

## The war on obesity! An invasion of privacy?

Scientific and ethical problems of the policies concerning the 'epidemic of overweight'

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## Programme

- Fat people are in the thick of it
- Officials & scientific knowledge
- Critics from the inside & outside
- Limitations of prospective epidemiology
- Epidemiology as precautionary science
- Is there a 'medical-political complex'?
- The true, the good and the beautiful
- How to proceed?

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## *Fat people are in the thick of it*

- The **FAT** pay double
- Fat people are easy prey for discrimination and exclusion
- They are publicly shamed (*The biggest loser*)
- They embody deadly sins & other vices:
  - gluttony, sloth, lust & greed
  - ugly, revolting, unhealthy and lacking social responsibility
- We are *all constantly warned* not to be(come) **FAT ...**
- because we are *all at risk!!!*

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*Officials & Scientific knowledge*

- U.S. surgeon general Richard Carmona (2003) said obesity is a far more dangerous threat than Saddam’s weapons of mass destruction.
- DG De Goeij (2005) predicts that we shall be the first generations in all of mankind’s history to survive our own children

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*Officials & Scientific knowledge (2)*

- An abundance of research is presented about the health risks of overweight, mainly focused on diabetes, cardiovascular disease and cancer.
- For the U.S. the numbers of estimated deaths attributable to obesity range from 280.000 (for 1991) to 414.000 (for 2000). Making obesity easily the second most important cause of death.

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*Critics from the inside*

- The same science offers other information:
  - Gregg (2005) found that CVD risks are strongly declining.
  - Flegal (2005) showed that overweight has smaller RR than normal weight; especially for people under 60 who never smoked.
  - Lee (2006) found BMI < 25 to be a risk factor for dying within the next four years.
  - The empirical consensus is that being obese is *not a modifiable behavior*.

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*Critics from the outside*

- Professor of French Richard Klein writes in *Eat Fat*:
  - “For the vast majority of people the risks of what is called obesity have to be measured against the risks entailed in combatting it. Diets can kill, and yo-yo dieting has specific and long-term health implications that need to be weighed against the risks of being ‘overweight’.” (1996, xvi)

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*Critics from the outside (2)*

- Lawyer Paul Campos writes in *The obesity myth: why America’s obsession with weight is hazardous to your health*:
  - “I discovered that almost everything the government and the media were saying about weight and weight control was either grossly distorted or flatly untrue. ... This book documents how the current barrage of claims about the supposedly devastating medical and economic consequences of ‘excess’ weight is a product of greed, junk science, and outright bigotry.” (2004, xvi-xvii)

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*Critics from the outside (3)*

- Michael Gard (lecturer in physical education) and Jan Wright (professor of education) write in *The obesity epidemic: science, morality and ideology*:
  - “We argue that the current state of our scientific ‘knowledge’ is not so much incomplete as confused and replete with flawed and misleading assumptions. ... For example, the overweight literature is dominated by the idea that Western society *in general* is more sedentary than in the past when almost no empirical evidence for this claim exists. ... What is interesting, is the way people in the midst of great uncertainty, manage to speak with such unified certainty about the obesity crisis.” (2005, 3-5)

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### *Critics from the outside (4)*

- Political scientist J. Eric Oliver writes in *Fat politics: the real story behind America's obesity epidemic*:
  - “In other words, not only do we lack proof that being fat causes us to contract most major illnesses, but we do not have any evidence that losing weight makes us any healthier.” (2006, 4)

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### *Critics from the outside (5)*

- Related critical books are:
  - Uffe Ravnskov: *The cholesterol myths: exposing the fallacy that saturated fat and cholesterol cause heart disease* (2002; original Swedish publication in 1991);
  - Michael E. Oakes: *Bad foods: changing attitudes about what we eat* (2004).

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### *Limitations of prospective epidemiology*

- Prospective epidemiology faces enormous problems in ‘proving’ risks of modern lifestyles and technology.
- Incomplete and unreliable datasets mostly based on self reports and infrequent updates
- Calculating present day risks from outdated data
- Very small RR with huge uncertainties (euphemistically called ‘confidence interval’)
- Contradictory findings.
- ‘Data dredging’ in vast databases always results in many statistically significant findings.

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*Limitations of prospective epidemiology (2)*

- Dimitrios Trichopoulos (Harvard School of Public Health)
  - “Health studies will inevitably generate false positive and false negative studies with disturbing frequency.” (cited by Taubes in *Science*, 1995, 164)
- Alvan Feinstein (Yale University School of Medicine):
  - “Splendid achievements have been accompanied by major uncertainties and controversies, particularly for cause-effect relationships in noninfectious disease.” (‘Scientific standards in epidemiologic studies of the menace of daily life’ in *Science*, 1988, 1257)

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*Epidemiology as precautionary science:  
changing Bradford Hill’s founding rules (1)*

- Strong associations are more likely to be causal than weak ones. Weak associations are more likely to be explained by undetected biases. *However, this does not rule out the possibility of a weak association being causal.*
- The observation that an increasing dose of an exposure increases the risk of an outcome strengthens the evidence for causality. *Again, however, absence of a dose response does not rule out a causal association.*

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*Epidemiology as precautionary science:  
changing Bradford Hill’s founding rules (2)*

- An association is more likely to be causal when a number of similar results emerge from different studies done in different populations. *Lack of consistency, however, does not rule out a causal association.*
- The existence of a plausible mechanism strengthens the evidence for causality, *however, lack of such a mechanism may simply reflect limitations in the current state of knowledge.*
- Note: the reverse clause is *also* true!

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*Precautionary science?*

- All scientific knowledge is always *on principle* uncertain.
- To stress that is to do away with science.
- Do we need Popper’s criterion of falsification?
- Or shall we go along with the precautionist slogan *Absence of proof is not proof of absence?*

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*Is there a ‘medical-political complex’?*

- Scientific paradigms can remain insulated from criticisms and ‘science popes’ do exist;
- Unhealthy collusions of interests can arise because ...
  - Scientists invest much in their knowledge career;
  - All professionals have ambiguous relations with the public good;
  - All public servants (have to) believe they serve an important purpose;
  - All public interest groups (have to) believe *their* issue is among the most worthy social causes.
- Not the industry???

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*The true, the good & the beautiful*

- Present policies concerning obesity lack sufficient scientific foundation;
- They are in support of strong cultural biases against fat people;
- They cause and support discrimination of fat people by public health officials, by media and by insurance companies;
- The unintended costs for many if not most fat people include emotional stress, shame, exclusion & paying double.

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### The true, the good & the beautiful (2)

- Despite the objectified discourse of health risks, the war on obesity is mainly about morality and esthetics.
- Under the guise of 'lifestyle risks' middle class views of 'the good life' *work as* a classic authoritarian moral code for what it means to be 'socially responsible'.

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### The true, the good & the beautiful (3)

- Examples include:
  - no drinking or smoking during pregnancy;
  - (to be continued while) breast feeding,
  - accepting professional advise and support in all matters concerning child rearing;
  - having safe sex;
  - eating healthy food in moderate quantities;
  - exercising regularly &
  - washing your hands at least five times a day.

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### *How to proceed?*

- Come clean:
  - acknowledge what we don't know;
  - acknowledge what we cannot change;
  - acknowledge that health risks exist everywhere, but mainly at the margins where people lack physical fitness and weigh very little or very much;
  - acknowledge that we are unable to say what is (un)healthy in eating.
- Remember that the dose makes the poison (which also applies to health policies).

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