Patient Sensitivity Training
Covidien views this presentation as general guidelines to establishing a successful surgical bariatric program, but does not warrant, guarantee or promise that compliance or non-compliance with these guidelines will assure positive or negative surgical outcomes for any single surgical procedure or patient.

These guidelines and not intended to establish a standard of care for any bariatric surgical practice. All observations and measurements cited in this presentation are intended to serve as a guideline and do not preclude the necessity of the facility and health care professional to independently determine and verify the propriety and adequacy of all tests, results, procedures, diagnosis and treatment.
• It has been said that obese persons are the last acceptable targets of discrimination.

• Is being obese a civil right, a medical disability, or a personal choice?
It is our aim to make you familiar with some of the types of bias and discrimination that the obese persons endure in order for you to better understand the struggles and fears of the obese persons and to give better care to the obese patient.
• It is known that patients who are being treated with dignity and respect and have good communication with the bariatric staff are less likely to sue the program, even when a complication or a fatality occurs.
• Most patients seeking to undergo bariatric surgery have done about 1 and ½ years of research on the matter.

• Even though surgeon skills and multidisciplinary program offerings are important, patients will not refer other patients to a program where the patient felt he or she was not treated with dignity and respect.
According to the Weight Classification System in the United States, 60% of the adult population is overweight, 18% is obese, and 6% of the population is clinically severely obese, with a BMI of >40.
The Small Picture

• How many patients do you have in your facility at any given time who have a BMI >40?

• What are the attitudes of your staff towards obese persons?
Society Views

• Society sees the obese as second class citizens. They are called “lazy,” “dirty,” and “ugly.”

• Obese persons are blamed for their own condition and are not afforded the same consideration as others who suffer from a disability.
“Fatism”

• Obese persons are being ridiculed by teachers, physicians, and complete strangers in public settings such as supermarkets, restaurants, and shopping areas.
Fat jokes and derogatory portraits of obese people in popular media are common.
• Obese individuals experience problems in public settings, such as restaurants, theaters, airplanes, buses, and trains because of inadequate seat size and inadequate features such as seat belts.
Aren’t There Laws?

• The Equal Employment Opportunity Commission says that it rarely pursues a case against a company for discrimination based on obesity.

• The only protection an obese individual can hope for are local laws such as in San Francisco and Washington, DC that ban discrimination based on weight.
Americans With Disabilities Act

• Defines “disability” as a physical or mental impairment that substantially limits one or more major life activities.

• Unless an individual can show that obesity is the result of a physiological impairment that actually causes excessive weight retention, it is not likely that being obese brings a person within the ADA’s zone of protection.
• Spends less than 1% of its budget on obesity research, even though obesity causes at least 300,000 excess deaths in the USA and costs the country more than $100 billion.

• The last consensus statement on bariatric surgery dates back to 1991.
The Social Security Administration has eliminated obesity from its list of impairments, which is used to determine eligibility for disability payments.

Because individuals who receive social security benefits are also eligible for Medicare after two years, those who are denied disability also forgo opportunities for medical coverage.

CMS has issued a National Coverage Decision that gives beneficiaries coverage for lap and open gastric bypass, laparoscopic adjustable banding and laparoscopic and open biliopancreatic diversion with or without duodenal switch at ASBS/ACS designated Centers of Excellence.
Even with evidence of cost-savings for gastric bypass, medical coverage is inconsistent. Surgical treatment is often not reimbursed even though diseases with less supported treatments are compensated.

“Ethically unconscionable”
It is typical for health insurance plans to explicitly exclude obesity treatment from coverage.

Many reimbursement systems do not categorize obesity as a disease, leading physicians to report comorbid disorders as the reason for their services.
Physician Bias

Studies Have Shown That:

Physicians viewed persons with obesity as unintelligent, non-compliant, hostile, dishonest, unsuccessful, inactive, and weak-willed.

Physicians indicated that they preferred not to treat obese patients and did not expect success when they were responsible for their management.
Physician Bias (cont’d)

Two-thirds of physicians reported that obese patients lacked self-control and 39% reported that they were lazy and had poor hygiene.

One third of physicians listed obesity as one of five diagnostic categories and social characteristics of a patient to which they responded negatively, behind drug addiction, alcoholism and mental illness.
Nurse Bias

• Noncompliance was rated the most likely reason for obese patients’ inability to lose weight.

• Ineffectiveness of weight loss programs as the least important reason for lack of success.

• Reported confidence in giving weight loss advice regardless of the outcome and despite spending <10 min discussing weight loss with patients.
Nurse Bias (cont’d)

• Obesity can be prevented by self-control

• Obese persons are unsuccessful

• Obese persons are over-indulgent

• Obese persons are lazy

• Obese persons experience unresolved anger
Nurse Bias (cont’d)

• 48% uncomfortable caring for obese patients

• 31% would prefer not to care for an obese person at all
Nutrition Expert Bias

Study Examining Attitudes About Obese Patients In Health Care Professionals Specializing In Nutrition:

• 87% → Indulgent
• 74% → Family problems
• 32% → Lack willpower
• 88% → Form of compensation for lack of love or attention
• 70% → Emotional problems
But Surely, Our Medical Students Don’t Have Bias Against The Obese…

Adjectives Thought to Apply to Obese Patients Included:

• Worthless, unpleasant, bad, ugly, awkward, unsuccessful and lacking self-control.

• Negative attitudes did not change after students worked directly with obese patients.
The Price of Bias and Discrimination in Healthcare

• Obese people often shy away from doctors and hospitals because they are afraid of being embarrassed, chided or humiliated by medical workers or their surroundings.

• 80% of surgery patients report being treated disrespectfully by medical professionals.

• Anti-fat attitudes among health care professionals affect clinical judgments and deter obese persons from seeking care.
We Don’t Mean to Hurt, But…

• Comments by the staff such as:

  – “You don’t look like you need this surgery!”

  – “You carry your weight well.”

• Assuming that visitors know what type of surgery the patient had may present real risks to breaches in confidentiality.
Being Sensitive

• Avoid identifications that indicate obesity to others
  – Signage
  – Return addresses
  – Identification labels on equipment
  – Messages on phone
  – Marketing campaigns

• Avoid labeling of patient by staff
  – Big, hefty, plump
  – Fatsoplasty
  – Obeastity
What is Your Attitude?

Honestly describe to yourself the feelings you may have towards this clinically severely obese person.

What are the labels you give this person? Is this person worth your best care?
What is Your Attitude?

What words do you use to describe this person?

Would you treat this person differently than the person pictured in the last slide?

This is the same person, after having lost 110lbs in 1 year with the help of bariatric surgery.
Patient Care Fears

• “Difficult” patient
• Staff injuries
• High risk patient?
• Obesity is a chronic illness. No one laughs at other chronic illnesses such as diabetes or COPD.

• Obesity can be just as deadly.

• Train your staff to be sensitive by being a good role model.

• Don’t tolerate behind-the-back whispers and jokes about obesity, even in private.
Patient Wish List

Non-defensive posture by caregivers

– Remember “fatism!”
– Reflective listening
– Calm manner
– Open and friendly
– Respectful

Meet postoperative patients and see the changes...
Customizing staff training and patient amenities to the bariatric patients’ unique needs can place a bariatric program at an advantageous position in this ever increasing market.
“Risk seems not be predicted by patient characteristics, illness complexity, or even physicians technical skills.

Instead, risk appears related to patients’ dissatisfaction with their physicians’ ability to establish rapport, provide access, administer care and treatment consistent with expectations and communicate effectively.”
Caregiver Must Be Aware of The Bariatric Patients’ Special Needs

• Equipment
  – Sturdiness/weight limits

• Location
  – Distance
  – Accessibility

• Space
  – Temperature
  – Accommodation

• Language/Discrimination
Inpatient Service Elements

- Coordinated Communication
- Physician Access
- Nursing Sensitivity
- Post-discharge Planning
- Inpatient Education
- Specialized Equipment
Patient Sensitivity

• A dedicated staff can make the bariatric surgery experience less stressful and more rewarding for the patient.

• Understanding the challenges of bariatric patients is the key to providing them safe and effective care.
The Covidien Bariatric Program

Innovative Technology
Advanced Training
Program Support