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3 Title: Moving Beyond the BMI
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5 Introduced by: Ashton Lewandowski, for the Medical Student Section
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7 Original Author: Vanessa Elliott and Charlotte Kreger
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9 Referred To: Reference Committee E
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11 House Action: **APPROVED AS AMENDED**
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14 Whereas, Body Mass Index (BMI) has been a widely adopted clinical approximation to
15 categorize patients by body size, and
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17 Whereas, BMI is a limited metric for adiposity; it is a non-specific height-to-weight ratio that
18 is not differentiated for gender or body shape, and through original standardization for white male
19 bodies, BMI is even less accurate for minoritized groups, and
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21 Whereas, BMI is a poor predictor of a patient's actual health; using BMI as a proxy for
22 metabolic health inaccurately categorizes 36 million Americans, and BMI is not reliably tied to
23 differences in mortality, and
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25 Whereas, physician focus on patients' BMI reinforces weight stigma, which is a
26 psychological stressor that has several well-established physiological and psychological health
27 effects including heart disease, stroke, depression, and anxiety disorder, and
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29 Whereas, physician focus on BMI damages the patient-physician relationship, diverts
30 attention away from other concerns, results in missed diagnoses, and is tied to reduced care
31 utilization, and
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33 Whereas, while traditional weight-focused counseling does not result in meaningful health
34 improvement, may lead to weight cycling, or may contribute to weight stigma within health care
35 encounters, weight inclusive counseling provides an avenue for physicians to counsel patients on
36 health-enhancing behaviors without discussing BMI or prescribing weight loss, and
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38 Whereas, current structural factors force physicians to provide weight-focused care with
39 requirements to collect patients' BMI where it is not medically necessary, retraumatizing and
40 re-stigmatizing patients, and requirements to provide weight-focused counseling and follow-up
41 that detract physician time from other conditions that should take precedence, and
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43 Whereas, Michigan is uniquely situated to lead the nation in reducing weight stigma in
44 health care, as it is the first and only state to explicitly protect freedom from weight discrimination
45 in employment as a civil right; therefore be it
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47 RESOVLED: That MSMS recognize that the BMI is a limited metric; and be it further
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49 RESOLVED: That MSMS acknowledge that weight bias is a pervasive problem in

50 medicine which actively harms patients.

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52 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy: None

Relevant AMA Policy:

Clinical Utility of Measuring BMI and Waist Circumference H-440.866

Our AMA supports:

(1) greater emphasis in physician educational programs on the risk differences among ethnic and age groups at varying levels of **BMI** and the importance of monitoring waist circumference in individuals with BMIs below 35 kg/m²;

(2) additional research on the efficacy of screening for overweight and obesity, using different indicators, in improving various clinical outcomes across populations, including morbidity, mortality, mental health, and prevention of further weight gain; and

(3) more research on the efficacy of screening and interventions by physicians to promote healthy lifestyle behaviors, including healthy diets and regular physical activity, in all of their patients to improve health and minimize disease risks.

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