

the Obese in Hospitals

by Barbara Thompson



I had an incredible pain in my side. I had no idea what was causing it and I was scared. I went to the emergency room of my local hospital and waited. Eventually I was seen by a young doctor, who after examining me muttered something under his breath. I was sure that what he muttered was, “The three F’s.” The three F’s! My mind raced trying to think what diseases started with the letter “F.” Finally I timidly asked him, “Doctor, what are the three F’s?” The doctor looked up rather startled. I don’t think he realized that he had spoken out loud. He half laughed and said, “The three F’s? Why it’s Female, Fat and Forty. You are the typical profile of someone who has gall bladder disease.”

are they the Mistreated Majority in Your Hospital?

So there I was, in pain and humiliated. I had been reduced to a profile of female, fat and forty. He was right, I was female, fat and forty, but the truth hurt and what hurt more was that profile of the three F’s was all that doctor could see in me.

In a 1992 study of medical students, 57% said the obese are lazy, 52% said they are sloppy, and 62% said they are lacking self control. But after instruction in obesity sensitivity, those numbers improved and continued to show improvement after a year.

Discrimination against the obese has been well documented in three areas: social, employment and health care. And of the three, it is health care that is the most dangerous. An anti-fat bias can directly effect treatment. Hospitals without proper facilities for patients, without staff training on the proper handling of patients, and with staff who are biased against the obese are risking patient safety. In a study that appeared in *Perceptual Motor Skills*, 48% of nurses said they feel uncomfortable caring for obese patients and 31% prefer not caring for them at all.

Lisa was in the hospital recovering from knee surgery. Her doctor recommended that she have both knees done at the same time because if she didn’t, the pain from the first would keep her from having the second knee done. Her room had neither a bariatric bed nor a lift. A single nurse was getting Lisa out of bed when she dropped Lisa on her knees. Lisa lay there on the floor crying, exposed, unable to get up. The nurse

called for help and when an orderly walked into the room, he took one look at Lisa on the floor and said, “Hey you’re a big one, aren’t you?”

“I cried for two days,” Lisa recounted. She had to have another surgery to repair the damage done in the fall. “My sister said I should have sued, but I was too embarrassed to stand up in court to tell my story. I was too ashamed of myself.” And it is this attitude of shame that leads few to report mistreatment.

There are many health conditions that are associated with obesity. Among them are diabetes, heart disease, respiratory problems, certain cancers, acid reflux and high blood pressure. Eighty percent of obese adults have one of these conditions. Therefore it should be no surprise that a 2003 study in the *Southern Medical Journal* showed the population of obese in hospitals to be as high as eighty-one percent.

According to a report in a 2003 issue of *Health Management News*, the obese spend 37% more on health care annually than a normal weighted person. The obese are as deserving of good treatment as anyone else.

It is incumbent upon hospitals to ensure that all of their patients are receiving the best possible care.

Many of these patients arrive at the hospital and are not under a doctor’s care. A 1994 report in the *Archives of Family Medicine* showed that 55% of women with a body mass index (BMI) of 35 or above reported that they delayed or cancelled a doctor’s appointment because of embarrassment over their weight.



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"When I was undergoing my pre-op tests," reported Anna of Philadelphia, "I went to my neighborhood hospital to have my upper GI done. I was in the dressing room getting gowned up when one of the nurses shouted my name from the hallway and asked me how much I weigh. Well, I didn't answer. She then came and knocked on my door and again loudly asked my weight. I informed her that I did not wish to make my weight public knowledge for the entire hospital and whispered that I was currently 359 pounds. She scurried away, telling me to wait right there. She returned a few minutes later and said to me, 'I'm sorry, but you are too big for our table. It will only hold up to 300 pounds. There are very sensitive microchips imbedded in the table that will be crushed if you get on it, and that's a \$40,000 table!' I just looked at this woman, dumbfounded by her insensitivity and lack of professionalism. I blurted out, 'Do you mean to tell me I'm the first fat person to come to this hospital to have this test done?' I must admit I said it rather loudly! Now she was the one embarrassed. She started stumbling over her words and told me, that no, I was not the first. 'So how did you do the test on the others then?' I asked. 'They had to stand up,' she said. Getting more agitated I said, 'So I'll stand!'"

"I am not one who would normally stick up for myself in a situation like this. Normally I would have dressed and quickly left the hospital without having the test done and sat and cried in my car. But I had already gained so much self-esteem from my interactions with the excellent staff at the bariatric practice and with great support from others who had had their surgeries there, I knew I was entitled to have this test done, just as any other person would be."

Yet there are wonderful stories of caring and compassionate care, such as this one from Cheyenne from Alaska. "I was morbidly obese and had to have my gall bladder removed. I was in terrible pain and having trouble getting up to go to the bathroom. The nurse would come in to help, always so kind and caring. She would run her fingers across my forehead or just touch my face in such a comforting way. It reminded me of when I was little and my mother cared for me. It helped me to relax and feel that I was being cared for. It meant so much to me. There was one episode where I was unable to make it to the bathroom in time and had an accident. I was so embarrassed and kept apologizing. The nurse looked me square in the eye and said "Please, honey, this is my job and I don't have a bit of a problem taking care of it." She treated me with such respect and dignity and I will never forget her."

In March 2004, Press Ganey Associates issued a report of data taken from more than 300,000 patients from 1,326 hospitals. In rating the satisfaction level of their hospital stay, patients rated the friendliness and courtesy of the nursing staff second only to the skill of their doctor. Patients have a basic expectation that nurses will be skilled. It is how they are treated by the nursing staff that matters. ■



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Because Surgery is only the Beginning.



Here are some things that patients can do to improve their hospital stay:

- Insist on equitable treatment. If you are denied care or are receiving substandard care because of your weight, contact the Director of Nursing or the Patient Advocate. Then contact your doctor.
- Give hospital personnel the benefit of the doubt. If you have received bad care in the past, don't assume that you will receive bad care from everyone. If you approach the staff with a positive attitude, you will probably find that attitude echoed.
- If you are being treated with disdain because of your weight, document the incident and the staff member's name, and contact the Director of Nursing or Patient Advocate.
- When you do receive good care, write the staff member a note after your discharge. Nursing is a very demanding profession. A few words of appreciation can make the person realize that their extra efforts were noticed and valued.

Here are steps that hospitals and health care professionals can take to ensure quality care of obese patients:

- Require obesity sensitivity training of all personnel; not just a nursing conference of 50 participants, but all staff.
- Have sufficient equipment such as beds, lifts, bathrooms, scales, wheelchairs, gowns, and chairs that are designed for those weighing over 500 pounds. This safeguards not only the patient but protects the staff from injury.
- As a nurse, introduce yourself with a smile and sit down at eye level with the patient. This builds trust and patients will be more compliant if they trust you.
- Thoroughly communicate care, procedures and any information regarding an obese patient's condition to the patient without embarrassment and reproach.
- Touch patients. It is therapeutic and shows compassion.
- Never announce a patient's weight so that others can hear.
- Ask the patient what you can do. Addressing what the patient needs while you are there will help to eliminate patients buzzing for it later or the nurse having to call the doctor.