The ethics of publishing on social media-: The example of obesity - an invited review by the Standing Committee on Standards of Care and Position Statements of the European Board and College of Obstetrics and Gynaecology (EBCOG)

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A B S T R A C T

This article examines the ethical concerns surrounding the depiction of obese individuals, particularly the use of anonymized images on social media by medical professionals. While such images are common in medical literature to highlight adiposity and its comorbidities, their inappropriate use—such as stigmatizing or denigrating individuals—raises significant ethical questions. The multifactorial origins of obesity, including genetic, epigenetic, and social factors, complicate simplistic blame narratives often reinforced by societal stereotypes and media portrayals. Obesity-related stigma, deeply rooted in bio-psycho-social perceptions, manifests in discrimination, negative media stereotypes, and biases in employment and social interactions, adversely impacting mental health and treatment outcomes. The article emphasizes that social media, unlike peer-reviewed medical publications, lacks regulation and ethical oversight, exposing vulnerable groups to hate speech and misinformation. It criticizes the portrayal of obese individuals in a negative light, arguing that such depictions are unprofessional and harmful, especially when images are anonymized or used without informed consent. The consensus among professional bodies underscores that weight bias impairs health and inhibits access to evidence-based care; thus, stigmatizing images by medical professionals are inappropriate. The EBCOG advocate for stringent guidelines and regulation of social media contents to promote a holistic and compassionate management of obesity and calling for ethical standards to prevent further harm. Ultimately, public health efforts should focus on reducing stigma, supporting affected individuals, and encouraging responsible communication within medical and social spheres.

Introduction

The European Board & College of Obstetrics and Gynaecology (EBCOG) was approached by the Perinatal Care Group of the Czech Women's Lobby regarding what they (rightly) considered a breach of medical ethics committed by a European specialist in gynaecology when unclothed anonymised images of an obese individual were published *on the social media* aiming to denigrate and stigmatize obesity. Anonymised medically-related images, including those showing obese individuals, are common in the medical literature. The appropriate depiction of such images is legitimate if they help emphasise the concern held by the

medical profession regarding adiposity and its associated comorbidities. The aetiological factors contributing towards the predisposition to adiposity are a mix of nature (genetic and epigenetic) and nurture or socially related factors [1]. There is certainly no doubt that one important comorbidity of adiposity is the bio-psycho-social suffering of the obese individual.

Obesity in the social media

The obese individual is often adversely depicted in films and novels. One needs only reflect on the depiction of obese villainous characters

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sitting heavily on a pedestal and surrounded by food and riches in such productions as The Hobbit, Star Wars, and Entrapment (1999). The bio-psycho-social perceptions and stigmatization however extend to day-to-day experiences. Latner et al. (2012) quote several studies. While some studies show no difference in obesity stigma between men and women, other studies show that girls dislike obese peers more than boys do. They point out that this bias may be less certain in African American women, Mexican Children, Asian American women and men, and Japanese children. They also emphasise studies showing how non-obese women are evaluated more positively than obese women when applying for certain jobs requiring supervisory potential, self-discipline, professional appearance and personal hygiene [2].

Society is generally becoming increasingly aware of this stigmatisation especially the bias in advertising. One only needs to review swimwear adverts where all the women are generally depicted young and lean, while the men are depicted lean and six-packed. A move has in recent years been made to include full-bodied women when advertising products, such as undergarments, in an attempt to move away from the' skinny' model.

Obesity is considered a public health issue only in respect to its potential comorbidities. Brown and Allison (2013) content that adiposity is primarily an individual health issue rather than a public health concern [3]. To illustrate the difference, smoking in public presents a public health issue because the secondary smoke with affects others directly. Conversely, when one eats a hamburger in public, then the potential adverse effect is on the individual [4]. This of course ignores the huge financial burden brought about by the comorbidities associated with adiposity, including diabetes, hyperlipidaemia, heart disease, stroke, etc. [5]. Treating adiposity as a public health concern can moreover have more negative consequences on the individual than treating smoking as a public health issue. While individual efforts to remain lean or lose weight through lifestyle changes and diet are commendable, there is increasing awareness that obesity is often not the individual's "fault", although efforts to reduce weight (even by 10 %) have been shown to have significant benefits and more achievable and sustainable [5]. There is the widespread belief that weight control is easy among those who are not overweight. This causes distress to those who are overweight or obese. The attribution theory is the most researched theory of weight bias and posits that obese people are to be blamed for their condition and that they are seen differently from other group categorizations based on ethnic groups, sexual orientation, or physical disabilities (Latner et. at. 2012) [2].

Such images and blame for adiposity do promote psychological negative consequences. Harriger and Thompson (2012) discuss the psychological consequences of obesity and the weight bias and body image resulting in overweight and obese youth [6]. Moore et al. (2012) point out that throughout most of human history corpulence was viewed as a sign of social status, health and prosperity, and also a life-time of hard work and daily struggles to obtain a sufficient amount of food. The prevalence has increased over the years due to "the benefits of technology, sophisticated agricultural techniques, and rapid transportation, supply, and distribution networks". There is therefore the widespread ability to earn a living without physical exercise but unfortunately the encouragement of exercise compounds the notion nowadays that 'you-should-not-be-like-that'. Body image is thus affected and, along with this, depression, self-esteem, eating disorders etc., not to mention stigma, self-blame, and teasing. [7] In the present digital age, social media platforms such as Facebook and Instagram have changed ideal body image perception. The perception of the ideal lean body image brought about by social media influences have had an impact on psychological well-being bringing about increased dissatisfaction and psychological distress which is continually being reinforced by the constant exposure to idealized images and a culture of social comparison. [8,9] Images in the media do 'cast obese people in a highly negative light, reinforcing stereotypes and prejudice' [10]. The authors continue to show that that how we talk about obesity disadvantages the social position of

these people and make obesity highly stigmatised. They face a range of discrimination and prejudices because of their weight. The focus on the obese individual is mostly directed at the perceived health risks. These individuals are not recognised as vulnerable, and neither are they given social privileges and support, e.g. free medication to combat obesity, monetary allowance to enable the purchasing of healthier dietary products, free gym opportunities, etc. This is an area which even the leftist political movements have completely ignored from their manifestos.

Ethical concerns of social media stigmatization

Social media as the name implies, in contrast to conventional medical literature, is social, and therefore is generally available for comments from the general public, including those individuals prone to propagating 'hate speech'. It is not regulated by peer review and ethical principles guiding medical journal editors such as those promoted by the Committee on Publication Ethics (COPE) which aims to promote debate on publication ethics by those involved in scholarly publication [11].

Stigmatization with harmful consequences: Globally the topic of obesity remains nevertheless controversial with some endorsement of the "shaming" procedure. Gemma Mullin, The Sun Online's US deputy digital news editor, in 2017, reported on comments made by controversial hypnotherapist Steve Miller who maintained that 'being over-weight has been "normalised"'. She endorses his idea that 'FAT people should be shamed like smokers with pictures of obese backsides on food labels to act as a deterrent'. The article was accompanied by a rear view of an obese individual. The Sun article did not condemn any of this and raising conscience of the obese person's possible agency was endorsed by the U.K. Government obesity adviser Dame Carol Black [12]. Conversely, the obesity society considers that the propagation of such concepts aiming to denigrate and stigmatize obese individuals labelling them as 'socially unacceptable' have no place in the management of the condition, especially a condition where aetiological factors are multi-factorial and not simply related to inappropriate diet. The Consensus Statement on Obesity drawn up by The Obesity Society – Professionals Collaborating to Overcome Obesity (2022) emphasises that 'Bias and stigmatization directed at people with obesity contributes to poor health and impairs treatment' and that 'Every person with obesity should have access to evidence-based treatment' [13]. The EBCOG position is that there certainly is no place in the management of obesity to adversely depict obese individuals and propagating their stigmatization within society. Conversely, they need to be supported with holistic care and advice. Such stigmatization definitely predisposed to an augmentation of the psychological comorbidities associated with the condition. These could hinder the individual from seeking medical attention and reenforce the cycle of adverse psychological effects brought about by the obese state [14]. Brown and Edison (2013) also show how good intentions can have unintended consequences pointing out that obesity seen as a public health concern gave rise to 'proposed or enacted' efforts to reduce obesity from 'sin' taxes, initiating information campaigns and other alterations to the environment where in some cases there is no scientific evidence of benefit, and thus raising ethical issues relating to resources, and damage to scientific credibility. We should therefore not contribute to further stigmatisation [3].

Consent to publish: The use of images aiming to negatively depict obese individuals to support the stigmatization process is certainly not helpful and is insulting to the patient, especially when these images are used by same members of the medical profession in whom the patients have put their trust. Such images, even when anonymised, are inappropriate since they relate to a whole category of individuals and not the individual who may have given his/her consent. Nudity in any form is furthermore also not appropriate for use on the social media.

Informed consent for the use of such pictures is not a *carte blanche* for public use. Informed consent assumes six main conditions to ensure that consent is valid, ethically sound, and legally enforceable.

(1) *Adequate Disclosure*: The individual must be provided with comprehensive information about how and where the photograph will be used, including information as to what message the image used on the social media will impart and what can be the consequences of that message.

(2) *Understanding*: The person must understand the information being presented to him/her. This requires clear communication tailored to their level of comprehension. Does the person appreciate and understand that there may be people who write down unpleasant to hateful speech that will be directed at him/her and at other individuals with similar health issues?

(3) *Voluntariness*: Consent must be given freely, without coercion, undue influence, manipulation, or pressure, without any thwarting of the truth or persuasion or indeed coercion, in the process of obtaining the consent.

(4) *Capacity:* The individual must have the mental and legal capacity to make the decision to consent. This excludes those who are minors, mentally incapacitated, or otherwise unable to give valid consent. The consenting individual must also be given the opportunity to reflect on the potential consequences of his/her consent (reflective period) and be given the opportunity to withdraw that consent at any time.

(5) *Competence*: Linked with the principle of capacity is the issue whereby the decision-maker must be competent to understand and evaluate the information provided to thus make a truly voluntary choice.

(6) *Documentation*: In cases involving the publication of photographs, informed consent should always be documented through a signed consent form. Such documentation should detail the eventual use of the photographs being taken [15].

The social media can also serve as a tool for the dissemination of previously peer reviewed publications, which in theory can be considered a positive aspect of its use [16].

Regulation: However, researchers propagating their findings on the social media to inform the public must maintain a stricter level of publication ethics considering that their social medial publication is not limited by editorial peer-review imposed by professional journals. A regulatory framework relating to the use of the social media by medical professionals needs to be implemented. Social media targets society and the general public. Everyone can read it and one must not only protect the vulnerable patient but also the reputation of the profession itself. EBCOG considers it commendable that the World Medical Association and other international and national professional associations should issues statements and guidelines emphasising a code of ethics for publishing on the social media, ideally with the introduction of a peer review system as used for publication in journals. In the meantime, professionals putting images on social media without formal informed consent should be prohibited to do so until further regulations which protect vulnerable groups are made. With the widespread use of social media, in advent of artificial intelligence and indeed the more recent bioethical topic of how AI can influence the doctor patient relationship [17], it is strange to see how the issue of social media's affect on patients has been poorly studied and that no attempt at introducing guidelines and regulations have been made before. Any inappropriate publication on the social media should be referred to the national regulatory medical council for review and appropriate disciplinary action taken.

Risk of misinformation: Since items published on the social media are not presently subject to a process of peer-review, there is the possibility that the author will promulgate ideas and concepts that may reflect his/her personal opinions that may potentially not reflects mainline medical thought and may not be supported by evidence-based medicine. The promulgation of such misinformation and medical conspiracy theories from healthcare professionals would certainly be potentially detrimental to personal and public health.

Conclusion

While the present paper concentrates on the issue of the use of social media to denigrate adiposity, the ethical issues discussed herein are relevant to other areas where social media is used to address medical issues. Medical professionals should maintain a strong sense of social media publishing ethical principles especially in regards to the publication of potentially denigrating photographs to ensure that the rights of the pictured individual and others like him/her are not adversely affected directly or indirectly through stigmatization. It is certainly an opportune time for international and national professional regulatory bodies to formulate appropriate guidelines to ensure the continuing ethical practices generally associated with medical publications.

Recommendations

- Medical professionals should self-control their publications on the social media platforms to ensure that all ethical conditions are maintained.
- Medical professionals writing on the social media platforms should consider all potential personal and social adverse consequences to the individual or group.
- Potentially denigrating photographs should not be used simply to enforce one's arguments.
- International and national regulatory bodies should develop guidelines to help direct medical professionals to maintain the rigors of ethical publication on the social media.
- National regulatory bodies should assume the responsibility of responding proportionately to complaints relating to inappropriate use of the social media by medical professionals.

This paper was peer reviewed by Professor Sophie Alexander, Belgium, Professor Petr Velebil Prague, Czech Republic, and Associate Professor Sambit Mukhopadhyay, Norwich, England. This paper was approved at the meeting of the EBCOG standing committee on standards of care and position statement on first September 2025.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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