

Episode: *Author Interview: “AMA Code of Medical Ethics’ Opinions Related to Clinical Use of BMI”*

Guest: Jake Young, PhD, MPH, MFA

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Jake Young, a policy analyst for the American Medical Association in Chicago, Illinois. He’s here to discuss his article, “AMA Code of Medical Ethics’ Opinions Related to Clinical Use of BMI,” in the July 2023 issue of the Journal, [How We Over Rely on BMI](#). Dr Young, thank you so much for being on the podcast. [music fades]

DR JAKE YOUNG: Thanks for having me.

HOFF: So, what’s the main ethics point of your article?

YOUNG: One of the main points is that by using BMI to diagnose overweight and obesity without acknowledging its flaws and limitations, health professionals risk unintentionally harming patients. This is largely because there’s a lot of bias and stigma surrounding overweight and obesity. Also, BMI is an imperfect tool, and so there are somewhat arbitrary cut points in terms of whether someone is obese or overweight. These don’t also necessarily reflect the perfect healthiness of weight, especially for individuals with intermediate BMI at those cut points.

HOFF: And what do you see as the most important thing for health professions students and trainees to take from your article?

YOUNG: The most important thing to take away is that BMI is an imperfect tool. It’s a cultural construct, which means that it’s not measurably objective, and so it can inadvertently harm patients by perpetuating or even exacerbating stigma, for example. So, students should be mindful of how they use BMI as a diagnostic tool and make sure that they’re doing so in a way that is patient-centered.

HOFF: So, what does patient-centered use of BMI as a clinical tool entail?

YOUNG: Being aware of its history, its limitations, as well as how patients might feel about the use of BMI as a diagnostic tool, that there might be general distrust of its accuracy in assessing healthiness of weight.

HOFF: And finally, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

YOUNG: I would like to add that new, personalized guidelines for BMI cut points really need to be developed that account for differences in sex as well as race and ethnicity. We also need to look to develop more scientifically accurate and equitable tools for diagnosing overweight and

obesity. [theme music returns] And if I may, I would like to add one more point, a bit more general, that the AMA's *Code of Medical Ethics* is just a valuable tool and resource to help medical professionals navigate ethical dilemmas.

HOFF: Dr Young, thank you so much for your time on the podcast today and for your contribution to the Journal this month.

YOUNG: Thank you.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.