

# letters

## TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and can be submitted on disk or sent by email to:

Clinicalmedicine@rcplondon.ac.uk.

### Storing up problems: The medical case for a slimmer nation

Editor – In his review of the RCP report on obesity (*Clin Med March/April* 2004, pp 99–101), I was surprised by Andrew Prentice's statement that, 'It is now accepted that obesity is caused by a combination of gluttony and sloth'. The terms 'gluttony' and 'sloth' by definition<sup>1</sup> imply respectively, 'greed' and 'laziness' and impute a particular psychological motivation for all cases of obesity for which I do not think there is any evidence. The terms are also highly pejorative. In my experience obese people, particularly children, are highly sensitive to the antipathy of others to their condition and suffer from shame and stigma. In view of the particular difficulty of engaging this group in treatment, would it not be more accurate and helpful to use the more neutral terms 'over-eating' and 'under-activity'?

In addition, I am surprised that Prentice gives very little weight to the contribution of individual genetic differences, nor any mention of family eating patterns nor social economic deprivation. Finally, there is also no mention at all of psychological difficulties such as depression and anxiety, which in my clinical experience of working with this group of patients are important factors underpinning their over eating. Is there no evidence or has the evidence not been collected? If we are really going to make a difference in this very serious health problem, then I think that a more in-depth approach to motivational factors is required than the use of these pejorative terms, which will only increase the stigma-

tisation and alienation of the obese and discourage them from engagement with treatment.

### Reference

- 1 *The New Shorter Oxford English Dictionary*. Oxford: Clarendon Press, 1993.

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### In response

David Simpson castigates me for an over-casual use of the terms 'gluttony' and 'sloth' in relation to obesity. I am happy to stand corrected, but not before pointing out that he has quoted me entirely outside of the general context in which the phrases were used – namely in relation to the *general epidemic* of obesity rather than in relation to *individual cases*. The full sentence was: 'It is now accepted that obesity is caused by a combination of gluttony (driven by cheap, palatable, heavily promoted energy-dense foods) and sloth (driven by energy-saving devices, motorised transport, sedentary work, TV viewing and computing).' Both the wider context and the qualifying parentheses should have made it quite clear that I was not intending any pejorative statements about obese individuals. Elsewhere I have been at pains to point out that any such statements are most unhelpful.<sup>1</sup> In the intended context of population change the twin terms 'gluttony and sloth' are widely used and have two important advantages: first, their very bluntness focuses attention

on the real issues; and second, they neatly lock together the two sides of the energy balance equation, an attribute considered crucial by leaders in the field of obesity prevention.

Regarding his latter comments, Simpson also misses the point that this was an editorial about the population trend in obesity and what governments and health professionals can do about it. It was not a thesis on individual susceptibility to obesity, about which I have written extensively elsewhere, addressing the points that he raises.

### Reference

- 1 Prentice AM. Obesity – the inevitable penalty of civilisation? *Brit Med Bull* 1997;**53**:229–37.

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## Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

### Medical degrees with honours; the 'dumbing down' of undergraduate examinations?

In the UK, there has been much concern and debate over whether summative assessments of school children (GCSEs and A levels) have become progressively easier over the last 20 years.<sup>1</sup> There is no dispute that the proportion of children achieving A grades has risen substantially.<sup>2</sup> The argument revolves around whether this is due to a true improvement in academic standards or the fact that the examinations themselves are becoming easier, the 'dumbing down' of standards.