

You are what you eat

The threat of 'globesity'—a term recently coined by WHO to describe the global epidemic of obesity—has caused panic in the media and among policy makers, especially in the US (see *Reviews* page 565). The publication of US obesity prevalence statistics for 2000 brought the issue to the fore by declaring that 61% of Americans are overweight. Since then, the high profile of fat-related news stories has ensured that the problem is never far from people's minds. One recent report claims that Hispanic women are losing their racial advantage of a low breast-cancer risk because they are increasingly becoming obese. Trends such as these, where traditionally low-risk populations lose their genetic advantages, will soon add to the increasing burden of obesity-related diseases—including type 2 diabetes, cardiovascular diseases, and certain types of cancer—which kill 300 000 people in the US, and 30 000 people in the UK, each year.

However, rather than stimulating the necessary rational debate, recent statistical revelations have started a manic rush to apportion blame. Fast-food producers are the prime target and are rapidly becoming a focus for class-action lawsuits on the back of legal successes against tobacco companies. But although many useful parallels can be drawn between the tobacco and fast-food industries, there are several obvious distinctions that mean court battles are the wrong approach.

Food, no matter how unhealthy, cannot be compared to tobacco—with its abundance of addictive and carcinogenic components. Similarly, fast-food companies should not be accused of covering up evidence. The link between high-calorie foods and obesity is common knowledge; specific nutritional information is easy to find and often on display in fast-food outlets. Furthermore, unlike tobacco manufacturers, there is no single party which can shoulder all responsibility. If we are to blame the fast-food industry for obesity, shouldn't we also blame slimming organisations for eating disorders? Or modelling agencies for promoting unhealthily thin ideals? This debate hinges on the fact that there is no moral standpoint whereby individuals are relinquished of their personal responsibility. And if these legal tussles show anything, it will be that obesity cannot be resolved by continuously shifting blame.

However, mere recognition of the problem is cold comfort when urgent action is needed. Obesity prevention has been half-heartedly attempted by most developed countries through health policies that aim to raise public awareness. But the fact that obesity prevalence

continues to rocket is testament to the ineffectiveness of these policies. Governments are still ignoring issues that would make a real difference. Long working hours and high-pressure environments—factors which are exacerbated in large cities where most workers spend hours in transit commuting long distances—contribute to the general decrease in leisure time and prohibit regular exercising or healthy cooking. Most prevention policies, however, are reliant on stimulating the desire to be healthy; this approach is not only redundant for individuals who are limited by work commitments, but it is also ineffective for people that associate healthiness with compulsory and undesirable activities. To achieve results, a change in personal aspirations is required and prevention initiatives must emphasise that healthy living is a necessity, not a choice.

The paradox is, of course, that good health is already a necessity. Overweight people are discriminated against in every aspect of their lives. They are jeered at, have difficulty buying clothes, are deemed undesirable, and often have trouble accessing public services. Furthermore, employers are sometimes prejudiced against overweight interviewees and often favour active employees by offering health-related benefits rather than financial bonuses. But the immediate fallout from the perpetuation of anti-fat attitudes is that overweight people are made to feel excluded and stigmatised. Forcing this belief simply adds to the problem because these people frequently seek solace in excessive eating. On the flip side of the coin, urging people to conform to a slim social 'norm' may also lead to an aggressive backlash against those extolling the virtues of being thin. 'Fat is beautiful' groups who champion 'freedom of lifestyle choice' adamantly refuse to decrease their weight and protest against healthy-eating campaigns, which they perceive as an infringement of personal liberty.

There is the potential for a public health crisis if the continued lack of practical solutions means that governmental policies run at odds to people's personal goals. But despite this necessity, adequate solutions may still be a long way off as efforts are focused on development of anti-obesity drugs and quick-fix economic strategies. However, making even small changes to diet and lifestyle patterns will require a monumental shift in personal aspirations, and a corresponding shift in government policy, that can only be achieved with uniform commitment. So, the real question becomes, are people really prepared to make the effort?

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