Medical education may have some room for improvement on how we communicate about patients in larger bodies or with obesity/overweight; unfortunately, our curriculum can inadvertently perpetuate bias. For some background, please see this AAMC perspective by Dr. Fatima Cody Stanford ([Shame on us for shaming people with excess weight | AAMC](https://www.aamc.org/news-insights/shame-us-shaming-people-excess-weight?utm_source=sfmc&utm_medium=email&utm_campaign=aamcnews&utm_content=newsletter)).

Some suggested approaches to minimize weight bias include:

* Use patient first language; rather than “obese person” use “person with obesity”
* Eliminate stigmatizing language such as “fat”, “morbidly obese”; instead, consider “excess weight” “larger bodies” and person first language as above

*\*\*note that there has been a move to embrace the word “fat” by individuals who identify as in that way, however, for our curriculum, it is important to use more neutral terms*

* Embrace the use of images of diverse body sizes in our curricular materials, however, it is important to be cognizant of the ways in which images can dehumanize people with obesity. Some examples given by students at our school include
  + Images that are taken surreptitiously of individuals with larger bodies
  + Images without faces
  + Images that display stereotypical behaviors, such as a person with obesity overeating
  + Images that portray obesity on inanimate objects
* Examine how social determinants of health may impact WHO is is impacted by obesity/overweight; for example, food insecurity may impact food choices, in addition to chronic stress and the impacts on insulin homeostasis

\*\*Consider taking the weight implicit association [test](https://implicit.harvard.edu/implicit/takeatest.html); knowledge of our implicit biases is an important first step in mitigation.