



VIEWS AND REVIEWS

THE BOTTOM LINE

Partha Kar: Dieting and body shaming

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Give this a try. Walk up to someone you love or like. Pick someone who, in your eyes, looks “overweight.” And then say, “Shame on you for not eating the right things. You will die early, and you deserve to.”

Many things would stop you doing this: most importantly, common decency, but also recognition of the importance of not judging others against your own situation, economic status, or cultural background. And yet body shaming is treated by some sectors of society as if it were perfectly normal and even acceptable. Social media show that healthcare professionals are not exempt either, with quick judgments about others’ bodies not entirely uncommon.

Put simply, body shaming is not acceptable. This is not some politically correct statement, and no “but,” no justification, is needed after it. We don’t live the lives of others, and so we do not have the authority to lecture them.

Datasets continue to show the effects of socioeconomic divides on what people eat and what they can afford to eat. Brushing that evidence aside indicates a perspective where “our view” of the world is what matters most, not anyone else’s. For people standing in line at a food bank, without the option of having to worry about whether they should be having both eggs and bacon, a tin of beans can be like manna. We should not smirk in disdain at the food choices made by people in very different circumstances from our own.

Doctors can provide information to help people with their choices, but we need to then let adults decide, given that information, what they want to choose, what they can afford, and what they can sustain. The question of what diet works best

to tackle obesity and to put type 2 diabetes into remission, and what dietary advice should be promoted by official sources, has prompted fierce debate. Academics are trying to use randomised controlled trials to answer the question, and individuals are themselves trying out low carbohydrate diets. The work on low carbohydrate diets is fascinating, and seems to have real potential. But we need to make sure it doesn’t just become a bubble of enthusiasm generated by a small group of people who are wealthy enough to have real choice over what they eat.

Care for people with type 2 diabetes care is changing, and there is no doubt that what was once labelled as a progressive and irreversible disease is now looked at something that can, in certain people, be put into remission. That’s a fundamental change, and so, alongside the usual drug treatments, we need to be able to put all the dietary options on the table, from low calories to low carbs, and give people the ability to choose the approach that is right for them. The big question is what choice is actually possible in circumstances of socioeconomic deprivation.

The best diet in the world is the one you can tolerate, sustain, and afford. Until the day we bring affordability to a uniform level, judging others is futile and a whole lot of wasted time.

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