

Is It Ethical to Screen Children and Adolescents for Obesity?

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In 2017, the US Preventive Services Task Force (USPSTF) issued a recommendation for [screening of children and adolescents for obesity](#).

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In 2017, the US Preventive Services Task Force (USPSTF) issued a recommendation for [screening of children and adolescents for obesity](#). They concluded that clinicians should “screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. (B recommendation)”

Many of us read these recommendations for screening, and most of us do the first part – we screen for obesity. And we counsel our patients and their families on healthy diet, limiting sugar-sweetened beverages, increasing exercise, and decreasing screen time – which are all recommendations endorsed by the AAP and CDC.

How many of us, though, follow the 2nd part of the USPSTF recommendation? Do we refer our patients who have obesity to comprehensive, intensive behavioral interventions? I do not think that I’m going out on a limb here when I say that I suspect that this doesn’t happen very often. And why not?

Access. Or rather, the lack thereof.

I therefore was interested when I saw the article by Drs. Hunter Smith, Joy Piotrowski, and Stephanie Zaza, from Uniformed Services University, Brown University, and the American College of Preventive Medicine, respectively, entitled, “Ethics of Implementing US Preventive Services Task Force Recommendations for Childhood Obesity,” which is being early released by *Pediatrics* this week. ([10.1542/peds.2020-048009](#))

This article, and the accompanying commentary by Drs. Alex Krist, Karina Davidson, and Michel Silverstein, from Virginia Commonwealth, Hofstra/Northwell, and Boston University, ([10.1542/peds.2021-051052](#)) are thought-provoking and raise excellent points about achieving equitable access if there is not available access to what is recommended. It creates moral distress for a clinician who diagnoses a problem and then cannot help the family solve the problem.

Who has the responsibility for assuring equitable access to evidence-based treatment? And what are clinicians to do when there is a recommendation that, while evidence-based, is difficult or impractical to implement?

Reading this article and commentary will make you think. And maybe it will push many of us to advocate on the local, regional, and national levels for these – and other – evidence-based comprehensive behavioral services.

- [Neonatal Adiposity and Childhood Obesity](#)
- [A Health-Literacy Intervention for Early Childhood Obesity Prevention: A Cluster-Randomized Controlled Trial](#)
- [Childhood Obesity and Slipped Capital Femoral Epiphysis](#)
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