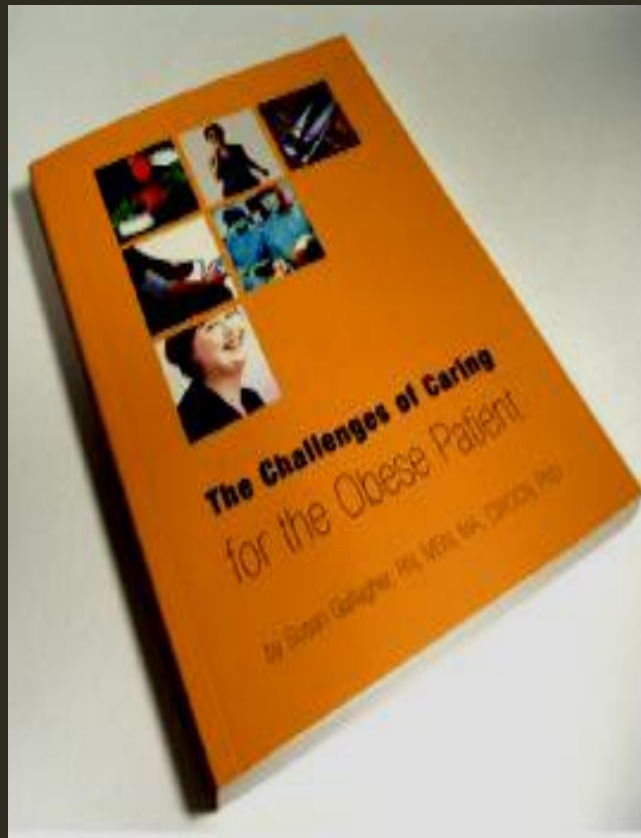


TAKING THE FIRST STEPS IN
OVERCOMING BIAS: SENSITIVITY,
COMPASSION AND THE OBESE PERSON

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CHALLENGES...



Childhood obesity

Pressure ulcers

Lower leg ulcers

Preplanning for care

Care across the continuum

Panniculectomy

Bariatric weight loss surgery

And more...

EMPATHY IS A NOUN DESCRIBED AS UNDERSTANDING AND ENTERING ANOTHER'S FEELING, TAKING A GLIMPSE INTO ANOTHER PERSON'S WORLD...

...THE ROLE OF CLINICIANS IS TO RECOGNIZE THE
SUFFERING OF OTHERS AND MAKE EVERY EFFORT SUPPORT
THE SICK AND ESPECIALLY THE SICK AND DISENFRANCHISED.



PURPOSE

What we know

What we don't know

Barriers to care

The silenced voice

Making changes

- Accommodation
- Communication

Caring study

A look to the future



WHAT WE KNOW

Marriage

Education

Employment

Promotion

Income



WHAT WE KNOW

Puhl R & Brownell KD. Bias, discrimination and obesity. *Obes Res* 2001;9:788-80

WHAT WE KNOW

Children – six year olds

- Perpetual discrimination
- Attitude formation

College age

- Judgment
- Descriptive phrases

Harris, M.B., Harris, R.J., & Bochner, S. Fat, four-eyed and female: stereotypes of obesity, glasses and gender. *Journal of Applied Social Psychology*, 1982;12: 503-516.

Staffieri JR. A study of social stereotype of body image in children. *J Pers Soc Psychol*. 1967;7:101-104.

Tiggemann, M., & Rothblum, E.D. Gender differences in social consequences of perceived overweight. *Sex Roles*. 1988;18: 75-86.

WHAT WE KNOW

Nurse

Physician

Dietician

Obese patient

WHAT WE KNOW

Human response to stress, embarrassment is to laugh...behave seemingly inappropriate

We all know what it feels like to be left out or laughed at





WOULDN'T ALL THIS
DISCRIMINATION DRIVE US TO
LOSE WEIGHT?



WHAT WE DON'T KNOW

The problem is that we really don't know the complex etiologies of obesity

We understand the theory that input must equal output...but that does not explain the mysteries involved

WHAT WE DON'T KNOW

Cost – economic, physical, emotional

What drives weight gain and regain?

Hopelessness & helplessness

Vulnerability

WHAT WE DON'T KNOW

Confusing nature of the popular press

- Fad behaviors
- Ghrelin research
- Vegan weight loss
- Pet food vs. fast food

BARRIERS TO CARE

Anorexia, bulimia, obesity

Prejudice and discrimination

“Otherness”

Widespread misunderstanding

Recognizing rights and responsibilities

BARRIERS TO CARE

Rights always accompany responsibilities

- Communication
- Recognizing reactions
 - Anger
 - Passive

LISTENING TO THE SILENCED VOICE

Overcoming barriers

- Support group attendance
- Debunking myths
- “Fat” personality
- The yo-yo experience
- Advocacy groups



LISTENING TO THE SILENCED VOICE

“Fat” personality

- 27-year-old
- Grandmother
- Reality
- Hurtful

LISTENING TO THE SILENCED VOICE

Support groups

- Traditional
- Therapeutic
- Monitored on-line
- Non-monitored on-line

LISTENING TO THE SILENCED VOICE

Support group

- Quality of life v. weight
- Cross legs
- Seat belt
- Carry in groceries

LISTENING TO THE SILENCED VOICE



Debunk myths

- Thrifty gene
- Evolutionary process
- Etiologies
- Multifactorial condition

LISTENING TO THE SILENCED VOICE

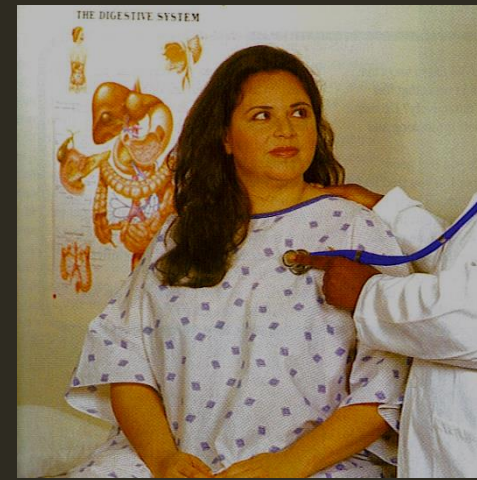
Advocacy groups

- Council for Size and Weight Discrimination (CSWD) www.cswd.org
 - Medical treatment
 - Job discrimination
 - Media images

LISTENING TO THE SILENCED VOICE

The yo-yo experience

- More questions than answers
- Emotional and physical stress
- Social pressure to lose weight
- “She’s just given up”!



MAKING CHANGES

The role of the clinician

Understand the challenges of the patient

- Obesity
- Changes
- Organizational leaders/role models
- Empathetic, size-sensitive care



MAKING CHANGES

Accommodation

Communication

- Patient
- Family
- Staff members

MAKING CHANGES

Accommodation

- Failure to provide accommodation
- What is reasonable accommodation?
- AIA.org bariatrics
- CSWD
 - Primary care setting/clinic
 - Acute care facility
 - Patient care
 - Laboratory/ adjunct services
 - Waiting areas
 - Surgical suites
 - And more...

MAKING CHANGES

Communication

- Teaching our patients to talk to us
- Learning to share with patients
- Clinical behaviors study

CLINICIAN BEHAVIORS THAT ENCOURAGE VERY OVERWEIGHT
WOMEN TO ENGAGE IN HEALTH PROMOTING BEHAVIORS

CLINICIAN BEHAVIORS...

Aim

Subjects

Findings

- Eye contact
- Touch
- Knowledge
- Mutually responsive decision making
- Special look

Implications

CASE STUDY

Jenna, a 61-year-old woman with a BMI greater than 90 (240 kg and 5'4") was admitted to the critical care area with skin tears, a pressure ulcer, severe COPD, morbid obesity, sleep apnea, renal failure and numerous other co morbidities.

CASE STUDY

She had been bed bound for years at home with attentive family care, which addressed her physical, emotional and social needs. Advanced directives indicated she and her family wanted “everything done.”

Shaver J. *Promoting dignity and preventing caregiver injury among a morbidly obese patient with skin care challenges.* National Association for Bariatric Nurses National Conference. Asheville, NC. 2005.

Shaver J & Camden SG. *Promoting dignity and preventing caregiver injury while caring for a morbidly obese woman with skin care challenges.* *Bariatric Nursing and Surgical Patient Care.* 2006 in press.

CASE STUDY

Within 15 minutes of admission two caregivers were injured....

CASE STUDY

Lateral transfer device was used for transfers

Full body lateral rotation support surface was used as an adjunct for turning/repositioning

Sling-type lift was used to lift the patient from the bed

CASE STUDY

Regardless of the time of day four people were always involved in turning or moving the patient

Clinical experts

- Pulmonologist, pain CNS, WOCN, social worker, ergonomist, dietician, physical therapist and more...

CASE STUDY

Challenges

- Dignity
- Accommodation, supportive friends and family members,
- Prevention of immobility-related complications including attention to skin integrity and airway

Prevent caregiver injury among aging staff members.

**MORE ON CAREGIVER
INJURY...**

CASE STUDY

Two days before the patient's death over 30 people were at the bedside providing emotional support. Despite progressive deterioration of the patient's physical condition, the pressure ulcer did not deteriorate, the skin tears healed completely this became...

CASE STUDY

...a satisfaction study

- No further injuries
- Satisfaction narratives
- Reverse performance improvement project

SUMMARY

What we know

What we don't know

Barriers to care exit

Accommodation and communication may be first steps in respecting the voice of the voiceless

