed from severe pain in my left hip. I went to the emergency department. I asked them repeatedly to examine my back and leg. No one touched me. As an obese, postpartum mom who "of course has back pain" I simply accepted the diagnosis. I internalized the bias. Yet I was a third-time mom and had never had back pain before. I never had numbness and tingling. But even then, I had so internalized the stigma around obesity that I questioned myself when I knew that this pain was not normal. There is no "normal" postpartum back pain that causes weakness and numbness in patients just because they are obese.

Without an answer from my medical team or emergency department, I called a friend. I shared my experience with another physician mom, a friend for years, and she came over immediately. She tested my reflexes, noting I had none in my left leg. She finally got me the medical care I needed at the hospital where she worked.

It was a team of friends who took care of me. A medical school classmate who immediately called a spine surgeon with whom he trained. A high school friend who was a physical therapist who knew I had an incredibly high pain threshold. A neighbor who knew that I worked around the world and trained for triathlons and was extremely active despite my overweight body. They all knew me too well to just ascribe my symptoms to my size. They gave the strength and tools to help get me where I am now—still obese but without chronic pain and back to hiking again. One of my clinicians made it clear that a further delay in intervention would have resulted in a more severe, permanent disability. I directly connect my obesity and the delays in medical care I encountered.

A couple of months ago, after a year of appointments to an intensive weight loss program, I opted for a sleeve gastrectomy. I came to this decision slowly, deliberately, as a way to increase my physical functionality with my now permanently weaker left leg. The week prior to the surgery, I had a deep unsettling feeling. I explored it and came to this: I loved my body the way it was, in all the ways it had been, and I didn't want anyone, including myself, to think I was having weight loss surgery out of any negative feelings about myself. So I wrote this note to myself, my family, and friends:

Dear Body,

You have done a great job. You have had 3 babies. You have traveled, hiked, and swam all over the world. You have worked in refugee camps. You have changed peoples' lives. You have a strong stomach and a strong disposition. You were built to sustain. You suffered a spinal cord injury and have healed so well. You're about to go through a tough couple of weeks so that you can work even better and do more things. But it's not because I don't love you and appreciate you for everything you've given me. You are a wonderful body. And you will be awesome afterwards and be able to do even more!

I will not post before and after pictures. I won't shame my body before. I will not glorify my body afterwards. My body is amazing. Any shape or size it is.

As the last 2 years have unfolded, I find more patients with obesity on my panel. I find more patients with

Corresponding

Author: MaryAnn Dakkak, MD, MPH, Boston Medical Center, Department of Family Medicine, 771 Albany St, Dowling Fifth Floor, Boston, MA 02118 (maryann.dakkak@bmc.org).

Section Editor: Preeti Malani, MD, MSJ, Deputy Editor.

postinjury pain. I never aimed to create a clinical practice around obesity, but here I am. One patient who had a baby the year prior said, "I want to be healthier for him. I want to be here for him." I just sat and listened. "What does 'being here for him' look like?" I asked. She talked about staying active. She talked about struggling to move her body around. She accepted a referral for a local weight loss clinic, and we continue to work together to improve her overall well-being. Especially with this group of patients, I listen more. I work to peel away stigma and pain the patients have experienced from our health care system. I focus on function and goals. I try to frame shame, depressed mood, and low self-esteem as symptoms of stigma, not obesity.

Two years after my visit to the emergency department, I remain an obese, mildly disabled physician. My left leg will always be weaker than my right. Yet this weakness spurred me to focus on my overall function, and along that path, weight loss and other goals.

How long can I walk without leg spasms? Can I bike for a little longer? I feel strong (just as I did at all my sizes), and I continue to build my view of my body based on its functionality and what it offers me and my family.

The data on medical stigma of obesity are damning. A survey of medical students published in 2018 reported that 74% thought obesity resulted from ignorance, and 28% thought people with obesity are lazy.¹ Similar surveys of outpatient physicians suggest that about half hold obesity biases, and many feel unprepared to counsel and/or treat obesity. Furthermore, patients with obesity are more likely to delay or defer health care visits.

While I continue to work on the function of my physical body, another role I have is as a medical educator and faculty member. Creating and promoting a curriculum focused on understanding and disarming our learned biases are necessary to provide the best care to all patients, regardless of size.

Published Online: May 8, 2023.
doi:[10.1001/jama.2023.7784](https://doi.org/10.1001/jama.2023.7784)

Conflict of Interest Disclosures: None reported.

Additional Contributions: I thank my patient for allowing me to share this story.

1. Geller G, Watkins PA. Addressing medical students' negative bias toward patients with

obesity through ethics education. *AMA J Ethics*. 2018;20(10):E948-E959. doi:[10.1001/amajethics.2018.948](https://doi.org/10.1001/amajethics.2018.948)