

Should we classify obesity as a disease?

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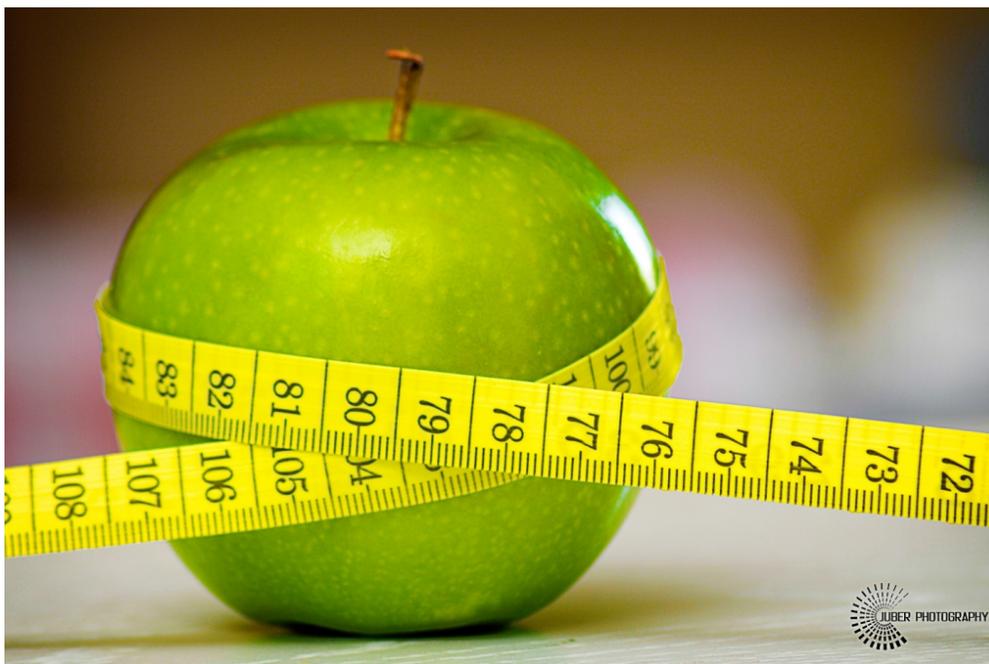
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In light of recent global developments in efforts to tackle obesity, [Dimitrinka Atanasova](#) outlines some of the arguments for and against classifying obesity as a disease. She argues that, as it stands, it is wiser to stick with the status quo of seeing obesity as a contributor to chronic diseases.



Obesity has been in the news quite a lot during the past few months. In August, the government released its long-awaited [obesity strategy](#), which was [heavily criticised](#) by health experts, MPs, and the CEO of Sainsbury's; and which also left healthy eating campaigner Jamie Oliver 'in shock'. The main critique has been that, with its focus on reducing sugar consumption and increasing physical activity, the strategy is far from Health Secretary Jeremy Hunt's February [promise](#) of 'robust action' on the 'national emergency' of obesity. What is more, the focus within this new plan remains on voluntary action, with the exception of a sugar tax [announced](#) back in March.

Indeed, a quick search in UK national and regional newspapers (available on [Nexis](#)) shows that, in the month of their respective announcement, the childhood obesity strategy was mentioned in 107 news articles and the sugar tax in 542. Yet a move that did not receive any coverage is an April 2016 [Written Declaration](#) launched by Members of the European Parliament calling for the European Commission and Council to work towards a Europe-wide recognition of obesity as a chronic disease.



This is not, in fact, the first such call. A [proposal](#) for holding a European Obesity Day to raise awareness about the health consequences of obesity first came out in 2009. A [European Obesity Day](#) was then organised in 2010 and 2011 saw its President, Jean-Paul Allonsius, [call](#) on the EU and member states to recognise obesity as a chronic disease.

Considering obesity a chronic disease is a change from the current definition of it as *a contributor to chronic diseases*, such as diabetes – a change that has already happened [in the US in 2013](#) and [in Canada in 2015](#). While it is uncertain how such EU-wide calls may impact a post-Brexit Britain, this would still be a development with potential ramifications for global health care.

But what would be the implications if Europe follows in these footsteps? Arguments in favour of recognising obesity as a chronic disease typically include an [improved rate of reimbursement](#) for drugs, surgery, and counselling – all of which help obesity sufferers financially. The strongest argument in favour has been that calling obesity a chronic disease will [reduce the stigma](#) that stems from [widespread misconceptions](#) that obesity is down to moral failing and lack of self-control, manifested in over-consumption and lack of exercise. The latter point in particular does not always stand up to scrutiny; recent [research has found](#) that medically themed newspaper articles on obesity in Britain and Germany identified ‘lack of perseverance’ as the primary reason for the failure of drugs and therapy to reduce weight.

[Arguments against](#) classifying obesity as a chronic disease include the point that people would have to be treated only because their Body Mass Index is above a certain threshold, even though they may be perfectly healthy. This weakness of basing decisions about one’s health on BMI has, in fact, received [much popular attention](#) and was among the main arguments against declaring obesity a chronic disease [presented](#) by the American Medical Association’s own Council on Science and Public Health. [Evidence](#) has also emerged that individuals can be ‘fat but fit’. Finally, in more severe cases, once obesity is seen as a chronic disease, individuals may be [denied employment or insurance](#).

In broader terms, what appears to be happening in this area fits wider trends where [new definitions or lowered thresholds](#) are turning millions of people into diseased overnight. This trend is perhaps most pronounced in the mental health domain, where the latest edition of the Diagnostic and Statistical Manual of Mental Disorders [defined](#) persistently collecting items and being distressed upon discarding them as the treatable illness ‘hoarding disorder’. The [path](#) that obesity seems to be following is one where the condition is being broadened to include a larger patient population and de-stigmatised by being given a less embarrassing name – people would rather have ‘overactive bladders’ [than be called ‘incontinent’](#) or, in this case, ‘obese’ instead of ‘fat’.

Classifying obesity as a chronic disease appears to be based on a flawed BMI tool that is ill-equipped to measure fat tissue versus muscle mass; the argument also seems to rest on the unsupported premise that calling it a disease will automatically reduce, if not remove, the stigma. Against this background, it might be wiser to stick with the status quo.

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Note: This article originally appeared at our sister site, [British Politics and Policy at LSE](#). It gives the views of the author, and not the position of EUROPP – European Politics and Policy, nor of the London School of Economics.

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About the Author

[Dimitrinka Atanasova](#) is a postdoctoral research assistant at the School of Languages, Linguistics and Film, Queen Mary University of London working on the Creative Practice as Mutual Recovery project. Her previous work examined obesity representations in online news. She is interested in health and science communication and tweets as [@dbatanasova](#).



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