Unsedated Transnasal Endoscopy for Preoperative Examination of Bariatric Patients: a Prospective Study Letter to the Editor

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In their article, “Unsedated Transnasal Endoscopy for Preoperative Examination of Bariatric Patients: a Prospective Study,” Xavier and colleagues assessed outcomes of individuals undergoing an unsedated preoperative transnasal endoscopy through a prospective study [1]. The study enrolled individuals with obesity, a chronic multicausal disease that impacts approximately 13% of adults globally [2]. However, throughout the article, people-first language was not utilized when describing individuals with this disease as study participants were consistently referred to as “obese patients” or “super-obese patients” as opposed to “patients with obesity” and “patients with super obesity.” This use of language regarding individuals with obesity is stigmatizing as individuals’ weight status was continually their sole descriptor, contributing to weight bias [3]. Further, patients seeking bariatric surgery have been shown to prefer the use of people-first language in treatment settings [4]. While people-first language is standard practice when describing individuals with most medical conditions (i.e., “person with diabetes” or “person with cancer”), the same practice is often not prescribed to those with obesity. Instead of defining individuals with obesity by their clinical diagnosis, people-first language should be utilized in

order to avoid further marginalizing an already societally stigmatized group.

We respectfully encourage Obesity Surgery to establish people-first language as a requirement for all published manuscripts. Respectful language in the medical literature is necessary to combat the bias against patients with obesity and achieve equitable healthcare outcomes for these individuals [5]. Especially as a journal that focuses on obesity medicine and surgical interventions for persons with obesity, it is crucial to set a precedent that the literature surrounding obesity is reflective of the chronic disease—not stigmatizing of those the disease affects.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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