



## The Last Taboo?

Nursing has addressed many taboo topics—death and dying, fertility, and most recently sexuality (but more work still needs to be done!). However, there remains one topic that is barely mentioned despite overwhelming evidence that it plays an important role in both the development of cancer as well as cancer recurrence: obesity.

That topic affects so many of our patients, their family members and friends, and their oncology nurses too! An abstract presented at the 2014 American Society of Clinical Oncology meeting (Neff, 2014) showed that weight management remains a topic that is seldom talked about with patients. In that study of 244 gynecologic cancer survivors, 50% were clinically obese (body mass index greater than 30); however, only 20% received any counseling about weight management. In contrast, 80% of those who smoked received information about smoking cessation! Women in the study “strongly expected” to be counseled about healthy behaviors (weight management in addition to smoking), and no one reported that they would have been offended by counseling about weight management.

So what is the problem here? We know that many nurses are, themselves, overweight or obese (Han, Trinkoff, Storr, & Geiger-Brown, 2011). Is that a reason for not talking to our patients about the need for them to lose weight? Are we afraid that we will not be taken seriously if we have a problem with weight? A study of public perception of overweight or obese physicians suggests that patients do judge their healthcare providers and are less likely to follow their medical advice compared to normal-weight physicians (Puhl, Gold, Luedicke, & DePierre, 2013). Would a similar study about nurses have the same findings? Administrators are paying attention to this. The head of the

National Health Service in the United Kingdom told 700,000 healthcare providers in that system to lose weight in order to set a good example for their patients (Prynne, 2014).

So how do we talk about something that many of us struggle with? This is a sensitive topic, and one that needs to be handled with care and understanding. We don't want to make our patients feel guilty about something, particularly when faced with a life-threatening diagnosis. But the evidence is clear that being obese leads to poorer outcomes. And our patients want nothing more than good outcomes! We are highly influential in our patients' lives and we don't want to threaten the relationship we have with them. So obesity is the 300-pound gorilla in the room. We need to be able to talk about this without the perception of judgment; patients who feel judged about their weight are more likely to try to lose weight but less likely to succeed (Gudzune, Bennett, Cooper, & Bleich, 2014). Those of us who are a healthy weight need to take extra care to be compassionate and to avoid appearing judgmental.

I think this is an opportunity to share with patients that weight is a struggle for many of us and that we understand and appreciate how hard it is. Making lifestyle changes, in the form of healthy eating, exercise, smoking cessation, etc., is difficult at best and at times feels impossible. There is no harm in our patients knowing that we have the same challenges as they do and that we are not telling them to “do as I say rather than as I do.” If we can talk about previously taboo topics with grace and sensitivity, then we should be able to talk about other sensitive topics that ultimately will improve quality and quantity of life. This is one area where many of us can truthfully say, “I know what your experience is like. I've been there, too.”

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