

“So what if you’re fat?
You still deserve good healthcare!”

A PANEL DISCUSSION UNPACKING
WEIGHT STIGMA IN HEALTHCARE

*Weight
Stigma*
Awareness Week

EAT LOVE LIVE

EDUCATION

TRANSCRIPT

The panel discussion on weight stigma awareness highlighted the pervasive discrimination faced by individuals in larger bodies. Key points included the misinformation linking weight to health, the impact of diet culture, and the systemic biases in healthcare. Examples of weight stigma in healthcare were shared, such as doctors focusing solely on weight rather than health issues. The conversation emphasized the importance of body autonomy, the need for weight-neutral healthcare, and the role of community support. Practical tips for patients included advocating for themselves, seeking weight-inclusive practitioners, and using community resources. The discussion underscored the need for systemic change to address weight stigma.

Outline

Introduction and Acknowledgements

- Speaker 1 (Jo Money) introduces the purpose of the presentation, highlighting the importance of Weight Stigma Awareness Week and acknowledging its founders, Shavice Turner and Dr. Wendy Oliver Pyatt.
- Jo Money shares her background as a dietitian and co-founder of Eat Love Live and Eat Love Live Education, emphasizing her personal experience with weight stigma.

- Jo Money acknowledges the land of the Wurundjeri people and the lived experiences of presenters and viewers, as well as her own privilege as someone who grew up in a fat body.
- The presentation aims to educate viewers on weight stigma, its impact on healthcare, and provide resources for both clients and health practitioners.

Introduction of Presenters

- Jo Money introduces the presenters: Christy Bennett, Sam van, Leila Byrne, and Steph, each sharing their backgrounds and roles.
- Christy Bennett, an advanced accredited practicing dietitian and senior lecturer at Monash University, emphasizes her passion for better care for people in larger bodies.
- Sam van, a fat activist and writer, organizes a plus market for plus-size people to shop for clothing that fits and feels good.
- Leila Byrne, a general practitioner, is passionate about providing weight-neutral, trauma-informed healthcare to people of all body sizes.
- Steph, a psychologist, works in the eating disorder and bariatric space, emphasizing her support for undoing harmful beliefs and thoughts.

Understanding Weight Stigma

- Jo Money explains that weight stigma is discrimination based on an individual's body size, often perpetuated by beliefs that people in larger bodies are less worthy, less healthy, and less productive.
- The conversation highlights the cultural stereotypes perpetuated by media, such as villains in Disney movies being portrayed as having larger bodies.
- The traditional weight-centric teaching in healthcare is discussed, emphasizing the misinformation that weight and health are connected and the need to change weight to change health.
- The diet culture that values smaller bodies over larger ones is identified as a significant contributor to weight stigma.

Impact of Diet Culture and Systemic Biases

- Jo Money and the presenters discuss the pervasive influence of diet culture and how it sneaks into various aspects of life, making it difficult to recognize and unlearn.
- The conversation highlights the historical roots of weight stigma, including patriarchy, white supremacy, and classism, and how these values are embedded in our culture.
- The discussion includes examples of how weight stigma shows up in healthcare, such as doctors making assumptions about patients' health based on their body size.
- The presenters emphasize the importance of health professionals reflecting on their own practice and the harm they may have caused in the past.

Examples of Weight Stigma in Healthcare

- Sam van shares personal experiences of being shamed by doctors for their body size and the lack of respect for body autonomy.
- Leila Byrne discusses how weight stigma leads to patients avoiding preventative healthcare due to fear of being judged and shamed.
- The conversation highlights the importance of creating a safe space for patients to discuss their health without fear of judgment.
- The presenters emphasize the need for health professionals to address their own biases and provide trauma-informed care.

Environmental and Internalized Weight Stigma

- Sam van and Leila Byrne discuss the environmental weight stigma, such as the lack of accommodations for larger bodies in public spaces and healthcare settings.
- The conversation highlights the impact of internalized weight stigma, where individuals believe their bodies are wrong and take on harmful messages.
- The presenters discuss the importance of community support and finding safe healthcare professionals who understand and respect patients' bodies.
- The discussion includes practical tips for patients to advocate for themselves, such as asking questions and seeking support from advocates.

Advocating for Change and Supporting Clients

- The presenters emphasize the importance of patients advocating for themselves and finding healthcare professionals who align with their values.
- Sam van and Leila Byrne discuss the role of community support and grassroots efforts in creating a safe and inclusive healthcare environment.
- The conversation highlights the need for health professionals to be open to learning and unlearning biases to provide better care for all patients.
- The presenters share their own experiences of isolation and the importance of community support in advocating for change.

Conclusion and Takeaways

- Jo Money and the presenters summarize the key takeaways from the discussion, emphasizing the importance of respect and good healthcare for all body sizes.
- The conversation highlights the need for patients to advocate for themselves and find safe healthcare professionals who understand and respect their bodies.
- The presenters emphasize the importance of community support and the role of health professionals in creating a more inclusive and trauma-informed healthcare environment.
- The discussion concludes with a call to action for viewers to reflect on their own experiences and take steps to advocate for change in their healthcare settings.

Jo Money:

Welcome everyone. It's weight stigma Awareness Week, and we really wanted to put together an exciting and informative presentation for you. I'd like to acknowledge the founders of weight stigma Awareness Week, Chevese Turner, and Dr Wendy Oliver Pyatt, who have brought together an amazing community to help focus on this really important topic and really stimulate the change that we're all looking for. My name is Jo money. I'm the founder of eat Love Live, and the co-founder of eat Love Live education.

My background is as a dietitian, and I have felt and known about weight stigma and wanted to advocate for change before I even had the language to describe it. I am so lucky to be surrounded by like minded individuals, some of whom you're going to get to meet in this wonderful presentation today. I'd like to acknowledge that we're on the lands of the Wurundjeri people. I'd also like to acknowledge that there may be lived and living experience in the presenters today, but also in the community of people viewing.

I would Lastly, like to acknowledge my own privilege in this space. I am someone who grew up in a fat body, and I use the word fat as a reclaimed descriptor. I live in a small fat body now, and though I have experienced weight stigma in healthcare, it has been relatively mild compared to some of the stories that clients have been generous enough to share with me, we are all here today as allies to really bring forth these stories that we've had the privilege of hearing and learning from to hopefully make change at a societal and cultural level.

So let's get into it. Welcome everyone, and thank you so much for choosing to spend your time watching this video. I'd like to thank all of our presenters who you're going to meet in due course, who have volunteered their time to contribute to this really important conversation that we're all really passionate about.

We've decided to make this video as a resource that will be available ongoing, so that people can access it at any time. We are pitching this video to our clients or consumers of healthcare who might not fully understand weight stigma yet they've probably experienced it and haven't had a name for it or an understanding. And we want people to know that what they're experiencing isn't their fault, that this is something that is bigger, that it's part of a wider system.

And so this will be a beneficial conversation for health practitioners as well, who might like to learn more about how weight stigma shows up in healthcare and how it impacts their clients. And this will be a resource that health practitioners can direct their clients to in the future who might like a little bit more information.

So I'm going to get our wonderful team to introduce themselves. So Christy, I'm going to start with you.

Christie Bennett:

Hi. My name is Christy Bennett. I'm an advanced accredited practicing dietitian, that's a mouthful, and senior lecturer at Monash University and the co founder of eat, love, live,

education, and I am really passionate about advocating for better care for people in larger bodies with different chronic health conditions.

Jo

Sam, tell us about yourself.

My name is Sam Van Zweden I'm a fat activist and writer, and I also organize A+ market, which is a place where plus size people can shop for clothing that they feel good in, that actually fits, and they can be amongst their community.

Jo

Leila, tell us about yourself.

Leila Byrne

My name is Leila Byrne. I'm a general practitioner, and I am passionate about providing weight, neutral, trauma, informed health care to people in all sizes of bodies.

Jo

Thank you so much for being here and Steph?

Dr Stefania Franja

hi. I'm a psychologist, and I work in the eating disorder and Bariatric space has been a really big interest of mine, but I just; I'm very passionate and here to support anyone who wants to undo a lot of harmful beliefs and thoughts I've ever had.

Jo

Thankyou. And I'm wondering if you can introduce this little one at your feet as well.

Stef

This is mukwa. She's my angel. She's deaf and she's old, that she is everything.

Jo

I will let our viewers know that attached to this recording is a PDF which has lots and lots of information, including where to find more information from all of these guys and connect with them, and then lots of links for ongoing reading and resources as well.

So what we're talking about when we talk about weight stigma is the discrimination that somebody will experience as an individual based on their body. Underpinning weight stigma is

often the belief that people who are in bigger bodies are less worthy, are less healthy, are less productive. Live. There is so many stereotypes that are attached to this idea of bodies, and often these stereotypes are perpetuated in the culture around us. So not just in healthcare, but if we think about an example I always like to use is the villains in Disney movies. So if we think about villains in Disney movies, they usually exist in a bigger body. So this is an example of how something that seems like a really small, insignificant thing, but for children growing up, this idea that the villain is in a bigger body and is ugly and mean and horrible and wants to hurt people

Leila

selfish, lazy

Jo

yes. These stereotypes are perpetuated via kind of just our general media that we're consuming, and then they're often upheld in lots of different ways. One of the things we want to focus on today is how this shows up in healthcare.

And so traditionally in western healthcare, the teaching that we've all had is very weight centric, so underlying a lot of the education that health practitioners receive is the misinformation that weight and health are connected and that we have to change weight in order to change health.

Now we all know that's not true, but we also know that that's a really hard pill to swallow and to really reflect on, and maybe think about unlearning and then relearning an alternative.

And so underlying weight stigma is this misinformation about weight and health. And also, I think underlying it is the diet culture that we also live in, that cultural soup that upholds bodies that are perceived as healthy or smaller as having more value than bodies that are larger. And of course, it's much more complicated than that, but that's just the tip of the iceberg.

Stef

How sneaky has diet culture gotten? It's so clever as we're trying to catch up and develop these ways of like, picking it apart and diet cultures is like, oh, wait, I'm gonna go step ahead of you.

Jo

I think that's a really important reflection. And often what I see, you know, an example working with clients is, once you help them to understand what dark culture is, that these messages, like Disney characters, once you see it, you can't see it. And then you start to see it everywhere, yeah. And then you start to see it everywhere, yeah.

Leila

And it's also important to remember that you're working against this huge machine. The Dieting industry is worth billions and billions of dollars every year in every country, and so the marketing and every part of that is going to impact on the culture and society.

Stef

The obesity Task Force, who was in charge of deciding the BMI like I think there's nine people on there, and seven out of nine of them have financial ties to drug weight loss drugs, or are bariatric surgeons? Yes, of course, it benefits who's healthy and unhealthy.

Jo

And I think that's a beautiful example. We're really pushing back against money. Yeah, you know the messages that we have when it comes to really challenging preconceived ideas or long held ideas. They're not sexy and they're not going to make anyone any money. You know they really are about helping people to have more understanding of their own experience, feel more confident in themselves, know that they're not the problem.

But of course, making people feel like they're the problem is what upholds the dieting industry and so many others.

One thing I'd like to add before we dive in that I think is really important, is we recognize that health professionals are also a product of that culture. So as health professionals, we all live in the cultural soup. We all have a body and have a relationship with it, and have our own body and diet traumas, and that has influenced how we show up for clients, but also the way health practitioners are taught is through this weight centric lens, and so I have full compassion that people don't come to healthcare trying to make money and cheat people or do harm. What I would like to acknowledge is that it's important that we take the time to examine how we've learned these things, the evidence under the information, our own bias, and maybe to reflect on harm that we might be perpetuating with our clients and the wider community, and to think about how We can maybe unlearn some of these concepts and relearn some ways of showing up compassionately for clients and holding a safe space.

Leila

I Think that's a really important point about what is the harm that we're creating? Medicine has these two underlying principles of beneficence and non maleficence, do good, but also. Do no harm, yes. And I think that sometimes non maleficence is not seen as important as beneficence and doing good, yes, when actually the way that we're practicing, the way that we're eyeballing people and immediately making assumptions about their health, is causing harm, yeah, and that's really important for health practitioners to acknowledge in their practice.

Christie

I'd also add, as healthcare practitioners ourselves, it's our job to also reflect on our own practice and where we may have done harm in the past, and I'm sure that we all have perpetuated this harm at some point, and it's our job as practitioners, once we're aware of that to actually address that.

Jo

Christie if you don't mind could you speak a little bit to anything else that really underpins and drives the development of this bias around bodies that is really creating the stigma that people are experiencing in health care.

Christie

Yeah, it's a great question, and it's something that I'm quite passionate about. And I think when we think about weight stigma, we need to not just think about, you know, the one on one interactions, but really the bigger social and cultural impacts of what we're seeing.

So if we look at the origins of weight stigma and anti fat bias, what we're looking at is really the perpetuation of patriarchy, of white supremacy and classism, essentially. So what we need to understand is that when we're trying to unpack and undo the harm associated with white stigma, we're really pushing against not just the money, but also these values that are, like, embedded in our cultures.

When we're talking about, you know, those terms, such as patriarchy and white supremacy, I want to kind of unpack that a little bit, because I think they're thrown around a little bit in this space. In terms of the patriarchy, what we're looking at is essentially, you know, when we go back to, you know, the 20s, and probably before that, 1920s and before that, we're seeing a way to control women was to essentially Keep them preoccupied with something else, what we saw was the rise in diets at that time. And when you are starving, or your brain is starving, and I'm not talking about starving necessarily in the most extreme sense, even if you have restricted food, it really impacts your ability to cognitively engage with things around you and also be critical. So it's a really good silencer.

When we're talking about white supremacy, we're talking about the black body being vilified, and when we look back in history, particularly in the States, we see the black body being vilified from when slavery was instituted. I guess in the US, naturally American, African American body types. You can see it in someone like Serena Williams, extremely competent, at the top of their game. They have higher adipose tissue.

This does not mean that she is less competent or a less fit athlete than any of the other athletes that she's playing against, but because of her color, what would have happened in the past is to make sure that they were of a lower class in society. You know, the patriarchy essentially said, Well, this was the beauty ideal. This was the standard to be smaller, thinner, whiter, and that

was a way that they could control at a societal level who had value. So I think when we're thinking about weight stigma and anti fat bias, we need to keep in mind those historical roots that it is rooted in racism and in in patriarchy, which is huge systems that we're trying to work against. And I think it's also helpful to try and have some grace for the practitioners that work in the space when sometimes we feel like we're coming up against a brick wall. Because, yeah, sometimes you are.

Jo

Absolutely, I'm wondering if anyone has any examples to help build this context of what weight stigma might look like in healthcare spaces. What is it that people might be experiencing or feeling when they're coming up against this bias?

Sam Van Zweden

Shame? Shame. The feeling is, I go to my GP for something I've got. I've got an issue with my knee, yep. And my GP says that's obviously weight related. Or worse, I've got an issue with my throat and my GP says, let's talk about your weight. Yeah, yeah.

Jo

And so that's a beautiful example, and I can think of a lot of memes coming to mind, actually, if I think there's one that I've seen many times in presentations that "I've been impale" and the doctor says "let's talk about your weight"! Yeah.

And so you're talking about the shame that's created, that when people are showing up in healthcare spaces, that everything else is ignored, they're not believed, and everything is brought back to their inability, perceived inability, to control their bodies, and that that is the root of all of their problems.

Sam

yeah. And there's also an assumption that you have no knowledge of your own, like the amount of doctors that feel the need to educate on things like, Have you heard of the Mediterranean diet?

Oh, we're all aware, yeah, you know it's, it's, I think, a real sense of being talked down to and not acknowledging that, like, this is your body, you know it best. Yeah. And what can we do to make sure that you're comfortable? And a real lack of respecting body autonomy and even that people might have a lot of their own knowledge about their body and experiences.

Jo

when you were describing that, something that came to mind that I've heard lots of people talk about in my office, I'm very lucky that I have amazing clients, and it's a privilege to listen to them, but talking about how They might be in healthcare spaces, and they aren't even actually

asked, you know, what are you doing? You know, not even asked about their food intake or their exercise or their physical health or their social situation or their work or what they've done in the past or how they're feeling about it, or if they want to change. You know, there's no inquiry and there's no consent to have these conversations. It's just straight into and it's very obviously got those assumptions behind it, yeah.

Leila

And then that leads to something which I'm passionate about, which is, well, why would I go to the doctor? And so I avoid it. So I see lots of patients who have avoided all the preventative health care measures, because they're made to feel really crappy whenever they go to the doctor and their issue wasn't even addressed, and their issue wasn't addressed, they were made to feel crappy. They feel judged. They're made to feel like they're unintelligent, lazy, and so they don't get pap tests for 20 years, or they don't get their blood pressure checked. And that's that's certainly something that I think that practitioners could start to understand the benefits of trying to address their weight stigma in their own practice, is to see that people will be more likely to engage in healthcare if they feel safe coming to talk to you.

Sam

yeah, you don't want to care for a body that you're ashamed of, right? Absolutely, we need to. We need to feel safe enough to pursue any level of health or well being.

Jo

You don't want to care for a body you feel ashamed of, and people need to have value in their body, and a belief that they have that self determination of caring for their body and autonomy to be able to put their resources into it.

Stef

But it's also difficult if, if all you've heard about self care is deprivation, then you know that even if you're like, Okay, let me try and care for my body, because I am valuable. I don't know how I'm going to care for it. I will deprive myself of this, this and this, because that is what I've been told since my existence. Yeah.

Jo

So that's that diet culture showing up. Self Care looks like limiting, yeah? It looks like avoiding to make the body smaller, or to punish it in some way, in the hope that that creates health and wellness. Health,

Leila

yeah, and that gets back to the whole diet thing that we know diets don't work. We know that at two to five years after any diet, people have regained most of the weight, and more. We know that that leads to weight cycling, which is very clearly shown to have adverse outcomes on people's bodies and mental health. We know all of these things, and yet medical professionals especially are still pushing weight loss at all costs,

whereas actually the evidence is there for maintaining lifestyle changes that include moving your body, eating, mindfully, caring for your mental health. They're the things that lead to long term health changes and better metabolic outcomes.

Stef

Absolutely, they're the things that you can actually control. How can I figure out a way to enjoy going for a walk that is within your control? I can control, you know, specific things. I can't control my weight, and they're trying to focus on something you can't control. It's just you've set up to fail from day one.

Christie

There was a great study that was done probably six or so years ago now, but it looked at two groups, one that was exposed to weight stigma and one that wasn't. The group that was exposed to weight stigma in their care, actually had higher blood pressure and higher inflammatory markers. And they did these markers over a 48 hour period, so even while they were sleeping, these markers were higher. So it's, it's not only just a psychological response, it's a physiological response to weight stigma.

Jo

I believe that the constant exposure to this stigma is leading to higher inflammation, higher C reactive proteins, and these sorts of things that may account for some of the worst physical outcomes that people are experiencing if they are in a higher weight body. We also know the incredibly detrimental and well documented effect on mental health. And we know that if someone has poor mental health, then that is also going to engage in any health behavior.

Its going to, again, lead to poor physical health outcomes. And you've also highlighted that there's this avoidance of healthcare, avoidance of screening, avoidance of evidence based preventative measures, because people don't want to be shamed. And so when people often come up with the argument that the research shows that people in higher weight bodies have these outcomes, I think what we need to be aware of is when we actually control for some of these factors and BMI, it's not the weight itself that's leading to any outcomes. And as you spoke about so beautifully there, Leila when it comes to actually interventions to make bodies smaller,

billions of dollars have gone into this. There is no evidence based way of making a body permanently smaller.

Stef

not even cutting out 80% of your stomach.

Leila

We know that there's ongoing complications, and that at the two to five year mark, weight is generally regained. There isn't a long term health improvement.

And we also know that the up and down of weight cycling does lead to high blood pressure, cardiovascular risk, increased risk of some cancers in chronic inflammatory disease. So why are we pushing this on people when we know that actually it causing harm as well?

Christie

if we're talking about the research when we're looking at weight or BMI Vs these chronic health conditions like cardiovascular disease or diabetes, we also need to keep in mind that a lot of the data is correlation or causation, and then we're also not accounting for those compounding issues such as weight stigma and the weight cycling that Leila has talked about on top. So I think what we're seeing there is quite flawed research and flawed conclusions coming from that research.

Stef

Can I just ask if we were to try, for example, just to measure a body that has been uninterrupted or intervened? It would be impossible, because I can't imagine; I have yet to meet a person who exists in a larger body, or any sized body, who hasn't, at some stages, severely tried to lose weight. This impacts your brain's reward system towards driving you to eat in specific ways. So we're like, we can't even assess that because a person like that, sadly, doesn't exist yet.

Christie

We also need to keep this in mind when we're looking at weight loss trials, because often when I'm talking to other healthcare professionals that don't share the same views as me, this is a topic that comes up quite a bit, and it's about the better metabolic outcomes that happen at 12 week (weight loss intervention), which is often the period of time that people are on the diet for!

What I often suggest is people look at the people that didn't make it to the end of the trial, dropouts, and often it's much higher than we would accept in other trials. And the reason for that is, A, it's not sustainable. B, it's not trauma informed. See it's causing harm. So when we're looking at those trials that are, you know, touted in the media, is going to be the end to diabetes, or the blah, blah, blah. keep that in mind,

Sam

,I think it's also important to look at who's not represented in those trials, because they're seen as confounding factors. People who have either intersecting identities or intersecting health concerns.

Jo

They complicate the data. Are too hard!

Christie

Sometimes even females are considered too hard, because they have hormones and they're wild.

Jo

I think that's a really beautiful reflection, because that's what we actually see as health practitioners. We see people, we don't see research participants, because, as you've identified, their research participants are often a simplistic representation of what we see in our communities.

Stef

And we've, in some, lots of ways, cherry picked up participants because we've got funding, and we are looking for a certain way. We're looking for things, and we're gonna go, Okay, well, this is, this is what we're gonna need, and then that's it. And I mean, unfortunately, that's how the research work works, isn't it!

Jo

So we're really talking about is the bias that occurs in research. All research has bias we all know that, but particularly we're looking at it in this weight and health research. I'm really curious, Sam, how this sort of weight stigma that we're talking about shows up for people in the community and socially, just in their everyday life?

Sam

Well, I think it's the default in everyday life, right? Like, the assumption is that you are thin, so you get on a plane and you have this much room in your seat, you go to a shop and if you're in a larger body, you rifle to the back of the rack to see if they have your size or not. whether you are able to buy something in a bricks and mortar store, or if you're going online, if you're shipping things from overseas, which then adds all this sort of "fat tax" of shipping, returning, trying things on, sending back.

It's all complicated. I think it's just those layers of complication that you have to think about, like, how is my body going to be seen in the space that I'm in? How is my body going to be perceived? What accommodations would be needed for me to feel comfortable in that space? And am I even going to bother?

So I think there are a lot of spaces where it feels like it's not worth bothering, for example is there some seats without arms? Do you have a way to access the venue that doesn't involve a heap of stairs? Asking for these things feels like raising your hand and saying, "Hey, I'm fat" and may feel more shameful than participating in the thing, the reward of being around community,

Christie

and the message that that sending absolutely is that you don't belong here,

Sam

Right! And so there is the idea that there is a thin person stuck inside of you that deserves to live, but until you get to that thin person we should put it all on hold, so we don't go on planes, don't do all of that stuff. We just won't bother until you unzip the flesh suit and release her!

Jo

So I'm really hearing that the way that our environment is set up, is inherently biased against anyone who doesn't fit this ideal. And that's what we talk about in terms of that environmental weight stigma. Y

ou know, we've talked about interpersonal weight stigma in terms of how people feel perceived how people interact with them, such as in healthcare, and then we've also got that internalized weight stigma, where people have really taken on board and strongly believe these messages that their body is wrong and that it's their fault, and project it back onto themselves and obviously this keeps them in the cycle.

Sam

I think there's even an implicit message in a lot of healthcare that says thin bodies are worthy of treatment, but fat bodies are not!

Is your bed weight graded? like a massage therapist. do you communicate that anywhere? Do you have longer needles for immunizations? Do you have blood pressure cuffs that fit? Its all of that sort of stuff, and so so many practitioners either don't think about it or the answer is no.

Jo

I think that's a great example. I'm wondering how this implicit bias that people only deserve healthcare when they're smaller shows up?

Stef

I guess the one that I was talking about before, which is so outrageous; I would see patients who were considering Bariatric surgery, and I asked them what's made you consider that and the answer is I can't access fertility treatment (at this weight)

.Oh, okay. So did they do a semen analysis ?

No!

they haven't even tested your partner! We don't even know if it's anything to do with you, but we're still not going to look at you until you've lost weight. You're not deserving of a child!

It may not even be that body's problem!

Jo

so people aren't able to access the evidence based logical treatment of having both parties fertility tested!

Leila

Seems ridiculous to me, and it's so common; the morality associated with it. And I certainly have patients in my clinic that have been to see fertility specialists and the BMI chart has been wiped out! when people are already struggling with fertility , adding more shame is harmful.

Christie

And then we see a spike of eating disorders and disordered eating in people that are seeking fertility treatment in a larger body! And that seems like a really natural reaction to the environment that they're exposed to because of its own kind of problem.

Sam

And a starved body won't conceive

Leila

There's still a really strong belief amongst medical professionals that you have to be in a very small body to have an eating disorder. It's a really common one where we know that binge eating disorder is the most common eating disorder.

Stef

Low weight Anorexia is only 6% of the Eating disorder population!

Christie

And that's anti fat bias. Weights differ in a nutshell, right? That we're saying that you can't live in a larger body and have an eating disorder, whether it be a restrictive eating disorder or otherwise.

Jo

And we know that's not true, and the data shows that's not true,

Leila

And what's worse about it is that we know that people in larger bodies don't know they have an eating disorder. So you go, okay, you've come here and, I've just given you this screening tool, which shows that your symptoms are severe enough that the government wants to throw you money. Yeah, really rare, right?

So they go, No!

I'm saying it looks like you've got an eating disorder. You can go ahead and have the surgery or anywhere else, but it might be worthwhile looking at this stuff?!

and that's really confronting for people, because they've never considered that. They're like, I don't have an eating disorder. I'm just terrible at dieting. If I was just better, if I just had better, or had stronger resolve...

Jo

Well, the thing is, their entire life, and eating disorder, or the eating disorder behaviors have been prescribed to them!

Stef

And obviously the beliefs, the internalized beliefs that they were not okay, even at age 9 or 10, that they were not okay the size they were- by their parents or wherever it came from. And so it's those internalized beliefs that those are the hardest things to change. So obviously eating disorders will follow disordered eating.

Jo

What I want to do is really just shift the conversation a little bit and to think about our viewers and how to empower.

ly they're noticing that this discrimination is happening for them, they're avoiding going to the doctor, they're noticing these things... I'm wondering, how can consumers or clients advocate for themselves in these spaces?

Christie

I always start with dating your healthcare professionals, and I don't mean romantically! If something's not working for you, if you're seeing a practitioner and it's not working for you, move on. There are other practitioners. Not every practitioner is going to work for you. And that might be a GP, it might be an endocrinologist, it might be a dietitian, whatever.

Reach out to the community, ask who's seen a good GP? Who's seen a good blah, blah, blah that's really worked for you.

Sam

Finding a healthcare professional that is safe is such a series of hurdles. I know when I'm sourcing a professional, and a lot of people like me; I'm looking at their websites. I'm looking do they use the word ob\$%ity in any of their marketing?

How do their colleagues feel? So I'm looking for somewhere that the whole practice is safe, like Eat Love Live.

Then you know you're going to have a similar sort of viewpoint. So when I'm looking for someone, I'm coming to experts like you and saying, Hey, I need this, this and this. Do you know someone who's safe? And I've had great physio and gastroenterologists recommendations, and that's been fantastic, but there's also a huge role that grassroots and word of mouth stuff plays.

The community knows, and it's hard won knowledge, and there is so much trauma wrapped up in it, and if we're able to save each other from going through that trauma with a new practitioners, then we will share that knowledge.

There's sort of two schools of thought around Facebook groups that are useful. There's Facebook groups where you're looking for some individual validation and some individual support in like, your day to day experience, or even just like, hey, it's chafing season. What are we doing?

And then there's other Facebook groups that are sort of a bit more radically inclined, I guess, that are a bit more engaged with the structural and the political aspects; more activism at a social level.

And then there's the sort of Facebook groups that exist for just that sort of validation and connection that people need, that they're not the only people that feel this way. And also the practical information

Jo

We acknowledge that not everybody has the privilege of being able to choose health practitioners, who might not be able to access it. The

And again, it's another financial barrier of knowing that you have to go and try a few different shoes on to find the one that fits and that costs money.

Sam

I do want to touch on what you were saying that not everybody gets to choose their practitioner. And I think there's a few things that I found really powerful, sort of tools that I use when that is the case, especially in areas where you're like, there's a huge waitlist, the only person that I can get in to see is not a safe one, or, I don't know if they're a safe one.

My way into those situations is usually when you're booking there will be an option to do that online, and there will be a section for like, any notes. I'm going to put a letter in there that says, "hi. I prefer a weight inclusive, weight neutral approach to my health care".

If the weight conversation does come up in a sense where it's not necessarily related to the thing that I'm asking about, the question is, "what would your recommendation be if this had happened to a thin person?"

It's hard one to ask, but such a powerful question for people to have, I guess, in their toolbox, and it calls the practitioner to account as well. Like, hey, that was a bit still.

Leila

it's a really important thing is, you know, I see you know people who are completely distraught that they've had some sort of diagnosis, and I say, but this happens to thin people as well. Yes, absolutely. And the power in that can be really huge, to see this weight lifted because it's not just because you're in a bigger body that this has happened to you, I want to acknowledge that there are some things that maybe being in a smaller body is more helpful for, but it doesn't mean that people in small bodies don't experience that disorder, and I think that's really important.

The other thing that I suggest to people is to perhaps take an advocate with them. Advocates doesn't have to say much, but it just feels good to have someone next to you. I get people with advocates all the time. And the other thing, and I acknowledge my privilege of being a health professional, is that if I'm seeing someone new, I lay it on the line the second I walk into their room? I have a history of this, this and this, I do not want to be discussing my weight during this consultation. Please make sure that we don't discuss weight loss. It would be harmful for me. That's taken a long time for me to become comfortable saying.

So that's not for everyone, but it can be helpful.

Jo

Yeah, and I think that's a beautiful collection of statements to be able to share when you're seeking healthcare. And I really encourage people that if they do have self safe providers that they are working with being their psychologist or a dietitian or whoever it is, to ask for some support on how to advocate.

I know I've had lots of conversations working with people to empower them, of how to have that conversation, practicing having that conversation, and then if they would like extra support, being able to support them and advocate on their behalf.

Obviously, I would always like to empower people to do it themselves, and I would never advocate without consent. But unfortunately, there is a privilege that comes with being a health professional, that our voices are listened to more than the consumer about their own body!

Christie

I love having an advocate because I want to acknowledge as well that the mental load of all this is put back on to the healthcare consumer, and that if you're watching this and feeling anger or upset, that that's really okay and quite justified, you have to ask so many questions just to get what you've paid for!

Stef

What would you have said if I wasn't a small body? Can I just have that information? Because that might be useful! It's so unfair.

And even knowing the questions that you need to ask! you don't know the unknowns! and if it's in a place where you don't feel safe, or you're treated like you could never understand!

And I think you know as healthcare professionals, when somebody comes into our rooms and we talk about this often there is a belief that this harm was done to me unconsciously because I thought weight loss was the right thing for me. And, you know, even holding that can sometimes be really difficult, there's definitely a place, a big place for anger here.

That's a useful emotion. It facilitates change.

Leilia

And also viewing yourself as a consumer, especially if you are in the position to be able to afford private care, you are paying people for their services. Absolutely they need to provide

their work. And I'm strongly aware that, you know, for a lot of people coming to see me or my colleagues it's an expense that they have carved out of their budget, in a very difficult time. So to be dismissive and patronizing of people is just, it's just not okay, it's not good service.

Sam

I always go for the youngest practitioner.

Jo

They are most likely to be up to date and even if they're on the fence or questioning or unsure about where they sit with weight and health and bias and things they've probably at least had the conversation of being exposed to conversation.

I think that's something that, in general, when I look at the younger generation. I look at my children, and their understanding of social justice and bias across so many systems is so natural. They just get it and accept it. There's no pushback, you know. There is an openness to learning.

Stef

whereas I think the older professionals are perhaps so embedded in the thing that they've always done that, yeah, they're just not willing to have the conversation.

Its more jarring to have to undo that much when you're a bit younger, you're still learning, but at that stage, you'd have to undo a lot of your own and so many of your beliefs have been structural (to your learning and work). It's like you're taking away the scaffolding. Yeah, they're gonna fall apart. They can't fall apart. They're at work.

Jo

And that's a really compassionate reflection. I think that's really important, that sometimes to look at the harm that's being done through these bias and these lenses that have been created by our culture would open people up to so much emotional turmoil, I really acknowledge that I still think it's worth doing.

We are all human, and we're all doing it.

This has been a great discussion. I'm conscious of time, so I'm wondering, Lila, I'm going to start with you, what would be one take home message that you would like to leave our viewers with today.

Leila

One take home message that's a really tricky one. My take home message is that all people, regardless of any part of their body, deserve respect and good health care without being made to feel inferior or shamed for seeking health care, because that achieves exactly the opposite of what we want, which is to provide health care.

Jo

Thank you, Steph, what's your pearl?

Stef

I guess it's to hopefully walk away with the sense that you're not alone, and with a bit of work, you might be able to find people that can help you structure your environment in a way that we can keep you safe. And hopefully, this might be forever. Hopefully the broader environment will catch on.

But in the meantime, you're not alone. We're here. We exist, and we want to support you in every way possible, and it's just going to take a tiny bit of tweaking on your end. Just don't settle for whoever's been assigned to you.

Jo

I love that. I'm going to build on that for my pearl. I'd like to add that it's not your fault, that none of this is your fault, and we're so sorry that this has happened to you and that you have to go through all these extra hoops.

Sam, what would you like to leave?

Sam

I think encouraging people to find their people, because diet culture is so pervasive, the weight stigma is so pervasive, that even if you start to unsubscribe yourself, it's really easy to doubt what you're learning. So if you're able to surround yourself with people who have similar experiences, who are learning the same things, professionals who you know, underscore these things. I think that can be really useful. So look out for your community

Jo

And what we will do in our PDF that you can download and is included as a link is include some of the community that we know of. Obviously A plus is a great place to start! and even just some keywords of googling of how to find that community. Because I think sometimes people can feel overwhelmed with where to go, how to start.

Sam

Yeah, thank you.

Christie

I think my takeaway from today is really, you're the expert of your body, and if something's not feeling right within the relationship, within the clothes that you're wearing, within you know, the conversations that you're having that you deserve the agency to change that, and that we're all here to support you to do that,

It's been wonderful hearing from different practitioners and from lived experience. And I think whenever we do things like this, it really lights my fire. And I just want to acknowledge all of you for doing that, and just very validating.

Sam

I would echo that. It feels validating. I think from a consumer's perspective, it's really easy to feel like the whole system of healthcare and that sort of thing is stacked against you. And I think doing this panel together is so heartening that there are professionals that want to do better and that want plus sized people to feel safe and included.

Jo

I think validating is a really good word. I think it's also important to acknowledge that as health practitioners who hold a belief that goes against the system it can be isolating.

So building on what you were saying, Sam, you know how people might feel like the medical systems is stacked against them. It is!

There are pockets, you know, but as a health practitioner who has been active in this area for about 20 years now, before I had the language for it!

I didn't even know what I was advocating against. I just knew something wasn't right. I was lucky enough to find a community of like minded dietitians that felt the same, that I could connect with, but the isolation that comes with going against the norm is real, and that can be enough to really feel like you can't keep going. And so to actually have a community of people with like minded values and passions and bring that community together to help facilitate further change is really important. Nothing happens in isolation. We need the community to be able to make change. I just feel, yeah, really energized and hopeful.

Stef

And like you said, it can be extremely isolating to be in a space where you're like, Am I crazy? Is it just me? Like, why is no one else speaking up? This has been my experience for quite some time, and so it's really nice to be sharing ideas.

Jo

And I think it's important that we acknowledge the parallel that as the minority in a healthcare setting of believing something that the majority doesn't; that our clients who have minority identities as part of the greater self, that's very much what they're experiencing, and we're only getting a taste of it at a very tiny, tiny, tiny level. But I think that also drives wanting to advocate for change ongoing.

Leila

I would echo the thoughts of, sometimes it feels like I'm screaming into the wind, and to find other practitioners and people who are shouting and making great changes to society that, yeah, I've found that really exciting. I also hope that it's given people some tools so that maybe they feel confident in booking in and addressing some health issues that they've been putting off, and that's what I'm hoping would happen from today.

Jo Thank you all so much. I know there's lots of discussions we had before we started filming. There'll be many, many more after, but I would like to acknowledge all of you for giving up your time to be here and have this conversation. And to help, hopefully, some viewers who haven't had the opportunity to really reflect on this before, to be able to look at it differently. So thank you so much.

“So what if you’re fat?
You still deserve good healthcare!”

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