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People-First Language for Obesity

Bias and discrimination against people with obesity is well documented. Research has demonstrated substantial impact on personal relationships, educational attainment, professional achievement, and healthcare delivery. Further, studies have shown that a description of a person as "obese" is sufficient to cause discrimination in the absence of any meeting with the person in question. Describing individuals as obese as opposed to having obesity could have negative impact on how people view them.

People-first language has been widely adopted for most chronic diseases and disabilities, but not obesity. It has become the accepted norm in addressing people with mental and physical disabilities. The rules of APA Style calls for language in all publications to "put people first, not their disability" and to "not label people by their disability." Likewise, the AMA Manual of Style requires authors to:

“Avoid labeling (and thus equating) people with their disabilities or diseases (e.g., the blind, schizophrenics, epileptics). Instead put the person first. Avoid describing person as *victims* or with other emotional terms that suggest helplessness (*afflicted with, suffering from, stricken with, maimed*). Avoid euphemistic descriptions such as *physically challenged* or *special*.”¹

As an example, they advise authors to refer to persons with diabetes, rather than diabetics.

Feldman and colleagues² found that people-first language affects attitudes and behavioral intentions toward persons with disabilities. Increasingly, the norm has become for people with conditions such as autism, diabetes, or asthma to be described as people first, and not defined by their condition. A verbatim web-based search for people-first and condition-first language yields significantly more results for people-first language than for condition-first language with respect to each of these conditions.

However, the results for obesity are precisely the opposite. Searches were performed, using Google web search, for "People with Autism" and then for "Autistic People," repeating the process for each medical condition. Results are summarized in the table below.

Condition/Adjective	People First	Condition First
Autism/Autistic	4,030,000	579,000
Asthma/Asthmatic	3,570,000	125,000
Diabetes/Diabetic	4,920,000	230,000
Obesity/Obese	218,000	2,710,000

Referring to individuals as ‘obese’ has been shown to influence how individuals feel about their condition and how likely they are to seek medical care. In a study conducted by Puhl (2012) and colleagues, people preferred that health providers use the terms ‘weight’, ‘unhealthy weight’, and ‘weight problem’ and reported these terms



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to be more motivating for weight loss and less stigmatizing than being referred to ‘fat’, ‘obese’, and ‘extremely obese’. When asked how they would react if they felt a doctor had stigmatized them about their weight, 19% reported they would avoid future medical appointments, and 21% would seek a new doctor (Puhl, 2012).

Labeling individuals as obese creates negative feelings toward individuals with obesity, perpetuates weight bias, and must be avoided. Health care providers who use respectful communication with their patients, such as people-first language, create positive, productive discussions about weight and health. We call upon authors and editors of scholarly research, scientific writing, and publications about obesity to use the same rules that are the norm for referring to individuals with other disabilities, diseases, and health conditions: the use of people-first language.

References:

¹Iverson C, Christiansen S, Flanagin A, et al. *AMA Manual of Style*. 10th ed. New York, NY: Oxford University Press; 2007:416-417.

²Feldman D, Gordon PA, and Weber C. The Effects of People-First Language and Demographic Variables on Beliefs, Attitudes, and Behavioral Intentions Toward People with Disabilities. *J Appl Rehab Counsel*. 2002;33(3):18-49