

Slim 10: Fat Hopes?

By Dr Daniel Fung, Deputy Editor

Being a psychiatrist, part of my job is listening to people and then interjecting when I notice a discrepancy or an illogical supposition. Occasionally, I reflect what people say in a way that reveals their underlying feelings.

The furore following the Slim 10 controversy ranged from blaming the Health Sciences Authority for not keeping the country safe from banned substances to the rights of organ transplant recipients and the sanctity of saving life over rules and regulations. I cannot help but think of the issue that has not been discussed. Why do people take slimming products in the first place? This concern for thinness is becoming more than just an overvalued idea. I would like to draw attention to the issue of the underlying social psychopathology:

being thin is a preoccupation of many young (and not so young) people today. Why is it so? Perhaps it's about the unending series of media ads about slim women (mostly actresses and models) who have transformed themselves from bloated balloons into bathing beauties. I have noticed many of my female colleagues and friends who eat minuscule amounts during mealtimes. When asked, they inevitably give 3 excuses, "I am not hungry", "the food isn't nice" or "I am avoiding fatty foods".

Doctors have not helped the matter. When I was in Toronto, I remember a doctor had set up a weight control clinic.



The advertisements emphasised the medical legitimacy of what was obviously another slimming centre cloaked in medical jargon. In Singapore, we have yet to see this in widespread practice but doctors are often consulted on slimming. Are we responding as doctors should? Our responses should be firm and based on what is in the patient's best interest. It is our responsibility to educate patients about the need for a healthy diet rather than a starvation one. If a patient requests for slimming, it may also be our responsibility to identify the reasons behind this, including self-esteem issues. If the issue of looking good is an overwhelming preoccupation, some education on the dangers of this should be highlighted. One of my colleagues who specialises in eating disorders often explains how starvation leads to poorer brain function. Why, this may actually be the real reason for the term "dumb blonde". I used to think that hair colouring and long straight hair was cute because you see it occasionally. Today, it's probably cute to see black hair that hasn't been rebonded. As patients look up to doctors for proper advice, we should provide this rather than facilitate and perpetuate the myth for the relentless pursuit of slimness. I believe that doctors have a responsibility in educating the public on what is good personal health and this includes good mental health.

Let's use the Slim 10 episode to refocus ourselves on what is really important. Physical health is being of the right size and weight, not too thin nor too fat. Mental health is being happy with who we are. I like the movie *Shallow Hal* because it focuses on inner beauty as its core value. Slim 10 is an example of a shallow hell from what was perceived to be a personal heaven. ■

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Letter from a Patient

Dear Doctor,

Thank you so much for your advice and warnings regarding weight-reducing pills. I really appreciate your concern and the reminder that a living fat lady is preferable to a dead, albeit, a smaller sized one.

May I share with you some of my and my fat friends' feelings? Firstly, we are rather upset by the general perception, doctors' included, that it is primarily our fault that we are fat. Our condition is usually blamed on our laziness and indulgence in eating. This is far from the truth. Most of us are really unwilling victims of some unfortunate derangement affecting our hormones, metabolism or genes.

Secondly, people who said we should accept ourselves for what we are failed to understand our emotional agony. We are not just being vain. Here are a few examples. We suffer when others tease us. We suffer when we are discriminated against in employment. We suffer when we shop for clothes and we suffer from social ostracism. Only the other day, I was told that I am not suitable for an excursion. Nobody dates us. I cried silently at home during the night of my school prom. Others whom I consider relatively dim have all the fun because they have bodies that I don't have. The loneliness of fat people can only be appreciated by fellow sufferers.

I hope you will understand how desperate we fatties are and why we are such easy preys to quick fix schemes. Now that we know drugs are dangerous and dieting may lead to anorexia nervosa, what else can we do?

Perhaps we need a fat people support group. I don't know whether there is one already. How about the Singapore Medical Association forming one? Obesity Anonymous? I am sure we can benefit from your medical expertise. Among your doctors, I am sure there are a few fat ones, and we would like them to share with us how they cope with their fatty condition.

Thank you and best regards.

Your fat patient ■

Reply from a Doctor

Dear Fat Patient,

I understand how many fat people get teased and discriminated against. But as a doctor, there are definite health risks to being overweight. If you really need to lose weight, there are healthy means such as an appropriate diet, adequate exercise and proper rest and relaxation. Fatness, like sex, is a matter of the mind. If you think fat is ugly, you will be ugly. Incidentally, Victorian women, who are fat by modern standards, were considered beautiful in those times. Many fat people can be successful and happy: Moses Lim and Lydia Sum are prominent examples. I am fat by today's standard but I am not overweight.

The fat doctor ■