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Photo provided by Stephanie, taken by a bystander.



Stephanie pictured with her daughter at a school event.

I am a fat person and it often affects the care I receive.

In January, I had breast magnetic resonance imaging (MRI) that showed a large mass that was reported to be “highly suspicious for cancer.” This mass was not seen on ultrasonography or mammography. I was referred to the only place in my region equipped to do an MRI-guided biopsy. But they were not equipped to deal with someone my size.

They did not have large gowns. I walked nearly naked through the busy radiology waiting room to the scanner. Right away, I saw I would not fit in the machine. But we tried anyway, shoving myself into this narrow tube. I couldn’t breathe. I started bawling. I felt bad for the staff. They felt bad for me. I needed to be 70 lbs lighter to even have a chance at fitting.

I also didn’t fit into any diagnostic algorithm. The radiologist at the cancer centre didn’t know where to send me next. It felt like no physician took ownership of my care. I ended up getting a blind biopsy using ultrasonography for anatomic landmarks, where they took several random samples. No one called with me with the result — in fact, it was falsely documented to be negative at my specialist’s office. I had to chase down the report myself.

It turns out I do have breast cancer. I’m finally scheduled for a lumpectomy next week, to be followed by staging and then likely a double mastectomy. It took months, but I’m relieved there is a plan.

This is not the first time my weight has negatively affected

my care. I was admitted to the intensive care unit with sepsis when I was pregnant. I was on BiPAP [bilevel positive airway pressure] and pressors. While the physician was inserting a central line, he felt it appropriate in that moment to tell me I should go on the keto diet to lose weight.

When I shattered my knee while horseback riding, the first 5 orthopedic surgeons on call told me I needed surgery, but they did not want to operate on someone my size. On the sixth day, the surgeon who took me to the operating room warned me that my outcome might be poor because of the complex injury, delay and my weight. I had severe compartment syndrome by that time.

I’m 45 years old. I am worried I will die, not from cancer or obesity, but from entrenched weight bias and stigma that bar me from accessing care. It doesn’t matter what medical condition I have, the system believes that fat people like me brought it upon ourselves and deserve to suffer the negative consequences.

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