Is Obesity a Disease? Does it Matter?

By Chuck Dinerstein — July 17, 2019

A short British Medical Journal opinion piece, formatted as a debate, asks whether obesity is a disease, pitting two vested interests against one another. [1]

Commonality

- Both sides agree that obesity is multifactorial, both genetic and environmental. They cite a variety of studies suggesting that 40 to 70% of obesity is genetic and that alterations in our environment, e.g., “food availability and cost, physical environment and social factors.” I would suggest that it is a mismatch between our metabolism, refined over eons and the more rapidly changing food culture – Nature didn’t design us for Big Macs and remote control of the television, we are out of sync.
- Obesity’s incidence is rising, and its fellow passengers, like diabetes, sleep apnea, mechanical stress of our knees and hips, and an increase in hormonally related cancers are the source of great suffering and are considered diseases in their own right.
- Obesity stigmatizes individuals.

Differences

- Possibly obesity should be considered a “risk-factor” rather than a disease, but this is more of an argument about word choice; a difference without meaning because many risk factors can be both lifestyle or disease.
- Medicalization, making obesity a disease, would allow for earlier intervention to reduce societal burdens. It would also open up opportunities for new tests and services, and might be a very costly option. And while it was not addressed, you can be sure that there will be a cost-benefit analysis on both sides of the debate.
But those differences were the appetizer for the real problem. When faced with a disease that has both a genetic and lifestyle component to what degree are people held accountable for their lifestyle choices? The proponents of obesity as a disease point to diabetes, another disease that is both genetic and lifestyle; pointing out that calling it a disease does not absolve individuals of personal responsibility “and people who do so have better outcomes.”

The proponents arguing against obesity as disease states

“Labeling obesity as disease risks reducing autonomy, disempowering and robbing people of the intrinsic motivation that is such an important enabler of change.”

This debate is an updated skirmish in the long-standing question of how nature and nurture interact. One side grounds their argument in their experience, suggesting that

“There is an important difference psychologically between having a risk factor that you have some responsibility for and control over and having a disease that someone else is responsible for treating.”

The other side quotes genetic and population studies and offers standardization [2] and guidelines.

For me, the value of the debate is that it strips away much of the buzz words, head fakes, and pretense and exposes the way we continue to wrestle with the ideas of free will and fate. It is difficult, if not impossible, to untangle the two poles of the argument. What do you think?

[1] The yes contingent study obesity, are officials of professional societies targeted at obesity and consult with others on this issue. The no contingent is a primary care provider in a practice that requires lifestyle changes, like weight loss and smoking cessation, before approving elective surgery and works on weight management services.

[2] This includes a staging system of obesity where an obese individual without complications would be considered Stage 0 – perhaps that is a quantified way of saying risk factor.

Source: Should obesity be recognised as a disease? BMJ DOI: 10.1136/bmj.14258

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