

STIGMA AND BIAS IN CHILD AND ADOLESCENT OBESITY



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I have been working in the field of childhood obesity assessment and management for the past 15 years and there are a number of key moments that always stick in my mind. These situations have assisted me to reflect on my own clinical practice, to learn more regarding the complexity of obesity and to become more passionate about protecting children's rights regardless of their size, shape or ability. One such memory is outlined below.

A 5-year old boy Jamie (for the purposes of this piece) came to visit me in clinic for the first time and I started the session by

welcoming him and his mum, by letting him pick a game to play from our toy-press and by finding out what his favourite games were. As our discussion progressed and Jamie and his mum settled in, I began asking mum clinical questions related to his birth history and his development in the first few years. I asked Jamie whether he was looking forward to coming to see me or whether he was worried.

Jamie started to cry and sobbed that he was very worried when he went to bed the night before but wasn't worried now. Sometimes when children cry in clinic it can be a very positive release for them, especially if they have been holding on to previous hurts or wounds. On this occasion I was saddened that he would be so anxious about visiting the hospital and in many cases of this sort a parent would decide not to bring the child in. In this situation mum had comforted him and trusted in the hope that this visit would be different. Mum explained that he had a very negative experience with another health

professional where his physical health was being checked. The health professional asked him to lift up his t-shirt and seeing stretch marks (striae), commented – ‘that’s disgusting’ while prodding him dismissively.

The image conjured up by this report upset me. I found it a challenge to contain my rage at hearing this report, but I made it very clear that this experience was completely wrong and Jamie should never have been treated like that. I asked mum to consider making a formal complaint regarding the experience and I was comforted at the end of the session when Jamie said he would like to come back to see me again.

The experience shared by that little boy is a very awful example of how children with obesity can be disregarded, and treated with disrespect even by those highly trained paediatric health

professionals who are entrusted (and paid substantially) to offer healthcare. Such care should at the very least do no harm to the child (or parent) and ultimately should be compassionate and empathetic.

Parents can often feel powerless to complain as they feel vulnerable or even shocked when something like this happens. I believe that health professionals must always call-out these experiences when reported and never stand by if patients are treated with disrespect...especially very vulnerable patients like children and adolescents.

In my own personal and professional life, it has taken time to gain the confidence to gently highlight negative commentary, negatively biased attitudes or the use of stigmatising imagery by my friends and colleagues. It is also sometimes necessary to

address this with children themselves, their siblings or their parents where bullying and teasing because of size can take place within the home by those most close to the child.

I think practice is improving bit by bit, but we have a huge amount of work to do to train our health professionals on how to have fruitful, caring conversations with families about growth and obesity. In Children’s Health Ireland at Temple Street we are trying our best to train health professionals within CHI and around the country to address obesity sensitively and compassionately. We are committed to learning more so please do not hesitate to get in touch if you have an experience or story to tell. We find anonymous examples to be very powerful tools for teaching practicing and health professionals and trainees.

“Accept people regardless of their body size and shape. Emphasis should not be on physical appearance but all the various attributes that make up a person including personality, skills, and talents.

Children and young people are impressionable, so adults need to challenge their internal bias and use non stigmatising language and behaviour around children in order for the public narrative and weight bias to start to change”

-Niamh Arthurs RD, ASOI