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We should be wary of campaigns by pharmaceutical companies to destigmatise obesity

Companies manufacturing weight loss drugs have a vested interest in a clinical first approach to obesity, writes Michael Viggars, Brendan Collins and Matthew Philpott

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Eli Lilly's UK "Obesity is a Disease" campaign is easy to applaud and easier to underestimate.[1] Adverts across the UK explain that obesity is a complex disease rather than a failure of willpower, that the body can resist weight loss, and that people who have struggled for years deserve compassion, not blame. The advert invites people to check their body mass index (BMI), answer a few questions, and prepare for a conversation with a doctor, nurse, or pharmacist. Drugs are not mentioned though the campaign is by a pharmaceutical company whose drug tirzepatide is now a principal treatment for obesity.[2]

Almost everything it says about stigma is true: weight stigma is harmful, shame does not produce sustainable weight loss, and the claim that obesity is a disease is accurate.[3] In 2025 a Lancet Commission proposed formal diagnostic criteria for "clinical obesity," endorsed by dozens of medical bodies.[4] The framing is at once scientifically defensible and commercially useful, and that convergence is exactly what makes it harder to criticise.

The campaign offers a route by which years of frustration, hunger, and failed diets can be reinterpreted as the symptoms of a treatable disease. The implied remedy is personal and clinical.

Prescription-only drugs cannot be advertised to the public, either directly or indirectly. Pharmaceutical companies are allowed to run "disease awareness" campaigns, but the industry's own code permits them only where they raise awareness of a condition and encourage people to seek professional advice without promoting a specific medicine.[5] Regulatory guidance warns that particular care is required where the sponsor's product is the principal treatment for the condition, even if it isn't named.[6]

Previous rulings may have helped Eli Lilly navigate what is permissible. The regulator has ruled against Novo Nordisk over a Saxenda weight loss injection campaign partly because the company was the only one with a relevant licensed medicine at the time.[7]

In a separate case, Novo Nordisk's social media posts were cleared because they stopped short of steering the public towards a prescription seeking consultation.[8] The site's BMI calculator places anyone with a BMI of 30 kg/m^2 or above in the obesity range, and a questionnaire invites visitors to "prepare for a conversation with your doctor, nurse, or pharmacist."[1] Yet the National Institute for Health and Care Excellence (NICE) recommends tirzepatide on the NHS only for adults with a BMI of at least 35 kg/m^2 (lower for some ethnic groups) and at least one weight related comorbidity.

NHS England is phasing access to around 220 000 people over three years from an estimated eligible population of 3.4 million.[2] Someone can therefore learn from the advert or website that they are in the obesity range and be encouraged to seek advice without being eligible for NHS treatment. Some may feel discouraged, and some may disengage from care altogether. Others, if they can afford it, may seek treatment privately.

Enforcement has concentrated on pharmacies, online clinics, and influencers selling weight loss drugs rather than digital advertising.[9] The Association of the British Pharmaceutical Industry Code of Practice is administered by the Prescription Medicines Code of Practice Authority and operates largely on complaint, so scrutiny depends on someone noticing and objecting first. Research by the Advertising Standards Authority found that many people read weight loss advertising as a prompt to buy drugs rather than to consult their doctor, and do not realise that these medicines are prescription only.[9]

This is what the commercial determinants of health look like in their subtlest form.[10] We spot commercial influence far less readily when it arrives wrapped in the language of compassion and destigmatisation that public health has spent years cultivating.

The risk is not mainly that more people will be prescribed weight loss drugs; for eligible patients that is a clear benefit. The risk is that it endorses a clinical first approach to obesity that narrows the field of action. If obesity is understood primarily as a disease awaiting clinical intervention, responsibility and resources may drift away from its upstream causes including poor urban planning, the food environment, deprivation, and marketing. Obesity treatment and prevention may be quietly recast as only a personal, medical matter rather than a collective responsibility.

There is a risk that companies profiting from obesity treatment come to influence public conversation and national policy. If drugs become the answer to obesity, people who do not meet the eligibility criteria, or who cannot afford to go private, risk being left behind and exposed to a different form of stigma.

None of this requires us to defend stigma or to dismiss obesity drugs. It requires us to hold two thoughts at once: that destigmatising obesity is the right thing to do and that we should be wary of the vested interest pharmaceutical companies have in tackling

that stigma. Anti-stigma action must reject shame without surrendering the public narrative to private companies. Regulators should be willing to test the principles and identify the limits of the code by reference to campaigns such as this one by a manufacturer, not only in relation to the pharmacies, clinics, or influencers selling or promoting the drugs.

Competing interests: Michael Viggars and Matthew Philpott are employed by the Health Equalities Group, a public health charity whose work focuses on prevention; Brendan Collins is a trustee of Health Equalities Group. We have no financial relationships with any manufacturer of obesity medicines.

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