have had three serious crashes.) In many ways, moreover, public health has exaggerated the risks of being overweight. Those who are overweight or mildly obese live on average *longer* than those who are "normal" or even underweight.

Are there alternative population-based strategies available? Again, Callahan offers a forceful account of the ways to structure the informational and built environment to make health the easier choice (the "nudge"). What we need is to embed health and justice within the environment so that everyone—rich and poor—has the same cultural cues (and affordability) to eat right and remain physically active. Callahan's concern with this strategy is undoubtedly right—it is politically impracticable. But that is no reason to place the burden of social change on individuals already at society's margins.

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If Shaming Reduced Obesity, There Would Be No Fat People

Daniel Callahan's proposed plan to reduce obesity rates is to use strong social pressure—even if it crosses the line into outright discrimination—to teach people that being overweight and obese is "not socially acceptable any longer," and "to make just about everyone strongly want to avoid being overweight and obese." We have good news for him: His plan is well under way.

He states that overweight and obese people do not find anything problematic about—or even notice—their weight. His only evidence for this lack of awareness comes from a Gallup survey in which only 39 percent of the sample described themselves as very or somewhat overweight even though 62 percent of the sample was actually overweight or obese. But that same survey found that 67 percent of the sample described themselves as weighing over their ideal weight, indicating that they are aware of their weight and that they may indeed find it problematic. The discrepancy between being overweight and describing oneself as overweight may simply be due to people being reluctant to describe themselves as overweight—an explanation consistent with the view that obesity is stigmatized.

Callahan suggests asking overweight and obese individuals a set of questions to make them aware of obesity stigma and to make them "want something different for themselves." Overweight and obese people, however, already want something different for themselves, and these questions are not new to them. In fact, we posed Callahan's questions to a sample of 258 individuals (oversampling for overweight and obese individuals; n = 180), and the overwhelming majority already endorsed the negative views of obesity that he says they are oblivious to: 91 percent said yes to his question, "Fair or not, do you know that many people look down upon those excessively overweight or obese, often in fact discriminating against them and making fun of them or calling them lazy and lacking in self-control?" and 88 percent said they are not "pleased with the way" they look, suggesting that even *more* people are unhappy with their weight than are actually overweight.

Frankly, people already want to avoid being obese more than they want practically any other thing.

Frankly, people already want to avoid being obese more than they want practically any other thing. In a survey of patients who had lost one hundred pounds after having gastric bypass surgery, nearly every patient agreed that he or she would rather be deaf, blind, have heart disease, or lose a leg than gain back the weight they lost. They *all* said they would give up being a multimillionaire to be normal weight.[1]

If stigmatizing fat people worked, it would have done so by now. Obese people are already the most openly stigmatized individuals in our society, with published data showing that weight stigma is more pervasive and intense than racism, sexism, and other forms of bias.[2] Weight-based discrimination is one of the few legal forms of discrimination that remain in America, and there is substantial evidence of weight discrimination across multiple domains of living, including health care, employment, education, and media. The most heartbreaking examples of weight stigma come from the domain of interpersonal relationships. Children as young as three years describe overweight children as "mean," "stupid," "lazy," and "ugly,"[3] and obese children are 1.6 times as likely to be bullied as children who are not overweight.[4] It is actually difficult to imagine how obesity could be stigmatized more than it already is.

Callahan's strategy could also backfire. We conducted a small randomized experiment by asking 372 individuals either Callahan's set of six questions or neutral questions about ecofriendly behaviors. We then presented an array of foods, asking them to choose any and all foods they would like to eat at that moment. Those who had answered Callahan's questions selected items amounting to a statistically significantly higher amount of sugary foods (on average, 2.24 foods versus 0.95 foods), as well as significantly more calories (1,014 kilocalories versus 825 kilocalories) than those who answered neutral questions. This does not bode well for his strategy.

Furthermore, Callahan's (and much of the medical community's) laser focus on weight is a dangerous distraction away from better indicators of health. Reviews have found that obese individuals who were physically active had lower all-cause and cardiovascular mortality risk than sedentary, normal weight individuals.[5] And even in the absence of weight loss, we can improve individuals' health—regardless of their weight—through exercise, better nutrition, stress reduction, and social support. Although

Callahan says that people who are overweight or obese are "beyond help," it would be unconscionable for the medical community to give up on over 200 million Americans, including 2.4 million children. Using the word "edgy" does not disguise what his cynical and unscientific strategy truly is: mean-spirited.

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▶Obesity Stigma: *A Failed and Ethically Dubious Strategy*

In his recent article, "Obesity: Chasing an Elusive Epidemic," Daniel Callahan laments the evidence suggesting that despite intensive devotion of resources, relatively little progress has been made in countering obesity in the United States. He recommends three categories of interventions: "strong and most likely coercive public health measures," "childhood prevention," and "social pressure on the overweight." Our response focuses on the third strategy, which is misguided on several fronts. Not only does weight stigmatization impose psychological and social harm, but it fails as an incentive for improving health behaviors and may instead reinforce obesity. Obese individuals are already highly stigmatized, despite their attempts to lose weight and despite the significant sociocultural and economic conditions that contribute to obesity, which is where our efforts should be focused. Even if obesity stigma were entirely effective, we submit that its use still violates ethical norms of social justice.

Callahan's argument in favor of "stigmatization lite" against overweight and obese persons begins by analogy, asserting that because such opprobrium helped reduce smoking incidence, it should similarly be used against obesity. Yet it is not clear to what extent the stigmatization of smoking was responsible for reduced incidence. Bell et al. argue that the "denormalization" of smoking may actually inhibit smoking cessation insofar as it increases patient nondisclosure.[1] While smoking incidence has decreased, the best evidence (which is from the Centers for Disease Control) suggests that taxation and other whole population measures are most responsible. Moreover, while absolute incidence has decreased, the social gradient in smoking has increased, and with it, the gradient in smoking-related disease. This means that smoking-related health inequities have expanded. Further, Bell et al. make clear that denormalization has contributed to this expansion in smoking-related inequities. Stigma therefore may increase health inequities, which alone renders it ethically problematic.

But even if stigma produced extremely salubrious consequences, we think it should not be deployed as a public health intervention. The intense harms stigma can impose and the way it can literally spoil identity provide a powerful argument against its usage regardless of the consequences.

That said, even the ultimate deontologist, Kant, acknowledged that consequences are germane to ethical analysis. Accordingly, when assessing the permissibility of stigmatizing overweight persons, the likelihood of

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A Peaceful Death or a Risk to People with Disabilities?
By William J. Peace
Armond and Dorothy Rudolph were evicted from their assisted living facility in January 2011, after administrators called the police and rescue workers and informed them the couple, who were in their early 90s, were attempting suicide. A chaotic scene ensued. . . . The following day the Rudolphs' children rented a nearby home and 10 days later after refusing food and water Armond and Dorothy Rudolph died. This incident generated national headlines, and it continues to be widely debated.

What If the Patient Is Your Mother?
By Susan Gilbert
The problems with end-of-life care are clear enough. Patients and their families/significant others still have trouble talking with one another and their doctors about how they would and would not want to spend their final days. All too often, for many reasons, patients' wishes are not honored. Overtreatment persists. . . . The solutions, however, are far from clear, as Charles Ornstein, a veteran health care journalist, discusses very movingly.

A More Ethical Strategy against Obesity: Changing the Built Environment
By David B. Resnik
While it is still important for policymakers to consider strategies for addressing the obesity epidemic that focus on caloric intake, strategies that focus on making the built environment more conducive to physical activity should be given a high priority because they do not restrict freedom in objectionable ways or constitute regressive taxation.

Also: in The Hastings Center's other blog, **Over 65**, **James Sabin** explains how treatment veers into overtreatment, **Thomas Cottle** offers a "corny essay" about what good medical care looks like, and **H. Steve Moffic** discusses the ageism he finds in the debate about reforming Social Security.