HAES Reflection

There are countless approaches when working with clients, as every care provider and patient may have different needs and methods to achieve their journey of health and wellness. I have heard of concepts like Health at Every Size (HAES) in the past, but I have never explored them in such depth, and I am glad we had this module because it opened my eyes to alternative concepts that may be a better fit for some patients. I learned many of the key principles of HAES and how they differ from the traditional approach.1 The first principle was weight inclusivity, which rejects the idea that BMI is the only indicator of health, and health enhancement, which focuses on policy reform and the overall well-being of the patient.1 The next few principles are respectful care and equitable treatment, which address weight bias and promote treatment regardless of size, and eating for well-being to encourage intuitive eating without traditional dietary restrictions.1 The final principle is life-enhancing movement, which promotes engaging in activity that is enjoyable rather than exercising solely for weight loss.1 From my understanding of traditional practices, they are more focused on weight loss as a primary goal, driven by numbers like BMI, while HAES seeks to empower patients to promote behavior changes for wellness rather than focusing solely on weight. Another difference is that traditional approaches promote weight loss to achieve health, whereas HAES encourages health improvements for everyone and does not focus on their weight but on their wellness journey.1

While HAES promotes health improvements for everyone, there may be some ethical dilemmas when implementing both HAES and traditional weight management strategies in certain practices. There could be dilemmas if we view both practices in black-and-white terms. In this narrative, HAES supports wellness and does not seek to diminish a person's treatment because of their weight; rather, it focuses on how their wellness could be improved.1 HAES emphasizes not

trying to change the patient's weight but instead addressing behaviors that could lead to better health, and if weight loss occurs, it's a benefit but not the primary goal.1 At a distance, when I first heard about HAES, I thought it didn't address a person's weight at all, but upon closer examination, I now see that it addresses weight with care and empathy. It considers social determinants, behavior, and other factors that may impact the patient's health, and by addressing these factors and working with patients, we can provide the best care.1 While considering the ethical dilemmas that could arise with both approaches, I think there isn't one approach suitable for everyone. HAES notes the saying, "We prescribe for fat people what we consider an eating disorder in skinny people."1 I think many people have either attempted a diet or experienced fluctuations in their weight due to very restrictive eating techniques, but an approach tailored to them might be the best strategy. While HAES might work for some and the traditional approach for others, I think specific situations, like those involving athletes or patients with a history of an unhealthy relationship with food, may call for a more patient-directed approach. As I stated earlier, we, as healthcare providers, must work with all our patients, and each patient may need an individualized approach that could encompass multiple approaches.

As I have grown, not only in this field but also in life, I have learned that the best diet is one that someone can follow for life and maintain a healthy relationship with. As I learn more about this field, neither the traditional approach nor HAES may be right for every patient. We need to take a patient-informed approach and collaborate with the patient to find an approach that provides them with the best path to wellness and promotes a healthy relationship with activity and food. Another important aspect is to not focus on simplistic numbers on the scale but rather on how patients feel and what their biomarkers indicate. As they improve their relationship with activity and food, they may increase their lean body mass, and for many, focusing solely on the scale

could make them hesitant about their journey. If we consider these changes and health improvements, we can focus on the long term for their wellness and avoid losing momentum by focusing on the short term. With the approaches I would take, I would like to think that I bring few biases or assumptions to my practice. However, I acknowledge that I do have my own biases and assumptions in life, but as I take an individualistic approach with my patients, I strive to leave these biases and assumptions at the door. While reviewing the material for this module, I think some providers might fall into a cookie-cutter approach, and I will always strive to give my patients the best care, which would encompass what they want, need, and understand. With these tools, they can make informed decisions with me to receive treatment without bias or assumptions.

As with anything in science, there may be current evidence supporting the effectiveness of certain approaches, but as we learn and conduct more research, we may gain a better understanding of different approaches. I think the current evidence for HAES and the traditional weight management approach may suggest that HAES is more suitable for broader applications, while the traditional approach may be better on a case-by-case basis. Research indicates that a higher BMI is often correlated with higher rates of chronic disease, but this overlooks the possibility of other variables.2 It suggests that behaviors, rather than BMI itself, contribute to poor health.2 Another piece of evidence supporting HAES is a study showing that patients who received liposuction treatment experienced no improvements in their health outcomes.1 A simple analogy may help others understand the significance of this study: If a person places a bucket underneath a leaky pipe but doesn't fix the leak, it may be a short-term fix, but without making a full repair, it will only last so long. However, this fix may give them enough time to address the problem. Through this analogy, I am conveying the idea that, while liposuction may help in the

short term, without addressing the underlying behaviors, as HAES does, it may not be effective long term. With this temporary fix, it may give the patient time to address those behavioral changes with their healthcare professionals. In conclusion, while both HAES and traditional approaches have their benefits, we need to collaborate with the patient to determine what is best for them and provide them with the best tools to succeed in their health and wellness journey.

References

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