



PURPOSE: For discussion  
CONCERNING: Diet, Nutrition, Physical Activity  
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## DRAFT CPME Policy on obesity

**This draft serves as a basis of discussions for the new CPME WG on Diet, Nutrition and Physical Activity. The WG is to discuss and revise this draft policy, in particular the question of the recognition of obesity as a disease.**

*The Standing Committee of European Doctors (CPME) represents National Medical Associations across Europe. We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare-related issues.*

Building on previous policies on diet, nutrition and physical activity<sup>1</sup>, CPME reaffirms its commitment to contribute to the fight against obesity.

CPME has repeatedly underlined the complex nature of action against obesity and the need for coherent policies across sectors, which allow for healthy environments, clear consumer information, effective protection of vulnerable groups, in particular children, and access to high quality care for both prevention and treatment relating to obesity.

### *Healthy environments*

The environments in which we live translate into the social determinants of health. These have a profound and sustained impact on our options, choices and behaviours. It is therefore necessary to ensure that citizens are literate as to healthy lifestyles and are able to put recommendations into action. Healthy foods and drinks, in particular fresh fruit and vegetable as well as other foods and drinks unprocessed by industry, should be available, affordable and attractive. This requires coordinated and coherent action in education, taxation, social, agricultural and industrial policy. Similarly, physical activity, in particular for children, requires safe and easily accessible infrastructures, which not only refers to green spaces, but also pavements, cycling paths,

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<sup>1</sup> Examples include [CPME views on obesity](#), adopted in 2004; [EU Commission "Green paper" consultation on the fight against obesity in Europe: CPME contribution](#), adopted in 2006; [CPME reaction to the EU Commission's White Paper on "A Strategy for Europe on Nutrition, Overweight and Obesity-Related Issues"](#), adopted in 2008.

playgrounds etc.. Urban planning, housing and transport policy decisions should take into account the health dimension.

#### *Clear consumer information*

To enable citizens to access and process information on healthy lifestyles it is essential to ensure that it is presented in an understandable way, evidence-based and free from conflict of interest. This applies to education on healthy lifestyles, labelling on products' packages, as well as advertising and marketing. There is a wealth of evidence which points to the most effective regulatory tools to achieve the desired objective of well-informed consumers, which must be followed by policy-makers. For instance, front-of-pack traffic light labelling for nutrient profiles provides easy access to key nutritional information.

As to the legal framework on health claims and nutritional advice, CPME points to WHO nutrient profiles and recommendations as the benchmark against which claims assessed.

The food and drink industry's role in providing consumer information should be strictly separated from educational activities.

#### *Effective protection of vulnerable groups*

For vulnerable groups there is a special need to ensure they too are able to lead healthy lifestyles and prevent obesity. Expectant and nursing mothers, children, ethnic minorities, older citizens, undocumented migrants and refugees, prisoners and other institutionalised persons as well as chronic disease, mental illness and hospital patients should be ensured access to clear and evidence-based information, which is free from conflict of interest, as well as options as to diet and physical activity which allow for pro-active prevention of obesity. Equally their access to treatment must be safeguarded in accordance with their medical needs.

To protect vulnerable groups, specific measures may be required. CPME refers to the significant body of evidence on the impact of exposure, in particular for children, to advertising and marketing for alcohol and foods and drinks which are high in fat, salt and sugars or contain other ingredients which are harmful to health. The evidence also substantiates that legislation is the most effective tool to reduce exposure to advertising and marketing. CPME therefore calls for stricter controls in legislation, with a view to prohibiting social responsibility messages by manufacturers or retailers and restricting advertising for unhealthy foods and drinks, including alcohol, to product information.

#### *Prevention and treatment*

Doctors recognise the key role they play in enhancing literacy on healthy lifestyles and translating information into knowledge. CPME therefore strongly supports doctors' promotion of healthy lifestyles, including both within the traditional patient-doctor setting and through innovative channels, such as a 'Health Village'<sup>2</sup>.

The prevention of obesity is also relevant with regard to avoiding multi-morbidities, for example in patients with musculo-skeletal diseases or mental illnesses. Medical specialists are therefore encouraged to address obesity and coordinate with general practitioners and others to ensure a coherent and patient-centred approach.

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<sup>2</sup> Please find more information in the [CPME 'Health Village' toolbox](#), published in 2016

As to the treatment of obesity, CPME reaffirms that efforts must be invested into combatting stigma of patients suffering from obesity.

To facilitate the treatment of obesity in terms of availability of treatment options and adapt national legislation and consequent regulations to reflect the WHO International Statistical Classification of Diseases and Related Health Problems 10, CPME supports the recognition of obesity as a disease.

**Comment [CPME1]:** To be discussed