

VIEWS & REVIEWS

NO HOLDS BARRED

Margaret McCartney: Fat doctors are patients too

Margaret McCartney *general practitioner, Glasgow*

The new Belgian health minister, Maggie De Block, is a former GP. She also reportedly weighs 20 stone (127 kg), prompting critics to claim that she is unsuitable to manage a portfolio that includes reducing obesity.

Recently, England's chief medical officer, Sally Davies, said that she was "perpetually surprised" at how many NHS staff were overweight. "How are they to have the impact on patients if they are not thinking about it for themselves?" she asked.¹ Meanwhile, Simon Stevens, chief executive of NHS England, has told staff to join gyms and weight loss clubs, to "fight against obesity."²

The message for doctors is clear: don't be fat. But obesity is complicated. It is closely related to mental distress,³ including depression.⁴ Unlike drinking excessive alcohol, smoking, drug misuse, or unprotected sex, this "unhealthy" predilection is hard to hide.

Overweight and pregnant women talk of stigma and of "humiliation" during antenatal care.⁵ Patients feel shame and a reluctance to talk about their weight, despite a strong sense of personal responsibility.⁶ And almost a quarter of nurses in a North American study said that they were repulsed by caring for obese patients.⁷

Healthcare staff are patients too. We professionals, who deal daily with the consequences of obesity, have weight problems ourselves; knowledge doesn't make us immune. Much has been made of US studies purporting to show that patients trust fat doctors' advice less: but these were theoretical studies⁸ that did not examine patients in long term relationships with their own GPs.

The NHS can be a toxic environment. Shift working is a risk factor for obesity,⁹ and less than a third of doctors working them manage regular meals.¹⁰ Meanwhile, fast food franchises selling energy dense foods have gained a firm foothold in NHS hospitals.¹¹

Weight loss interventions in primary care yield clinically insignificant reductions in weight¹²; but, of people invited to typical non-NHS weight loss programmes, only 1% have sustained their goal weight after five years.¹³

It would be better to concentrate on healthy work environments. The NHS should promote the health benefits of cycling, by committing to having most employees cycle to work, promoting

safe cycle lanes, and ensuring bike storage and shower facilities.¹⁴

We should not assume that fat doctors are bad doctors or are "not thinking about it." Those of us who have gained, lost, gained, lost, and gained weight again are only too aware of our failings. The medical profession should be tolerant of these—the same problems that our other patients face.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I'm a part time undergraduate tutor at the University of Glasgow. I've written a book and earned from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013.

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Cite this as: *BMJ* 2014;349:g6464

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