

## **Obesity and Responsibility**

KUFM radio commentary

Mark J. Hanson

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Hardly a day goes by without a news story about what is now called the obesity epidemic. This problem raises the difficult ethical question of whether individuals are to blame for their unhealthy condition. While people surely do have some responsibility for their health, the issue of obesity says more about our society than it does about the individual.

Consider the problem. Sixty percent of Americans are now overweight or obese. Obesity is also no longer mainly a problem of the poor, as it is now growing three times as fast among the more affluent. And the consequences of this epidemic are considerable. Overweight individuals often suffer from various difficulties in daily life, discrimination, and low self-esteem. Obesity also raises a host of medical problems. The direct medical costs are more than \$100 billion dollars annually.<sup>1</sup> Imagine the cost to the health care system alone from the fact that one in three children born in the year 2000 will develop type-two diabetes, a disease linked to being overweight.

How did a society so obsessed with health become so unhealthy?

We Americans have long stressed individual responsibility in most matters, including health. John Iglehart, editor of *Health Affairs*, wrote that most illness and premature death are caused by habits that people choose for themselves.<sup>2</sup> In addition, Americans often attribute moral qualities to people based on their health: a thin person is a hard worker and has self-discipline, while the overweight person is often seen as lazy and lacking self-control.<sup>3</sup>

But blaming individuals carries its own moral problems. Moralizing health is often simply unhelpful. People begin to feel guilty, as if being overweight means being a bad person. The result is often more unhealthy behavior. In addition, blaming individuals invites social discrimination. And as health care costs are pressed even higher, the temptation will be great to deny coverage and treatment to overweight people. Ethicist Eike-Henner Kluge, for example, argues that people who make medically inappropriate lifestyle choices do not have the same right to health care as people who choose otherwise.<sup>4</sup>

I would argue, however, that such a position in relation to obesity is unjustified. Obesity stems from multiple causes, including heredity, lifestyle, and aspects of the social and physical environment, many of which are not chosen. Consider, for example, cultural attitudes toward food. The thinner French and Italians have a different relationship to food altogether. They have traditions of longer mealtimes, eating together, smaller portions, and generally enjoying food. We, on the other hand, have a culture in which food is related to health. In a cross-cultural study, Americans linked

food with health the most and with pleasure the least.<sup>5</sup> When asked what comes to mind when hearing the phrase “chocolate cake,” Americans said “guilt,” while the French said “celebration.” In response to the phrase “heavy cream,” Americans said “unhealthy” while the French said, “whipped.” Thus we have the irony of people in cultures that enjoy food being thinner, while we obsess over its healthiness and are heavier.

Furthermore, the disruption of the family table is caused by such lifestyle features as overwork in pursuit of material wealth, long commutes, and hectic schedules. We arrange cities so that we must drive, rather than walk. We fill free time with passive activities, like television and the Internet.

And into this manner of living step many food corporations who fill a need for convenience with largely unhealthy options and portion sizes that stretch the imagination as well as the waistline. Add to that the marketing of unhealthy food to children, and the issue of corporate responsibility looms at least as large as individual responsibility. In addition, the weight-loss industry capitalizes on the problem by selling us plans that often fail. And the medication that many people grab when they experience failure, ironically, is more food.

In fact, food serves as a veritable medication for many people in response to the stresses of daily life and other social ills. It turns out, for example, that depression and radical dieting are more responsible for female adolescent obesity than binge eating or lack of exercise.<sup>6</sup>

The difficulty in addressing a disorder with multiple causes is that it is easier to focus on the individual than it is to address the lifestyle issues that make it so difficult to be healthy. To be sure, we all need to exercise personal responsibility for our own health. But we should also examine the ways of life we have constructed and the tolerance we have for corporate and government practices that work against us. Most of all, we must not let the ethics of this issue lead to stigmatization and discrimination against individuals and the already marginalized groups who most suffer from obesity, many of whom, despite their best efforts, have too many cards stacked against them already.

This is Mark Hanson of the Center for Ethics at the University of Montana

Mark J. Hanson  
Interim Director  
Center for Ethics  
University of Montana  
1000 E. Beckwith  
Missoula, MT 59812

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<sup>1</sup> [http://www.ubalt.edu/glance/ur\\_releases/2005/3\\_23\\_05\\_obcon.html](http://www.ubalt.edu/glance/ur_releases/2005/3_23_05_obcon.html)

<sup>2</sup> Howard M. Leichter, “‘Evil Habits’ and ‘Personal Choices’: Assigning Responsibility for Health in the 20<sup>th</sup> Century,” *The Milbank Quarterly* 81, no. 4 (2003): 603-26, at 607.

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<sup>3</sup> Scot D. Yoder, "Individual Responsibility for Health: Decision, not Discovery," *Hastings Center Report* 32, no. 2 (March-April 2002): 22-31.

<sup>4</sup> *Ibid.*

<sup>5</sup> Michael Pollan, "Our National Eating Disorder," *New York Times Magazine* (October 17, 2004).

<sup>6</sup> Katrina Woznicki, "Why Adolescent Girls Become Obese," *MedPage Today*, [www.medpagetoday.com/tbprint.cfm?tbid=860](http://www.medpagetoday.com/tbprint.cfm?tbid=860)