



DEBATE

ISSUES OF NATIONAL CONCERN

Should obesity be treated as a medical illness?

Obesity, a condition that puts the two-thirds of Americans who are classified as overweight at risk for diabetes, hypertension, sleep apnea, some cancers and other life-threatening conditions, may be declared an "illness" in the *Medicare Manual*. If it is, Medicare beneficiaries would be able to obtain coverage for treatments such as gastric bypass surgery, diet programs, and behavioral and psychological counseling. Those against the idea say that obesity is a consequence of poor lifestyle choices. Proponents point out that millions of Americans suffer unnecessary health problems and die prematurely because of it. What do you think?



ARTVILLE/CHRIS A. RUSNAK



NO

My patient Marcia weighed 303 pounds. She noticed newly trim, formerly 325-pound Kim walking the golf course, and asked her how she'd lost weight. Marcia now weighs 190, has quit smoking and, a year later, has gained control.

Labeling Marcia and Kim as diseased only makes them victims and medicalizes their problems. Deciding obesity is a disease stigmatizes the obese, as if they didn't feel enough unwanted attention already.



Dr. John La Puma
Medical director

The "disease" label is about money, not health. It's about getting insurers, including Medicare, to pay for remedies. It's about creating a so-called "fat tax." It's about tariffs on fast-food sales and food production.

And it's about promoting expensive lifestyle drugs, still being tested. Many doctors do not recommend obesity drugs and are worried about their side effects.

Some people think that fat is in their genes. Genes are everything—for infants. For people over age 50, however, 80 percent of your health is your choices. What you eat

changes the proteins your genes make and helps your body protect itself against actual diseases to which you're susceptible, such as heart disease and cancer. Knowing what's in what you eat and finding nutrient-rich, calorie-lean food are personal responsibilities.

The science of obesity is new. Olympian Maurice Greene (5 feet 9 inches, 176 pounds) is "overweight" because his body mass index is more than 25 kg/m². Although muscle weighs more than fat, he would be labeled overweight: an insurance risk. Lenders, employers and insurers may use that diagnosis against applicants unfairly.

Neither Marcia nor Kim thought they had a disease when they came to see me. They felt well. Actually, very few obese patients feel ill. Yet they have—and now control—high cholesterol, high blood pressure, diabetes and osteoarthritis. They do it with their personal choices, including individualized diets, self-monitoring, accountability and structured, step-by-step fitness.

Understanding the risk of being overweight comes one person at a time. Obesity is not a disease of deranged genes, willpower or pseudoscience. Obesity is a problem of planning. That's what my patients Marcia and Kim needed. People need a plan—not a label—to succeed. **Q**

Costco member Dr. John La Puma is medical director of CHEF Clinic (www.drjohnlapuma.com), a referral-based, nutrition-only national medical practice.



YES

Obesity is a chronic disease with many different causes, all of which end up with too much fat tissue. The chemistry of the bodies of obese people is different from that of lean people.

When an obese person loses weight, the body chemistry does not come back to that of a lean person. When any person goes on a diet and starts to lose weight, the body interprets this as "starvation time."

Our caveman ancestors were always faced with starvation. There wasn't enough food to eat; people who could store fat survived the famine while very lean people did not.

Thus, we all have the body chemistry to protect us in times of starvation, or to store fat in times of plenty. Some of the starvation

"Research on genetics and now on obesity viruses demonstrates that obesity deserves to be called a disease."

changes are a decrease in thyroid hormone and in adrenaline-like hormones, both of which result in a lower metabolic rate. We don't need as much food to survive, so our fat and

energy stores last longer.

If a thin person and a fat person go on a diet, both have these "starvation" changes, even though the fat person has many pounds of stored energy. The body simply doesn't rec-



Dr. Richard Atkinson
Research director

"Obesity is not a disease of deranged genes, willpower or pseudoscience. Obesity is a problem of planning."

VIRTUAL DEBATE

You can find out more about this month's Debate topic on the World Wide Web:

Type "obesity" and "Medicare" in the search boxes of the following Web sites:
www.usatoday.com
www.foxnews.com
www.cnn.com

RESULTS

Member response to the September Debate:

Should cable and satellite subscribers be able to choose which channels they want?

xx% YES xx% NO

ognize the energy stores. A formerly obese person who has lost weight by medical means is at great risk to regain that weight, again because of changes in the body chemistry.

Research has shown that the muscles of formerly obese people are lower in enzymes responsible for fat burning, so they do not burn fat properly. On the other hand, enzymes in fat tissue responsible for storing fat are increased, so any extra food is very easily stored as fat.

Research has found many genes that control food intake, energy metabolism and body fat. Some gene defects are so powerful that a single gene missing is enough to cause massive obesity (e.g., the leptin gene). Animals with no leptin must eat half as much as their lean brothers to weigh the same.

Also, recent research in our laboratory shows that a human virus can cause obesity in animals and may cause obesity in humans.

Research on genetics and now on obesity viruses demonstrates that obesity deserves to be called a disease. Numerous studies show weight loss produces rapid improvement of obesity complications such as diabetes, hypertension and sleep apnea. It's foolish to spend great sums treating the complications of obesity while ignoring the root of the problem, obesity itself. Obesity deserves not only treatment, but aggressive treatment. **B**

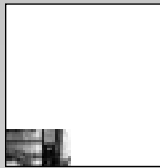
Costco member Dr. Richard Atkinson is director of Obetech Obesity Research Center in Richmond, Virginia (www.obesityvirus.com).

MEMBERS SPEAK ON:

Should obesity be treated as a medical illness?

Yes.

Since I had gastric bypass surgery, I no longer have symptoms toward diabetes and my energy level has increased. This kind of treatment should be covered.



Jacquelin MacAuley
Belmont, MA

No.

Personal responsibility and discipline must come into play. People need to exercise more self-control—in addition to exercising daily. My wife and I walk four to six miles a day.



David Gardner
Bellevue, WA

Yes.

For some people, it's more than just a matter of willpower. I have tried various ways to lose weight, with only temporary results. Emotional issues tend to come into play.



Deborah Waters
Newark, DE

No.

In many cases, it is a self-imposed issue. Many people in this country overeat and don't exercise. Obesity results when people don't take care of themselves.



Brigitte Grate
Del Rey Oaks, CA

Yes.

Some people deal with problems by eating. They are at risk, and, depending on the severity of their condition, Medicare ought to help them.



Mina Mirkhah
Phoenix, AZ

No.

People should be responsible for their eating habits and the consequences. You put the food in your mouth, so you control it.



Robert Norman
Carol Stream, IL

Opinions expressed are those of the individuals or organizations represented and are presented to foster discussion. Costco and The Costco Connection take no position on any Debate topic.

Express Your View

Should obesity be treated as a medical illness?

YES

NO

Comments:

Name

Business Name

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Date

Signature

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Results in the next issue

Do you have a Debate topic suggestion?

We'd like to hear from you. Just drop us a note by fax, e-mail or regular mail at the addresses above.

Suggestions:
