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**Obese Patients and Worse Care**

Obesity in America has been a steadily expanding issue over the past few decades. The rate today is at over thirty five percent; that is almost two in five people whose body mass index is over 30+ (1 Overweight). Another 15 million Americans are morbidly obese with a BMI of over 40+ (4 Sturm). Studies have shown that multiple health issues and diseases arise as a direct result of having excessive body fat, including: heart disease and stroke, high blood pressure, diabetes, gallbladder disease, osteoarthritis, and breathing problems (3 Health). Unfortunately, even with medical research and procedures advancing at a rate never before seen, the healthcare system is still not ready for proper treatment of the growing population or obese patients.

There are numerous cases of physicians overlooking serious medical conditions in patients simply because of their weight. Patty Nece, a middle aged woman in Virginia, went to her orthopedist due to pain in her hip. The doctor remarked about how a diet was needed before diagnosing the issue as simply “obesity pain”. After relaying the experience to her internist, Mrs. Nece found that she had progressive scoliosis, a health case unrelated to obesity. Another woman who went to the local urgent care center in Washington for breathing trouble was told that the only thing wrong was that she was fat. After seeing a specialist at Georgetown University, blood clots were discovered in her lungs. This pattern of inequality has led to a study in the Texas Medical Center in Houston, where it was found that while “physicians prescribed more tests for heavier patients… they simultaneously indicated that they would spend less time with them” (5 Hebl). Furthermore, the physicians described the obese patients to be “more annoying” and “a greater waste of their time”.

The problem does not end with the physicians. The tests prescribed by the doctors require special equipment such as CT and MRI scanners. Most models usually support between 350-450 pounds, but that is often not enough for morbidly obese patients. Larger scanners do exist and are still manufactured, but they are not readily available. A study found that a measly 10% of US hospitals had these scanners (6 Ginde). Some doctors may simply give up after this point, but others have tried to send patients to zoos or veterinary schools for a scan. This decision is not optimal, both because of animal-human incompatibilities and patient shame.

Another issue arises when prescribing medication. Dosages are based on a set standard of body sizes or surface areas. These measurements do not scale up linearly because body components such as muscle, bone, or fat does not increase linearly with weight (7 Baerdemaeker). Mistakes in this aspect may cause procedural complications or even death, which is behind the refusals of some doctors to operate on patients. A decrease in rating means a reduction in reimbursements by Medicare, which after trickling down the healthcare system, results in penalties for the doctors. A common practice among hospitals to avoid these issues is to pick an arbitrary BMI cutoff for surgery. This bodes poorly for those who are just above the cut, but still grouped with those at high risk.

The healthcare system today still has a ways to go in order to ensure the proper treatment of obese patients. There needs to not only be a massive overhaul in the equipment and policies of hospitals, but a complete paradigm shift in how we view logistically challenging patients. After all, they have health issues just like the rest of us.

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