RWQ Ep 6

[00:00:00] **Ronni:** Hi listeners, Ronnie here. Sorry about the delay With the release of this month's episode, Rebecca and I wanted to take some time to gather our thoughts and acknowledge the tragic shooting at Club Q in Colorado Springs on November 19th to our LGBTQ plus siblings across the country. We share and the collective grief and horror at yet another attack on our community.

[00:00:24] We too are so very tired. Tired of these awful things happening. Tired of thoughts and prayers. Tired of lives. Cut short. We're just tired. The shooter killed five people and we wanna join others in seeing their names out loud. Kelly, loving Daniel Aston, Derek Rump, Ashley Paul and Raymond Green Vance. Many others sustained serious injuries in the.

[00:00:59] To all of [00:01:00] their loved ones, friends and neighbors. We extend our deepest sympathies in the Jewish tradition. We say, may their memory be a blessing. We're going to share some additional resources on our website. Smart essays about why gay bars are such crucial spaces for queer community. Links to organizations pushing for smarter gun safety laws and a collection of photographs of queer love that brought the two of us some solace and will we hope bring some to you as well.

[00:01:31] Take care of one another out there.

[00:01:44] Welcome to, this is probably a really weird question. The podcast where a medical doctor

[00:01:50] **Rebecca:** and a doctor of history talk about sex history and the not at all weird questions we hear from patients, students, and colleagues about our. [00:02:00] And our sexualities. I'm Dr. Ronnie Hyon. And I'm Professor Rebecca Davis.

[00:02:06] **Ronni:** And today's question is,

[00:02:10] **Rebecca:** this is because I'm fat.

[00:02:11] Right?

[00:02:17] **Ronni:** You know, I think of all of all the medical themed shows that clog our airways. I think scrubs is probably the closest to reality. Like I

[00:02:33] Hey, Rebecca. Hey,

[00:02:35] **Rebecca:** Ronnie. Welcome back. Thank you. Same to you. How have you been? You

[00:02:40] **Ronni:** know, it's been all right. We reached a very exciting milestone recently. We sure did 1500 downloads of really weird

[00:02:48] **Rebecca:** question. Yeah, this is pretty exciting. That means. It's not just, I was gonna say our partners, but mine doesn't listen to the show.

[00:02:56] It's not, mine doesn't either. . [00:03:00] Yeah. So, but we do have dedicated listeners and we love you. Uh, so please keep listening. Tell your friends, help us get the word out. Um, because the whole goal here is to try to bring more people into this conversation. So thank you to all of our listeners. So today, in trying to answer the question, we are going to be talking about body size.

[00:03:24] We

[00:03:24] **Ronni:** are. And you know, I might take a moment here just to kind of let folks know some of the things that we're gonna be talking about, so that if you, um, need to step away or. Take a break or just skip this episode altogether. That is just fine. We are gonna be talking about body size and language that we use to describe bigger bodies, um, and some of the ways that fat people experience discrimination and stigma within healthcare.

[00:03:55] Um, we may also be talking about weight loss and dieting. And so again, if that's [00:04:00] something that is, um, hard for you to hear. We'll see you next time.

[00:04:05] **Rebecca:** Can I just jump in right away? And you used the word fat and growing up I was taught that that was a mean word and to never call anyone fat. Mm-hmm. . I am, I am not a fat person.

[00:04:17] And so it's, this is one of those conversations where I feel pretty uncomfortable because. I wanna be careful that I'm not using language that just increases stigma or that is

[00:04:30] **Ronni:** hurtful. Mm-hmm. . Yeah. It is uncomfortable. Right? And I have to say, I wasn't entirely comfortable using that word fat for a long time.

[00:04:39] It was only kind of like in my relative recent history where it has felt less, um, icky, right. because it is, I think at when we were young it was considered mean, like a mean word to use to describe somebody. And you know, I think it is becoming, More acceptable as a descriptor, right? Because [00:05:00] it's just a descriptor of somebody's body.

[00:05:02] You can be short, you can be tall, you can be thin, you can be fat, and it is just a descriptor of somebody's body. I think, you know, when we're talking about body size and weight, um, You can apply similar principles to what we use when we're talking to people who are queer or um, trans or non-binary. And you can really just mirror people's language, right?

[00:05:25] So if somebody is not using the word fat to describe themselves in the exam room, I usually don't use that word, right? So I kind of listened for. Words that they use because those are usually words that they're more comfortable with. So sometimes people will say big or chubby or fluffy or you know, whatever words they use to describe their bodies.

[00:05:47] And I try to use those words. I think obesity is a tricky word because it can f. Feel very stigmatizing and pejorative, but I, I think [00:06:00] it's probably a good practice to reflect people's language that they use to describe themselves.

[00:06:07] **Rebecca:** Okay, cool. So on this podcast, we're always trying to connect conversations about bodies and sexualities with conversations about health and history.

[00:06:17] So we're going to try to orient our conversation today about fatness and questions about body image, sexuality, and the kind of experiences people have when they go to the doctor or see a nurse practitioner or whatever. And one of the things that. I think every doctor's visit I've ever had, I was at, even if I'm there for like, I think I have strep throat.

[00:06:41] Mm-hmm. , I, they ask me to step on a scale. Mm-hmm. and that information is then put into their, Medical records and I can see at the summary that I get at the end of the visit that though they've now decided that yes, I do indeed need antibiotics for my strep throat, [00:07:00] by the way, they have calculated

[00:07:02] **Ronni:** my BMI

[00:07:03] Right. So

[00:07:06] **Rebecca:** let's talk about that and I mean, so what we have on our outline listeners is the bmi, an overview of why it's trash . So Ronnie, why is the BMI trash?

[00:07:19] **Ronni:** Well, , you know, the BMI is trash for so many reasons, but, um, I would encourage folks. I am certainly not an expert in why the BMI is trash. I would encourage folks to listen to the Maintenance phase podcast, and they have one episode that specifically about the body mass index.

[00:07:36] But I would say the, the thumbnail sketch is that it is, Measurement and the way that we measure BMI is you take somebody's weight in kilos, kilograms, and then you divide that by somebody's height, but it's kind of like, It's kind of like the body surface area in a way, because it's not just height and meters, it's [00:08:00] height and meters squared.

[00:08:01] Um, and the first, the first time we see this calculation being used is actually back in the 18 hundreds. Um, And again, I'm not gonna get into kind of the details, the gritty details about how it, how it first started to be used. But suffice it to say that it was not a clinician who developed this measurement, and it was kind of, it was more of like a mathematician who came up with this measurement and when it was first.

[00:08:30] Calculated all of the subjects who had their BMI calculated were white men in Europe. So we have this measurement. We have a two dimensional marker, a number that is then becoming a proxy for health for all sorts of people, right? For people of all different ages and genders and races. Incredibly problematic to use it in that way [00:09:00] because it was never validated to be used in those populations.

[00:09:04] So we know, for example, that um, black people tend to have higher BMI on average than they're white counterparts. Um, but even if you have a higher bmi, you don't necessarily have more visceral fat. And visceral fat is actually like little deposits of fat cells around your organs. And we think that maybe visceral fat could be tied to some health outcomes.

[00:09:29] But BMI is not necessarily tied to any specific health outcomes. Um, so you know, trans and gender non-conforming or non-binary people also tend to have higher bmi, but that is for a wide swath. Of reasons, right, including healthcare discrimination and fear of accessing healthcare because of discrimination,

[00:09:54] Um, and sometimes the hormones that we give people can cause some weight gain, but [00:10:00] also, you know, not having access to resources that could potentially prevent weight gain. So I think in some ways the most important thing to know about the BMI is that it is a number that is calculated. Although it is used to, it is used as a proxy for health status.

[00:10:22] It really is not. Right. So somebody could have a bmi, a very high bmi, because they are. Short and very muscular. Right? And that doesn't necessarily mean that they are at an increased risk of diabetes. I mean, what we, what we do know is that weight stigma is associated with worse health outcomes. So it's not necessarily being fat, it's the all the minority stress that that is caused by stigma that then leads to worse health outcomes.

[00:10:55] Right? Yeah. So I really did a deep dive. [00:11:00] Fat stigma as I was researching this episode, and lots of people have different. Definitions of weight stigma. But I think one of the most succinct ones that I found was from a, an article from 2018, uh, and the author said, we define weight stigma as the social rejection and devaluation that accrue to those who do not comply with prevailing social norms of adequate body weight and shape.

[00:11:28] Right? So it's not. Just, you know, weight stigma or, or anti-fat bias is not just like the person on the street who randomly calls you l as or whatever, right? Like fat stigma and, um, weight stigma is really the. Institutional systems that are in place that then affect a large population of people similar to like institutional racism, right?

[00:11:55] Like racism is not just somebody using a racial slur, one person, [00:12:00] one individual. It's all these systems that are set up to make it hard for people with bigger bodies to live their best life. Um, so. As a, as a physician, right. It feels really complicated. And as, as a fat physician, it feels even more complicated.

[00:12:22] Cause it is, I can guarantee you that when I'm sitting in a room of other doctors, I am the biggest person in that room. And so when people start talking about the obesity epidemic, right, it feels real personal. Yeah. And it also feels. Like it's talked about in this vacuum because what we know about weight loss is that something like 95% of people who attempt weight loss, regardless of what that is, whether it's with diet or exercise, they will [00:13:00] gain everything back and sometimes they gain more weight than they lost.

[00:13:05] So the number of of people who are able to sustain a weight loss, Is less than 5% most likely. And then those folks who maintain their weight loss, oftentimes it becomes a full-time job because you have to constantly keep your body in this caloric deficit in order to maintain your smaller weight. And so, you know, as a, as a physician who.

[00:13:32] Tries to create a really safe space for people of all stripes. It's really important to me that I create a clinical space that is safe for people of any kind to come and talk to their doctor, and it is not uncommon for me to have a patient who is fat or heavy. Who has not been to the doctor in like 10 [00:14:00] years because of the fear of stigma.

[00:14:04] And people feel like, well, I'm not gonna go see the doctor about this chest pain or knee pain or rash because they're just gonna attribute it to me being fat. So like what's the point? And it's a, it is awful what people will experience in the doctor's office.

[00:14:24] **Rebecca:** Right. What I'm visualizing right now is an episode from that hard hitting investigative journalism program called Grey's Anatomy , where

[00:14:34] **Ronni:** Rebecca, where don't, don't even start

[00:14:37] **Rebecca:** Grey's Anatomy, but there's, there's an episode where a, a bigger woman comes in complaining of knee pain and the.

[00:14:45] Uh, orthopedist is like, oh, well it's, you just need to lose weight. Why don't you try harder? And she was like, yeah, no, I thought you were going to say that. And she ends up having some sort of serious other issue with her knee that has absolutely nothing to do [00:15:00] with her body size. Mm-hmm. . Um, so he learns a valuable lesson by the end of the episode,

[00:15:07] And she gets the care she

[00:15:07] **Ronni:** needs and how terrible for her that she had to teach him that lesson. Yeah.

[00:15:13] **Rebecca:** Well, I think actually it's one of the other, it's one of the interns who's, who's a, who's fat, who, um, pulls him aside and is like, yeah, no, I've had that garbage hat between my whole life. Don't do it. Yeah, right.

[00:15:23] Anyway, little Grey's Anatomy corner here from the non-physician.

[00:15:28] **Ronni:** You know, I think of all, of all the medical themed shows. Clog our airways. I think scrubs is probably the closest to reality , like I promise you. Uh, the vast majority of physicians are either too tired, or too grossed out to ever have sex in a call room.

[00:15:50] Once you see a call room, it is like one of the uns sexiest places on the planet. It is. Yeah, I've

[00:15:57] **Rebecca:** never been, I've never been thrilled by a hospital [00:16:00] elevator either.

[00:16:01] **Ronni:** Oh, yeah. Yeah.

[00:16:03] **Rebecca:** So, well, Ronnie, I'm sorry that you don't find more support from your colleagues who may sort of just not be aware of what they're saying.

[00:16:14] Um, but

[00:16:15] **Ronni:** they should be . I, yeah. I don't even know how to respond to that. You know, I think not a lot of us have done much looking into what the data on weight loss is, right? Because we just have this, what we think is just a general understanding about weight, right? And that if somebody is fat, it's by choice.

[00:16:37] And that if they would just, just calories in, calories out, right? Is what people get told a lot. And that is just not true. Right. You know? Weight management is, I mean, weight in general, weight on its own is this very complex combination of like [00:17:00] biological and psychosocial factors that drive weight gain, right?

[00:17:05] So, and also what we know about not only is it complex, how much somebody weighs, like we also know that , although. I'm gonna put air quotes around this. Well intentioned thin people or physicians, regardless of their weight, often feel like they can motivate people to lose weight with shame. And actually it has the opposite effect, right?

[00:17:32] So people who have experienced, who have experienced weight stigma or shaming or body shaming are much more likely to. Coping, you know, fall back on coping mechanisms that could again, you know, cause them to gain more weight. Again, I don't really care how much somebody weighs to be honest, but I wanna make sure that they are taking care of their bodies in, in ways that feel meaningful to them.

[00:17:58] Right. And [00:18:00] we also, we also know about weight loss and weight management is, Weight cycling are sometimes called yo-yo dieting, right? Is actually incredibly damaging to people long term, right? And so we are pressuring people to lose weight using these techniques that we know don't work and for sustained weight loss.

[00:18:24] And then they get set up for increased risk of eat disordered eating and um, long term effects of weight cycling. So things. Higher mortality is associated with yoyo dieting. Um, risks of fractures, losing muscle tissue, high blood pressure. Some forms of cancer are even associated with yoyo dieting, and so I feel like fat patients get.

[00:18:50] Stuck in this rut of where, where they need to go to the doctor, but they are stigmatized and humiliated and weighed in the middle of the hallway. Right? [00:19:00] Yeah. And then, and then they're asked to do things that are actually harmful for them long term. Whew.

[00:19:05] **Rebecca:** This was a great episode for me to research. I learned so much stuff that I should have already known, but at least I've learned a lot of it now and no surprise, you know, how did we end up in this place where there's this sort of culture of thinness and this.

[00:19:23] Individualizing of body size and as is just about everything in the United States. It's rooted in, you know, longstanding ideas about racial difference, about hierarchies of, of whose bodies are the right kind of bodies. What does your outer surface say about the quality of the person inside? So this moralizing, you were talking, you were talking about it in the context of colleagues who are sort of shaming you inadvertently, or, um, the sort of narrative that, well, if you just tried hard enough, if you were disciplined mm-hmm.

[00:19:58] **Ronni:** this would be different. Exactly.

[00:19:59] **Rebecca:** [00:20:00] Um, and. Historians have traced this back really to the 17 hundreds to the century when the United States became independent, but also to a time when the international slave trade was growing exponentially. Mm-hmm. and enriching the countries that were responsible for it.

[00:20:19] And this idea that certain bodies indicated laziness or even a lower order of civilization really takes hold and there's all kind. Fairly grotesque descriptions of the bodies of people who come from the African, from the continent of Africa. Um, and there's, there's fat stigma as well within that. So this idea that somebody who is bigger is sort of.

[00:20:45] All these negative words I'm gonna use and I, this is just, you know, but lazy and sort of primitive starts then, which is ironic because we know archeologists have examined the, uh, skeletons of people who were buried [00:21:00] in cemeteries for enslaved people, they've seen not only the number of indications of brutal.

[00:21:06] A punishment on these skeletons, but also indications that people were severely malnourished. Um, so this idea of darker skinned people being sort of fatter and, you know, working less hard was not true at the time, but the humans are really good at not necessarily believing what we see. But seeing what we believe.

[00:21:30] And so this, I, this sort of notions took over any rational observation of what was going on. And by the late 19th centuries, the late 18 hundreds, early 19 hundreds, there was this like renewed concern that white men were getting sort of flabby. And why was this? Because more people worked in offices, corporations were growing, department stores were all around in major cities, more people had office jobs.

[00:21:55] You know, it was the managerial class, the the clerical class. Mm-hmm. . And [00:22:00] so instead of a job where you were on your feet and moving all day and lifting heavy objects, More and more people had very sedentary jobs. Mm-hmm. . And so this was a completely racialized conversation. This fear that people from those other parts of the world are going to surpass us, us being, you know, white people, uh, in strength.

[00:22:19] And the people who were saying this were, and were using that us were members of the American ruling class. Sure. So, From the office of the president on down. And so, you know, they started body building, um, boxing moved from this very disreputable thing that only working class people did to this very mainstream sport, huh?

[00:22:40] And there, there are start to be these body building magazines where nude or almost nude men are posing. You know, I'm, I'm right now doing for Ronnie, my best body. You know. There you go.

[00:22:52] **Ronni:** You look like Louisa Luisa from a incon.

[00:22:55] **Rebecca:** Exactly. Exactly. And just as I learned, just as I learned about the medical profession from [00:23:00] Grey's Anatomy, I've learned everything I know about this from the Arnold Schwartz nigger impersonation on SNL in the 1980s.

[00:23:07] A reference for like size people. This

[00:23:09] **Ronni:** podcast, again, dating ourselves, intense.

[00:23:15] **Rebecca:** So there's this like, fixation on the size of white men's bodies and relative, you know, um, muscle mass and so on. And it only continues. And so, so that by the 1940s and fifties, it's all about communism. You know, the, the flabby American won't be able to defend the United States.

[00:23:36] Wow. Um, and we all know that the real, the, the lazy bodies should be over there in the Soviet Union. Sure. But we here in America, were strong, so, Again, to date ourselves. Cause I don't think they do this anymore. There was the presidential fitness program that we participated in that's from jfk, and that is about preparing the youth of the United States to be fit so that we could defend democracy [00:24:00] against

[00:24:00] **Ronni:** communism.

[00:24:00] Wow. I thought it was just about humiliating all the fat kids who couldn't climb the rope. . I know . This is definitely one of the more traumatizing experiences of my life, my childhood, the presidential fitness exam. Jesus.

[00:24:15] **Rebecca:** So the other thing that I found really fascinating cuz I was reading about all of this, is the extent to which this becomes as in so many other physical and mental health things in the United States, all about sort of individual psychology.

[00:24:28] So, One working theory is that, well, it's an oral fixation. People are overweight because they had inadequate mothering. They weren't allowed to suckle enough. Oh, Jesus. And so now as, as adults, they just stuff their faces with food to compensate for the, um, oral deprivations of their infancy. And I wish I were making that up, but I am not.

[00:24:51] Uh, and then it also parallels the whole 12 step program. Um, alcoholics Anonymous is, uh, becomes [00:25:00] much, much more popular in the sort of fifties, this idea that. The individual with the support of a group that has this shared goal can change themselves. Mm-hmm. can change their behaviors. Mm-hmm. , um, so there's over Eaters Anonymous.

[00:25:16] Before that though, there's Fatties Anonymous. Um Oh. Mm-hmm. . Yeah. Uh, and all kinds of these groups that, uh, start to crop up around the United States in the 1950s and sixties. The last point I'll make is that the medical profession's interest in what patients weigh. Mm-hmm. had been around for a while, but takes on a different importance as far as I can tell.

[00:25:41] And correct me on this. After World War ii, you know, by the late 1940s, 1950s, Because of heart disease and there are now antibiotics. Mm-hmm. , there are all kinds of vaccinations for previously fatal illnesses, and so heart disease [00:26:00] becomes the number one. Cause of death, um, for American men and a leading cause of death for American women.

[00:26:06] And so if we can figure out what causes heart disease, we can figure out how to bring down the numbers of people who die from it. And one of the working theories based on sort of actuarial tables that insurance people used, um, to decide who was a good risk for their life insurance plans, was that larger people are more likely to have.

[00:26:27] Heart disease, even though there really isn't data that fully supports that argument. Right. You know, so then this idea that we need to lose weight, not just for individual moral, uh, purposes, but also because it's gonna make us healthier to be thinner.

[00:26:44] **Ronni:** Wow. That is fascinating. You know, it's interesting that you bring up, um, the heart disease because one of the most important and landmark.

[00:26:55] Studies about cardiovascular health is the Framingham heart [00:27:00] study. And actually Framingham is one of the studies that showed some of the most damning evidence related to weight cycling, right? So they looked at. Mortality and morbidity. So that's like illness and death. Um, and it was a huge study over three decades.

[00:27:22] And what they, what they found in the Framingham study is that this weight cycling or the yo-yo dieting is linked to strongly to overall mortality, as well as mortality and morbidity related to heart disease for, for both men and women. Hmm.

[00:27:39] **Rebecca:** So Ronnie, you've created this very welcoming environment in your office.

[00:27:43] So patients come to you and if these are bigger bodied or self-described fat patients, um, where do you see. Fatness or fat stigma affecting your patients in terms of issues related to gender or sexuality?

[00:27:57] **Ronni:** Mm-hmm. , you know, it comes up in, [00:28:00] in lots of ways, again, because I have a, I do full spectrum family medicine, you know, discussions about weight and, um, weight gain or weight loss kinda show up in my practice in all sort.

[00:28:12] Different arenas because I still do obstetrical care. You know, we, I talk to people a lot about their weight in pregnancy, um, which is complicated, right? Because there's differing evidence about the risks of weight gain in pregnancy. You know, we have these. Charts that we follow that are, that, you know, say, well if you weigh this much when you get pregnant, you should only gain this much weight.

[00:28:45] Right? So if you have a bigger body at the beginning of your pregnancy, you're really only supposed to gain like 10 or 15 pounds in pregnancy, which is incredibly challenging for folks, right? Um, yeah. And when I was [00:29:00] pregnant, I. Horrendously Ill just like, I vomited daily, sometimes multiple times a day for 30 weeks of my pregnancy.

[00:29:13] like it was relentless. And, you know, uh, my, my obstetrician was really proud of me for not gaining , gaining weight in pregnancy, but I was. Miserable . Yeah, and you know, we certainly know. People who are heavier in pregnancy may have some increased risk of things like gestational diabetes or preeclampsia or other, you know, disorders of blood pressure in pregnancy.

[00:29:45] But we also know that if you. Don't gain any weight in pregnancy or if you lose weight in pregnancy, that's associated with risks too, right? Like you're, that's associated with a risk of having a baby that's really small. [00:30:00] And you know, I think the risks that that's not really talked about in the scientific data is just what people's experiences of their own pregnancy are like when all we do is.

[00:30:13] Talk to people about weight gain at every single visit. It just becomes super medicalized and there's a lot of shame associated with coming in for your OB appointments. And I feel like people oftentimes get robbed of the joy of their pregnancy. If all we're doing is talking to them about their, their weight and how much weight they're gaining,

[00:30:36] **Rebecca:** right.

[00:30:37] Yeah. And on the flip side, with my first pregnancy, I think I gained between 55 and 60 pounds. Mm-hmm. and. I did not feel that I had any control over the experience. Sure. I was ravenously hungry all day long. It was a chore. It was like so much of my day was like, how am I gonna get enough calories into my body to stop feeling so hungry that I think I might [00:31:00] pass out?

[00:31:00] There was, I was a hobbit. I had first breakfast and second breakfast, first lunch, and second lunch I had, and they, almost all of 'em had to include avocado. Oh. Um, often with cheddar cheese and. It was what it was. It was like I decided, I'm like, you know what? This is what my body is telling me it needs right now.

[00:31:18] And fortunately I did not have a physician. She, when I gained like, I think it was eight pounds in a week, she was like, you might wanna slow down just a little bit. Yeah. But, um, it, I hear what you're saying because it's to tell somebody, you should only do this or to only do that. There's so much about your appetite during pregnancy.

[00:31:38] Mm-hmm. that you have no control over. I mean, pregnant, there's like a little demonn who's decided

[00:31:45] **Ronni:** for sure. I mean, pregnancy and childbirth is basically about having zero control over your body. Like at all times. At all times. And, you know, so. People gain a ton of weight when they're pregnant and they lose it all postpartum and [00:32:00] sometimes they don't.

[00:32:01] Sometimes people are vomiting every day for 30 weeks and don't gain much weight at all, and then gain weight after they have their baby, like, you know. Yeah. Regardless of the kind of. Body that you're in, it's going to change during pregnancy. And I feel like our job as clinicians is to support folks and also think about not just the number on the scale, but also what that means for people long term.

[00:32:29] Right? So we know that people who are heavier are less likely to feed their babies from their bodies. So like breastfeed or chest feeded. We think probably because of some internalized fat phobia or shame about being fat, and we know that fat people are much less likely to get pap smears and pelvic exams because the [00:33:00] clinicians are uncomfortable doing exams on people with bigger bodies.

[00:33:06] And you know, that can have. Profound effects on people's health and wellbeing. You know, our, our goals are always to screen when we can screen. And, you know, doctors, I tell patients, doctors love to do all sorts of things that don't make a difference. Like, right, like we're really good at . We really like getting good grades on tests and like checking all of our boxes.

[00:33:27] But there are a few things that we do that actually make a difference in people's lives. And one of those is cervical cancer screening or pap smear. Is it actually. Does a great job of saving people's lives. Um, but if you have a doctor that thinks your body's gross, um, even if they don't say that, you can, usually people can tell you're probably not gonna wanna be in that vulnerable position.

[00:33:50] Right. No, that is really sad. Yeah. It makes me super sad. And, you know, I think one of the first times that I [00:34:00] realized the how powerful it is to take. Weight stigma out of the exam room as much as possible is, I had this patient who was new to me. I think I'd seen her maybe a couple times. Um, and you know, she was heavy and she hadn't been to the doctor in years and years and she was having pain somewhere.

[00:34:24] Um, and she said, I know, I know it's probably, this is probably cuz I'm fat, right? And I said, well, what if it's. Like what if ? What if you hurt yourself? And she started to cry cuz she had never had an experience with a physician who was like, you know, this actually could be. Something serious going on.

[00:34:48] Right? And we have all, you don't have to search very hard to find people's anecdotes about being ignored at the doctor, right? Like, I'm short of breath and [00:35:00] your doctor says, well, it's cuz you're fat. You just need to work harder and lose weight. And it turns out that somebody has like a terrible lung mass and they have to have, uh, their lung removed.

[00:35:08] And so these are really. Um, real issues that affect real people. Other places where I see weight stigma show up is with my gender care patients. Mm-hmm. , you know, weight is not. A hard stop for me in any sense of the imagination, when we're any stretch of the imagination, when I'm prescribing hormones. You know, we do talk about the fact that some hormones can cause people to gain weight or lose weight.

[00:35:38] And again, like I don't care how big someone's body is, but sometimes people care. And so if they. If it's important to someone to not gain a bunch of weight, then we talk about, you know, what are the ways that, that you can move your body in a meaningful way and nourish your body in a way that feels good and, you know, keep it about the same size.

[00:35:57] Um, You know, I, I try [00:36:00] really hard not to go too far to the other end of the spectrum, right? Because it's also okay for people to wanna be smaller, right? Like, I'm not here to decide what, what people's bodies should look like. I'm here to like, help people achieve their health goals, right? So, I don't deny people hormones based on their weight or their bmi.

[00:36:19] I know that there are some clinicians who do because they're concerned about health outcomes, like cardiovascular outcomes. I don't know of any data to support that, you know, if somebody has other. Medical conditions like high blood pressure or diabetes, then we certainly talk about ways to protect themselves and keep their hearts and brains and kidneys healthy long term.

[00:36:41] But it doesn't, I don't ever deny somebody hormones because of that. Where it really comes into play for trans and non-binary folks, I think is in terms of surgery, cuz certainly there are surgeons, many surgeons who have really strict BMI thresholds and say, You can't have [00:37:00] surgery if your BMI is greater than fill in the blank.

[00:37:04] And oftentimes 30 a BMI of 30 is considered the threshold.

[00:37:09] **Rebecca:** So why so? Why would surgeons make a decision about whether to provide that care based on a

[00:37:14] **Ronni:** bmi? So, you know, there are certain surgeries that, um, have higher rates of complications if somebody has a bigger body. The research that I did for this episode today, That wasn't born out in the studies that I found.

[00:37:31] You know, as far as the studies that we have, again, which are relatively, relatively limited because the high quality studies of outcomes for gender affirming surgeries are really only starting to come out now because of the relative youth of gender affirming surgery, . But as far as we know, Gender affirming top surgery or mastectomy.

[00:37:55] There's no increase in complication rates, even for people [00:38:00] who have really big bodies. You know the. Penile inversion vaginal plasty, which is, you know, for somebody who is assigned male at birth and is having surgery to create a vulva or vagina, there's also not a ton of evidence to suggest a difference in outcomes or complications for folks who have BMI greater than 30 versus less than 30.

[00:38:24] There I think was at least one orthopedic surgery study that came out a number of years ago that looked at joint replacement of the shoulder and found that people who are thinner or underweight do worse with the that particular surgery. You know, probably one of the biggest hurdles that people run into is around fall plasty.

[00:38:48] So, When somebody is assigned female at birth and they are having surgery to create a fallous and a scrotum, oftentimes the [00:39:00] thresholds for the BMI thresholds for that are quite strict. And again, you know, I try really hard to. Give people the benefit of the doubt, including surgeons. And I assume that this is because surgeons really care deeply about their patients and they don't want them to experience complications, right?

[00:39:16] They don't want them to like have infections or get a fistula or have a wound. That kind of like opens up. But I think that. There certainly is weight stigma that is playing into these thresholds of BMI that surgeons are creating.

[00:39:35] **Rebecca:** Yeah, I mean, my only point of reference for talking about surgeons is, again, Grey's Anatomy.

[00:39:42] Um, so I can, I can't really comment. ,

[00:39:47] **Ronni:** you need to do a Scrubs binge watch because that will then,

[00:39:51] **Rebecca:** okay. Can we talk about the last season of Scrubs though, where it was like the younger cast and it was so sexist?

[00:39:56] **Ronni:** It was repellent. Oh, really? I don't know that I saw it.

[00:39:59] **Rebecca:** [00:40:00] They moved to a different ca they moved to like a medical school campus or something, and the two guys, the buddies who were the main actors in the original scrubs.

[00:40:07] Yeah, were like attending. Slash instructors at this medical school, Uhhuh. It was, it was like vile it the worst. So the early scrubs was, was charming. The last season or two when they introduced all these new cast members and, and shifted the location was absolutely dreadful. Oh,

[00:40:25] **Ronni:** well that's very depressing.

[00:40:27] Thanks man. That was very depressed. Sorry.

[00:40:29] **Rebecca:** Um, so I'm going to be thinking about your patient. Burst into tears when you offered to her the possibility that her body size had nothing to do with the pain she was feeling and that you were there to help do a proper. Exam and a proper evaluation to really find the source that should be everywhere, right?

[00:40:51] People should, regardless of the size of their bodies, be able to go in and get the healthcare they need, get the gender affirming care they need, get their reproductive care that they need. [00:41:00] Right. So if you're talking to a class of medical school students or residents, what would your advice be To them or, or, uh, nursing students?

[00:41:08] Anyone who's, you know, going

[00:41:09] **Ronni:** into this career. Right. Um, well, you. You all, you referenced kind of like people deserving, affirming healthcare regardless of who they are. And oftentimes, you know, we think about, well, how can we make our spaces welcoming to LGBTQ folks? Um, there are also ways to make our spaces welcoming for fat patients.

[00:41:30] You know, one would be making sure that. The furniture in your office can accommodate people who are heavier or have bigger bodies, right? So chairs without arms, making sure that your furniture, the weight limits for you know, how much weight your furniture can hold is nice and high. Having bigger. Gowns or not even using gowns if you don't need to.

[00:41:54] can make a huge difference. Making sure that rooms are set up so that if [00:42:00] people are using mobility devices, they can easily get in and out of their rooms. I don't ever. Force anybody to get weighed if they don't want to. You know, I think in an ideal situation, we would have scales in each exam room so that you're not getting weighed in the middle of the hallway.

[00:42:19] That requires some financial outlay, certainly to get scales for each one of your exam rooms, but is certainly worth. Other things that, that I do in my own practice is I tell patients kind of upfront, like, I don't usually talk about weight or weight loss unless you bring it up. I am happy to talk to people about ways that they can, um, change their body size or try to lose weight or.

[00:42:48] Take care of their bodies in different ways. But in general, I don't bring it up. And I tell people that when I first meet them, and if you wanna talk about it, I'm happy to talk to you about it, but I don't routinely bring it up. Um, [00:43:00] I also try to do a, like a huddle with my. The nurse that I'm working with or the medical assistant that I'm working with, um, you know, I've been in practice long enough that I know my patients pretty well.

[00:43:14] And so if there are patients who have either struggled with an eating disorder or who could potentially be turned off or harmed by being weighed, I try to make sure to tell folks that, so like, please don't weigh this patient. Don't even ask if you can weigh them, because sometimes the. People don't feel empowered to say, no, let me empower you.

[00:43:38] Now, listeners, if you don't wanna be weighed at the doctor's office, you can just say, no, thank you, . Or I prefer not to be weighed. And that's okay. You get to decide, right?

[00:43:49] **Rebecca:** Those sound like such. Easy fixes in a way. Yeah. You know, like there's nothing legislative or there's nothing complicated about what you're describing as ways [00:44:00] to make, you know, these exam rooms, these places more welcoming.

[00:44:03] So I, I think that's actually really encouraging that if people are aware and intentional, a few very small changes to the way that they outfit. Waiting rooms and exam rooms. Mm-hmm. , um, like literally what kinds of chairs they have. Mm-hmm. and also the way that they just talk or don't talk about weight with their patients.

[00:44:25] Yeah. Okay. Well, this was kind of an intense episode to research and to talk about. I mean, fat stigma is not. An easy subject to joke about and yeah. And it's really affects people's wellbeing in ways that are tragic. Yeah. Um, and so we just want to remind listeners that there are resources, uh, if you are a bigger bodied person, we're going to put them in our show notes and you can find them on our website as well, because, You can advocate for yourself, and we're going to continue to try to help educate as many people as possible about [00:45:00] how not to make these mistakes with their patients.

[00:45:03] But Ronnie, this is timely because we're heading into a season of really great food and the pleasures of eating really great food in the company of ideally loved ones. Uh, sometimes, sometimes that's not the case with who you sit around the Thanksgiving table with, but what are you most excited for?

[00:45:23] What's your favorite holiday season

[00:45:26] **Ronni:** treat? Uh, I'm gonna go with vodkas. Oh, the oil, right?

[00:45:32] **Rebecca:** Yeah. So much. Are you, are you an apple sauce or a sour cream gal? Girl? I am

[00:45:37] **Ronni:** sour cream Ride or die. Yeah. I'm Apple

[00:45:39] **Rebecca:** Sauce.

[00:45:40] **Ronni:** Mm-hmm. , I. I don't even know what to say about that. It's like, it's like you don't know me. I know.

[00:45:47] You know, my wife is also an apple sauce. Unlock cus person and uh,

[00:45:52] **Rebecca:** I've always liked her.

[00:45:57] Always felt a connection. And now I know what it was. . [00:46:00]

[00:46:01] **Ronni:** I will also say, Rebecca, that uh, as I was doing this, the research about the complete pointlessness of dieting, like there was, there was a part of me, right? You know, that little kid in me that was. Harassed at the swimming pool. And as a, as a kid that was like, oh man, I'm never gonna have a thin body now.

[00:46:20] And it feels like hopeless. And then the other part of me that's like, all right, , I am freed from the yolk of oppression. So I'm going to free our listeners from the oppressive, uh, weight loss New Year's resolution. You know, maybe your New Year's resolution can be, you know, care for your body in a different.

[00:46:42] **Rebecca:** Yeah, this is a great time to just enjoy, enjoy life. Yeah. Love your body. I'm looking forward to my mom's, uh, pumpkin pie. Ronnie, we should just also quickly mention that this is the final episode of season one.

[00:46:55] **Ronni:** Indeed.

[00:46:57] **Rebecca:** Never fear listeners, we will be back in [00:47:00] your feed in January with season two and we can't wait to answer more, really not really weird questions next year.

[00:47:09] Happy New Year everyone. Happy New Year.

[00:47:13] **Ronni:** You've been listening to, this is probably a really weird question. Which is created, hosted, and produced by Rebecca Davis and Ronnie Hyon.

[00:47:22] **Rebecca:** You can learn more about us. Read our show notes and find links to resources on our website, www really weird question.com.

[00:47:32] **Ronni:** Follow us on Twitter at a really weird pod.

[00:47:35] Rebecca Tweets at history. And Ronnie at Dr. Awkward MD

[00:47:41] **Rebecca:** send us your really weird, not really questions by emailing us at really weird question gmail.com.

[00:47:50] **Ronni:** Nora Carlson is our website Guru and Social Manager.

[00:47:54] **Rebecca:** Mick Finnegan is our sound engineer.

[00:47:57] **Ronni:** Mark Ocker composed and [00:48:00] recorded our incredible theme music.

[00:48:03] **Rebecca:** We are grateful for the financial support of the Phil's Wickler Charitable and Memorial Foundation Trust. We additionally thank. The foundation for Delaware County,

[00:48:13] **Ronni:** please rate us and review us on Apple Podcasts to help other people find us in their feed.

[00:48:19] **Rebecca:** Our website is also where you can find links to our fabulous merch, which helps support the show.

[00:48:25] Thank you

[00:48:25] **Ronni:** for listening and keep on asking those questions.