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OPINION

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Start treating obesity like a disease

Med schools should do a better job of training doctors to deal with the epidemic

BY MICHAEL KAPLAN

Why aren't doctors treating America's most deadly disease?

The nation is in the midst of a terrible health crisis, yet it's completely preventable. According to a new Robert Wood Johnson Foundation study, obesity rates have jumped in 16 states over the last year and haven't decreased in any. If we want to change this unhealthy pattern, we need to transform the way we address weight loss. But how?

The most important thing we can do is recognize that obesity is a disease. If we can agree that it's a disease, we can at least acknowledge that it needs to be treated.

But right now our society generally considers it to be a vanity issue. Severely overweight people are typically viewed with disdain and disgust. Many — including those suffering — think they simply lack willpower. Some opt for bariatric surgery, but without making critical lifestyle changes — so the pounds quickly come right back. We're all — dieters, media, book publishers,

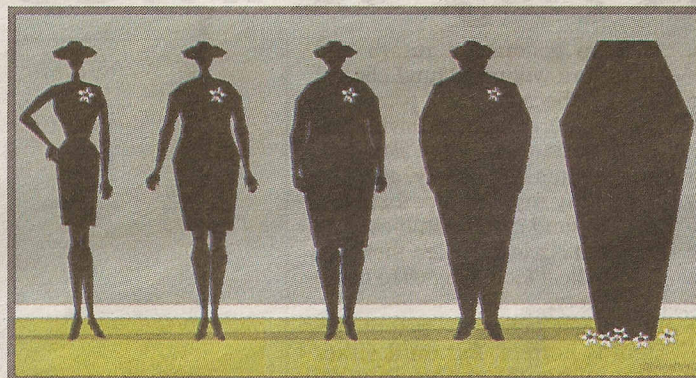
weight loss companies — guilty of perpetuating this problem.

But obesity is no more a vanity issue than diabetes or cancer. It's a chronic disease. There's no magic cure. It needs to be managed on an ongoing basis like any other chronic disease. It's not easy, but it is possible.

Another perplexing fact is that obesity is the only disease being treated by laypeople. It should be treated by doctors. With the help of doctors who understand body composition, behavior modification and medications, we can shift course and start to win the fight against this epidemic. But our system doesn't give doctors the tools they need to fight effectively.

I learned more in medical school about malaria than obesity. In my 12 years practicing medicine on Long Island, I've never encountered a case of malaria, but I see significantly overweight people every day. And more than 400,000 people die each year in the United States due to obesity-related issues.

To begin addressing this crisis I learned everything I could about weight loss and became a



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certified bariatric physician — a doctor focused on the science of weight and metabolism. When I applied what I learned, my patients started seeing success; one was waiting for a heart transplant, but no longer needs a new heart because he lost enough weight to move out of the danger zone. Another lost a significant amount of weight and is able to walk again.

Other doctors should learn about effective treatments using the chronic disease model, but when I approached the residency program director at a local university with a proposal for integrating obesity education into the primary care physician curriculum, I was told that there are no questions about that subject on the medical boards, so it

doesn't make sense to put it into the program.

It was eye-opening to learn that the "teach to the test" excuse is used as readily in medical residency programs as it is in secondary schools.

Let's change the test so we're evaluating prospective doctors on their proficiency using skills they'll actually need.

By leaving doctors unprepared to address a problem that has a negative impact on millions of people, we're setting ourselves up to fail.

The confusion about obesity — whether it's a disease that warrants medical treatment or an unfortunate situation brought about by a person's lack of willpower — is not unique. There's a similar debate raging about alco-

holism and drug abuse, and 10 medical institutions recently introduced the first accredited residency programs in addiction medicine. As a result, doctors who have completed medical school and a primary residency will spend a year studying the connection between brain chemistry and addiction.

This development represents a breakthrough in the way we're viewing and treating alcoholism and drug addiction, and we urgently need to take a similar step in the treatment of obesity.

Considering the magnitude of the problem, we need to change our mindset and re-evaluate the way we're educating doctors. Let's reframe our collective thinking and do what fad diets are unwilling to do: Propose that obesity, as a chronic disease, has no cure, but acknowledge that by accepting its chronic nature, patients can make a lifelong commitment to health.



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