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It's Time to Improve Medical Education on Obesity

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Obesity has evolved from an isolated concern to a pervasive health crisis. Within the United States alone, nearly [42%](#) of adults are classified as obese and obesity is considered a leading cause of morbidity and mortality. The direct medical expenditure associated with obesity in the United States reached approximately [\\$173 billion](#) in 2019, with projections indicating an increase of [\\$48-66 billion](#) over the coming decade.

In light of obesity's concerning prevalence and economic burden, it becomes imperative that we equip future healthcare providers with the knowledge and skills essential for effective obesity management. However, despite the numerous consequences of obesity on both individuals and society, medical students are often found to be [inadequately](#) prepared to discuss weight management with patients. With all this in mind, the time has come to prioritize and improve obesity education within the medical school curriculum.

There is an insufficient amount of time and resources spent on teaching about obesity given its profound impact on healthcare. A 2020 study revealed that only 10.0% of surveyed medical school programs believed their students were "very prepared" to manage patients with obesity. Furthermore, [one-third](#) of these programs reported a complete absence of obesity education within their medical school's curriculum with no plans for future development.

While medical education has remained stagnant in recent decades, research into obesity medicine has undergone significant transformation, with breakthroughs on hormonal regulation of hunger and approval of novel anti-obesity medications. For example, participants in a 2021 trial had an average of [15%](#) weight reduction from baseline through utilization of gut hormone GLP-1 (Semaglutide) to reduce appetite .

We now have all of these tools at our disposal, but as future physicians we are not taught how best to wield them. Effectively addressing obesity often demands more than simply calorie restriction and exercise recommendations. Instead, obesity education should focus on the intricate mechanisms underlying this chronic disease and the complex care required for patients dealing with obesity. This should include discussion of genetic and social factors contributing to obesity, provision of strategies for behavioral modifications, utilization of anti-obesity pharmaceutical interventions and consultation for bariatric surgery as potential treatment options. As future physicians, our knowledge of these new and novel treatment methods is integral to comprehensive care. If we never learn how to properly employ these new tools, our patients will be the ones to suffer the consequences.

These oversights in medical school education have wide-ranging consequences, significantly impacting patient care, outcomes and expenses. Unfortunately, many healthcare professionals still hold the belief that obesity results from a lack of willpower, which negatively impacts patient engagement with healthcare services. Patients who perceive or experience weight bias from their primary care provider are often [discouraged](#) from seeking care. This can be particularly detrimental to populations who are already vulnerable to experiencing [barriers](#) to accessing healthcare.

Educational interventions focused on the diagnosis and treatment of obesity have proven effective in enhancing the attitudes and skills of physicians when caring for patients with obesity. Such interventions emphasize effective communication with patients, promoting non-biased, respectful and empathetic interactions. To achieve these goals on a large scale, medical schools' curricula should include the development of patient counseling skills, the transformation of physicians' attitudes towards patients with obesity and the improvement of general knowledge regarding obesity. A valuable starting point for medical programs would be utilizing the core obesity competencies, which have been devised by the Obesity Medicine Education Collaborative (OMEC) and are grounded in the Six Core Domain Competencies outlined by the Accreditation Council for Graduate Medical Education (ACGME). Failure to address this education gap in medical curricula will undoubtedly perpetuate the challenges in effectively treating obesity, underscoring the pressing need for change.



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