

*Commentary*

**Remedies for the obesity epidemic: Can we afford them? Do we want them?<sup>1</sup>**

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Beneficence refers to an action done to benefit other persons which does not result in harm; whereas benevolence relates to the character trait or virtue of being disposed to act for the benefit of others. The principle of beneficence is defined as a moral obligation to act for the benefit of others (Beauchamp and Childress, 1994). Although many acts of beneficence are not obligatory, the principle of beneficence, in this article, asserts an obligation to help others, primarily children who suffer from overweight and obesity, further their health interests.

Obesity, the plague of the 21<sup>st</sup> century, claims more than 300,000 American lives per year and costs more than \$117 billion annually (DHHS, 2001). As early as 1952 the American Heart Association identified obesity as a cardiac risk factor that could be altered through diet and exercise (AHA, 1952). Since then, the American Public Health Association (APHA) (2003) reports that the American Heart Association, the federal Public Health Service, the National Institutes of Health and other organizations have issued policy guidelines addressing obesity at regular intervals. They affirm that the focus on individual behavioral change is one reason for the increase in obesity to an epidemic level. Changing conditions in society and the environment must be addressed. In his address to the Institute of Medicine's conference, December 9, 2003, Rosenthal stated emphatically that "The solutions to obesity are not new news, and there is no miracle cure. These solutions are (a) lose weight, (be) be active, (c) eat healthy and, (d) watch less TV." At the same conference, McHale focused on the family as the unit of change for preventing childhood obesity. Reasons cited by McHale included (a) I can't get him to eat anything but burgers and fries, (b) I've been on diets all my life and it hasn't made a difference for me and it won't for her either, (c) A big child can defend himself, and 9D) Its 7 p.m., I just got home from work, and my kids are tired and grouchy. Fast food is the answer."

While most health care practitioners and the general public would agree as to the general solutions to the obesity epidemic, my questions are: are we really ready and can we afford the risks associated with being a healthy society? Applying the ethical principles of beneficence, do the risks outweigh the benefits? What are the societal risks associated with obesity and of having a non-obese society? And, do we as a society have amoral obligation to help those suffering from this epidemic?

Salinsky and Scott (2003) in the National Health Policy Forum Background Paper state that the consequences of obesity are serious, both for the individuals struggling with the condition and for society, which must bear the costs associated with rising obesity rates in the population. These costs include:

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- \$117 billion yearly (Salinsky and Scott)
  - \$61 billion (approximately 5% of U.S. health expenditure) to direct costs such as physician visits and hospital and nursing home care; \$56 billion was attributed to indirect costs, such as the loss of future earnings due to premature death.
- Medicare spent approximately \$23.5 billion on care attributable to patients being overweight and obese in 1998 (11.1% of total program spending) and the Medicaid program spent \$14.1 billion (8.8% of total spending). In essence, the public sector finances nearly half of all medical spending related to overweight and obesity.
- The federal government, through Medicaid and Medicare programs, spends \$84 billion annually on five major chronic conditions that could be significantly improved by increased physical activity: diabetes, heart disease, depression, cancer and arthritis. Of these diseases, diabetes as a result of obesity is the most costly.
- Obesity is associated with a 36% increase in inpatient and outpatient costs and a 77% increase in medication costs over those incurred by people within a normal weight range.
- Obesity leads to even higher increases in health care and medication costs than do smoking or problem drinking.
- Americans spend \$33 billion annually on weight-loss products and services, such as low-calorie foods, artificially sweetened products, and on memberships to commercial weight-loss centers.
- The National Institutes of Health spent \$297.2 million dollars on obesity research.

At first glance, the conclusion appears obvious: reduce obesity and save lives. This conclusion is solid, but are we prepared to exchange lives for jobs? As indicated earlier, the obesity epidemic costs our nation at least \$117 billion in health care costs annually. Where is this money expended? Whose house note, car note, college tuition, or grocer bill is paid by funds generated by the obesity epidemic? What would happen in your city or community if an aggressive public health campaign to reduce obesity resulted in a 40% reduction in obesity/overweight, resulted in a corresponding 40% reduction in hospital admissions, health care practitioner office visits, prescription medications so ld, high fat fast food and low nutritional foods sold (sweetened drinks, high fat potato chips and other snack foods), sales for diabetic care, contracts for kidney care, consults for obesity-related disease management, memberships to health complexes, and so on? Not only is your community changed, but neighboring communities begin to model yours. Again, the question is asked, can we afford to implement the solution for obesity and we really want it?

From a utilitarian perspective, the greater good for society is for actions to be taken to curb the obesity epidemic that is affecting over two thirds of the American population and resulting in at least 300,000 lost lives yearly. Although obesity is rooted in individual's behaviors and attitudes, according to Salinsky and Scott (2003), societal influences may prove instrumental in determining whether the obesity epidemic can be controlled. Perhaps the epidemic's penetration has reached a point where only drastic, wide-sweeping efforts will make a difference. We know that at least one of every three Caucasian children born in 2000 and beyond and one out of every two ethnic minority children will become diabetic unless we do the right thing in terms of aggressively implementing solutions which we know to be effective in curbing the obesity epidemic (McConaughy, 2003).

Children are not city planners who design communities without sidewalks, walking trails, or neighborhood supermarkets that carry fresh fruits and vegetables. Our children do not make decisions regarding the need to supersize ice cream, soft drinks, burgers, fries and other things target marketed to them as must-have foods. The children are not making the decisions that physical activity is not as important as the mastery of math, science, or language skills. Children cannot be made to carry the weight of adult planning and decision making. My challenge is for us to give serious dialogue to this dilemma.

We know the solution to the obesity epidemic, but are we as a society ready to implement solutions that could result in lives saved at the risk of jobs lost? Can we afford this and o we really want this? This author submits that the ultimate, longstanding solution to the obesity epidemic must expand beyond the dinner table to America's corporate tables. We owe it to the next generation to do the greater good for society. Yes, we have a moral obligation (principle of beneficence) to help those, especially children, who suffer from being overweight and obese.

Specific government, policy-oriented remedies for the obesity epidemic suggested by the author include, but are not limited to:

- Require physical education classes for all children in grades one to eight, and at least two units of physical education for all high school students.
- Mandate nutrition instruction for all children in grades one to eight and at least one unit of nutrition instruction for all high school students.
- Place parks, walking trails, bike trails, etc., in accessible areas for communities when possible. Make these priorities in planning of new communities.
- Regulate and limit target marketing of young children if the advertisement includes low nutritive foods (high sugared and high fat).
- Have yearly city-wide, community-oriented, mass marketing campaigns which emphasize increased physical activity, reduction in sedentary behavior and the eating of healthy foods.
- Establish rewards for healthy communities as demonstrated by the number of community health-related events sponsored per year.
- Encourage governments (local, state, federal) to supplement prices for fruits, vegetables, whole grains, bottle water, etc. to greatly reduce the price of these commodities.
- Have city-wide Olympic-like events that emphasize physical activity across the life span.
- Establish a reward mechanism to recognize restaurants, fast food establishments, churches, social clubs, children's organizations, shopping centers, businesses, etc., that offer high nutritive food choices.
- Provide tax breaks and other financial incentives to industries that reward and contribute to health-promoting behaviors of employees (exercise trails, weight rooms, health foods, etc.)
- Regularly highlight in the public press other media success stories of people who have sustained weight loss using practical, economical means which are amenable to the public.
- Provide financial incentives and advertisement to malls and other public areas that are designated as indoor walking trails and/or fitness centers.
- Fully fund K-12 educational institutions so that they will not be dependent on revenue from vending machines to supplement classroom instruction.
- Treat obesity like the life-threatening epidemic it is. Keep the issue in the public press.



### Obesity reduction/prevention remedies for families:

- Set healthy examples as parents and caregivers. Children model home behaviors to a great extent.
- Sit together as a family to eat meals without the distraction of television viewing.
- Encourage water drinking among family members. Have special water bottles for each family member.
- Minimize the purchase and ingestion of artificially sweetened drinks (e.g., sodas, sweetened fruit drinks, energy drinks, etc.)
- Plan a family physical activity calendar of events
  - Walks
  - Picnics in the parks with playing
  - Ball playing
  - Skating
  - Bicycling
- Minimize the amount and access to low nutritive snacks in the home.
- Plan ahead for events outside of the home involving food (church, potlucks, social events, etc.).
- Balance sedentary behaviors with physical activity (set limits on TV, computer and other sedentary behaviors).
- Resist the urge to place the family or an overweight family member on a diet unless directed by a health care professional do so. Rather focus on healthy lifestyle changes. Keep the focus on improving health as opposed to losing weight.
- Give unconditional love and acceptance to all family members regardless of body size. Overweight children and even some adults are subjected to an immense amount of teasing and bullying. Home must become a safe place for them.
- Cook and teach your children to prepare simple healthy meals. Keep an
- abundant amount of healthy snacks at home (fresh fruits). Become a
- parent advocate for school-based physical activity programs.

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