

Chapter 6

Health Professionals' Attitudes to Obese Patients and Ethical Problems Experienced

Meryem Türkan Işık

Faculty of Nursing, Mersin University, Turkey

Gülay Yıldırım

Department of History and Ethics, Sivas Cumhuriyet Üniversitesi, Turkey

ABSTRACT

Obesity is one of the health problems that threaten humanity considerably. In our country, considering the right to healthcare of each individual, earned by birth, they have a right to receive an equal and just healthcare. Obese individuals may suffer from negative attitudes of health professionals in providing protective health services and inpatient treatments. In this chapter, the aim was to draw attention to ethical conflicts between obese individuals and health professionals in the process of their healthcare and raise awareness of these problems.

INTRODUCTION

World Health Organization (WHO) reports that obesity in society has nearly increased three fold ever since 1975 and in 2016 more than 1.9 billion adults (39%) were overweight and 600 million of (13%) them were obese (WHO 2018). Obesity, developing in individuals by excessive fat mass in proportion to body size, has become one of the biggest problems of the world (WHO 2018). It was estimated that obese population in Türkiye is by 19.6% of the general population (TSI 2018). All these findings indicate that obesity-prevalence has been increasing over Türkiye as well as the world (Turkish Statistics Institution TSI, News. Number: 31/2017, 7 June 2017.accessed: https://www.tuik.gov.tr/basinOdasi/haberler/2017_31_20170607.pdf; Satman et al. 2010)

Obesity has created significant concern in health services and been emphasized in the provision of health services more and more. Obesity is described as an illness in health policy literature. According to

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the standard disease term in medicine philosophy literature, obesity is not a disease but is a crucial risk factor for diseases. According to social disease understanding, obesity is considered not only as a public health problem but also as an illness (Hofmann, 2016). Although obesity is a disease, it is accompanied by many physical diseases such as hypertension, Type 2 diabetes mellitus, cerebrovascular accident, muscle-skeleton pain, sleep apnea, breast-ovary-endometrial-prostate-and-colon cancers (Kalan, I., & Yeşil, Y. 2010, Hofmann, 2016, WHO 2018).

In social terms; obesity is thought as a lifestyle, eating addiction (Berdah, 2010), lack of character, weak will power and inability to take personal responsibility (Greener, Douglas, & van Teijlingen, 2010; Puhl, & Heuer, 2009). These properties of obesity are the reasons for health professionals to develop negative emotions against obese patients such as prejudices, stigma, discrimination and social exclusion and to spare less time for obese individuals. These emotions lead to insufficient medical approaches, avoidance from patient-centered practices, problems in allocating limited resources, a decrease in quality of life. Besides; these negative emotions also cause individuals to be unwilling to benefit from health services or to discontinue treatment; as a result they are hindered to utilize legal right to health services and patient safety is risked. To create a safe zone for hospitalized obese patients to move is one of the problems experienced. To create an area where obese patients can safely move is seen as a concern at health institutions. Health professionals should identify physical inactivity for obese individuals, regard it as one of their health risks and be aware of treatment approaches of this population (Barr, Cunneen, 2001). Similarly; it should be kept in mind that in clinical settings, health professionals should be patient advocates that do not harm patients, provide benefits, protect patient's autonomy, justice principle and put non-judgmental attitudes into practice.

Besides, it is seen that obese individuals suffer more from conditions that threaten their psychological health as compared to normal weight individuals, are more dissatisfied with their bodies and abstain from social relations more. By threatening life, these psychological problems reduce obese individuals' quality of life, impair their body images, result in social isolation, depression and anxiety and decrease their self-esteem (Besler et al. 2010, WHO 2018). As a result of increasing chronic diseases among obese individuals, it is known that they attend health facilities more frequently.

In this respect; obesity is both a risk factor for chronic illnesses, a crucial public health problem that aggravates the process and an economic burden (Obesity and the Economics of Prevention Fit not Fat ed. Sassi F. 2010 OECD Publishing.). If obesity is handled -particularly- in food supply and marketing system as a social determinant, a wise and rehabilitative health policy that will secure health of obese population can be designed. In obesity treatment, biomedical solutions are used, too and it is known that these solutions may pose as serious side effects. Instead of dealing with social problems with biomedical methods; measures taken in line with health policies can contribute more to obese individuals' health status and welfare (Hofmann, 2016).

In conclusion, obese individuals may undergo negative attitudes of health professionals in the provision of protective health services and inpatient treatments; which may—in turn—produce ethical problems. In this chapter, the aim was to draw attention to ethical conflicts occurring between obese individuals and health professionals in the process of their health care and to raise awareness of these problems.

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