Authors' response to Invited Commentary by Brady and Beausoleil

Thank you to the authors for their commentary. Our perspective remains that fat and obesity studies, although currently deeply segregated, are not mutually exclusive. Although there are many points of disagreement, there are also points of convergence. The fundamental disagreement lies in the framing of obesity as a chronic disease. We would like to reiterate that in our view obesity needs to be identified and treated as a chronic disease **only** when weight affects a person's health. We also believe in the need to promote body diversity and inclusivity. Our engagement and research in this field is entirely dedicated to fighting weight bias and discrimination in health, education, and policy settings.¹ We fully understand and support the notion that people who identify as fat deserve to be treated with respect and not be pressured into seeking unwanted medical help. On the other hand, we also fully understand and support people with obesity who have made the personal decision to reach out for help, and strongly feel that they should have access to adequate and respectful health care, including access to evidence-based obesity treatments.

We have reflected on the opposing narratives, which may help understand the tensions between them (Table 1). Whether the modest overlap between the narratives (as shown in bold in the table) allows for finding a common ground that can lead to a constructive debate remains to be seen. Both perspectives clearly call for all people to be treated with dignity and respect, regardless of their size or weight. While we should always remain critical of our own academic and personal perspectives, practices, and beliefs, a basic tenet of scholarship is to be able to have a respectful dialogue with others.²

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Table 1. Fat and obesity studies dichotomized narratives

Statement/principle	Statement/principle
Obesity studies	Fat studies
<ul style="list-style-type: none"> In some people, excess adiposity can pose significant morbidity and mortality risk.³ Once established, obesity (defined as adiposity affecting a person's health) is often a progressive chronic disease.^{3,6,7} People-first language is widely accepted in the chronic disease world as a way to promote respectful and people-centred care.⁹ People who have obesity (the disease) need access to safe, effective, and evidence-based weight management approaches.^{12,13} Not everyone who is fat has obesity.^{1,15*} People with obesity are stigmatized in health care systems because of their weight and size.^{16–18} People with obesity seeking treatment support have the right to receive evidence-based obesity management services.^{13,23} Obesity management is not about weight loss. It is about improving health.²⁷ Health is not measured on the scale.²⁷ Body positivity and acceptance is a core principle of obesity management.²⁷ Obesity health professionals, educators, and policy makers should embrace body positivity and promote body diversity.^{1,2,31} Obesity management approaches need to be tailored to individuals' needs and situations. There is no single approach that will work for everyone.²⁷ 	<ul style="list-style-type: none"> Excess adiposity does not pose a significant morbidity and mortality risk.^{4,5} Obesity is a social construct developed by the medical establishment to pathologize fat bodies and perpetuate a social injustice.⁸ The obesity discourse vilifies fat bodies and is based on phenomena such as neoliberalism, healthism, and medicalization of society.^{10,11} Weight management approaches are never effective and cause more harm than good.¹⁴ People who identify as fat do not have a disease.⁵ Fat people are stigmatized in health care because of their weight and size.^{19–22} Fat people who believe their weight is affecting their health have internalized weight bias.^{24–26} Obesity management is weight loss centric.¹⁴ Health is not measured on the scale.^{4,28,29} Fat acceptance movement emerged in Canada and the US in the early 1950s.³⁰ Fat studies embrace body diversity and promote body positivity.²⁰ Obesity management approaches are unnecessary.⁵

* Bold type signifies an overlap between the narratives.

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