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**Approval Sheet**

**The Ethics of Obesity: Investigating Ethical Conflicts Between the Biomedical, Social, and Public Health Views in the United States**

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**Abstract Cover Page**

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Master of Arts

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## Abstract

### Abstract

## **The Ethics of Obesity: Investigating Ethical Conflicts Between the Biomedical, Social, and Public Health Views in the United States**

By Yelena Burklin, M.D.

Defined by the American Board of Obesity Medicine, obesity is a chronic, progressive, relapsing, and treatable multifactorial neuro-behavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic biomechanical and psychosocial health consequences. Proper recognition of this medical disease is lacking. Unfortunately, harmful misrepresentations in society — especially demeaning portrayals in the film industry — lead to widespread misunderstandings of the causes, preventative measures, and treatment of obesity. Marginalizing people based on their body weight is morally wrong and epistemically unsound. Not only does it reduce the moral worth of people with obesity by excluding them from moral consideration, but it stands in contradiction with contemporary biomedical science and the knowledge about the disease’s multifactorial etiology. In response to the discrimination and negative stigmatization of obesity, a “fat activism” movement has arisen and rejects the medicalization of obesity, viewing it as oppression. The “fat activists” claim that obesity should not be medicalized and urge to reframe the fat tissue. Using a logic derived from the identity-based affirmation, they argue that people without obesity—including qualified scientific researchers—do not have any epistemic authority around questions of obesity. The “fat activists” deprive other people with obesity of making informed, autonomous choices about their health: this is unethical and epistemically unsound. One should not reject research conducted by people without obesity simply because of their body size. It is also unjust to undermine the epistemic authority of people with obesity by stereotyping them as lazy and lacking the self-control necessary for scientific objectivity. The thesis investigates the ethical conflicts between the biomedical, social, and public health views of obesity using the four main ethical principles of beneficence, non-maleficence, autonomy, and justice. It also argues from the standpoint of moral theories of virtue and care as it applies to the construct of moral inclusion and exclusion. An ethical framework to address the problem of obesity stigmatization without rejecting the available medical knowledge is suggested. Such an approach would help people with obesity make informed, autonomous decisions about their health and attain human flourishing.

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## **Introduction**

Obesity is a medical condition in which a disrupted metabolism results in excess body fat, leading to adverse health outcomes. Unfortunately, harmful misrepresentations of obesity in society — demeaning portrayals in film industry, as well as other areas of private and public sectors — lead to widespread misunderstandings of the causes, preventative measures, and treatment modalities for obesity.

This manuscript will review, discuss, and analyze how a dominant popular culture of the modern film industry informs the mainstream community on the topic of obesity. It will also illustrate the importance of the public sector and governmental agencies (legislators, policymakers, insurance providers, corporations) on reframing the narrative surrounding obesity because its misrepresentation gives rise to bias, negative stigmatization, and ultimately, discrimination. In defining discrimination against those with obesity, it is understood that material or tangible disadvantage on the basis of negative stigmatization leads to harmful and unjust actions. When the stigma persists over time, it inherently defines the oppression. In response to perceived oppression, a novel movement of “fat activists” has formed to inform the followers of the normalcy of fatness. This, in turn, presents a significant challenge, violates ethical principles that will be discussed here, and poses a physical threat by disregarding the biomedical body of evidence.

The descriptive tools applied here will allow for better understanding of fundamental values that bioethical principles and theories have to offer in addressing obesity crisis of portrayal and perception. Association of poorly available goods and services to those with obesity along with the abundant disinformation further exacerbates the ethical conflict, raising a concern for the need to provide an effective ethical model of destigmatizing obesity. A growing need for dispensing appropriate treatments and services to people whose body size falls outside of a certain



predetermined interval, called a body mass index, is alarming. Failure to properly recognize the interests of those outside of the “accepted” norms violates the principles of bioethics and deserves additional attention.

In many areas of the private sector, social acceptability of negative stigmatization of obesity has become the norm. From portraying weight loss as an easily achievable goal and a simple matter of personal effort to shaming the overweight by depicting obesity as unattractive or unfriendly<sup>14</sup> in mainstream film industry, people with obesity suffer from a variety of unjust and harmful stigmas, bias, and discriminations. In response to this discourse, the recently formed pro-obesity movement gives rise to a host of ethical and biomedical concern. Therefore, an investigation of ethical conflict between the biomedical science and the community depiction is necessary to offer an integrated approach.

Pro-obesity proponents, who also name themselves “fat activists” advocate for de-medicalization of obesity, citing the importance of positive self-esteem and unconditional self-acceptance. While positive self-esteem and identity are vital, recognizing the inevitable risks of obesity and its subsequent medical complications is also necessary for one’s wellbeing and flourishing. The common ideology surrounding obesity stems from “anti-fat” bias and results in downstream effects of negative stigmatization with the establishment of “fat activists”, who in turn, defy biomedical science in order to find acceptance. While they promote body positivity, which is a valuable tool, they also deny any attempts of allowing current epistemology to influence their decisions in maintaining health. As much as the modern culture succeeded in perpetuating the anti-obesity bias, the “fat activists” have succeeded in promoting the adverse agenda that “fatness” is a norm. Such dichotomy created moral conflicts that require an ethical framework to address.

This thesis investigates the ethical conflicts between the biomedical, social, and public health views of obesity before offering a framework that allows for an integrated approach. In the next chapter, a data on obesity prevalence, pathophysiology, and bioethical relevance will be offered.

## **Chapter 1: Obesity in the United States – a biomedical view and the concept of metabolically healthy obesity**

### **i. What is obesity?**

The Obesity Medical Association defines obesity as “a chronic, progressive, relapsing, and treatable multifactorial neuro-behavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic biomechanical and psychosocial health consequences.”<sup>1</sup>

Since obesity is defined as a multi-factorial disease, it requires a multi-faceted approach involving biomedical science, as well as the science of bioethics. There are multiple risk factors that have been identified for the predisposition, development, and progression of obesity – individual body responses vary depending on the race, age, gender, economic status, nutritional profile, or physical activity. These contributing factors generate a host of ethical concerns that must be addressed in a systematic way while also addressing the stigma that exists around obesity.

Penetrating every aspect of our society, the stigma negatively does not only affect the people suffering from obesity. Everyone becomes the recipient of backlash because the negativity that surrounds people suffering from obesity generates distorted norms and creates a culture of bias, misunderstanding, and injustice.

### **ii. Obesity statistics in the United States**

According to the 2018 data available from the Center for Disease Control (CDC), obesity in the United States affects over 40% of population.<sup>2</sup> This number, compared to the previous decade, has increased by more than 10% and continues to climb. Severe obesity leads to a number of

potentially preventable complications, such as premature death, heart disease, stroke, type 2 diabetes, and cancer, among many others.

The association between obesity and income or educational level is complex and differs by sex and race/ethnicity, which also generates a myriad of ethical dilemmas and concerns. According to data provided by the CDC, people with college education have a lower prevalence of obesity compared to those with lower education levels.<sup>2</sup> Among the Non-Hispanic Black adults, the prevalence of severe obesity approaches 14%. A similar correlation is observed among non-Hispanic White men and women, non-Hispanic Black men and women, and Hispanic women. The overall prevalence of severe obesity in the United States in 2017-2018 exceeded 9%, where women have a higher prevalence of severe obesity (11.5%) than men (6.9%). Among non-Hispanic White and Hispanic men, obesity prevalence is the highest in the middle-income group. Interestingly, among non-Hispanic Black men, obesity prevalence is higher in the high-income group. The pattern is reversed among non-Hispanic White, non-Hispanic Asian, and Hispanic women, where obesity prevalence is lower in the highest income group as compared to the middle- and lowest-income groups. Among non-Hispanic Black women, income differential does not serve as a determinant in the prevalence of obesity.

Age-adjusted prevalence of severe obesity among U.S. adults warrants closer attention and bioethical and biomedical review. The most affected age group represents adults between the ages of 40 and 59 (11.5%), followed by a younger age group 20–39 years of age (9.1%).

In addition to the significant health risks, overweight and obesity account for hundreds of billions of dollars per year in health expenses within the United States, with the most recent publicly reported annual medical cost of obesity estimated at over \$147 billion in 2008. Data since 2008 has not been made publicly available, and underreporting is representative of a biased attitude

toward obesity in modern society. Continued denial of a multifactorial nature of obesity provides a host of unethical justifications for continued stigmatization. Underreporting and misrepresentation of obesity-related data results in risks that extend beyond those who suffer from this chronic illness. Ethical implications of poorly framed approaches to overweight and obesity lead to irreversible health-related damages, including depression, suicide, and eating disorders.<sup>3</sup> It also depletes our society of compassion on many levels and provides an unfortunate avenue for discrimination on the basis of obesity. Even though people with obesity incur significantly higher medical expenses (nearly \$1500 of the additional cost per person per year), the government sector, policymakers, as well as health insurance companies, do not appear to be addressing the epidemic of overweight and obesity in an ethical, morally inclusive way.<sup>4</sup> Supportive infrastructure, bariatric accommodations in public sectors, provision of ancillary services to those who desire to lose weight, as well as equal access to other goods and services, are not widespread.

The aforementioned data illustrates that the prevalence of obesity continues to rise steadily in the United States, and that in many cases it is closely related to the social determinants of health in the community, proving that obesity is more common, more serious, and more financially burdensome than previously thought.<sup>2</sup> As a serious medical condition, obesity deserves a review from an ethical perspective, which demonstrates its relevance in modern culture.

### **iii. Pathophysiology of obesity**

In order to discuss the bioethical applications in addressing obesity, it is important to highlight a brief pathophysiologic mechanism of the development of disease. This leads to an understanding of obesity as a multifactorial, complex medical condition, which should not be reduced merely to maladaptive behaviors, dietary indiscretions, or gluttony.<sup>16</sup> A basic biomedical understanding of

how obesity develops can equip society with the tools to offer bioethically appropriate and morally plausible approaches to achieve acceptance, minimize bias, and assist those who suffer.

In response to any factor leading to a positive energy balance, the body generates the permissive profile of a specific neuroendocrine function that results in the development of an excessive and dysfunctional fat tissue susceptible to increased inflammatory responses, neurohormonal dysregulation, and prothrombotic state. The central nervous system works to control eating behaviors by utilizing an emotional (or hedonic) pathway, a homeostatic (or humoral) pathway, and a cognitive (or executive) pathway. All three of these systems work in tandem to prevent the development of obesity. However, a malfunction of any one of these pathways leads to the development of abnormal fat tissue deposits – adiposopathy.

One of the mechanisms by which the weight gain occurs is a failure of the brain's prefrontal cortex to control executive functions such as decision making and impulse control. This cognitive pathway of obesity pathogenesis is often taken out of context with an intent to stigmatize obesity. It is an erroneous attempt to dismiss the cascade of events in the development of obesity and limit it to simply maladaptive behaviors, which fails to recognize genetic or epigenetic etiologies and the influence of homeostatic and hedonic mechanisms that may result in obesity.<sup>1,6</sup> A poorly understood progression of obesity contributes to the development of a phenomenon of metabolically healthy obesity and serves as a premise for the obesity stigma and discrimination.

#### **iv. Metabolic (or metabolically) healthy obesity**

The physiologic paradox of a “metabolic healthy obesity”<sup>5,6</sup> is important to this discussion, since it is a possible prerequisite to the development of pro-obesity campaigns and “fat people”

movements, which justify and embrace large body habitus, while disregarding, and in some instances, suppressing, any attempts to conduct obesity research in the area, labeling it oppression.<sup>7</sup>

Based upon currently available scientific data, some individuals with increased percentage of body fat and a body mass index  $> 30 \text{ kg/m}^2$  do not have identifiable co-existent metabolic diseases. While there is no standard definition for metabolic healthy obesity, it is known that as recognition and evaluation of metabolic disease increases, the prevalence of the metabolic healthy obesity declines. Patients with metabolic healthy obesity may not have obvious secondary complications at the time of presentation, but these people do experience fat mass diseases, otherwise known as adiposopathy. For example, up to 40% of people with metabolic healthy obesity develop osteoarthritis, sleep apnea, heart failure and related heart diseases. Metabolic diseases develop within approximately six years from the onset of obesity, and the likelihood of development of secondary complications increases with age.<sup>1</sup>

The presence of obesity promotes fat mass disease,<sup>15</sup> which not only triggers secondary metabolic disorders but increases the risks of solid organ malignancies, leukemias, and lymphomas. It is important to recognize some of the most common manifestations of obesity as secondary disorders related to “sick fact” disease, adiposopathy.<sup>6</sup>

Among the most common cardiovascular manifestations of obesity are the development of heart failure, thromboembolic disease, and hypertension. Unlike the obesity itself, these obesity-related complications are not associated with humiliation or shaming, although the treatment of the complications of obesity is far more costly than the management or prevention of obesity itself. From the pulmonary perspective, obstructive sleep apnea, asthma, and chronic lung diseases are common. The complications of obesity may manifest as strokes, myelopathies, and neuropathies, osteoarthritis, venous stasis ulcers, fungal skin infections, chronic back pain, and a myriad of

mental health disorders. Some of the notable neuropsychiatric manifestations of obesity include depression, suicidality, insomnia, chronic fatigue, forgetfulness, propensity for motor vehicle accidents, and anhedonia.<sup>1</sup>

The metabolic healthy obesity phenotype and the resultant adiposopathy triggers a societal misconception of “healthy overweight” or “healthy obese” people. The assertion that it is possible to be healthy at any weight – common among “fat activists” – stems from a failure to recognize obesity as a complex and chronically progressive disease, as well as a fear of stigmatization of obesity. Regardless of the narrative, the mere designation of a person as “obese” or “fat” is offensive because obesity is a medical illness, and not an attribute of a person, a measure of moral status, or a determinant of personhood. Sometimes, the offensive connotation of the terms “obese” or “fat” is attempted to be minimized through such expressions like “heavy-set”, or “big-boned” only to further perpetuate a deeply embedded societal refusal to remain weight neutral upon referring to an individual. Commonly used jargon should not apply, as the terminology that has been adopted in addressing overweight and obesity violates not one, but all ethical principles as outlined by Beauchamp and Childress: the principles of autonomy, beneficence, non-maleficence, and justice.<sup>8</sup> The physiologic obesity paradox plays a role in both the anti-obesity, as well as pro-obesity campaigns, promoting misinterpretation and misrepresentation of the disease on both sides of the societal spectrum.

**v. Bioethical relevance of the discussion pertaining to obesity misrepresentation and misconception**

While the disease is attributed to a sedentary lifestyle, limited financial means, and maladaptive behaviors, increased rates of overweight and obesity are also a product of the industrialization of food systems in the United States. A slew of problems – from the abundance and easy access of



unhealthy food items that promote weight gain to the non-existent or unavailable support systems for those who suffer from the disease – testify to the lack of autonomy afforded to those affected by this disease and the lack of attention and concern paid to this important issue.

When the influential stakeholders such as government entities, for example, fail to address the epidemic of obesity in the United States, and when people suffering from overweight and obesity are denied their rights to utilize the benefits utilized by others, an ethical conflict arises. Goods and services such as proper health insurance, absenteeism coverage, non-discriminatory hiring practices, optimal nutrition, public health services, and legal protection are largely unavailable to the people with obesity. Such discourse speaks for the lack of acceptance of obesity and forces affected individuals to seek their ways of obesity acceptance, thereby generating and promoting faulty interpretations of the disease that risk resulting in harmful and ethically unjustifiable outcomes.

## **Chapter 2: Current culture of obesity stigmatization as portrayed in the film industry**

### **i. The role of the physiologic obesity paradox in misrepresentation and misinterpretation of metabolic disease**

The presence of a metabolically healthy obesity is often mistakenly perceived as a variant of norm and in part, enabled the development of the “fat pride” movement that advocates pro-obesity. It is important to note the distinction between the pro-obesity movement that advocates for body positivity from pro-obesity movement that solely emphasizes “pro-fat” mentality and “fat people” dominance in the space. Body positivity is a valuable and vital component of our existence regardless of body size or phenotypical features, but it does not negate the importance of recognizing the underlying medical conditions that require validation, diagnosis, and treatment. “Fat positivity”, on the other hand, attempts to normalize “fatness,” undermining the importance of obesity as a complex medical disease and not simply a harmless proliferation of fat tissue.<sup>7</sup>

Therefore, in discussing the physiologic obesity paradox, when one appears to be healthy despite coexistent obesity, the terminology has to be carefully selected so as not to undermine the risks of obesity on general health: the term “fat person” evokes an ethical concern. Even if the term is generated by those who suffer from obesity – the so-called “fat people” or “fat activists” – it serves as a premise for obesity misinterpretation, stigmatization, and discrimination, demonstrating the foreignness of a different body size and its unacceptance.<sup>7, 45</sup>

The identification of “fat” is intentionally designed to group people based on weight and amount of adipose tissue while generating a new set of moral boundaries against those who do not identify the same way. Though they exist on opposite ends of a spectrum, both anti-obesity — which stigmatizes the disease — and pro-obesity — which stigmatizes those without the disease

— are morally unacceptable and create an ethical conflict that penetrates all layers of our society and calls for an intervention on an individual as well as a public level. Rather, human beings suffering from any disease should not be reduced to their ailment as their only measure of moral worth or wellbeing, and proper recognition of the medical condition and its complications should be the target of attention, support, treatment, and prevention.

The next discussion illustrates the pervasiveness of fat phobia in the modern film industry and how the misconstrued, misrepresented, and misguided biomedical data further exacerbates the conflict of ethically addressing of obesity.

**ii. Obesity misrepresentation in the film industry**

Biomedical science recognizes the presence of increased nutritional reserves in people with overweight or obesity. Perhaps this notion clarifies the erroneous assumptions that underlie common portrayals of people with obesity as endearing or funny. There are numerous examples in the film or movie industry where people suffering from obesity are portrayed in ways that are demeaning or condescending. The depiction of these movie characters testifies to the profound misunderstanding and misrepresentation of obesity and those who suffer from it. For example, the 2001 Hollywood movie “*Shallow Hal*,” produced by the Farrelly brothers and starring Gwyneth Paltrow and Jack Black, seemingly advocates the morally acceptable idea of recognizing everyone’s inner beauty. It does so, however, in a fallacious way by suggesting that the inner beauty of a woman suffering from obesity can only be revealed through hypnosis. Accordingly, the movie’s message is anything but morally acceptable; in fact, Gwyneth Paltrow (who plays the main character Rosemary) was made to wear a “fat suit” to portray the most unappealing image possible. Rosemary is depicted as an outrageous glutton, who acts violently and whose own family

finds her physically repulsive. This is a bold and cruel message that individuals suffering from obesity are unattractive and unworthy, and thus it is especially disturbing that the movie was nominated for the Teen Choice Award. To speculate that the teens would appreciate the theme and would choose such an unethical approach to addressing people with a different body size because of medical condition is unsettling.

*Shallow Hal* made over \$140 million in revenue, perpetuating the moral permissibility of demeaning people suffering from a severe disease.<sup>9</sup> While the movie's reception was critical – “The most shocking thing about it may be its unabashed sincerity”<sup>10</sup> (The New York Times), “nothing could save this movie. These guys make a fortune off the comedy of cruelty. How dare they climb on a soapbox?”<sup>11</sup> (Washington Post) – the Farellys continue to direct and produce more movies, spreading the notion of reward readiness for the “cruelty” with regards to people like Rosemary.

The Farelly brothers, American screenwriters who directed and produced the movie *Shallow Hal*, have done very well for themselves in Hollywood, producing a lot of quirky comedies, such as *Dumb and Dumber*; *Me, Myself and Irene*; *There's Something About Mary*; and the 2007 remake of *The Heartbreak Kid*. They even won the Audience Award at the Toronto International Film Festival in 2018 for their movie *Green Book*, which also won the Golden Globe Award for Best Screenplay and the Academy Awards for Best Picture and Best Original Screenplay. How could people who profited off the wave of injustice and body-shaming be rewarded? The question seems to be answered by one of the most influential entities that delivers its distorted message to the public – the film industry – that it is acceptable, profitable, and even rewarding to oppress those with obesity and overweight. The concept is particularly disconcerting

when people who suffer from obesity are reduced to their body weight and how different they appear to the rest of the society. It is no surprise, that the affected individuals take matters into their own hands and rebel against the oppression, the injustice, and the harms that the society imposes.

Another example of the moral exclusion of obesity is demonstrated in the 2012 movie “*Pitch Perfect*”. At first, Rebel Wilson’s character “Fat Amy” might appear as the one who embraces her self-image and portrays herself as a confident, body-positive woman. However, Amy is forced to act outrageously and outgoing in order to be accepted. She is aware of her body size and constantly has to make fun of her body weight in order to appear lovable and “beat others to the punch”.<sup>12</sup> This stereotype persists in the movie industry: people of large body habitus have to compensate for the way they look in order to be accepted. They must possess additional qualities to make the viewers relate to them, as if being themselves is not enough. In *Pitch Perfect*, Amy was denied a part in a cappella because of her weight, and she had to earn the acceptance of her teammates by making fun of and humiliating herself.

The idea for the production, release, and continued circulation of such movies like *Shallow Hall* or *Pitch Perfect* in various viewing platforms sends a disturbing message to the entire community that it is morally permissible to negatively stigmatize people who suffer from obesity. It is difficult to imagine that such an unjust treatment would be accepted in other instances in which jokes are made about a person because they look different or suffer from a medical illness. Why does obesity serve as a criterion for moral exclusion? Why does the dominant culture feel it is acceptable to stigmatize obesity and risk harming those who already suffer from it? Film industry, contributing to the obesity bias, stigmatization, and discrimination capitalizes on these notions. As

these examples from the mainstream movie industry illustrate, such a biased and discriminatory attitude toward those with obesity has become a premise for the development of a novel “fat people” movement.<sup>13</sup>

**iii. A response to the dominant culture’s inaccurate view on obesity gives rise to “fat activism” and pseudo-body positivity mentality**

**a. Development of pro-obesity movement as an attempt to normalize obesity**

Pro-obesity movement – also called “fat acceptance” movement, “fat pride”, “fat empowerment”, and “fat activism”<sup>13</sup> – are social groups comprised of people who seek to eliminate weight stigma and reduce social obstacles that people with obesity face. The negative stigmatization of being “fat” is thought to take its roots not only from the profitable and accepted film industry and mass media but also from the lack of acceptance among healthcare professionals. Puhl and Heuer illustrate the point by referring to an observational study, where among 620 primary care physicians, over half viewed patients with obesity as “awkward, unattractive, ugly, and noncompliant.” Additional characterization of such patients as weak-willed, sloppy, or lazy was noted in over 30% of the surveyed physicians. The obesity itself was viewed primarily as a behavioral problem caused by physical inactivity and overeating.<sup>14</sup>

On the other hand, in response to such a demeaning stigma, followers of pro-obesity movement, self-proclaimed “fat people”, argue that reducing a person to their weight-based characteristics is morally wrong.<sup>7, 45</sup> While the stigma of being “fat” is present in many public and private sectors, they argue that de-medicalization of obesity would liberate everyone from social blame. This might contribute to de-stigmatization, but it is insufficient. Attempts to normalize obesity by ignoring its health risks is also unsustainable. It is evident from the portrayal in the

movies, the lack of support in healthcare, legislation, or government, that obesity is still viewed as a sign of moral weakness. Research has shown considerable stigma and negative views toward people with obesity.<sup>14</sup>

Surprisingly, society does not appear to be equally concerned about those who are underweight. It is known that people with underweight may have paradoxically less favorable outcomes of certain disease processes due to their diminished nutritional reserves, and yet they are not viewed as awkward or unattractive. The distinction is the result of predetermined or preset moral boundaries generated in relation to what is considered acceptable and viewed as a norm. Much like the fashion industry often created an image of underweight models as an accepted cultural norm, where models are thinner than 98% of American women<sup>60</sup>, pro-obesity movement generates an image of pseudo-body positivity that is distorted and perpetuates obesity discrimination, enabling film and movie industry to capitalize on the negative stigma.

**b. Promotion of pseudo-body positivity in the film industry as an attempt to destigmatize obesity**

Obesity stigma and discrimination exist in many sectors of society and manifest in various ways. While workplaces make it more difficult for people with overweight and obesity to retain jobs and receive a competitive pay,<sup>17</sup> movie casting is available for actors who are willing to portray themselves as laughable or be ridiculed and humiliated because of coexistent obesity. Nevertheless, hiring decisions based on weight negatively affect over a quarter of people suffering from obesity, and the laws prohibiting stigmatization are lacking. These negative attitudes result in unethical representation of people with obesity in the movie industry. They are often subject to mockery, where humor is verbal and direct.<sup>18</sup>

Perception of celebrities who suffer from obesity is also unaccepting and unforgiving: they get ridiculed because of body weight and portray characters who appear less intelligent, less determined, frequently consuming large amounts of unhealthy food and engaging in aggressive behavior.<sup>18</sup> The movie *Shallow Hal* and its main character Rosemary illustrate this stigmatization. Another example of obesity stigmatization comes from a 2018 movie *Dumplin'*. *Dumplin'* tells a story of a plus-size teenager Willowdean, a daughter of a former beauty queen, whose mother nicknamed her “Dumplin’”. Willowdean’s mother does not accept her daughter; she feels ashamed of her and is explicitly discriminatory because of Willowdean’s plus-size figure. As a protest, Willowdean signs up for her mother’s Miss Teen Bluebonnet beauty pageant, revolutionizing the pageant and forcing their small Texas town accept her anyway<sup>19</sup>. The agonizing desire to belong, to be accepted, and to defy flawed cultural norms in regard to obesity, generates a lot of anger in Willowdean. Anger is hardly a healthy path toward body-positivity. In fact, it is an example of damaging pseudo-body positivity. One can accept their body regardless of size, but body positivity should not be used interchangeably with “fat positivity”. Body acceptance should not come at the cost of recognizing obesity as a medical condition in need of treatment. Therefore, pseudo-body positivity portrayed in the movies further promotes anger and perpetuates stigma where “fat positivity” borders on ignoring medical risks that come with excessive body weight.

The movie *Dumplin'* is based on a book written by the American novelist Julie Murphy, who identifies as a “fat activist” and who has been vocal about reframing fat tissue by embracing “fat positivity” and negating the medical risks.<sup>20</sup> If not epistemically sound, reframing fat tissue within the narrative of “fat activism” generates a pseudo-body positivity and promotes biomedical and ethical discourse. Body positivity is important for self-acceptance in people of all ages and sizes, and obesity does not need to serve as the measure of self-acceptance or rejection. Embracing “fat



positivity” as a consequence of pseudo-body positivity leads to moral discourse, which can be further investigated utilizing the principle-based approach in bioethics.

### **Chapter 3: Applying a principle-based approach in the investigation of the ethical conflict surrounding obesity stigma and misperception in pro-obesity and anti-obesity movements**

#### **i. Viewing the autonomy of people living with obesity from the position of celebrities**

Obesity develops over time and is chronically progressive. With regard to autonomy, it is a myth that obesity is a matter of choice.<sup>21</sup> There may be a free choice to enjoy a meal or to skip a workout, but the diversity of pathophysiologic mechanisms discovered by the biomedical sciences, demonstrates that obesity is not a choice. Rather, it is a medical disease which does not have linear correlation to merely one's life choices. The available resources and the surrounding environment, so called epi-genetic factors, play an important role, as well. Autonomy, as presented by Jukka Varelius and other scholars in western bioethics, is defined as self-governance.<sup>22</sup> Such self-rule should be free from any paternalistic control, interference, or coercion and should not be undermined when comprehension is diminished. Therefore, autonomy's intrinsic value should be preserved, exercised, and protected. When people with obesity get body-shamed, ridiculed, and misunderstood, their autonomy is being compromised because it is no longer free from interference. The decision to lose weight or make no changes to the current lifestyle may not be autonomous as it lacks the intrinsic value of one's choice. At the same time, the decision to lose weight should not come only from the position of obesity medicalization. It should serve as a call to action to live a better, healthier, more flourishing life choosing freely. This is the type of intrinsic value that singer Adele was trying to bring to her autonomous decision of losing weight. She announced that she just wanted a healthier life while battling anxiety.<sup>23</sup> For her, losing weight was neither a medical reason nor the desire to conform to the societal infatuation with being skinny; it was her self-governed choice to defeat anxiety.

Another similar example that illustrates the intrinsic value of autonomy is Rebel Wilson's claim to try conceiving a child and simply to live a life she wants.<sup>24</sup> She herself acknowledged the challenges of exercising her autonomy: "I had a job where I was paid a lot of money to be bigger, at times, which can kind of mess with your head a bit."<sup>24</sup>

Rebel's autonomy has been chipped away the more she agreed to portray the characters for which she was well paid. The decision she was making when agreeing to play these "bigger" characters was not truly self-governed. Upon first glance, it is hard to imagine that a powerful, determined, talented, and successful young woman would be in a position where her autonomy is diminished. In fact, however, her acting career comprised a series of coerced acts. As a person with reduced autonomy, who was controlled by the decisions of others, she has been unable of making an intrinsically valuable decision.<sup>25</sup> Only when Rebel Wilson identified the intrinsic value of her autonomy, could she break away from the ties that limited her meaningful and rational decision to lose weight.

There are many examples in the popular culture, film, and music industry where even the celebrities themselves experienced a backlash after losing weight. Rebel Wilson, Adele, and Jonah Hill, a successful American film actor, – all have experienced undue criticism, and not as part of novel "fat activism" or "anti-fat" movement. These people simply wanted to attain a healthier life. Unfortunately, they made these autonomous decisions following a latent period of underrecognized coercions that were perpetrated by the flawed film industry. The negative publicity these celebrities received from both "fat positivity" proponents and from those who never accepted people with obesity as being worthy of consideration, demonstrates the violation of their right to an autonomy principle on all fronts. A concept of moral inclusion, which will be analyzed further, is also pertinent to the discussion of autonomy. Since the path to moral inclusion while

living with obesity is fraught in the mainstream culture, where only certain people get to be morally included under particular conditions, the concept of “fat positivity” continues to gain traction as a counter force in the battle against the discrimination and moral exclusion of obesity. The autonomy of people suffering from obesity in relation to losing weight is contextual and is informed by the narratives in which it cannot be fully exercised. The aforementioned scenarios carry even more moral weight because of lack of fair and equitable distribution of goods and services that are available to people with obesity. This, in turn, further disadvantages people suffering from obesity who want to lose weight or who are afraid to exercise their autonomy for the fear of undue repercussion within the community. Hence, “fat activist” movement forms, seeking justice in their own right, by which to demand the autonomy and minimize self-harm.

**ii. “Fat positivity” and “fat activism” as it relates to the principle of justice**

“Fat positivity” was created by people suffering from obesity as a call for attention, as a political movement in search for justice. Indeed, as outlined by Beauchamp and Childress<sup>8</sup>, one of the four main ethical principles, the principle of justice, which is defined as fair, equitable, and impartial distribution of services in this context. Unfortunately, it is not consistently applied to those with overweight and obesity in the dominant sectors of the community. Currently, there is no universal and unbiased attitude toward people with a large body habitus.

The type of films that get produced and promoted, the attributes that are valued within society, the disconcerting attitude toward those who strive to find acceptance and embrace themselves regardless of their body size, speak volumes of the ethical conflict between those in power who profit from obesity, those who are morally accepted within the society, and those who strive to find acceptance. There are multiple examples of injustice toward people with obesity in terms of their access to employment and health benefits, and no universally fair representation in the film

or advertising industry<sup>14</sup>. They have neither the same choice of providers in healthcare nor proper accommodations in the tourism or fashion industry. “Fat positivity” movements create social protections against discrimination and advocate for the provision of equal access to the same goods and services that the rest of the society receives. In other words, people with obesity morally justify their search for justice and their right to exercise autonomy by gathering into the “fat activism” groups, thereby acquiring inclusion as a part of larger, homogeneous pro-obesity organizations, movements, and campaigns. “Fat activists” form these organizations because society has failed them on the individual level. Public acceptability of body shaming movies, criticism of the celebrities who are overweight, even the attempts to normalize obesity at the expense of portraying the characters as adorable and rebellious “Dumplings” – all these factors raise ethical questions as to why obesity is not accepted, how it affects everyone involved, and what can be done better. For instance, producing movies that attempt to normalize obesity subconsciously reinforces the foreignness of different body sizes. Some say that body positivity was born out of “fat positivity”<sup>20</sup>. If one accepts their body size, they will accept it at any size. Such thinking, while seemingly less concerned about the public and individual health perspectives, targets the feelings and the emotions that are invoked. Body positivity activism is a great initiative, and it should be embraced and celebrated. With regards to obesity, however, it comes with a risk of being appropriated by the activists who take the focus away of what is really important: health.

Rebel Wilson was able to make a choice to lose weight to stay healthy, and she was privileged to recruit professional help and guidance to support her in that journey. The majority of people who suffer from overweight and obesity are not wealthy. This is one of the examples of injustice as it pertains to those who live with obesity. Many people encounter stigmatization based on body size, but only few have the means to find support. People living with obesity, need role models

who can demonstrate that the goal of transforming one's life into a healthier one is attainable. They need reassurance that they are no less human than others with a lower body mass index, and they can seek help when they feel the need. They need to have supportive, ethically acceptable systems that can help them in the journey to a healthier life. Having limited treatment options and not receiving proper access to goods and services to maintain a dignified life, adds to the ethical conflict of injustice which further demonstrates the bias and discrimination toward obesity. Such limitations also add to the public health concern and perpetuate an injustice toward people suffering from obesity.

Aside from discussing the ethically challenging character representation in the movies, the attitude toward celebrities who portray these characters has also been problematic. Rebel Wilson has been openly criticized not only for her excess body weight, but also for her success in losing weight. Rebel Wilson reports that her own staffers were not excited about her losing weight. She acknowledges that the reason for that is that she was making them millions of dollars as a “funny fat girl” so her team didn't want renounce such profit.<sup>26</sup> This is one of the illustrative examples why addressing the obesity discourse in the United States is relevant and necessary. It speaks to the violation of the bioethical principle of justice, where it has become acceptable to ridicule and criticize a person (an actress in this instance) because of their coexistent obesity, while capitalizing on their medical illness.

What happens in the movies gets transplanted into life outside of the movie set. In the movies, characters like “Fat Amy”, Rosemary, or Dumpling, get ridiculed by others. In the community, people with overweight and obesity may receive the same unfair attitude.

The criticism continues even after people with obesity lose weight to remain healthy. Different standards that exist for those who suffer from obesity seem to perpetuate throughout most of their

life, making the risks of harm even higher, raising the concern of violating another bioethical principle - non-maleficence.

### **iii. The role of a non-maleficence principle in the discussion of the ethics of obesity**

Several representative examples illustrating harmful attitudes towards those suffering from obesity violate the principle of non-maleficence as outlined by Beauchamp and Childress.<sup>8</sup> The non-maleficence in this context is defined as an action or an attitude that is designed to minimize the harm to those who suffer from obesity. It is important to distinguish the agent of concern (which represents any person who suffers from obesity, regardless of whether they belong to the “fat activism” movement or not) who becomes the unfortunate recipient of the negative stigmatization. Such stigmatization leads to discrimination of people with obesity, it is perpetuated in the film industry, governmental institutions, public sectors or commercial industry. Such attitude brings about harmful outcomes as manifested by the unfounded dismissal of obesity as a medical illness and worsening the obesity epidemic in the United States.

An actress Rebel Wilson, whose weight loss journey is illustrative in many ways when investigating the bioethical foundation of obesity misunderstanding, played “Fat Amy” in the movie *“Pitch Perfect”*. She became subject to harsh criticism even after she chose to lose weight due to health concerns and to attempt to have a child. Pregnant women suffering from obesity not only represent a high-risk pregnancy group but also have an increased risk of delivering a baby who might develop obesity later in life<sup>1</sup>, and Rebel Wilson, much like her character in *Pitch Perfect*, had to counteract the bias related to her body size – both when suffering from obesity and again when choosing to lose weight. This struggle to be accepted and unharmed by negative stigmatization demonstrates the extent of obesity misunderstanding and discrimination. The principle of non-maleficence is violated because Rebel Wilson was in harm’s way when suffering

from obesity, and again after losing weight from the criticism and harmful attitude of the mainstream culture.

On one side of the spectrum, when one is overweight or suffers from obesity, the stigmatization of the disease occurs because of a robust, continuously reinforced concept of moral exclusion. However, on the other side of the spectrum, when one loses weight and enters the so-called, boundaries of permissible moral inclusion, it carries the risk of invoking morally excluded individual to rebel, retaliate, and reject those who have traversed those moral boundaries. Such construct violates the principle of non-maleficence, where both categories of people can be harmed. On one side, it gives a false sense of moral inclusion based on lower body weight, and therefore fails to instill such virtues as compassion or empathy. On the other side, people with obesity who remained outside of the moral boundaries of the dominant popular culture, are harmed by having a lack of acceptance, lack of available measures to treat obesity, and insufficient access to the social support systems. Such dichotomy, created on the basis of one's body weight, is ethically unacceptable; it is harmful and cannot be considered a norm, or a code of conduct. Moreover, it poses a question of the utility of moral boundaries for the pro-obesity and anti-obesity proponents, searching for the ethical principle that both justify the actions and bring about the goodness.

**iv. The principle of beneficence and duty to care: moral imperative and rationale for paternalism**

It might seem that the principle of beneficence can help resolve the issue of obesity stigmatization and discrimination of people with obesity, but it is too ambiguous. The principle of beneficence here is tightly woven into the duty to care for others. It is morally imperative and even obligatory to provide appropriate treatment of obesity for those who choose to seek help and lose



weight in order to attain a lower body mass index and thus reduce their risk of obesity-related complications. However, those who elect not to make any changes to their body weight, as well as those who are in the pre-contemplation phase of weight loss journey, should be allowed to live without having to defend their decisions. They should not be marginalized and forced to create separate “fat activist” groups to gain acceptance. Such fragmentation and marginalization on the basis of body weight violates the principle of beneficence, as do paternalistic attempts to inform an alternate way of existence.<sup>8</sup> Again, we are most concerned about those who suffer from obesity. To them, beneficence would entail an ability to live without stigma, without discrimination or oppression. Being fully informed of the dangers of obesity as a medical disease, and not a measure of their moral worth or their identity are vital components in assuring that their welfare is being protected.

In unfolding the argument on preserving the beneficence of people with obesity, one might question whether body-shaming constitute paternalistic beneficence: as long as it promotes weight loss, all measures should be morally acceptable because what constitutes beneficence lies in the eyes of the beholder. From the position of many public platforms (movie industry being one example), body-shaming might appear as an attempt to achieve a greater good: if one is ashamed of their body size, they would want to lose weight. Losing weight restores health to those who are overweight or obese, and therefore, in that paternalistic view, body-shaming serves the beneficence principle. However, body-shaming is a construct of coercion, which is defined as a persuasion of a person to act against their choice by using a force or threat. Since coercion violates the principle of autonomy, body-shaming is not a morally justifiable argument in advocating for weight loss in obesity. Instead of beneficence, such approach to weight loss may result in the development of eating disorders, malnutrition, and adverse health outcomes. In fact, what may constitute

beneficence is living a flourishing, dignified life, and therefore a coerced approach is morally unsound.

Another argument in discussing the principle of beneficence is to advise against excessive medicalization of obesity. It is vital to inform people of the medical risks of obesity, but medicalizing obesity without taking into consideration the wholesome welfare and the contextual aspects of a human being would also violate the principle of beneficence. Focusing on obesity without focusing on one's welfare would be in violation of the beneficence principle. In fact, overemphasizing obesity, medicalizing it and elevating it as the only concern instead of focusing on one's wellbeing is counterproductive, as evident by the formation of "fat activism" movement that suggests "fatness" normalization. The concept violates the principle of beneficence, where negating obesity, as well as disproportionately overemphasizing it are not apt to bring about the goodness.

There are numerous examples in the camps of "fat people" that argue their beneficence through justice. They believe that everything should be done as fairly and equally to those who are "fat," and this is beneficence; thus, their claim against medicalizing obesity.<sup>7</sup> However, from the standpoint of those who are not in the "fat activist" camp, such a claim violates the principle of beneficence in their prism: one cannot benefit others or allow others to attain wellness if they are denied the notion of the disease. Therefore, it is the duty to inform people with obesity of the risks and potential complications of obesity so that a fair, autonomous choice can be made in achieving wellness. However, informing others without oppression and coercion is the key in observing the principle of beneficence.

People like Rebel Wilson, Adele, and many others should not fear criticism when losing weight. If it benefits them, it generates a common duty to care for these people, no matter what choices they make for their health or career in regard to body weight.

In addition, there is no beneficence in the activists' claim that those who are not "fat" should not discuss or study obesity. To those who are not in support of the "fat people" movement, such statement is morally unjustified because it encourages exclusion of a specific subpopulation of people. It is morally exclusive because it discriminates against the scholars who do not have obesity. There is no doubt that those who have lived with obesity or overweight have experienced the bias and the stigmatization firsthand; this is a heavy burden that many are forced to carry as a result of stigmatization of a mainstream culture. However, denying the science of obesity research, denying the knowledge that has been gained on studying fat tissue and obesity purely because it is not conducted by researchers with obesity, violates the bioethical principle of beneficence. By the same token, it would be morally unjustified to study racism only by those who have experienced it or allow to study Judaism only by those who identify as Jewish. There is an epistemological wealth in combining views and experiences, therefore marginalization should not take place and would violate the principle of beneficence.

If one turns their attention away from the medial issue and instead, focuses on accepting obesity as a norm, people might be unfairly and unjustly deprived of important medical information about the risks and harms of obesity. Suppressing medical knowledge of the risks of obesity constitutes a violation of the beneficence principle, and it further violates the duty to care for others who deserve to make the least harmful, well-informed, and autonomous decision to receive fair and impartial treatment. The ethical discourse that exists in relation to obesity has emerged because the influential part of our community denies people with obesity an equal access

to many goods and services, ridicules those with obesity, and forces them to perpetuate the problem of obesity misinformation and misperception.

“Fat activists” publish articles, run workshops, participate in protests, and write books to promote normalization of obesity at a cost of obesity ignorance. Pro-obesity scholars attempt to reframe commonly accepted scientific understanding of fat tissue, inviting the participants to transform narratives around “fatness”.<sup>37</sup> Seeking ways to accept obesity, find ways to embrace oneself and those around them, is important from the point of view of beneficence. The benefits of self-acceptance are numerous and are discussed in many contexts: self-acceptance is beneficial because it offers dignity and a sense of moral worth, as well as reduces anxiety surrounding obesity and the risk of depression.<sup>38</sup> The connection between mental state and appetite (which when disrupted, can lead to obesity) cannot be underestimated. Guobin Xia and his colleagues unveiled neural mechanism by which mental state and appetite are reciprocally interconnected. They have found that targeting gamma-aminobutyric acid and serotonergic outputs in the brain may reduce diet-controlled obesity, thereby reducing total calorie intake and changing food preferences towards a healthy low-fat spectrum. It is important to consider mental health as a prerequisite to attaining wellness and reducing the risk of obesity. Therefore, self-acceptance should be celebrated regardless of body size. It can also be viewed as a moral imperative to care for others and as a duty to promote health, not to ignore obesity risk.

The principle of beneficence and the duty to care for patients extends further, advising bariatric surgeons to reopen conversations about the ethics of severe and complicated obesity, and urging the healthcare companies and policy makers to provide sufficient coverage for bariatric services to such patients.<sup>29</sup> Timely bariatric interventions help reduce morbidity and mortality related to obesity, and the benefits of such interventions outweigh the risks of surgery. They appear

to be cost-effective in the overall treatment of obesity – particularly if yearly healthcare expenses associated with obesity and its complications are taken into consideration. Nevertheless, such intervention alone, while in accordance with the principle of beneficence and duty to care, does not normalize obesity. Unfortunately, the access to appropriate obesity treatments is hindered due to poor health insurance coverage, under-recognition of the urgency of the appropriate referrals, and the growing number of contraindications to bariatric surgery as obesity progresses.<sup>29</sup> Adding “fat activists”’ denials and objections to these existing barriers further violates the bioethical principles as it relates to the perception and acceptance of obesity.

The influential and dominant social constructs have a moral duty<sup>36</sup> to provide the infrastructure to help those who suffer from overweight and obesity, as well as to recognize and appropriately acknowledge the medical risks of the disease. It is also a moral duty of citizens within these constructs to promote a non-biased culture of acceptance of obesity, help find means to prevent its development and progression. Following false claims of denial or anger and affirming a novel concept of “fatness” leads to increased morbidity burden, and a higher risk of death from severe obesity or obesity-related complications. For example, delaying bariatric surgery for patients with severe obesity increases the risk of death three-fold in ten years.<sup>29</sup> Though acceptance of obesity may be important and necessary from the standpoint of beneficence, acceptance cannot result from the willful ignorance of the medical effects of obesity.

In accordance with the principles of beneficence, non-maleficence, and justice, patients with obesity should be allowed to recognize the disease, and instead of reframing the fat tissue as proposed by “fat activists”, they should be supported in seeking help when desired. While people with obesity feel that they experience oppression<sup>7,37</sup> in many areas of social construct, the oppression does not come from studying obesity; rather, it results from misunderstanding of the

disease, its predisposing factors, and mainstream approach. Misunderstanding leads to excluding obesity from morally accepted norms, which further escalates the ethical conflict of moral exclusion.

## **Chapter 4: The role of moral theories in addressing ethical conflict that surrounds obesity within the modern community**

### **i. The value of the theory of moral exclusion and inclusion as it pertains to obesity bias and marginalization**

The concepts of moral inclusion and exclusion were introduced by the sociologist and criminal justice scholar Susan Opatow over 30 years ago while searching for the reasons and explanations of human actions in social arena. Interestingly, this concept applies to the issue of obesity in a way similar to marginalization of society in human rights violation battle, political repression, or other forms of injustice where the influential dominants of the society define moral boundaries that fit their values, and thereby, excluding others who do not fit within those boundaries based on political views, religious convictions, race, or weight, as it pertains to the narrative of obesity.

According to Dr. Opatow, moral exclusion happens when an issue, a decision, a value, or a subset of people fall outside of the boundaries of what has been determined to be morally acceptable.<sup>27</sup> In relation to obesity, moral boundaries have been established by the powerful stakeholders, such as government, policymakers, healthcare agencies, movie and production companies, food industries, pharmaceutical corporations, advertisement firms, and even the education sector, where those who fall within the accepted boundaries have access to many goods and services, while the people outside of the moral boundaries are being viewed as morally flawed and are being negatively stigmatized.<sup>14</sup> Nearly every area of collective community perpetuates injustice towards those with obesity: reduced hourly wages for those with higher body weight, limited reimbursement for health services related to weight management, lack of empathy in the media toward those who suffer from overweight and obesity, increased victim-blaming, derogatory humor, and denigration of people with obesity of all ages.<sup>14</sup> Movie theaters, medical offices,

airports, places of employment – injustice from being morally excluded is widely observed. Even dietitians and fitness coaches exclude people with obesity from their morally acceptable boundaries, defining them as inactive, lazy, insecure junk food consumers.<sup>14</sup> The tone of descriptive adjectives applied to people with obesity may not appear as dehumanizing as the one applied in genocide or slavery, but it, nonetheless, diminishes one's sense of moral worth, depletes their sense of dignity, and therefore, deserves further ethical investigation.

Moral exclusion of people who suffer from overweight and obesity leads to several grim outcomes: multiple parts of the community lose their ethical consideration for others who are unlike them. As a result, the marginalized people suffering from obesity are forced to find their own ways of achieving moral inclusion, developing body-positivity, and findings acceptance.

This notion can explain and perhaps, attempts to morally justify why people with obesity gather into “fat activist” groups and communities. A novel movement of self-proclaimed “fat scholars” has been transforming the landscape of living with obesity.<sup>7</sup> There are groups of people who advocate for the epistemological and logistical homogeneity: physical education of those with obesity should be provided only by the trainers with a similar body weight; “fat activists” are the only ones who should inform others in their community on how to be a mom, a successful entertainer, or a traveler, to name a few. People who have been stigmatized because of their body weight generate a new terminology that utilizes a word “fat” in a descriptive and assertive way without offensive connotation, attempting to redefine the value and meaning of “fatness”. They argue that there is a deficit of fat understanding in society and claim that the only epistemologically valuable study in obesity should involve those who are indeed “fat people” themselves.<sup>7</sup>

Such arguments are well-informed and originate from the refusal to exist outside the moral inclusion boundaries. Instead, “fat people” generate their own moral inclusion system that defines



anything that is “about us without us” as harmful, oppressive, and unfair.<sup>7</sup> They understand justice only when it entails the populations who experience obesity, and those should be morally included and allowed to conduct research in the field.

When looking at the issue through the prism of moral acceptance – whether utilizing the inclusion-exclusion facet or dichotomizing it via the justice-injustice criteria – it is evident that sustaining “fat people” groups who are defiant and resistant to the commonly known scientific knowledge is costly.

First, under the banner of transforming the narrative around obesity, “fat activist” movements promote a culture of reciprocal oppression and intolerance. They refuse to admit that obesity epidemic exists<sup>61</sup>, in spite of a sizable body of scientific evidence that identifies over 200 medical complications of obesity.<sup>28</sup> “Fat activists” under the logo of “anti-diet dieticians”, for example, argue that fatphobia is more harmful than obesity itself; the rates of obesity are wrongfully overestimated, and claim that “diet culture is responsible for the oppression of people who do not conform to the ideal of thinness that it advocates: fat people. The latter are constantly stigmatized, in an openly fatphobic society.”<sup>61</sup> Such activists embrace “fatness” as a way of self-normalization without realizing the magnitude of collateral damage of their denial. It is reasonable to consider either of the extremes of a body weight spectrum to be harmful, and as it pertains to obesity, undermining or excluding the scientifically proven biomedical effects of obesity on one’s body would be morally unsound. It would also be morally unsound to exclude people from a social construct purely based on their weight. The damage for such fragmented approach is significant in that it further promotes failed reciprocity and is manifested by intolerance, anger, and oppression on both sides of the spectrum of moral boundaries. To accept oneself is the right thing to do, whether the decision is based on its righteousness or because of the inherent virtue of compassion

towards oneself. However, it is morally wrong to exclude oneself or others based on body weight from the circle of moral acceptance and the available determinants of health.

Secondly, if anger and denial are the stages in the process of finding acceptance, then there is a big price to pay for harming those who could benefit from treatment if they were timely well informed. The members of pro-obesity movements consider “anti-fat” campaigns – like the Strong4Life campaign in the United States, Grabbable Gut campaign in Australia, and the Obesity Causes Cancer campaign in the United Kingdom<sup>7</sup> – to perpetuate stigmatization. “Fat activists” believe that viewing obesity as a problem is wrong, and they see such campaigns as attempts to eradicate “fat people” as a population. An acclaimed scholar Camille Cottais along with her colleagues notes that “fat positivity” activists, ironically, marginalize people suffering from obesity: they do not accept obesity as a medical problem; they do not accept any “non-fat” researchers; they do not accept the “fat epistemology” that does not meet their agenda.” The concept of obesity is viewed as an undesirable foreignness: obesity as a medical disease is not universally accepted and is misinterpreted manipulating the moral boundaries and the overarching perception of justice.

Moral inclusion is an arbitrarily justified set of norms that are adopted by the majority, where everything that falls outside of those predetermined norms is morally excluded. For the included majority, belonging with the majority constitutes justice and beneficence with little to no consideration being given to those who fall outside of the moral inclusion boundaries. In reality, the burden of moral exclusion negatively affects everyone because of the flawed premise for excluding certain people based on certain characteristics. When exclusion of people from moral acceptance boundaries based on their body weight becomes acceptable, and when obesity instead of being viewed as a multifactorial medical condition is being perceived as a moral weakness –

such model of social fragmentation is unsustainable. It is prone to discriminatory actions and instills a sense of injustice in people within and outside of morally accepted boundaries. With the advances of fat tissue epistemology and knowledge of the pathogenesis of obesity, a failing of moral attribution based on phenotypical features has become more evident.

Body positivity is vital in sustaining an emotionally balanced life. Stigmatizing or oppressing anyone within the social construct – whether among the “fat people” movement or the anti-obesity “fat phobic” campaign – is ethically unjustifiable. There is no ethical obligation or any sufficient ethical reason to include or exclude people from a society based on their body weight. Suffering from obesity is not morally wrong but making others suffer from obesity discrimination is morally uncalled for. The need for a symbiosis between the ethics of justice and the ethics of care becomes evident. From the point of ethics of justice, we ought to ensure fair treatment for everyone, and that means for people with obesity, without obesity; those who are prone to oppress, and those who are the recipients of oppression. The concept of moral boundaries illustrates that, while “fat activists” are united in their battle against moral exclusion, they should not reciprocate by inviting to exclude people without obesity from relevant discussion and epistemological evolution of the ethics of obesity. In order to further explore the path to acceptance of obesity and the ethical discourse it takes within various parts of the popular culture, several moral theories can be applied.

**ii. The utility of the ethics of care and virtue in the ethics of obesity.**

The ethics of justice and the ethics of care are complementary to each other in ethical decision making. This does not always hold true within the modern community as it pertains to obesity: illustrations from the celebrities who serve the film industry. Provision of bariatric accommodations, optimal cost reimbursement,<sup>29</sup> fair societal portrayal, and avoidance of discriminatory undertones that evoke defensive behavior, constitute justice when addressing

people with obesity. It also constitutes care for those who are vulnerable and in need of additional support. In her commentary on ethics of justice versus ethics of care, Annatjie Botes<sup>29</sup> highlights the following characteristics of the ethics of care: care and love for oneself and for others, a holistic perspective on moral phenomena, responsibility towards one another, maintenance of harmony and relations, sympathy, dedication, empathy, inductive thinking skills, respect for others, understanding human dignity, mutual trust, commitment, consciousness, uniqueness of every moral situation, hope, courage, modesty, and patience. She then highlights the characteristics of the ethics of justice, such as rational decision-making, universal principles and rules, consistency, respect for human rights, equality, impartiality, accountability for decisions, obligations according to rules, autonomy, and self-determination. All of these characteristics can be used simultaneously where the ethical benefits are cumulative. They help preserve common values and should be utilized by everyone regardless of body size or affinity to the “pro-fat” or “anti-fat” campaigns. Many of these values also represent the virtues that are universal and if universally adopted by the influential social entities, will help uphold the ethical codes of conduct and will model an ethically sound trajectory in relation to the acceptance of obesity.

If the virtues that are instrumental to the ethics of care are applied rationally, fairly, and impartially, then morally permissible decisions can be made in relation to those who suffer from obesity. Such virtues as dedication and empathy, which are rooted in the ethics of care, serve well when caring for those with overweight and obesity. The virtue of empathy, for instance, would not permit portraying people with obesity as ugly, or lazy.<sup>17</sup> Dedication would ensure that affected individuals have access to the tools and the determinants of health to meet their needs. Caring and modesty would prevent bringing forward the culture of fascination with thin and underweight.

However, two positions of justice and care are irreconcilable because care ethics depends on virtues, while justice is impartial and fair. The argument is supported by Hekman<sup>31</sup> who states that the moral theory of care ethics is fundamentally irreconcilable with the ethics of justice, mainly due to the fact that fairness and equality that define justice are not embedded into the ethics of care. It appears that the ethics of virtue is the moral theory that helps to reconcile the conflict and is utilized to integrate justice and care.

To illustrate this point, Melissa McCarthy, an actress, who has been nicknamed a “female hippo”<sup>58</sup> due to her body size, has stated that it is the time to stop categorizing women based on their weight. Her statement comes from the position of care and a virtue of compassion. Similarly, a designer and actress Lauren Conrad announced that she will not allow any body-shaming language on her website.<sup>32</sup> The justice and the theory of care are unified because of one’s virtues, which help reduce the obesity bias and negative stigmatization of obesity.

At the same time, the proponents of “fat activism” should utilize the virtues of understanding human dignity, commitment, empathy, and respect for others when dissociating the disease of obesity from its social misrepresentation. Such virtue as commitment would not allow “fat activists” to prevent others with obesity from properly understanding obesity as a disease. Denying currently available knowledge of obesity brings injustice to those who would otherwise benefit from obesity treatment. Ignoring the risks of obesity disrupts the ethics of care and should be dealt with in a non-punitive, virtuous, and constructive way by generating systems and frameworks that offer solutions to the polarized misrepresentations of obesity as either a moral failing or a moral good.

Despite ethical conflicts generated by the formation of “pro-obesity” movements, the culture of body-shaming is changing. There is a sense of moral obligation to do the right thing, to

do it fairly, carefully, and virtuously. The overwhelming amount of data proves that women more than men lead the initiative of reopening the conversation surrounding overweight and obesity. While men might suffer from body shaming and stigmatization of obesity as much as women do, it is mostly women who gather in groups and organize the activist movements to shift the paradigm.<sup>33</sup> While some people call to action using ethical codes of conduct (informing without blaming, supporting without angering), others take it a step further, crossing the boundaries of what is morally acceptable.

There is also no ethical obligation to lose weight, even if society stakeholders assume that those who do not lose weight are of less moral worth. Ethical issues related to obesity take some if their roots in the determination of one's moral worth. If obesity is considered a moral flaw, then those who are "flawed" are not considered morally worthy even though they have the same moral agency than everyone else. Also, if people with obesity disagree with being defined as less morally worthy, they object, reject, and retaliate against the multiple widespread obesity discriminations and oppressions. In fact, "fat activists'" perception of themselves might serve as a prerequisite for questioning the moral worth of "fat phobiacs" – individuals who fear "fatness", and who perpetuate or enable the perpetuation of bias and negative stigma surrounding obesity. Both camps of people misinterpret obesity, failing to give it adequate consideration and management in order to attain health.

By denying obesity its proper recognition as a medical illness, "fat activists" are likely to continue to lack resources and support they need for obesity treatment, maintenance, and promoting morally sound self-identity that translates into a sense of moral worth.

**iii. A value of moral worth in the ongoing conflict between the positions of "fat activists" and anti-obesity proponents**

### **a. Moral character and moral worth**

The promotion of “fatness” as a norm by some and the perception of obesity as a moral flaw or a lack of will power by others creates a moral conflict in the attitude toward different body size. If people suffering from obesity, do not have a clear definition of what it means for them and for others to be different; how it affects their sense of self, their moral character re they not worthy of respect and acceptance? Is their moral character any different to alter their moral inclusion? Such uncertainty leads to questioning one’s moral worth. If one camp of people endorses a normalcy of “fatness” and the opponents dismantle that notion, the confusion between what is morally right and what is morally wrong worsens. Any discriminatory or judgmental attitude from both camps of people (“fat activists” as well as anti-obesity proponents) toward each other raises a question of whose narrative should prevail. Does it have an ethically justified platform, and what does it say about their moral character. The decisions whom to trust in attitude toward obesity, and whose interests are being followed are difficult to discern, and they do not always result in the desired outcomes. For example, anti-obesity proponents view obesity as a moral failing, and therefore, reduce the identify of those with obesity, undermining and diminishing their moral worth. At the same time, their own moral character is questioned. When the blame for suffering from a medical disease is being wrongfully placed on the very people who are already affected by the disease, no attributes including the presence of such virtues as kindness, empathy, or good behaviors can comprise the ethically sound moral character.

On the other hand, when “fat activists” promote the culture of normalcy of “fatness”, disregarding the evidence that obesity is a medical illness, and not an epistemologically unsupported entity generated by the “fat-phobia” oppressors, then the judgement of their moral character stem from the lack of such virtues as loyalty, fortitude, sensibility.

Uncertainty around one's moral worth is perpetuated by the societal unfair criticism of obesity. By promoting the culture of moral non-acceptance of a large body weight, those who live with obesity become more vulnerable, unsupported, and marginalized.

Viewing obesity as a social construct,<sup>56</sup> is bound to view the people with obesity as socially disadvantaged, and therefore, misinterpreting the driving forces for obesity development and progression as a measure of one's moral character. Moral character is being questioned by anti-obesity proponents, who view moral character as a morally failed response to social construct. The pro-obesity activists recognize fatness as a norm, and therefore any combination of attributes that form moral qualities (otherwise defined as a moral character) that differs from what they proclaim, negative affects moral character, in their view. "Fat activists" also make a moral worth claim, where the "non-obese" people who offer epistemology on "fatness" are not viewed as worthy of addressing the topic.<sup>7</sup> They are not worthy of discussing "fatness" because they are viewed as less morally worthy. Here, moral worth is being perceived by "fat activists" as a particular way in which studying "fatness" should only be accessible to those with valuable moral values or character. Since people without obesity are devoid of the opportunity to study the condition, they are believed to have no moral reasons because they lack moral character and are not morally worthy to address the topic. A contrasting phenomenon is observed on both sides of the spectrum of moral worthiness, where the reasoning affecting moral character and one's moral worth appears to be unfortunately similar. A lot of obesity stigmatization is being attributed to failed social construct, maladaptive behavior, gluttony, dietary indiscretions, poor education, lack of physical inactivity. Therefore, a faulty temptation to dehumanize those who suffer from obesity, as well as misunderstanding among those who normalize fatness and refuse to medicalize obesity, ultimately affects moral worth and moral character of everyone involved.<sup>57</sup>



## **b. Moral worth and reciprocity**

In the world of social relationships, reciprocal interactions create a sense of self-visibility. It creates a sense of self-worth, moral worth. One's view of oneself depends to a large degree on one's interactions with others.<sup>34</sup> If these interactions are harmful, dismissive, or morally exclusive, the perceived experiences of one's visibility and the visibility of others are distorted. In order for people with obesity to form an appropriate response toward themselves or others, the surrounding social environment needs to reciprocate. Failed reciprocity creates a fragile and wounded identity, reduces one's sense of moral worth, and forces to engage in conversations or actions that lead to harmful outcomes. Failed reciprocity can result from explicitly malevolent attacks on people of different body size, which is morally unacceptable but is commonly observed, as has been exemplified by the development of "fat pride" movement or "fat activism". More challenging are those interpretations that are implicit and not readily noticeable. Such implicit bias result in a flawed reciprocal attitude that promote pro-obesity movements and proclaim disease as a norm, seeking acceptance in the normalization of obesity. When one only sees themselves as a "fat person", and this is the only identity one associates with in order to reciprocate the oppression, then harm results leading to ignorance, secondary obesity complications, and unethical discourse.<sup>35</sup>

One example of such a discourse is the movie *Dumplin'*. It attempts to normalize obesity without bringing about the acceptance of everyone; rather, the discord between people like *Dumplin'* and everyone else exacerbates further. The producers send an implicitly unethical message that people with obesity are so very different from everyone else that they need a dedicated platform to demonstrate how the acceptance can be achieved. On the other hand, focusing solely on attempts to normalize obesity undermines those who already suffer from the disease because it robs them of an opportunity to receive available objective evidence of the

disease risks, treatment options, and complications if left untreated. Such a failed reciprocal relationship between people with obesity and the rest of the society leads to marginalizing – a shift of moral standing for many in the community. For example, children observe that being different leads to body-shaming and stigmatization, which in addition to many other unfavorable factors generates anxiety, depression, and insecurity around the issue of body weight<sup>52</sup> and becomes an unfortunate background for the development of compulsive eating disorders, and body dysmorphia.

When obesity acceptance is not present, the treatment of obesity is not an option, and presence of the medical condition is moral distressing, the only way out of the situation for people with obesity might be able to simply ignore the issue altogether, creating a stance of failed reciprocity. As Dr. Steinbock put it: “Seeing someone then as warped or deranged or compulsive in behavior...tends...to set him apart from normal participant reactive attitudes on the part of one who sees him, tends to promote, at least I the civilized objective attitudes.”<sup>35</sup> Here the reciprocal response of ignorance is anything but “civilized”. It represents a reactive attitude that is counterproductive, it does not help treat obesity or establish a healthy lifestyle.

Seeing another human as unfavorably different and “warped” merely because of their body weight, and moreover, accepting such determination to be morally acceptable, reduces the perception of moral worth of those who look different. This in part, explains why there is so much hostility and negativity that surrounds Rebel Wilson and Adele in their attempts to establish healthy life habits while losing weight. Rebel Wilson has been vocal that one of the main reasons she wanted to regain a healthy lifestyle is because she hoped to conceive. Losing weight is one of the measures that reduce a pregnancy risk in those with obesity. Nevertheless, society, media, and even her own colleagues saw her action as a protest against the obesity related stigma. “Fat Amy”

was the image Rebel Wilson expected to uphold. She was viewed as different, as less morally worthy individual whose obesity portrayal was in demand and was morally accepted. When Rebel Wilson announced her recognition of obesity as a risky and harmful medical condition, she became subject to criticism by both camps – those who advocate for “fatness” and those who ridicule the “obese”. For someone who has been struggling with a medical disease, who lived under pressure and simply wanted to be healthy, such criticism could cause additional harm and violate the ethical principle of non-maleficence. Even by her own colleagues Rebel Wilson has not been treated as a morally worthy human being whose choices are to be respected; instead, she has been viewed as a means for profit of others.<sup>37</sup>

The mainstream anti-obesity community has taken a similar discourse toward other celebrities, such as Adele or Jonah Hill, penalizing them for having to live with obesity, as well as ridiculing them after losing weight. These examples illustrate how difficult it is to live in the world of obesity unacceptance, and how challenging it is to try to reestablish a healthy lifestyle when one’s moral worth has been identified with their body size. As a result, people with obesity attempt to restore their sense of moral worth; obesity is not a shame or a fault, and it should not be viewed punitively. It is also not a nuisance that can be ignored, but a medical illness that requires attention, which is where the discussion of the response to a dominant culture gains relevance.

## **Chapter 5: Response to the dominant cultural view of obesity claim**

### **i. The role of “fat activism” in portraying obesity and the risks of anti-obesity**

The harms of misinforming the public about the risks of obesity come from such influential platforms as a mainstream film industry. Through these arenas discrimination against people with obesity, produces a sense of pseudo-body positivity. The examples of such productions were offered earlier in the manuscript, as an illustration of the drawbacks of pro-obesity movies such as *Dumplin'*, or anti-obesity productions like *Shallow Hal* or *Pitch Perfect*. In the movie industry, by targeting the characters suffering from obesity, the media creates a gap between the moral duty to unconditionally accept every individual regardless their looks and the message that is actually being conveyed. As a result, it creates anger, stereotyping, and failed reciprocity, thereby violating ethical principles (one of which is non-maleficence, for example), and negatively affecting a sense of one's moral worth. In this context, harm is done by misrepresenting obesity and those who suffer from it: the rates of anxiety, depression, and body dysmorphia are abundant as comorbid conditions in obesity.<sup>17</sup> They do not help achieve the goal of healthy weight loss or ethically sound acceptance.

On the other hand, those who choose to ignore current anti-obesity agenda, congregate into groups, societies, and camps to protect themselves from stress and harm. They, however, turn away from the existent medical problem of obesity, mistaking ignorance for acceptance. Acceptance indicates a willingness to tolerate something difficult, and it should be done in accordance with moral virtues, values, and four main bioethical principles of beneficence, non-maleficence, autonomy, and justice. Weight is not a measure of a moral value between people, and therefore any bias, stigmatization, and discrimination that constitute harm violate the norms of ethics.

Instead, such virtues as compassion and tolerance, might serve to support the values of integrity, fairness, or loyalty to one another in the community, regardless of body weight.

While some scholars, like Peter Singer, urge people with obesity to confront the disease, others see harm in the moral distress that such conversations impose. Potential harm may come to individuals with obesity if they are constantly reminded of those risks and harms, and if the disclosure is punitive or blunt. For example, Peter Singer argues that additional costs incurred by airline passengers with obesity are justified because such passengers occupy more space on an airplane.<sup>40</sup> His argument supports the idea that such measures will persuade people with obesity to lose weight, and those who are engaged in maladaptive behaviors would think twice before gaining weight. He also argues that public policies coercing people into weight loss are more beneficial than harmful since people with obesity lack a sense of self-control in their eating habits. However, such attitude toward obesity is harmful and cannot be justified from the standpoint of theories of virtue or care. It violates the principles of non-maleficence and justice because the resultant stigmatization and oppression lead to unfairness and a culture of harm acceptance for individuals with obesity. The psycho-social and medical risks of stigmatization and discrimination are defined by harm in this context. To the rest of anti-obesity proponents, people with obesity become subject to ridicule and oppression. A morally conducive way to persuade people with obesity is to adopt a healthy lifestyle is to eliminate punitive approach, minimize dismissive and hurtful media portrayal, and implement programs and services aimed at reducing the acceptance of harm, and therefore reducing moral distress.

There are instances, though, where the proponents of pro-obesity movement offer constructive solutions to the problem of injustice, and instead of restricting these benefits to the

“fat activist” groups, a similar approach might be extended to the entire social sector, making it readily available to everyone.

**ii. The justifications of the “fat activist” groups**

**a. De-escalate discrimination**

There are examples where the intentions of the pro-obesity individuals and their groups prove to be positive and instrumental in destigmatizing obesity and allowing equitable access to the goods and services. For example, owning a “fatshion” store<sup>7</sup> that provides affordable fashion for women with obesity exhibits virtues of compassion and care for those who suffer from obesity and have a difficult time finding appropriate attire. In exhibiting these virtues, one must not forget that building a “fat epistemology” should not exclude obesity as a medical issue; rather it is an opportunity to de-escalate the injustice and discrimination toward those with obesity.

**b. Promote additional epistemology**

The idea of generating a dedicated “fat epistemology” speaks to the relevance of the issue and the need to call attention to the currently circulating bias and stigma. “Fat activists” create blogs, record podcasts<sup>39</sup>, and try to reframe obesity, thereby assisting those who suffer from the disease. As long as “fat epistemology” does not promote the ignorance or moral exclusion of non-obese scholars, such initiative has a beneficial additive effect to the body of knowledge in obesity.

**c. Bring a sense of belonging**

Another positive example, from a utilitarian perspective, is to bring a sense of belonging to people with obesity. This consequentialist approach to addressing obesity speaks to the position of selflessness.<sup>59</sup> Utilitarianism in its consequential approach, requires selflessness to determine how one’s actions might affect others, which then notes moral value based on the consequences.

As a consequence, for a selected subpopulation of people with obesity, who made an autonomous choice to embrace “fatness” and promote it to others, “fat activism” appears to be morally justified. However, if belonging to the “fat activist” movement hinders one’s acceptance of the risks of obesity, it could lead to ethical conflict: actions are moral based on the consequences, as long as the consequences are not harmful. Here a sense of belonging is morally sound, but if only restricted to “fat activists”, it deprives others from benefiting, and it should not come at a price of ignoring obesity.

**d. Attempts to achieve ethically acceptable goals in addressing obesity**

A mature approach to weight loss and healthy lifestyle strategies originates from the notion that a preserved autonomy would diminish harm, eliminate anger, and achieve ethically acceptable goals of addressing obesity.<sup>41</sup> Based on the current knowledge of pathophysiology of obesity, there are multiple triggers and pathways that are responsible for the disease. There are more factors than maladaptive behaviors that lead to obesity, so focusing on obesity prevention and timely recognition of the required treatment are better modalities. As it applies to any public health issues, coercive measures only amplify bias and risks of harm to this already vulnerable population. While these considerations apply to people with obesity in general, the reliance on coercive public health measures perpetuates a morally exclusive attitude that permeates our communities, further limiting access to the required goods and services of people with obesity in need. Such approach affects one’s ability to achieve well-being, and limits capacity to attain human flourishing.

## Chapter 6: Human flourishing and obesity

In recent years, the understanding of human flourishing has come to be understood as a positive psychology movement<sup>51</sup>, and it is now thought to be the driving force of physical well-being. Striving to achieve human flourishing for everyone within a community, might help achieve a healthier lifestyle, with a more positive outlook on one's life. Thriving human beings are autonomous, rational individuals who are likely to make the decisions that result in benefit or pleasure for self or others, incur less amount of harm, and provide a fair and equitable distribution of goods and services to those around them. A thriving community is devoid of harm manifested as discrimination, oppression, or stigmatization. These concepts might appear utopian, but the goals are worth pursuing as they attain a better individual wellbeing and strive for the maximization of health.

Perhaps, the most relevant definition that should be applied to the construct of human flourishing is a “natural home for spirituality,” where a spiritual dimension is combined with social and psychological wellbeing.<sup>51</sup> It resonates with Aristotle's eudaimonia, or “good spirit”, which he also described as “the ultimate end or goal of a good life”. Inasmuch as the term flourishing is multidimensional, such ethically justified goods as virtue and morality might take precedence. The goal of utilizing and promoting the virtues to serve and reciprocate with justice or care is capable of bringing about a good life.

In the attempt to offer a pathway to attain the eudaimonia, we can hardly call Peter Singer's invitation to overcharge airline passengers based on their body weight<sup>40</sup> a virtuous decision. Similarly, it appears morally unjustifiable to produce films that portray people with obesity as destructive and gluttonous (*Shallow Hal*), or unattractive and unworthy (*Pitch Perfect* and *Dumplin*). In addition, it is not ethically acceptable to criticize and ridicule people who chose to



lose weight and who advocate for body positivity without anger, aggression, or ignorance (Adele, Rebel Wilson, Jonah Hill). Eliminating negative stigmatization of obesity should occur in a collaborative way from the governmental tier of our society (changes in public health policies, affordability of the healthcare systems, transformation of legislative agencies), as well as at the individual level. When moral theories are applied, and four main ethical principles observed, the goal of accepting obesity while addressing its biomedical, social, and public concerns, is attainable. However, it requires a corresponding framework for sustainability.

Flourishing is achievable regardless of one's body size, and a flourishing life is a continuum: morally accepted path to a healthy living. The mechanism by which human body regulates metabolic and neural responses has been unveiled, where ability to control appetite (one of the contributing factors in the development of obesity) is closely related to mental state and the ability to flourish.<sup>38</sup> Living a healthy life is associated with a healthy weight and helps prevent complications and harms of obesity. Living healthy is accepted by both, "fat activists", as well as anti-obesity activists because it does not violate any of the aforementioned ethical principles or theories. Choosing a healthy lifestyle is an autonomous decision in adult population, however, suffering from obesity is not a choice. Those who do not chose to live healthy should not be subject to negative stigma or discrimination as it violates their right to self-govern. In relation to autonomy, current provisions of goods and services, as well as the social attitude toward obesity require robust ethical standards to allow the autonomy to be observed. Not only from the position of respecting one's autonomy, but also from the position of providing distributive justice, it is important to allow people with obesity to choose their life path in having an equitable access to the similar commodities, benefits, and accommodations, as their counterparts without the disease.

Eliminating stigmatization and body-shaming are important prerequisites to allowing everyone to make rational, autonomous choices about their health and lifestyle. When those suffering from overweight and obesity see their favorite singers, actors, and role models succeed in making healthy life choices, they will be inspired to do the same. By the same token, if losing weight catalyzes a cascade of criticism, skepticism, disapproval, shaming, negative stigmatization, and discrimination, many may not choose to follow the same thorn-laden path. Rather, they might find it more attractive to join the other camp of people who also criticize, disapprove, shame, and stigmatize but where they themselves feel accepted. Such acceptance from within self-generated moral boundaries of “fat activists” where everyone who is “fat positive” is included while everyone else is excluded, is morally wrong and is not a path to human flourishing. It remains exclusive to many individuals and unifies people based on weight stigma, rather than their moral character.

The rationale of people who claim to be scholars on obesity, who feel that they should have a priority to talk about obesity not because of their epistemological merit, but purely on the basis of their body weight, is ethically unjustified. Obesity denial and criticism of non-obese researchers violate the principles of beneficence, non-maleficence, and do not allow “fat people” to fully exercise their autonomy. On the contrary, people with obesity who endorse “fatness” have moral obligation to inform others suffering from the same disease. There is a moral duty to inform them of the risks and complications of obesity and the dangers of not exploring available treatment and weight loss options. It is particularly relevant because “fat people” have lived with obesity, they know what it is like and can provide a valuable insight for those who start a similar journey.

Normalizing the views on obesity requires implementation of a framework that would serve as a blueprint for the divided society in addressing the most commonly encountered violations of ethical principles from the individual perspective and from the position of public health.

## **Chapter 7: Public health ethics of obesity; the ethical issues in the public sector and legislation**

### **i. The role of public health ethics in representing obesity and ways to achieve obesity de-stigmatization**

In addressing the ethics of obesity and how it affects the individuals in pro-obesity as well as anti-obesity sides of the societal spectrum, it is important to investigate the issues that arise on a public health level. The ethics of public health plays an important role in designating the principles and creating the frameworks for destigmatizing obesity. Quantitative data indirectly helps discern what principles remain relevant and how they impact the community by demonstrating the effects of obesity on health outcomes. While it is difficult to estimate the economic healthcare cost burdens directly, a quantitative cost per quality adjust life year index has been used. Government agencies felt compelled to find a numerical equivalent to estimate the cost when adjusted by the projected quality of life. This is one way of informing the principle of justice without taking away the liberties of those who suffer from obesity: they may choose their way of life but reserve the right to estimate how costly their healthcare expenses would be and how it might affect their quality of life. This is an example of moral exclusion in the ethics of obesity.

The public health burden of obesity should not be underestimated. The healthcare policy makers and stakeholders must realize that a majority of the expenses go into treating obesity and obesity-related complications, particularly when society does not provide the support for obesity prevention and when the social determinants of health are lacking. At the symposium on the Ethics of Obesity in Public Health,<sup>46</sup> Dr. Ubel, one of the prominent anti-obesity advocates, noted that when people lack sufficient funds, they rarely eat enough or eat healthy. He calls it an “evolutionary calorie hoarding” which requires governmental intervention and support in order to

be properly addressed. How can the people be blamed for gaining weight if their budget cannot afford a healthful diet or an active lifestyle? According to Dr. Ubel, now is the time for the government to put in place the least burdensome policies (such as persuasion campaign and better community information on eating choices). In 2001, when U.S. Surgeon General David Satcher described the increasing body mass index trend as an “epidemic”, it attracted attention to the issue. Such dialogue generated a host of ethical dilemmas, conflicts, and discussions, most of which could be explained from both sides of the spectrum: pro-obesity and anti-obesity movements. The conversations began then. Now, twenty years later, an ethical uncertainty and ambiguity remain: whose narrative counts and is there a way to merge the divide?

**ii. Obesity misinterpretation as a moral flaw – political views that enable obesity  
ignorance and ways to overcome the misperceptions**

From the political viewpoint of anti-obesity proponents, the medical illness such as obesity is often perceived as a moral flaw. This narrative unsettles those who oppose anti-obesity agenda. They deny that behavioral indiscretion is the cause of obesity and promote an opposing culture of defying existing knowledge in favor or reframing the issue entirely. The stigma affects everyone on both sides of the obesity misperception spectrum. People with overweight and obesity receive publicity that is often judgmental and unfair. These negatively charged messages are offensive and violate the principles of justice and non-maleficence, reducing human beings to “blubber”. For example, Pet Association’s advertisement on protecting animals fails to treat people with overweight and obesity as equally within the society. Their slogan “Save the whales, lose the blubber, go vegetarian” is morally unacceptable, demonstrating the danger of obesity misunderstanding.<sup>50</sup> Socioeconomic background and education level are significant factors in the development and progression of obesity while existing double standards that have been

perpetuated by the influential layers of the society, continue to make the situation worse. Obesity is currently viewed as an individual responsibility, a moral flaw, a failed moral standing despite the overwhelming evidence that development of obesity is dependent on community contingencies: availability of healthful diet, access to healthy life choices, such as physical activity, educational programs, public health opportunities, and health insurance carriers with appropriate coverage for the services rendered.<sup>62</sup> Due to lack of sufficient knowledge coupled with economic limitations affecting several racial groups affected by obesity, people with overweight and obesity do not have appropriate legal standing to help de-stigmatize obesity or lift the oppression. Such distribution of priorities lacks appropriate lobbying and results in further violations of the liberties of people with obesity.

### **iii. Legislation challenges in destigmatizing obesity**

Discrimination against obese individuals not only does not promote weight loss but has an opposing effect due to increased anxiety and moral distress.<sup>49</sup> While there is a need to protect those who suffer from obesity with anti-discriminatory laws, the government also needs to sanction marginalization of obese people. Numerous examples of unjustified and harmful representation of people with obesity in the film industry, portrayed over the past several decades, enabled the mainstream culture to overlook the legislative challenges when seeking to protect the interests of those who suffer from obesity. Currently, legal options to protect individuals with overweight and obesity from discrimination are very limited. There are some local jurisdictions present in California and Washington, DC<sup>49</sup> but no federal protections exist. For example, obesity may be considered a disability under California law based on recent Court of Appeal case, *Cornell v. Berkeley Tennis Club*, and according to the state's Fair Employment & Housing Act, it is unlawful to discriminate against an employee on the basis of disability or to refuse to provide them with

reasonable accommodations. Insufficient legal support allows for unethical discourse to continue without a fear of repercussion. Many inequities and discriminatory activities exist in the workplace, where people can be denied a job based on their weight, or where their health insurance premiums increase as a result of a higher body mass index.<sup>14</sup>

The need for obesity anti-discrimination legislation is recognized by many, but it is hindered by the false claims that obesity is a social phenomenon<sup>49</sup> rather than a complex multifactorial disease. Legal justice is required not only because of the concerns for compromised dignity of people with obesity, but also from the standpoint of moral duty. Human moral worth should not be compromised, questioned, or diminished, and therefore, the immoral actions against those who suffer from overweight and obesity in the society, should be recognized as illegal.<sup>49</sup>

There should be no mistake that living with obesity is not a choice, and it does not merely reflect poor life decisions. The “evolutionary calorie hoarding” occurs out of necessity and not as a free choice. Rather, it occurs due to insufficient government infrastructure in providing optimal social determinants of health and access to healthy foods or physical activity. People with obesity, unfortunately, are subject to irresponsible policies and measures that relate to the issue of obesity: unfavorable environmental factors, insufficient preventive measures, unfair and malevolent corporate infrastructures are just a few examples that exacerbate the situation, aggravating the ethical conflict. The currently prevalent portrayal of obesity depicts it as a behavioral misfortune in the media and an excessive consumption in commercial advertising; this needs to change so that obesity becomes a common responsibility of the government or public sector that currently rewards unethical marketing and profit at all costs. Having the appropriate legislation will give the individuals an opportunity to voice their concerns in court and will provide tools for shifting the paradigm in favor of promoting a culture of obesity acceptance without ignorance.

#### **iv. Ethical conflicts of approaching obesity in public sectors**

Even though every individual should take a certain degree of responsibility for their life choices, these choices are much harder to make when decisions are not well informed. Many people are not aware of the presence of unhealthy ingredients in restaurant food, nor are they aware of the harms and detriments of certain nutritional ingredients that are heavily marketed in low-budget pre-packed meals. People can autonomously contribute very little unless the changes are made at the level of the policymakers.

Many, even after discovering the harms of unhealthy foods or sedentary lifestyles may not be able to afford a healthier option. If commercial profits continue to take priority over health and wellbeing, there will always be people who select cheaper and unhealthier options, which in turn, may result in obesity, becoming a public health concern and a higher morbidity risk. Better urban planning, reducing manufacturing of obesity-promoting products should be one of the first steps, along with increasing the outreach and educational efforts on the meaning of healthy choices.

In order to achieve and maintain a healthy lifestyle, people have to overcome many barriers, and when discrimination affects vulnerable populations, such as individuals living with obesity, the goal of weight loss and weight gain prevention becomes unattainable and challenging to achieve. If celebrities with their financial capabilities, access to the nutritionist, personal trainer, healthcare services, and psycho-behavioral specialties, succeed in their conscious choices to attain a healthier lifestyle, it demonstrates that promoting health is possible with the appropriate support, sufficient infrastructure, and time investment. Unfortunately, many people with limited social or financial support systems are devoid of a fair chance to regain health. Such a selective and costly view on health becomes an unaffordable luxury, which violates the principle of justice by preventing a fair and equitable distribution of goods that would enable them to exercise of

autonomy (lose weight, eat healthy, exercise more, secure a job that would enable these life changes). A shortage of the available resources also undermines the value of such an autonomy, where healthier choices and morally sound decisions could otherwise, be made.

Public tolerance of the derogatory comments on one's life's choices without repercussion, illustrates the lack of accountability that further rewards unethical behaviors and contributes to oppression and coercion. There are multiple examples in the film industry and advertising business, where the multifactorial nature of obesity has not been acknowledged within the societal public sector; thus, individuals with obesity or those recovering from it are being misperceived and subject to ridicule.

If the influential stakeholders in the society remain blind to the complex factors that contribute to obesity, they should be held accountable for prioritizing short-term profitability over long-term health. These powerful industries have a moral obligation and the financial means to help resolve the deficit of accessible treatments and services to those suffering from obesity. Until the issue is addressed, a resolution to the moral conflict would be challenging. When appropriate reframing of obesity takes precedence, there is an ethically sound future that favors healthy lifestyles, human flourishing, and improved public health.

Misunderstanding and misrepresenting obesity may result in protests from those who suffer, and as the rates of obesity in the United States continue to increase, the number of people who are being treated unjustly also increases. The prevalence gap between the people with a normal weight and those with overweight and obesity narrows, the socio-economic and educational landscapes shift over time, which affords new opportunities to reframe the obesity narrative. Now, more people who suffer from obesity are well educated, they have access to public speaking platforms, media, and TV to change the narrative. The preponderance to normalize obesity, as evident by the



presence and growth of “fat activist” movements, reemerges. The trend can be viewed as a disservice to those who need to recognize obesity as a disease, take timely action, and prevent morbidity and premature mortality. Unfortunately, a lack of governmental support further exacerbates the misrepresentation of obesity. On one hand, punitive and blaming attitude toward those with obesity may force people to retaliate, and on the other hand, individual denial and refusal to accept obesity as a serious disease that requires treatment, may lead to the conflict in attaining justice.

**v. Whose justice is it, anyway? The narratives of justice in obesity portrayal and management.**

The ethical principle of distributive justice focuses on equity, ensuring that the distribution of healthcare resources in society is fairly allocated. While healthcare resources might be limited, it does not mean that all services and resources for people with obesity should be limited, as well. This position is defended by “fat activists”, stating that “fat phobia” generates a culture of the acceptance of injustice, deprioritizing the healthcare needs of people with obesity.<sup>29</sup> For example, a multimodal approach to the treatment and prevention of obesity and obesity-related complications requires long-term follow-up, which can become costly for the healthcare system since it often requires a combined approach that includes pharmacotherapy, bariatric services, and behavioral modification. Not all medical conditions require diverse management modalities, and the stigmatization of obesity as a failure of self-control further prevents healthcare agencies from investing in the cause.<sup>42</sup> Insufficient health coverage and support of treatments generates a “fat phobia” that is the object of frequent critique. Specific examples of “fat phobia” include an unexplained fear of “fat” people losing weight (as in the cases of Adele, Rebel Wilson, or Jonah Hill), where undue public interest and criticism of their life choices signal the apprehension of the

weight loss as an obesity treatment modality. Jonah Hill's astute response to the rude and unethical question whether he still considers himself a "fat guy of Hollywood" included a chuckle and a comment whether there are any other questions that are actually smart.<sup>43</sup> This example serves as an illustration of unfair and biased attitude toward celebrities choosing to lose weight in obesity. Implicit and explicit bias and discriminations are abundant; they continue to raise the question of representation and justice. Some even question the intellect. The concern whether people with obesity are intelligent and whether they lack willpower<sup>44</sup> speak to the societal fears of obesity. Despite the fact that there are numerous examples of people with obesity succeeding in attaining a healthier body weight, misconceptions around obesity persist. This misconception is international, and it is not endemic only to the United States.

Many countries around the world recognize that people with obesity lack positive representation in the public arena, so international organizations also aim at recognizing the normalcy of different body sizes. For example, the 1973 Fat Liberation Manifesto demanded granting people with obesity equal rights,<sup>45</sup> and half a century later we continue to struggle with establishing that equality, fairness, justice.

While prominent scholars in the "fat acceptance" movement contribute to the international body of "fat epistemology", they utilize support from the science of humanities and allied health in order to transform the narratives about "fatness" that supports their view on justice. With regards to fair and equitable distribution of services, individual rights need to be respected. A dearth of body neutral movies, weight sensitive merchandise, and obesity awareness services demonstrate how the principle of distributive justice is violated for those who suffer from obesity. Even if these people do not self-identify as "suffering" from obesity, they are, nevertheless, already harmed by the disease and its obesity-related complications.

For those contemporary anti-obesity scholars who understand justice in terms of punitive measures (Peter Singer advocating for raising airline tickets for those who suffer from overweight or obesity<sup>40</sup>), preserving the rights of affected individuals is irrelevant. As such, only the rights of non-obese individuals are respected, and if they control the narrative, then it supports their view on justice. Penalizing people on the basis of their weight, height, eye color, or other attributes creates an unacceptable slope of ethical discourse. By the same token, dismissing the obesity epistemology generated by those without obesity<sup>37</sup> is equally unjustified.

The distribution and prioritization of available resources –whether the themes of the movies, the narratives of the stories, or the affordability of goods and services – lie in the hands of those who inform distributive justice. The prominent scholars, people who receive majority approval, and who have some evidence to support their statements may dismiss opponents’ arguments with a stroke of the pen, altering the perception of justice and its value. Therefore, an alternate narrative has been generated by “fat activists” to counteract the harms and misconceptions of obesity.

A similar pattern of manipulating the position of justice is noted in the film industry. Much like in the example of the movie *Dumplin’*, the narrative is controlled by the producers who feel that it is ethically permissible and fair to portray the main character as a morally excluded individual, who struggles with many aspects of life purely because her body weight. A lot of challenges that Willowdean experiences, come from the oppressions against which she is rebelling (her mother and others in the beauty pageant community who only recognize a single standard of beauty). Willowdean experiences discrimination where she feels unworthy of respect or inclusion, so she defies the stigma, inviting herself into the moral inclusion boundaries. She advocates for justice but does so with anger; she demands justice rather than being granted it like everyone else.

The film portrays that justice can be demanded if one has the power to take it. Rather, justice is a basic ethical principle that does not require forceful acquisition.

People who suffer from overweight and obesity may not want to focus on obesity as a disease, especially if they are against the medicalization of a larger body habitus. Their road to acceptance and a higher self-esteem<sup>14</sup> passes through the defiance of any notion of the abnormality of their body. This leads to a rejection of the medicalization of obesity, to a rejection of the idea that it is a medical condition that carries a high morbidity burden and causes harm, which is proclaimed by the biomedical science.<sup>46</sup> During the Symposium on the Obesity Ethics in Public Health, Dr. Norm Frost, asserted John Stuart Mill's position on governmental interference in cases when liberty causes harm to others. He cited the economic losses (up to \$300 billion) that healthcare system sustains because of obesity are extreme and urged government to intervene and even coerce people into losing weight, even though it would interfere with their liberties. Profound costs to the economy because of obesity as it relates to reduced work productivity, disability, absenteeism, and overall healthcare expenses, trigger three main rationales that Dr. Robin McKinnon defines as asymmetric information, financial externalities, and imperfect rationality. Asymmetric information, for example, describes the rationale for government interference where the appropriate food labeling is required. Financial externalities emphasize the continued increases in healthcare expenses caring for people with obesity, where even earlier mortality of people with a high BMI does not offset the healthcare costs. Under imperfect rationality, Dr. McKinnon understands the deficiency of proper perceptions of obesity, and therefore, flawed life choices that necessitate policymaking and governmental interference.<sup>63</sup>

Based on the abundance of morally conflicting statements pertaining to obesity, an ethical framework is needed as an attempt to address the prevailing issues of obesity discourse in the

modern world. Could the opposing camps of anti-obesity and pro-obesity be reconciled, and what systems should be put in place to ensure the reconciliation is morally justifiable and inclusive?

## **Chapter 8: Ethical framework in the ethics of obesity**

Application of ethical framework in addressing obesity, both in de-stigmatization among the anti-obesity proponents and pseudo-normalization of obesity in the pro-obesity camps, is designed to provide ethics anchored tools to ensure that people are treated with dignity regardless of their BMI, coexistent medical conditions, socio-economic background, race, age, or gender. Therefore, the ethical framework for preventing and managing obesity, while addressing lifestyle modifications, and offering appropriate interventions that would be ethically justified and accepted by both anti-obesity as well as pro-obesity proponents, is needed. As simple as it sounds, the opposition around obesity perception is the first barrier that should be overcome in attempting to destigmatize obesity and support those who suffer from it. Validating the concerns while simultaneously addressing the needs of “fat activists” as well as anti-obesity proponents is an important step in contemporary ethics of obesity. Elimination of polarized opinions and discriminatory approaches is a part of longitudinal support to both camps, where none of the parties would feel threatened or excluded, is a constructive, morally sound way forward. **(Figure 1).**

### **i. The need for a public health ethics framework**

From a public health perspective, the importance of accepting collective responsibility for those who are threatened by obesity<sup>49</sup> and those who suffer from it, needs to be emphasized. Currently, there is no ethical model of care exists for those who suffer from overweight and obesity. There is also, no support systems for those who are “fat phobic” and advocate for pseudo-normalization of obesity.

The principles for public health ethics have many intersections with the ethical principles outlined by Beauchamp and Childress<sup>8</sup>. Also, as suggested by the scholars on obesity, additional principles for public health ethics include maximization of health, efficiency, and

proportionality<sup>53</sup>. The framework that involves public health ethics will have an opportunity to bring transparency to the issues related to the misunderstanding of obesity and offer a systematic way of articulating ethically sound solutions to the problems at hand.

Maximization of health is defined as an intervention that is effective, evidence-based, and which improves population health. For example, health campaigns that bring attention to a healthy lifestyle should not undermine social dimension and humanity of people with overweight and obesity. If such campaigns are organized with a goal to achieve human flourishing, rather than denote the negative aspects of unhealthy lifestyles or ignore obesity as a medical illness, then the outcomes of such interventions could be ethically justifiable; they will be better received and will allow to unify the proponents of both camps. There is substantial scientific evidence that higher body satisfaction positively correlates with feelings of happiness, independent of age, weight, or other determinants.<sup>52</sup> Therefore, it is important to instill and promote body positivity through these campaigns, which should not be designed to separate people. Rather, these campaigns should be aimed at educating everyone how to achieve a healthy lifestyle, a healthy sense of body positivity, and a non-discriminatory approach to others, regardless of their body weight or obesity perceptions.

The public health ethics principle of efficiency highlights cost-effectiveness of the interventions. For example, bariatric surgery for those who qualify and are willing to lose weight has proven to be more cost-effective than non-surgical interventions: more than twenty randomized, controlled trials discovered that performing bariatric surgery was cost-effective in the treatment of severe obesity after just two years, as compared to non-surgical modalities, such as lifestyle changes and medication use.<sup>29</sup>

The last principle that is suggested for incorporation into the framework of public health ethics of obesity is proportionality. Proportionality ensures that the interventions are the least contravening of all available alternatives, and its use is proportional to the cost incurred.<sup>53</sup> For example, properly conducted health campaigns should be congruent with all of the listed public health ethical principles. The results of the study surveying over 160 American adults, determined that health campaigns prompted intention to increase healthy behavior in those who were not overweight or obese. Moreover, in order to be effective, the agenda of such campaigns needs to be carefully selected to target a specific cohort of people.<sup>54</sup>

**ii. Reframing obesity to achieve moral acceptance in the conflict between anti-obesity and pro-obesity proponents**

To achieve the goal of a morally acceptable portrayal of obesity, the movie industry that plays an important role in shaping the narrative of the mainstream community, should consider non-discriminatory depictions of obesity and emphasize a healthy lifestyle rather than focus on body weight. It is evident that the ethical conflict in addressing obesity and the amount of publicized polarization on the topic of “fatness” require a sustainable approach in reframing obesity. With stakeholders in place, it is the time for the movie industry to re-evaluate the narrative surrounding obesity.

Resetting the attitude toward obesity and how it is portrayed by both anti-obesity and pro-obesity proponents is of great importance. Currently existing situation of rewarding the unethical representation of obesity is disconcerting and harmful. It negatively impacts those who suffer from obesity, their families, and supporters. Giving awards to movies that promote negative stigmatization of obesity violates both principles of beneficence and non-maleficence, it should not be occurring in cinematography, and should not be modeled for the public. Such scientifically



and morally unsupported portrayal generates a host of negative responses and goes in the direction, opposite to human flourishing. Additional distress imposed on those who have been the targets of oppression from the mainstream movie industry and the governing bodies that limit accessibility of goods and services, increases the tension. Obesity is a medical condition that disrupts metabolism and makes people more susceptible to sedentary lifestyle or maladaptive behaviors. Overeating, for instance, can be a coping mechanism for stress, which, in combination with previously described humoral and hedonic mechanisms, leads to worse obesity, lower self-esteem, and higher risk of depression.<sup>14</sup> This notion should be considered when reframing obesity in the film industry, improving access to healthcare, and addressing the ethical concerns that arise in other areas of public sector and legislation as a result of mainstream misconceptions pertaining to obesity.

## **Conclusion**

The research provided in the thesis, identifies diverse positions on obesity as they are perceived in modern communities. Such positions take roots from the misconducts of the influential platforms that generate the bias, promote the stigma, and allow for the discrimination and oppression to persist. One of the influential stakeholders that is easily accessible and has many instances of perpetuating negative stigmatization of obesity, is the film industry. The thesis demonstrates how shifting the focus from blame to acceptance in film industry can help create a background for addressing obesity misperception. From biomedically determined chronic medical disease to the perception of a moral failure with resultant uprise of pseudo-body positivity concept, the views on obesity currently are anything but ethically robust. “Fat activists” strive to normalize fatness disregarding health risks and secondary complications that are associated with excessive adipose tissue. By underrecognizing the dangers of neuro-humoral dysregulation, a distorted image

of people suffering from obesity develops in the minds of many people. This misrepresentation of chronic illness is portrayed in the mainstream film industry and further perpetuates the negative attitude toward those with obesity. The permissibility of public discourse is in violation of all four main bioethical principles of beneficence, non-maleficence, autonomy, and justice. Current absence of an ethical framework in addressing obesity, coupled with insufficient public health support and lack of legal bearing in protecting the discriminated individuals, can no longer be accepted. Therefore, an approach to minimize the ethical conflict and narrow the divide between different camps of people as they understand and process obesity, is offered. The stereotypes begin in the minds of people<sup>64</sup>, and the biased depiction of obesity in the movies further exacerbates the issue, widening the gap between morally inclusive and exclusive features of an individual. Viewing obesity as a moral flaw and an undue measure of moral worth, generates a failed reciprocity that gives rise to the movement of “fat activists”. In response to the obesity discrimination, “fat activists” argue against medicalization of obesity. They take an epistemically unsupported view accentuating the injustice and generating a failed reciprocity devoid of one’s right to autonomy in choosing path to a perceived state of health.

Given that health is essential to human flourishing, there is no ethically sound rationale to equate human flourishing with a body weight. In this thesis, I wanted to champion bioethical principles and moral theories and how they point to the same conclusion when representing obesity and the vulnerable population of individuals suffering from obesity. Following detailed research on the topic, I propose an epistemically and ethically supported way to attempt minimize negative stigmatization and oppression of those with obesity, calling for more attention to be provided to the vulnerable. Currently, health inequalities that play a role in development and progression of obesity, are mainly attributed to one’s life choices<sup>29</sup>, and the narrative surrounding understanding

of obesity needs to undergo a transformation to capture and address missed opportunities for harm reduction.

The discrimination against people suffering from obesity is real, and a breach of ethical principles is not surprising.<sup>47,48</sup> A violation of principle of justice, for example, contributes to the divide of the public view on obesity. The principle of justice relates to the ideas of equity, distributive justice, and fairness, as well as impartiality. One cannot be impartial to the needs of people who require healthcare in order to achieve a healthy lifestyle. Healthcare entities can provide more tools for weight management and treatment of obesity-related complications, and the non-healthcare related communities - succeed in generating the narrative to ensure that those who suffer from obesity do not feel marginalized and do not feel coerced into forming their own groups to reciprocate.

In order to provide a sustainable way of addressing obesity discourse, drawing on the moral theories of care and justice, as well as a careful review of the theory of moral inclusion and exclusion is required. This project suggests that application of the aforementioned ethical principles and theories can help reframe the obesity in a constructive, non-discriminatory way, elevating the moral worth of the people who suffer from the disease, and reducing the stigma and negative stereotypes surrounding the topic of obesity.

The introduced ethical principles and moral theories can serve as a foundation for a framework in addressing negative stigmatization of obesity. When a set of ethical norms is defined based on the introduced resources, then the moral standing may allow for generation of viable policies to ensure constructive, meaningful, and morally justifiable course of action in addressing obesity. If every stakeholder and individual in the community accepts that obesity is not merely a

“fatness” – that it is not a lack of willpower<sup>7</sup> or a sign of moral flaw<sup>29</sup> – then the next step should be informing the public of healthy view on obesity (which is done, for example, through the portrayal of obesity in films). Rather than stereotyping people with excessive weight, emphasis should be placed on health education, obesity prevention, and limiting mal-adaptive behaviors.<sup>16</sup> A misunderstanding of obesity is amplified by morally exclusive behaviors and attitudes that generate an ethically unacceptable and sometimes, hostile environment. Multiple examples have been presented in the manuscript and illustrated by the unfair treatment of celebrities with obesity, as well the depiction of their characters in the movies. Maladaptive behaviors not only include dietary habits, but and the ignorant behavior as it pertains to the acceptance of obesity.

The call for achieving a healthy lifestyle should be universal as it would help people prevent excessive weight gain, and halt unhealthy weight gain, perhaps even initiate a weight loss journey for those who make the autonomous choice to do so and see the benefit in such strategies. If the film industry could model necessary changes in portraying obesity, then the entities within the public sector (educational organizations, food industry, employment companies)<sup>49</sup> could be empowered to develop the tools and promote the services that would further allow for acceptance of obesity by ensuring its prevention, treatment, and de-stigmatization.

The current battle against the negative stigma of obesity is reminiscent of the battle against the tobacco smoking. The battle against a tobacco industry was lengthy at the time when recognition of smoking risks became evident. It took time to acquire lobbyists in Washington, DC.<sup>55</sup> The battle against stigmatization of obesity might face a similar trajectory. Following the analogy of the tobacco anti-smoking campaign, consistent portrayal of the harms of smoking in the advertisements, as well as continued public education, eventually overpowered those who objected to regulating the tobacco industry. Similarly in the topic of obesity, if the ethical

arguments against negative stigmatization and ignorance of medical risks of obesity remain consistent and clear, then the regulatory and legislative bodies will also evolve to provide the infrastructure to address obesity and prevent its development. Film industry, much like an advertisement industry in the case of anti-smoking campaign, has the means and the opportunities for a better narrative and non-discriminatory depiction of obesity. An industrialized, progressive, and informed society has a lot of work to do to ensure that everyone, regardless of their weight, receives an ethically justified, morally inclusive acceptance in all aspects of their life and in all the manifestations of their life's journey.

“Anti-fat” bias is commonly perpetuated in the study of obesity and is supported by those who identify themselves in the anti-obesity group. Pro-obesity activists articulate their reasons for changing the narratives related to “fatness” and assert that only “fat people” should propel the epistemology of obesity. The positions, opinions, and values of the proponents of both camps are evident and vary greatly. Neither one of these positions results in the desirable acceptance of obesity, nor does it offer a meaningful solution strategy to allow for wellness and flourishing.

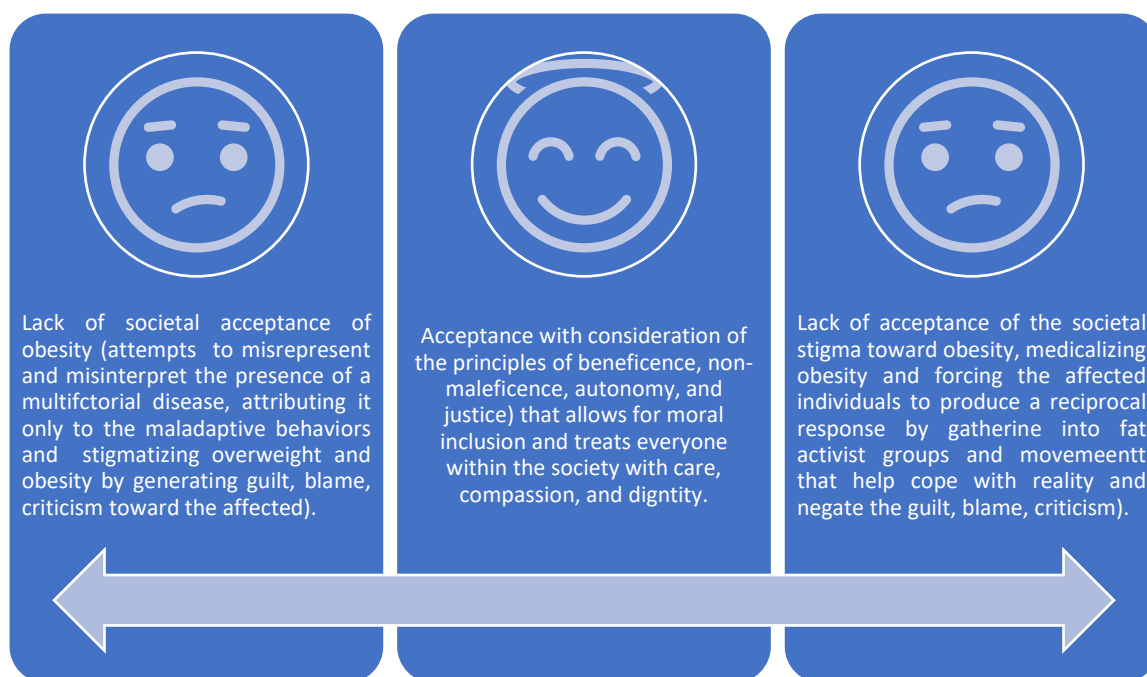
The project demonstrated that an ethically plausible way to unify the diversity of positions is possible. One of the moral theories presented in the thesis, that allows for acceptance of obesity in a sensible way, is the virtue ethics. It considers virtues to be the determinants of moral character, as a virtuous person would not stigmatize or ridicule people with overweight and obesity because it is contrary to their virtues if compassion and kindness guide their moral actions. More research is needed in the field of the ethics of obesity to determine what virtues would be crucial in allowing to shift the paradigm of obesity misperception: what would be the best approach to develop and maintain these virtues moving forward in order to achieve wellness.

Another opportunity to transform the current view on a prevalent medical condition such as obesity, is to generate a code of ethics that would serve as a guide in making the decisions about addressing obesity in all areas of the modern public and private sector. A principle-based approach, similar to the one that currently exists in many formal medical associations as a guide to professional self-regulation, should be enforced as a universal self-regulatory compass when addressing obesity.

The principles in guiding the decisions pertaining to obesity are the same ones of beneficence, nonmaleficence, autonomy, and justice as they were described by Beauchamp and Childers<sup>8</sup>. These could be utilized as a robust theoretical ethical framework from which to derive ethical decision making. These principles resonate with many social moral norms and are also, utilized in public health ethics of obesity. This notion, highlighted in the thesis, further extends the novel opportunities for future research of the science and the ethics of obesity. To merge the ethical norms and expectations with a biomedical body of evidence in a platform that would allow to achieve a body positivity and a sense of moral worth without disregard of a co-existent medical condition in need of management – is a goal worth pursuing with the ultimate objective to lead a healthy, meaningful, flourishing human life.

**Appendix:**

**Figure 1** An illustration of the development of polarized obesity movements in response to the public bias and individual expectations on both ends of the moral spectrum.



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