# Words Matter When Talking About Weight:
# Avoiding Bias and Stigma

The words HCPs use to discuss body weight shape whether a patient feels respected or judged.

Stigmatizing language weakens trust, reduces engagement, and may keep patients from seeking care.



Approximately 20% of adults would avoid future appointments or look for a new HCP if they felt stigmatized about their weight.[1]

## Aim to Make Good Language Choices When Speaking With Patients

### Lead With People-First Language: Name the Condition, Not the Person

People-first language puts the person before the condition—for example, "a person with obesity" rather than "an obese person." It frames obesity as a health condition rather than an identity.[2,3]

Sentence structure also matters. Making obesity the subject describes the condition; making the patient the subject turns obesity into a label.[4]

And when discussing severity, clinical language should convey a diagnosis, not a judgment.[4]

| Avoiding Labels in Language Choices | |
|---|---|
| **Use This** | **Avoid This** |
| **Person/patient with obesity** | Obese person, the obese |
| **Patient living with overweight** | Overweight subject |
| **Child with obesity** | Obese child |
| **Higher weight, higher BMI** | Fat, chubby, heavy |
| **Weight, unhealthy weight** | Large size, excess fat |
| **Obesity affects many of our patients** | Many of our patients are obese |
| **Class 3 (severe) obesity** | Morbidly obese |

### Know Language Preferences: "What Word Would You Like Me to Use When We Talk About This?"

Some terms used in discussing overweight and obesity cause stronger negative reactions than others. Patients prefer some terms, and other terms are undesirable.[5]

Preferences vary, so the best term is often the one the patient chooses. Ask which words patients prefer and mirror them during the visit—unless the term is self-critical or derogatory, in which case, model a neutral alternative.[6]

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**Patient Perspectives on Language for Discussing Overweight and Obesity[5]**

| Preferred | Undesirable |
|---|---|
| Weight, unhealthy weight, overweight, excess weight, high BMI, BMI, weight problem, higher weight | Super obese, chubby, extra large, extremely obese, fat, morbidly obese, big, obese, heavy, large, curvy, obesity, plus size, very overweight |

### Skip Alarm Words[3]

Dramatic language can exaggerate risk and place blame. Instead, describe the health concern in clear, neutral terms.

**Avoid Alarm**

| Neutral Language | Alarming Language |
|---|---|
| • Obesity can increase the risk of [specific condition]<br>• A health condition we can manage together | • The obesity epidemic, a plague<br>• A curse, a strain on the system |

## How You Approach the Conversation Also Matters

### Frame Behavior Without Blame

Common phrases about eating and activity can inadvertently communicate blame. Neutral, collaborative wording keeps the focus on health rather than personal fault.[4]

| Use This | Avoid This |
|---|---|
| What changes feel realistic for you? | You just need more willpower |
| Let's build a plan together | You must be more disciplined |
| Eating patterns, food choices | Cheating, being good/bad on a diet |
| Managing a chronic condition | Failing to lose the weight |

### Praise Health, Not Just the Scale[6]

It is important to remember the goal of weight management. Focusing only on the amount of weight lost suggests that is the only outcome that matters. Naming specific health gains—more energy, better sleep, easier movement, improved blood pressure or cholesterol—acknowledges progress apart from the number on the scale.

### Offer, Don't Order[6]

Framing advice as an invitation rather than a command gives patients space to participate. "Would it help to look at a few options?" opens a conversation; "You need to lose weight" shuts it down. Collaborative phrasing keeps patients in the conversation.

### Standardize Processes: Mind the Chart and the Team[7]

- Documentation shapes care. Use people-first and unbiased language in the chart because stigmatizing wording can influence how the next healthcare professional approaches the patient.
- Use standard diagnostic terms (eg, overweight, obesity) for billing and coding. Also use updated ICD-10 codes (E66.8, E66.9), which use preferred language (eg, Class 3 obesity) relative to prior codes (eg, Morbid [severe] obesity due to excess calories)
- Keep language consistent across the team. Front desk, rooming, and nursing staff should use the same respectful terms, so patients hear a consistent message.

**See available resources for more ways to improve obesity management across the care continuum.**


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