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## PATIENTS & PRACTICE

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### Should you pay patients to lose weight?

US doc's program pays \$1 a pound. Temporary fix, says Canadian expert

BY JULIA PRINSELAAR

After years of trying to coax, cajole or frighten his obese patients into losing weight, Dr Joseph K Chemplavil decided to reach for something most doctors wouldn't - his wallet. The Virginia cardiovascular endocrinologist started paying his patients \$1 for every pound they lost. And if they gained a pound, they had to pay him a buck.

Four years later his Dollar for Pound program is still going strong -- and it works, he says.

Take Willena Hopson. When she walked into Dr Chemplavil's office last September she weighed a dangerous 135kg (300lb). The petite Ms Hopson stands only 1.6m tall (5'3"), but with a BMI of 52 she was in agony from joint pain and was on six different meds to control her diabetes.

Since signing up for the Dollar for Pound program, she lost 14kg (30lb) and her BMI dropped to 47. She's been able to scale back her meds. "Her 'diabesity' is gone," beams Dr Chemplavil. Oh, and she got that \$30 payout.

When Dr Chemplavil first created the program he was paying patients out of his own pocket. Concerned colleagues convinced him the arrangement wasn't financially sound and he decided to charge patients a \$10 registration fee to cover expenses.

The vast majority -- 70 to 80% -- of Dr Chemplavil's patients lose an average of four to five kilograms per year, but he admits the rest didn't lose any weight at all. In fact, on average they gained two to five kilograms in that period.

This doesn't surprise University of Alberta obesity specialist Dr Arya Sharma. "There's no question that this might work for some people," he says. "But if the incentive is the main reason for changing your habits, then when you collect your incentive the weight comes right back."

Not so, says Dr Chemplavil. The money, he insists, helps his patients kick-start their weight loss and get used to a new, healthier way of life "for the long haul." But Dr Sharma says this notion assumes patients can control their weight. "Off the top of my head I can think of 100 different reasons why someone would get obese," many of which are beyond one's control, he says.

#### **MORE MONEY**

A recent study from the *Journal of Occupational Environmental Medicine* appears to add weight to Dr Chemplavil's arguments. In the study, 200 subjects were paid either \$0, \$7 or \$14 to lose weight. After three months, the \$14 group traded the most fat for cash,

shedding around 2kg compared to the \$7 and \$0 groups that lost an average of 1.4kg and 0.9kg respectively.

Skeptical as he is, Dr Sharma thinks paying patients could have a place in medical practice. "Providing a financial incentive for people to participate in a health check, that could make sense," he says. But because of the complexity of most obesity cases, weight loss requires a lifestyle transformation and an absolute will to change, things that money alone cannot buy.

*For more on Dr Chemplavil's program visit [www.dollarsfordieting.com](http://www.dollarsfordieting.com)*