



## American Medical Association: Body Mass Index Is Racist

The American Medical Association's (AMA) House of Delegates adopted a new policy last week at their annual meeting after recognizing issues with using body mass index (BMI) as a measurement due to its historical harm, which included what they deemed as racist exclusion.

BMI [measurements](#) categorize your weight as underweight, normal, overweight, or obese, and are used by healthcare providers to help determine whether your weight puts you at risk for certain health conditions. People who have BMI results showing they are overweight or obese, compared to those with healthy weight, are at increased risk for many serious diseases and health conditions, such as high blood pressure (hypertension), heart disease, diabetes, and stroke.



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According to their [press release](#), the AMA's new BMI policy was introduced last week as "part of the AMA Council on Science and Public Health report which evaluated the problematic history with BMI and explored alternatives. The report also outlined the harms and benefits of using BMI and pointed to BMI as an imperfect way to measure body fat in multiple groups given that it does not account for differences across race/ethnic groups, sexes, genders, and age-span. Given the report's findings, the new policy supports AMA in educating physicians on the issues with BMI and alternative measures for diagnosing obesity."

An AMA [article](#) claimed the use of BMI alone is an "imperfect clinical measure," stating, "numerous comorbidities, lifestyle issues, gender, ethnicities, medically significant familial-determined mortality effectors, duration of time one spends in certain BMI categories and the expected accumulation of fat with aging are likely to significantly affect interpretation of BMI data, particularly in regard to morbidity and mortality rates.... Further, the use of BMI is problematic when used to diagnose and treat individuals with eating disorders because it does not capture the full range of abnormal eating disorders."

The new BMI policy is an admission by the AMA that they have gone woke and jumped onto the "diversity, equity and inclusion" bandwagon, with their press release stating, "under the newly adopted policy, the AMA recognizes issues with using BMI as a measurement due to its historical harm, its use for racist exclusion, and because BMI is based primarily on data collected from previous generations of non-Hispanic white populations."

The press release quoted AMA's Immediate Past President Jack Resneck, Jr., M.D., who noted, "There are numerous concerns with the way BMI has been used to measure body fat and diagnose obesity, yet some physicians find it to be a helpful measure in certain scenarios. It is important for physicians to understand the benefits and limitations of using BMI in clinical settings to determine the best care for



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their patients.”

The AMA announcement follows the growth of weight bias, or “sizeism,” as a form of “discrimination.” Awareness of this inequity, a discrimination against obese people, has led healthcare workers to be more sensitive about patients’ weight. As *The Epoch Times* [reported](#), “doctors are attacked for mentioning weight, and there’s even a ‘don’t weigh me’ [card](#) that patients can hand to medical professionals during an office visit. The card says, ‘If you really need my weight, please tell me why so I can give you my informed consent.’”

Sadly, Americans are increasingly likely to be overweight and obese. [According](#) to the Centers for Disease Control and Prevention (CDC), [obesity prevalence](#) in the United States increased from 30.5 percent to 41.9 percent from 2000 to 2020. Obese and overweight individuals are at increased [risk](#) of various diseases and health conditions such as high blood pressure, high LDL cholesterol, coronary heart disease, gallbladder disease, stroke, breathing issues, osteoarthritis, body pain, and mental illnesses including anxiety and clinical depression.

Obviously, knowing that obesity is an epidemic hasn’t helped the medical community to make good decisions in policymaking for treating obese patients, as the AMA’s new woke policy is more worried about the past and supposed “racist exclusion.”

However, the updated policy does make adjustments that will incorporate body shape and composition heterogeneity across race and ethnic groups, sexes, genders, and age-span when applying BMI in overall monitoring of patients’ risk of being obese. Hopefully this will result in people bettering their health, rather than being victims of woke medical practices.



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