



Weight-loss Drugs and the Interpersonal Ethics of Eating

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The new “weight-loss” drugs

	Semaglutide	Tirzepatide
Treats Type 2 Diabetes	Ozempic (injectable), FDA approval 2017; Rybelsus (tablet), FDA approval 2019	Mounjaro (injectable), FDA approval 2022
Treats Obesity, Overweight + one weight-related condition*	Wegovy (injectable), FDA approval 2021	Zepbound (injectable), FDA approval 2023
Produced by	Novo Nordisk	Eli Lilly
Additional uses	<ul style="list-style-type: none"> • 2020, Ozempic approved to reduce risk of major cardiovascular events in adults with type 2 diabetes + known heart disease • 2024, Wegovy approved to reduce same risk in adults with cardiovascular disease + overweight/obesity 	

*Obesity and overweight are BMI categories

The new “weight-loss” drugs

	Semaglutide	Tirzepatide
How they work	<i>single-receptor agonist</i> , simulates glucagon-like peptide-1 (GLP-1)	<i>dual-agonist</i> , simulates GLP-1 and Glucose-dependent insulinotropic polypeptide (GIP)
Side effects	Nausea, diarrhea, vomiting, constipation, abdominal (stomach) pain, headache, fatigue, dyspepsia (indigestion), abdominal distension, eructation (belching), flatulence (gas buildup), gastroenteritis (intestinal infection), gastroesophageal reflux disease	Nausea, diarrhea, vomiting, constipation, abdominal (stomach) discomfort and pain, fatigue, burping, gastroesophageal reflux disease
	Both: <ul style="list-style-type: none">• Possible risk of thyroid C-cell tumors• Possible risks to pregnancy; not recommended for use during pregnancy	

Common critiques

- **Bioethical critiques**

- Drug shortages
- Use for aesthetic reasons may contribute to shortages
- High cost, lack of insurance coverage, shortages → inaccessible to those who may benefit the most
- Commonly used off-label without provider supervision/counselling
- Patients may not be well-informed about side effects, especially risks for pregnancy (See Belluz, “The pregnancy risks of Ozempic and Wegovy need more attention,” 2023)

- **Fat studies critiques**

- The drugs contribute to the medicalization of fatness (vs. understanding fatness as body diversity)
- Overemphasis on fatness as cause of health issues
- Inattention to fat stigma as a cause of health issues
- Pressure to take the drugs can reinforce fat stigma

The interpersonal ethics of eating

The *interpersonal ethics of eating*

- Ethical concerns and responsibilities arising from eating with others, feeding others, being fed by others, and the acknowledgement that eating is made possible and meaningful in and through interpersonal relations

From this perspective, I argue that these drugs raise two important ethical issues:

1. They complicate eating agency for those taking them: enhancing it in some ways, undermining it in others;
2. They may limit eaters' capacity to fulfill ethical responsibilities arising from eating with others.

1. Complicating agency

- *The drugs can complicate eating agency for those taking them: enhancing it in some ways, undermining it in others*
- Agency: having a sense of ownership or authorship over one's own actions, practices, life
 - **Eating agency:** to have a sense of ownership or authorship over how and what you eat
- Agency is relational and, at least in part, interpersonal:
 - Having and exercising agency requires:
 - a set of capacities including capacity to set intentions, make decisions, plan, understand the consequences of choices, etc. – these are developed and exercised with the support of others
 - social and material support, resources, opportunities – these can be provided or withheld by others
 - a sense of competence, self-confidence in one's abilities and worthiness to be an agent – which can be encouraged or undermined by others

1. Complicating agency

- Appetite suppression can *aid* agency in certain respects
 - A strong appetite may compromise sense of ownership/authorship over eating, and can take significant mental energy, time, resources to manage
 - Common narrative that an inability to control appetite is a failure of self-control can produce anxiety and shame, which can undermine self-confidence
 - Suppressing appetite can make certain dietary choices easier to make and stick to, enhancing confidence and a sense of authorship, freeing up time and resources for other projects
 - Tracy Yukich, who takes Ozempic: **“My day didn’t revolve around what I was going to have for food”** (Belluz, “Obesity in the Age of Ozempic”)

1. Complicating agency

- Paul Ford, who takes Mounjaro: “The part of me that tracked every meal, searched for solutions in apps and programs, wrote code, and took notes is obsolete. Was that time wasted? God, yes. But **I did learn a ton--about nutrition, about exercise, about myself. All of those lessons are a joy to apply now, without the panic of self-destructive hunger**“ (Ford)
- Yoni Freedhoff, obesity doctor: “There is tremendous mental health benefits to no longer stressing around food, to no longer feeling like you’re out of control around food, and to **no longer feeling like there’s something broken and wrong with you that prevents you from making those healthy choices you’d like to make**” (Belluz, “Obesity”)

1. Complicating agency

- Appetite suppression (and some side effects) may also *compromise* eating agency
 - Appetite motivates eating, enables enjoyment of food, anticipation of good food, shared experiences of savoring food, satisfaction of satiation
 - Lack of appetite, nausea, gastro distress and other side-effects may make *any* eating challenging, making it difficult to eat how one wants
 - Renata Lavach-Savy, who took Ozempic: **“You can’t eat what you feel like or what you want,”** Ms. Lavach-Savy said in describing what it was like to be on the medication. ‘You have to eat what your body will accept.’” (Blum)
 - Kim Tyler, who takes Ozempic: "I still love to cook for people, I still love to watch my family eat," she says. **"I still like to make things for people — I just don't care for it for myself. I'm completely apathetic”**; **“With a lowered appetite, [Tyler] has to be careful to get the nutrition she needs”** (Noguchi, “Another Ozempic...”)

2. Eating with others

- *The drugs may limit eaters' capacity to fulfill ethical responsibilities arising from eating with others*
- Commensality – eating with others, eating together
 - Sometimes over-romanticized, but may be valuable for social, cultural, health reasons
 - Lack of appetite can make eating with others physically and socially challenging due to pressure to eat, comments and judgments from others
 - “People might feel they are under the microscope when they're around the dinner table; ... **[appetite suppression] can also affect their appetite for social gatherings**” (Noguchi, “Another Ozempic...”)
 - Christopher McGowan, obesity specialist: “there's a [sic] etiquette to not eating: ‘**None of us want to insult the chef, but what if the chef is your mother or grandmother?**’” (Noguchi, “Another Ozempic...”)

2. Eating with others

- Hospitality as key form of commensality
 - Guests and hosts have ethical responsibilities to each other (Heldke and Boisvert 2016)
 - Guest responsibilities include an openness to partaking in what is offered, demonstrating appreciation for hospitality; host responsibilities include offering foods that will be safe and enjoyable to guests
 - Guests with suppressed appetites complicate things for both guests and hosts
 - How to offer foods that will be enjoyable to someone who isn't hungry and who may not enjoy eating? How to demonstrate an openness and appreciation for hosts' efforts when you cannot eat much and may not enjoy anything?
 - “I had a dinner party recently and **the Ozempic people didn't even pretend to eat the food,** ... ‘Like dude, cut it and push it around at least! **They just didn't eat and I thought it was so rude.**”
(Kim)

Wrap-up

- Attending to the interpersonal ethics of eating can help us better understand the experiences of people taking these new “weight-loss” drugs and identify ways to manage or mitigate some of the challenges they face
- A few takeaways:
 - Appetite suppression has ethical pros and cons; even if the pros outweigh the cons, we should take the cons seriously
 - Are there ways to support eating agency when it is compromised by lack of appetite? Are there alternative ways to pursue the valuable experiences lost due to lack of appetite?
 - How could practices of commensality and hospitality change to include and support people with suppressed appetites?
 - What can we learn from others living with suppressed appetites or significant dietary restrictions?

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Thank you!

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