Abigail Ladd Coaching

# **5 Tips to Survive Being** Weighed at the Doctor's Office

By Abigail Ladd • Book Time With Me •

## Summary

This FREE PDF is to support fat people and thin allies of fat people to navigate the healthcare system and advocate for quality care.

Working in the medical system, I learned a lot of ways to ensure my patients received the care they deserved. Weight stigma in medical providers is a huge barrier to healthcare for fat people. I wanted to create a document to share what I learned from weight-inclusive providers, therapists, and eating disorder specialists to advocate for fat people's healthcare!

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## Why Do Medical Providers Weigh You?

Most people don't know you can refuse to be weighed when you go to a medical appointment and that is because a) you have been weighed since birth and b) medical providers often give you a ton of pushback when you ask not to be weighed (especially if you're fat). *Because of the power imbalance* between you and the provider, it can feel like if you refuse, you'll lose access to medical care.

Please note, this section is not to excuse the behavior or treatment of providers toward fat people but to help remove the power imbalance between fat people and their providers. If you can better understand where a medical provider is coming from, you can better advocate for yourself during a medical visit.



**So, why do medical providers weigh you?** It's not *only* to record your BMI or counsel you on weight loss.

When doctors weigh you and tell you weight is a *"vital sign,"* what they mean is they want to measure the water in your body and see if there are any sudden fluctuations. Weight is not reflective of

just body fat, but total body water. BMI and weight are not perfect measures because they don't directly assess body fat. Muscle and bone are denser than fat, so they can overestimate body fat in people with high bone density and muscle mass or underestimate it in people who have low bone density and muscle mass.<sup>1</sup> So, keep that in mind. Sometimes weight fluctuation is the first sign of a developing condition, such as heart failure, kidney failure, liver failure, etc. Now, this is not just the normal fluctuations of a few pounds (it is normal for your weight to fluctuate a few pounds daily depending on what you eat or drink), but more significant fluctuations. Your provider should know the difference between a sudden change and normal fluctuation, but to see that, it is helpful for them to know your "normal weight range<sup>2</sup>".

If you are in a larger body and your weight suddenly fluctuates down (dropping weight) your provider might just assume you are pursuing weight loss and advocate for more weight loss instead of checking for another medical issue. If you are having symptoms, push for other kinds of testing! (see <u>helpful</u> <u>redirections</u> for support)



And if you are in recovery from an eating disorder, weight gain is a normal part of recovery, so a sudden increase in weight is probably just healthy weight gain. So, be sure to inform your provider of your recovery if they don't already know about it.

While it is important to understand where providers are coming from, there is no right or wrong choice here. It is all about how comfortable you are with being weighed. Weight fluctuations are not the *only way* to detect these medical conditions. So, if being weighed will escalate disordered behaviors, **don't do it.** 

<sup>&</sup>lt;sup>1</sup> <u>Harvard Health. (2016, June 16). *Is body mass index (BMI) still the best measure of body fat?* <u>https://www.health.harvard.edu/womens-health/is-body-mass-index-bmi-still-the-best-meas</u> <u>ure-of-body-fat</u></u>

<sup>&</sup>lt;sup>2</sup> Miller, K. (2017, March 1). *The Surprising Reason You Get Weighed At The Doctor*. Refinery29. <u>https://www.refinery29.com/en-us/doctors-visit-body-weight-health-reasons</u>

When I was beginning my eating disorder recovery, I often refused to be weighed outright and I received a lot of pushback. A provider even stated, "Your eating disorder couldn't have been that severe because you're still overweight." I don't share this information to scare you but to underscore that **you have the right to not be weighed** and to **leave** if anyone makes you feel uncomfortable. Also, bring your <u>care team contact</u> information with you to every appointment.

GOOD NEWS! I now have an unbelievable provider! She is not listed as a health-inclusive practitioner, but she is one! She is validating, understanding, and always thinking about the implications of my past eating disorder on my current health, and truly partners with me to make sure I can care for my health! So, it is possible to find a good medical provider.



## Tip 1: Find A Fat-Friendly Provider

The first step to conquering a doctor's appointment as a fat person or an ally of a fat person is to find a better medical provider. This can be challenging because of the limitations of insurance networks, but there are more and more resources and providers looking to be more size-inclusive.

#### Provider Resources:

- 1. <u>Fat Friendly Docs</u>: A database of fat-friendly health providers across several U.S. states.
- 2. <u>Weight Neutral Providers List</u>: An ever-evolving Google sheet of weight-neutral providers in the U.S. and internationally.
- 3. <u>Health at Every Size® Provider Listing Project</u>: (ASDAH) Association for Size Diversity and Health - the organization that created the Health at Every Size principles

#### Health Resources

- 1. <u>HAES Health Sheets</u>: These sheets were created as a way to give weight-neutral, evidence-based care options for common health conditions.
- 2. <u>Size-Inclusive Medicine</u>: Founded on the principles of respect, equity, and inclusion, they believe all people, regardless of weight, body shape, and size, have the right to pursue health.

If you don't want to switch or are unable to switch providers, skip on down to **Tip 2**.

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## **Tip 2: Activate Your Care Team**



If you work with a mental health provider, dietician, nutritionist, fitness coach, or health coach who is <u>Health At Every Size</u> or weight neutral, reach out and ask for support. If you don't have any of these providers, ask a partner or friend - they're part of your care team, too!

#### 1. Make a plan with your care team. Discuss these topics:

- a. If you want to be weighed at your appointments.
- b. How you want to be weighed (if you choose to be weighed).
  Check out my section on <u>blind weighing</u>.
- c. Discuss an approach that feels comfortable for you.
- d. Discuss what support you might need before and after your medical appointment. Can you schedule a check-in with your care team after?
- 2. Ask them to role-play with you and practice the scripts and redirections in this PDF. It is important to practice saying things out loud in a safe place. It helps, I promise!
- 3. **Get their contact information** to share with your medical provider and medical team. Get business cards if you can or fill out this <u>form</u>.

### What is Blind Weighing?

Blind weighing is the practice of allowing a medical professional to weigh you without showing or telling you the weight number. This is how I choose to be weighed when I am feeling in a good enough space. You turn around and face away from the number and you can ask your medical provider to omit/remove your weight from your visit notes. It is also important to remind them that you don't want to know the number or be counseled about weight loss.

Now, even though you are explicit with providers that you would not like to see your weight number, sometimes they forget to black it out or delete it from your discharge paperwork. So, you'll see it at the end of the session or through and online portal. Be explicit that you'd like it removed from those places as well, so you don't see it.

If you have to be weighed for a medical condition or feel stepping on a scale won't trigger you, this is a great option. It allows the medical professionals to get the 'vital sign' they need and you can continue your recovery journey.

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## **Tip 3: Plan Ahead**

Order <u>"Don't Weigh Me"</u> cards to have on hand when you go visit. Head To <u>abigailladdcoach.com</u> and order a 10-pack.

#### FRONT

BACK



- a. more-love.org also offers cards (but you still pay for shipping).
- b. <u>more-love.org</u> also offers cards for parents to ask the providers to not talk about their child's weight in front of their kid. (They are an awesome resource!)

Next, call the doctor's office before your scheduled appointment and ask to speak to someone who can put **"a note" in/on** your appointment or chart. Typically, you'll work with a Medical Assistant (MA) or nurse, but sometimes the front desk staff can directly make a note on your chart or appointment.

Calling ahead allows you to start the conversation in the safety of your home with a script if you need one (I made one for you <u>below</u>, I gotchu!). It also allows you to see how the medical staff responds to your request and gives you time to cancel the appointment if the staff member is fatphobic or makes you feel uncomfortable.



For a millennial like me, talking to someone on the phone is awful, BUT this is a great moment to prepare and practice for a conversation that you might have to have in person. In an ideal world, this call will be enough, but medical offices are busy places and these kinds of details can get lost in the shuffle. Sadly, there's a good chance that you'll need to have this conversation again once you arrive - but we'll get to that later. Have your "don't weigh me" cards ready!

**Side Note:** If you have a lot of anxiety around this, you can have a friend, partner, or care team member sit with you or do it for you. This isn't a "right of passage" or something, you don't have to "struggle through." Do what you gotta do to get the care and accommodations you need!

CLICK HERE FOR THE PHONE SCRIPT

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## Tip 4: Bring a Buddy

**"You get treated better if you have an <u>advocate.</u>"** Bill Fabrey, Founder of the National Association to Advance Fat Acceptance (NAAFA)



Find someone to go with you - a partner, family member, or friend. (If you are a thin ally - this is your cue!) Tell this person that they are coming with you as your advocate and support.

Having someone you trust with you can help reduce stress and increase confidence. It is also nice to have another brain in the room (that isn't full of stressful thoughts) to help understand and clarify what the medical provider says and to stand up for you.

Most medical providers are <u>not</u> mean, horrible people<sup>3</sup>. They are stressed, overworked, and are running from patient to patient all day (or arguing with insurance companies to get medical needs covered - this was most of my day as an MA) **AND many have been taught to have a very, strong anti-fat bias.** Check out the articles in my <u>bibliography</u>.

A buddy can help you stay grounded AND keep the provider focused on the issue(s) you want to talk about - instead of the ones you don't. If this buddy is thin and/or male, they will probably be more effective at advocating for you. It is a sad and known fact that fat people are often not believed/trusted by

<sup>&</sup>lt;sup>3</sup> Some are!!

medical providers. They often will disregard symptoms or say that weight loss is the cure. A family member once went in with a high, lasting fever and weight loss was the first recommendation (I was in the room!). Even if they needed to lose weight, that is not an immediate treatment for a fever, which is exactly what I pointed out to them. So, your buddy is there to make sure that sh\*t doesn't happen. You and your buddy need to be ready to redirect the provider and advocate for equitable healthcare. It sucks that you have to do it, but I put together a helpful list of redirections for you. Check 'em out: <u>Helpful Redirection</u>

## **Tip 5: Be Assertive and Know Your Worth!**

Medical staff can be very assertive, but so can <u>you</u>. You are the patient and it is **your health**. Repeat yourself as many times as you need to get your questions answered. Consistently redirect the provider if they begin to discuss weight/weight loss with you. I have <u>helpful redirections</u> below and an <u>appointment</u> <u>script</u>. Hopefully, these will help shut down weight/weight loss talk.



#### Appointment Script

# While I understand that you have concerns about my weight and that it may have implications for my health. It is unhealthy for me to focus on it.

It leads to: \*select any that apply

- □ disordered behaviors
- Negatively impacts my mental health
- □ Anything else you want to share

I would really appreciate your help to focus on other health metrics and healthy behaviors that will improve my health. Can we address [symptoms, issues you want to discuss] today and discuss non-weight solutions or management?

Ask your providers to document their **"plan of care"** and/or their **"refusal of care"** on your chart and discharge paperwork or after-visit summary (the printed paper they often give you after your visit).

- **Plan of care** is what they are going to do for medical care, labs, tests, follow-up appointments, referrals, etc...
- **Refusal of Care** is asking a provider to document that they refused to order labs, tests, follow-up appointments, referrals, etc... so you have recourse should your medical care be subpar or negligent.

Also, ask them to document the list of possible things you might have. This is called a **differential diagnosis**<sup>4</sup>. This will allow you to see what they are thinking and ask about the "plan of care" to confirm or rule out the conditions that could be causing your symptoms. Test results will help you narrow your differential diagnosis list until it's clear which condition you have. Even if the provider prescribes weight loss, have them run some tests, make referrals, etc...at the same time so that you can rule out other conditions on their differential diagnosis list. This will help protect you against negligence and malpractice.

Practice this conversation with your care team before your appointment. Know your rights as a patient. Write down the purpose of your visit and bring it with you, so that you can continually return to it if you feel flustered. It is easy to forget things when we're nervous - I created this form to help you stay focused and grounded during your visit.

You have the right to be assertive in how you are treated and cared for by medical professionals. Find a provider that makes you feel heard and validated. They are out there. You deserve to be treated with dignity and respect, regardless of your body size. You are worth high-quality care.

<sup>&</sup>lt;sup>4</sup> U.S. National Library of Medicine. (n.d.). *Differential diagnosis: Medlineplus medical test*. MedlinePlus. <u>https://medlineplus.gov/lab-tests/differential-diagnosis/</u>

#### Resources

## **Call Ahead Phone Script**

Hi! My name is \_\_\_\_\_ and I have an upcoming appointment [or new patient visit] I was wondering if I could speak to someone who could make a note on my chart for my appointment. I need my provider to see it before our appointment.

## <u>IF THEY ASK WHY</u>: I just have some medical requirements that I want the provider to be aware of before I arrive.

\*if they don't ask why, skip it. Don't waste time explaining to the person who is not directly putting it in your chart.

WHEN THEY'RE READY TO MAKE THE NOTE: I do not want to be weighed at my appointment. I understand that my weight is considered a vital sign and might have health implications, but I'd prefer to focus on healthy behaviors because weighing myself leads to unhealthy behaviors. I would appreciate your support in this by not being weighed and instead discussing behaviors that will improve my health.

IF YOU DO HAVE A MEDICAL CONDITION OR WANT BLIND WEIGHING: have them note <u>how you</u> would like to be weighed: **EXAMPLE: I need to be** weighed backward and would not like to be told my weight or counseled on weight loss at any point. (See What is Blind Weighing?)

\*stop here if you want. You do not need to give reasons if you don't want to. I usually give reasons to smooth the road, but this person is probably not your actual medical provider and you can wait and give them to the provider at your appointment.

#### <u>REASONS</u>: \*choose any and all that apply to you!

- I am recovering from an eating disorder and being weighed is incredibly hard for me. I work with a care team on this issue and I can give you their contact information if you like [have it ready]. If the provider has any concerns about my weight or body size, they need to speak to my care team instead of me.
- I have been dealing with negative body image issues and the scale can be hard. I'd like to focus on other more important health metrics. [feel free to list metrics/topics you want to discuss].
- I am recovering from dieting and weight cycling and as you can appreciate, getting weighed can be a trigger for me. I'd like to focus on other more important health metrics. [feel free to list metrics/topics you want to discuss].

\*Remember, you <u>do not have</u> to be weighed even though it is considered a "vital sign". If they make you feel bad about it or are rude, cancel the appointment and go back to **Tip 1**.

#### END THE CALL:

POSITIVE:

□ Thank you so much for your time. I really appreciate it. NEGATIVE:

 Actually, based on this interaction, I'd like you to go ahead and cancel my appointment. Thank you.

- And how does that relate to my/their \_\_\_\_\_ issue?
- How would you treat this if I/they were in a thinner body? Let's start there.
- They're/I am not interested in weight loss right now, so what else can we do in the meantime to deal with or manage \_\_\_\_\_ issue?
- Even if I/they needed to lose weight, I'd/they like to treat this now, so what can I/they do now to manage or solve my/their issue?
- BMI has shown to be an inaccurate measure of health, so can we focus on other health metrics?
- I understand you are concerned about my weight and I'd like you to connect with my care team about that instead of me, I am concerned with \_\_\_\_\_\_ issue.
- I understand you are concerned about my weight, but I am not. At the moment, I am concerned with \_\_\_\_\_ issue.
- I am [fat/ in a larger body/ at this weight now], so how can we care for this issue right now?

## My Care Team Contacts

Dear Medical Provider,

Here is my care team's contact information. If you have concerns about my weight, please connect and discuss it with them. I do not want to be consulted on weight loss or dieting during my visit. Thank you for understanding.

Name	
Specialty	
Email	
Phone	

Name	
Specialty	
Email	
Phone	

Name	
Specialty	
Email	
Phone	

Name	
Specialty	
Email	
Phone	

#### **Issues I Want to Discuss**

**Appointment Day Affirmations** 

#### I am important. My issues are important. My symptoms are real and valid. I deserve to be treated with dignity and respect regardless of my size. \*say these before your appointment\*

Symptoms	
How it is Affecting My Life	
What I Have Already Tried	

## Bibliography

- 1. Alberga, A., Edache, I., Forhan, M., & Russell-Mayhew, S. (2019). Weight bias and health care utilization: A scoping review. *Primary Health Care Research & Development, 20*, E116. doi:10.1017/S1463423619000227
- 2. Hebl, M., Xu, J. Weighing the care: physicians' reactions to the size of a patient. *Int J* Obes 25, 1246–1252 (2001). <u>https://doi.org/10.1038/sj.ijo.0801681</u>
- Foster, G.D., Wadden, T.A., Makris, A.P., Davidson, D., Sanderson, R.S., Allison, D.B. and Kessler, A. (2003), Primary Care Physicians' Attitudes about Obesity and Its Treatment. Obesity Research, 11: 1168-1177. <u>https://doi.org/10.1038/oby.2003.161</u>
- Schwartz, M.B., Chambliss, H.O., Brownell, K.D., Blair, S.N. and Billington, C. (2003), Weight Bias among Health Professionals Specializing in Obesity. Obesity Research, 11: 1033-1039. <u>https://doi.org/10.1038/oby.2003.142</u>
- 5. Gudzune, K.A., Beach, M.C., Roter, D.L. and Cooper, L.A. (2013), Physicians build less rapport with obese patients. Obesity, 21: 2146-2152. <u>https://doi.org/10.1002/oby.20384</u>
- 6. Tanneberger A, Ciupitu-Plath C. Nurses' Weight Bias in Caring for Obese Patients: Do Weight Controllability Beliefs Influence the Provision of Care to Obese Patients? Clinical Nursing Research. 2018;27(4):414-432. <u>doi:10.1177/1054773816687443</u>
- Westbury, S., Oyebode, O., van Rens, T. et al. Obesity Stigma: Causes, Consequences, and Potential Solutions. Curr Obes Rep 12, 10–23 (2023). https://doi.org/10.1007/s13679-023-00495-3
- 8. Size-Inclusive Medicine https://sizeinclusivemedicine.org/cirriculum/
- 9. Ragen Chastain's Substack: https://weightandhealthcare.substack.com/
- 10. U.S. National Library of Medicine. (n.d.). *Differential diagnosis: Medlineplus medical test*. MedlinePlus. <u>https://medlineplus.gov/lab-tests/differential-diagnosis/</u>
- 11. Harvard Health. (2016, June 16). *Is body mass index (BMI) still the best measure of body fat?*

https://www.health.harvard.edu/womens-health/is-body-mass-index-bmi-still-the-best -measure-of-body-fat

12. Miller, K. (2017, March 1). *The Surprising Reason You Get Weighed At The Doctor*. Refinery29.

https://www.refinery29.com/en-us/doctors-visit-body-weight-health-reasons