

Best practice in initiating discussion around weight in health professional consultations with people living with obesity.

Principles and Recommendations for Healthcare Professionals

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Background

Initiating conversations about weight with patients is a sensitive yet important aspect of healthcare and represent a complex intersection of medical science, communication skills, personal values, and social dynamics. Effective communication can lead to better health outcomes, while insensitive approaches may cause harm. Part 1 of this report presented a rapid review of literature that described the current landscape of weight-related clinical conversations, highlighting challenges, effective approaches, and areas for improvement in clinical practice. This analysis identified several key themes across within the literature around this issue which included:

- Weight stigma and bias remain prevalent in healthcare settings, significantly impacting both provider approaches and patient experiences.
- Healthcare professionals frequently report insufficient training and confidence in conducting weight-related conversations effectively.
- People living with obesity express clear preferences for non-stigmatising language, recognition of complexity, and collaborative approaches.
- Structural barriers—including time constraints, inadequate training, and limited resources—hinder effective weight-related clinical conversations.
- Person-centred communication strategies, particularly motivational interviewing techniques, show promise in improving the quality and effectiveness of weight discussions.

Effective weight-related conversations require a delicate balance: acknowledging the health implications of excess adiposity while avoiding stigmatisation; providing expert clinical advice while respecting patient autonomy; and addressing individual behaviours while recognising the complex biological, psychological, and social factors that influence weight.

Part 2 of the report provides an overview of existing guidance on the when and how to introduce discussion around weight into a health professional consultation with an adult living with obesity. Recognising the sensitivities of the issue, many health professional agencies and organisation have produced guidelines or recommendations for health professionals on this topic. We undertook a search of the academic and grey literature using Google and Google Scholar to identify existing guidance and produce a consolidate set of principles and recommendations on initiating discussion around weight during clinical consultations with adults living with obesity. We attempted to identify agreed approaches and consistency in advice which was then reviewed by a lived experience forum and a panel of health professionals experienced in the management of obesity to ensure appropriateness and relevance. Appendix 1 shows that there was a high degree of agreement between the guidance provided by the various organisations.

The following summary provides key themes or recommendations from this process. It should be noted that this guidance relates to interactions between health professionals and adults living with obesity and that discussions around weight with adolescence and the families of children living with obesity will require different guidance.

Understanding the Importance of Sensitive Weight Discussions

Weight is a complex and sensitive topic influenced by various factors, including genetics, environment, and psychological aspects. Understanding and recognising this complexity is crucial for health professionals to approach the subject without bias or judgment.

Building a Foundation of Trust

Establishing Rapport

Before delving into weight discussions, it's vital to build a trusting relationship with the patient. This involves active listening, empathy, and creating a safe environment where the patient feels comfortable sharing personal information.

Using Person-First Language

Language plays a major role in how patients perceive weight discussions. Using person-first language (e.g., "person living with obesity" instead of "obese person") respects the individual's identity and reduces stigma. It may be preferable to identify a term that patients themselves find most comfortable to use in discussions of their weight status as this can be a very individual perspective. For example, some patients may prefer terms such as "high BMI", "larger body", "larger size" as the term obesity can be seen as loaded or judgemental.

Initiating the Conversation

Seeking Permission

Before discussing weight, ask for the patient's permission. This respects their autonomy and sets a collaborative tone. For example, "Would it be okay if we talk about your weight today?" It is also important to continue to check with the patient that they remain comfortable during any discussion on weight issues.

Understand that people will have varying priorities and pressures at different periods in their life. If a patient declines the invitation to discuss their weight issues, respect their autonomy, acknowledge that our understanding of the science of weight control has evolved, and gently offer to revisit the conversation if they're open to learning about new treatment options at a later time.

Contextualising the Discussion

Linking weight to specific health concerns can make the conversation more relevant and less confrontational. For instance, discussing how weight may impact blood pressure or diabetes management provides a clear rationale for the discussion. Having made the connection between weight and health, be prepared and equipped to discuss the range of options around weight management to help improved health outcomes.

Employing Effective Communication Techniques

Motivational Interviewing

Motivational interviewing is a patient-centred approach that encourages individuals to explore and resolve ambivalence about behaviour change. This technique involves open-ended questions, reflective listening, and affirmations to support the patient's motivation.

Avoiding Judgmental Language

Avoid language that may be perceived as blaming or shaming or may create negative self-worth. Focus on health and well-being rather than appearance. For example, instead of saying "You need to lose weight," consider "Let's discuss ways to improve your health". Include recognition of patient's previous achievements, instead of focussing on where things have gone wrong.

Addressing Weight Bias and Stigma

Recognizing Personal Biases

Health professionals must be aware of their own biases and how these may affect patient interactions. Engaging in self-reflection and seeking training on cultural competence can help mitigate these biases.

Creating a Supportive Environment

Ensure that the clinical setting is welcoming and accommodating for individuals of all body sizes. This includes educated reception staff and having appropriate equipment and seating, as well as displaying inclusive health materials.

Collaborating on Weight Management Plans

Setting Realistic Goals

Work with the patient to set achievable and individualised goals. Emphasise small, sustainable changes (e.g. 5-10% of body weight) rather than drastic weight loss. Celebrate progress to maintain motivation.

Providing Resources and Referrals

Offer educational materials and refer patients to other health professionals training to deal with weight issues such as dietitians, psychologists, or support groups as needed. Collaborative care enhances the support system and addresses various aspects of weight management.

Navigating Challenges in Weight Discussions

Time Constraints

Given the limited time in consultations, prioritise key messages and consider scheduling follow-up appointments dedicated to weight management discussions.

Patient Readiness

Assess the patient's readiness to change and tailor the conversation accordingly. For those not ready, provide information and express willingness to discuss further when they feel prepared.

Lived experience response

Time constraints

- Unanimous agreement

Patient readiness

- The power is with the patient when they are prepared to consent to the discussion
- Men might find it a hurdle to be ready and require time to reflect to “let things sink in”.
- “Stages of change” model may be applicable here. Identify where the patient is by analysing critical language as many of us are in denial. Read the signs from the patient and then take action using the most

appropriate approach.

Emphasising a Holistic Approach

Address weight within the broader context of overall health, including mental well-being, physical activity, nutrition, and sleep. This comprehensive perspective reinforces the importance of balanced health rather than focusing solely on weight.

Conclusion

Discussing weight with patients requires sensitivity, empathy, and a patient-centred approach. By building trust, using respectful language, and collaborating on individualised plans, health professionals can effectively support their patients in achieving better health outcomes. Ongoing education and self-awareness are key to enhancing these conversations and reducing weight-related stigma in healthcare settings.

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Appendix 1.

Comparison of Recommendations on Discussing Weight with Patients

Theme	Agreements (Common Recommendations)	Disagreements / Differences in Emphasis	Sources Supporting
Asking Permission	Most sources recommend asking the patient for permission before starting a conversation about weight.	Some US-based resources frame permission as optional if the discussion is clearly linked to a clinical issue.	RACGP, Jean Hailes, NIDDK, APA, Practical Health Psychology, UK Toolkit, Obesity Collective, Diabetes Qualified
Use of Respectful, Non-Stigmatising Language	Universally emphasised – use person-first language (e.g., “person with obesity”), avoid labels like “fat,” “obese.”	Some older clinical documents don’t stress this as strongly as newer, more patient-centered resources.	APA, RACGP, Jean Hailes, Obesity Collective, JAND, Winnett Specialist Group, NIH WIN, UK Toolkit
Motivational Interviewing (MI)	Widely recommended: Use open-ended questions, reflective listening, goal setting, affirmations.	Not mentioned in all sources—some focus more on practical advice than behavioural counselling techniques.	Practical Health Psychology, RACGP, NIDDK, UK Toolkit, APA, Obesity Collective
Linking Weight to Health Outcomes	Agreed: Focus the discussion around how weight may affect specific health issues, like diabetes or joint pain.	Some sources warn not to over-medicalise or make assumptions; weight is not always the root problem.	Jean Hailes, RACGP, NIDDK, Winnett Specialist Group, UK Toolkit, Clinical Options, APA
Avoiding Shame and Blame	All sources emphasise avoiding judgment. Discussions should be supportive and curious, not prescriptive.	Some US clinical guides focus more on compliance and less on emotional safety, though this is changing.	RACGP, APA, Jean Hailes, Practical HP, Obesity Collective, Winnett Specialist, JAND
Addressing Weight Bias in Healthcare Providers	Encouraged: Self-awareness of internalised weight bias and training to mitigate it.	Not all sources directly address clinician bias. It’s more prominent in psychology/public health sources.	APA, Jean Hailes, Obesity Collective, Deakin Blog, Practical Health Psychology, NIH WIN
Patient Readiness and Stages of Change	Broadly recommended: Tailor the conversation based on whether the patient is ready to change.	Not all guides explicitly reference the Stages of Change Model or Prochaska’s theory.	Practical Health Psychology, RACGP, UK Toolkit, Clinical Options
Practical Tools and Resources for Follow-Up	Most guides recommend offering referrals, printed handouts, or digital tools post-conversation.	US resources tend to offer more structured toolkits, while AU/UK favour conversational models.	NIDDK, Rethink Obesity, UK Toolkit, Obesity Collective, Jean Hailes
Individualised Care Plans	Common: Support behaviour change via tailored diet,	Some sources place less emphasis on weight loss per	APA, NIDDK, Obesity Collective, RACGP, Jean Hailes

Cultural Sensitivity and Trauma-Informed Care	Recognised as important: Be sensitive to culture, gender, past trauma. Use inclusive materials.	Emphasised more in Australian/psychological sources. Medical/clinical guides are sometimes less detailed.	Jean Hailes, Obesity Collective, Deakin, APA, UK Toolkit
Clinical Triggers for Weight Discussion	Suggested: Use clinical triggers like BMI, blood pressure, or lab values to initiate a conversation.	Some warn that focusing too much on BMI can miss the bigger picture of patient well-being.	RACGP, NIDDK, Clinical Options, Rethink Obesity, JAND
Using Visual Aids or Charts	Recommended in structured resources. Helps objectify the conversation.	Not emphasised in softer or more conversational approaches.	Rethink Obesity, UK Toolkit, NIDDK
Follow-up and Continuity	Important: Revisit conversations over time; weight management is a long-term issue.	Some guides mention follow-up explicitly, others imply it.	RACGP, NIDDK, APA, Jean Hailes, UK Toolkit
Avoiding Assumptions About Diet and Activity	Strong agreement: Don't assume poor habits based solely on appearance. Ask instead.	More emphasised in psychology and weight bias literature.	Jean Hailes, Obesity Collective, APA, NIH WIN, Deakin Blog