People-First Language as an important tool to fight stigma

Language has a significant impact on perceptions, behavior, motivation and, consequently, health outcomes. The contribution of the medical and scientific community is essential for the evolution of language towards reducing the stigma associated with diseases or disabilities.

The "People First" movement began in 1974, focusing on people with disabilities, which may have contributed to their increasing integration into the community. People-first language was adopted by the American Psychological Association in 1992, with the aim of decreasing the focus that is placed upon the diagnosis and increasing the focus on the person. Since then, it has been widely adopted by various organizations for chronic diseases and disabilities (1). People-first language is the standard when referring to people with chronic diseases in a respectful manner, without labeling them by their illness (2).

In recent years, diabetes societies have also become concerned with language choices. Diabetes Australia was the first to publish a position statement in 2012 calling for a "new language for diabetes" (3), followed by the International Diabetes Federation, which wrote a technical document on language philosophy. In 2017, the American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA) organized a task force on language in diabetes care and education and issued a document with recommendations for language related to diabetes that is respectful, inclusive, person centered, and strengths based to diabetes clinicians, diabetes educators, researchers, journal editors and authors, and other professionals who communicate about diabetes (4). Since then, the ADA's annually published *Standards of medical care in diabetes* document includes a recommendation to "use language that is person centered (e.g., 'person with diabetes' is preferred over 'diabetic')" (5).

When it comes to obesity, however, the scientific community is one step behind (2). A simple google scholar search using the term "diabetic people" shows about 13,500 results, while the term "people with diabetes" shows 295,000 publications. In the case of obesity, the opposite is observed: 73,300 results for "obese people" and 11,200 for "people with obesity". Not surprisingly, obesity is a disease strongly associated with stigma in different scenarios (employment, schools, personal relationships) and it is extremely common in health care settings as well (2). In this context, individuals stigmatized due to their weight, or blamed by their health care professionals tend to gain more weight and have poorer health outcomes, according to several studies (6-8). As such, language matters and the use of people-first language could help to fight stigma, avoiding the characterization of an individual by their disease (2). Considering this, the Obesity Coalition Action has called upon authors and editors of

scholarly research, scientific writing, and publications about obesity to use people-first language (9). Several organizations have already signed-on, including The Obesity Society, the World Obesity Federation and the European Association for the Study of Obesity.

The editorial board of the *Archives of Endocrinology and Metabolism*, aligned with major journals that address diabetes and obesity, has decided to include the use of people-first language as a requirement for manuscript publication. We strongly believe that scientific journals should support people-fist language, in order to contribute to the reduction of bias and stigma. Hopefully, such a paradigm shift in scientific language will contribute to a positive change in health care education and practice.

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