

**Alice Gerth** explores how Christian healthcare professionals can better approach the obesity epidemic

# CHRISTIANS, THE CHURCH & 'FATTISM'

## key points

- Struggles with 'body weight' can stretch to either extreme but our culture seems more judgmental of overweight people.
- As healthcare professionals we need to be supportive and non-judgmental in discussing patients' exercise and eating habits.
- In church a practical way we can support those trying to eat more healthily is to examine our catering. Most churches offer tea and cake after the service, how about a bowl of fruit alongside?

Obesity is not a new phenomenon, but it is increasingly on the secular agenda. Struggles with 'body weight' can stretch to either extreme – from restrictive 'clean' eating to morbid obesity. Yet it seems our culture is more judgmental of people who are overweight than underweight. Each of us should look to ourselves before we comment on friends or patients, removing the plank from our own eyes in order to see clearly to remove the speck of dust from others'.<sup>1</sup> As Christians it is easy to become self-righteous in our response, to describe obesity as a sin – a consequence of looking for satisfaction in food and an absence of self-control.

There are elements of truth in this. Culturally, gluttony and sloth are two of the seven deadly sins described in the fourth century, but we are all at risk of allowing food and exercise to rule us – whether through the guilt of too much food and not enough exercise or the idol of fitness and healthy living. I know that I swing between the two; collapsed on the sofa gorging on a bag of chocolates after a long day at work or else putting on my running kit, hitting the road and eating the latest 'superfood salad'; either looking to chocolate to feel better or to exercise in the hope that it will drive away the stress and negativity of work. Instead, in these things I should be thanking God for the good gifts that he

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has given me (chocolate and running), but not seek satisfaction in them. As doctors and nurses we are particularly at risk of making gods of health and exercise. We compete over our latest runs, cycles or fitness regimes. We admire health in others and look down on those who 'let themselves go'.

However we cannot ignore the consequences of being overweight, on a population or individual level. Estimates for 2012-2014 are that 66% of men and 58% of women in the UK are overweight and 25% of men and women are obese. These numbers continue to rise with the greatest rate of rise seen in those with severe obesity. Obesity rates are highest in the most deprived members of our society (28%) and reduce with socio-economic state to 20% in the least. The cost of obesity is thought to be £6.1bn to the NHS and £27bn per annum to the wider economy.<sup>2</sup> Individually, it increases your risk of diabetes, heart disease, cancer, liver disease and many other illnesses, with an average reduction in life expectancy of three years.<sup>3</sup> If we truly love our neighbours this is something we should want to help with.

Obesity is a complex condition affected by an individual's psychology, physiology, physical activity and diet. Not all of these are modifiable but we can help those who struggle with being overweight to do more exercise and improve their diet. But what does this look like practically in our church families and with our patients?

## Patients

As a medical student I was taught that smoking and alcohol were essential parts of a patient's social history. Daily exercise and normal diet did not feature. But are they not equally important? Having discovered my patient smokes I am then meant to warn them of the dangers of smoking. Again, no such warning for being overweight. This culture needs to change, we need to be discussing patients' exercise and eating habits: in a supportive, non-judgmental manner. To do this we need to know what exercise and weight loss services are available locally and acknowledge that it is not easy. Arguably, obesity is harder to fix than smoking. A smoker can go cold turkey and count the number of cigarette-free days. Smoking is frowned upon in our culture, the temptation is hidden behind silver shutters at huge prices and smoking is prohibited in enclosed public spaces.

By contrast, it can take weeks to see the effects of a change in lifestyle. High calorie food is available and discounted in every supermarket and adverts saturate our televisions and billboards. The odds really are tipped against those trying to change. We need to engage with policy makers and vendors to make healthy choices more affordable, and reduce the prevalence of junk food adverts and outlets in our communities.

At work it is easy to become desensitised to unhelpful comments or thoughts about 'fat' patients, to curse them for your woes. Whether the surgeon struggling to find an appendix in and amongst the intra-abdominal fat; the F1 unable to find a vein under the subcutaneous fat; the ultrasonographer unable to comment on the possible DVT due to poor quality images; the A&E trainee physically exhausted trying to do good quality chest compressions on the obese patient who barely fits on the trolley. We forget the person and only see the condition.

## Resources

The condition makes our job harder, and utilises a disproportionate amount of resources both in terms of clinician time and financially. In an NHS that is struggling, these resources come at the expense of others who we may feel are more deserving – such as the frail elderly patient waiting for a cannula and her IV fluids or the possible cancer patient awaiting an ultrasound guided biopsy. By identifying this predisposition it helps us fight against any prejudices whilst acknowledging the challenges obese patients bring.

## Friends, family & church

Weight, body image and self-confidence are emotive areas and as such I tread carefully, but I can't ignore the elephant in the room. Our churches are part of society and full of struggling sinners. Amongst those sinners are those who struggle with weight and body image, and yet rarely have I heard a sermon on the subject. If we chase after health with fitness and 'superfoods' we are seeking to control our own mortality. If we eat to excess and do not exercise sufficiently we are not caring for God's creation in ourselves. Going deeper we need to examine why we eat to excess. Are we looking for satisfaction in food rather than God?

At times in my life I have felt ruled by my stomach, fluctuating between over indulgence and dieting; all the time struggling with my self-worth as I looked for happiness and popularity in being slender and sporty. As a teenage girl I was particularly vulnerable. I can recall many a talk from my teenage years on lust and pornography but none on gluttony and body image. Why are we more comfortable talking about sex than being fat or anorexic? I wonder if this is partially because it is so visible. At school we knew who struggled with anorexia or bulimia, we could see it in their habitus and eating habits, and we knew who was fat. Speaking publicly on these issues requires grace as those struggling the most are visible to the whole congregation and, unless you belong to a tight-knit church, this may feel ostracising. In the same way broaching the subject on an individual level feels indiscreet and intrusive.

A practical way we can support those trying to live more healthily is to examine our catering. Most churches offer tea and cake after the service, how about a bowl of fruit alongside? When we hold events with a main meal perhaps spend a little more to allow options using fewer cheap carbohydrates and more vegetables and protein. Another is to meet for 1-2-1s by going for a walk, or activity, rather than coffee and cake. This brings other benefits – I have had some of my best conversations whilst walking round a park; silences seem more acceptable and so quick 'easy' answers are avoided.

## Conclusion

Obesity isn't going away. It is a reflection of an overindulgent culture and it affects our church family. We cannot ignore it but when we engage with those struggling we must be gentle and wise. Its prevalence will continue to increase unless we change corporate, church and individual behaviour. At the same time we need to look at our own behaviour – are we overweight and unfit or chasing fitness and healthy eating? Anything that distracts us from seeking God is sinful, however 'good' it may seem.

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## references

1. Matthew 7:4
2. Public Health England. *Patterns and trends in adult obesity*. PHE; April 2016 [bit.ly/2nepGMB](http://bit.ly/2nepGMB)
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