

for "Class II" which are both just labeled "obesity." Thus, we have two "Classes" of obesity without labels other than "obesity" and a third one accompanied by an inappropriate, "off the wall" substitution. The super-morbid obese are completely ignored; perhaps a later panel will discover this lack and term them the "supreme obese" or insultingly "super extreme obese." What kind of value are American taxpayers' money getting for this ill-conceived, meddling nonsense?

If it must persist with this ill-begotten "Class" effort, but be properly accurate, the NHLBI should rename their overweight and obesity as Class 1, Class 3, Class 9, and Class 27 to recognize the well-known, progressive, exponential rise in their respective morbidity and mortality risks from overweight through morbid obesity as exemplified in Lew and Garfinkel's work.² The rationale is that Class I, II, and III designations are clearly NOT accurate since obesity is clearly not a 1 to 2 to 3 arithmetic progression. Overweight should be included in this continuum since all obese must, necessarily, pass through it.

In conclusion, we contend that it is unnecessarily confusing and inappropriate to delete or otherwise replace the long-time historically-acceptable, well-defined, universally accepted, and literature-cited term "morbid obesity" for a large number of strong, cogent reasons, some cited above. The morbidly

obese population is generally served by bariatric surgeons in more than 40 nations around the world who universally reject this unnecessary imposition of such a new, unacceptably confusing terminology without their knowledge or consent. There is no benefit to it.

We call for, at least, continuation of usage of "morbid obesity" as logical, appropriate, and necessary. And we also request, in the strongest possible terms, that representative bariatric surgeons should and must be appointed to all other national and international entities wherein obesity standards, nomenclature, and like matters are involved or under discussion.

References

1. World Health Organization. Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation of Obesity. Geneva, 3-5 June 1997.
2. Lew EA, Garfinkel L. Variations in mortality by weight among 750,000 men and women. *J Chronic Dis.* 1979; 32: 563-76.

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Editorial Announcement

Mexico Secretary of Health Approves and Publishes the Mexican Official Norm on the Integral Management of Obesity

In September, 1999, the **Mexican Official Norm on the Integral Management of Obesity NOM174-SSA1-1998** was published at the *Diario Oficial* (Official Government of Mexico Journal). This is the result of more than 2 years of team work by physicians and surgeons, endocrinologists, nutritionists, social workers, and other specialists from the Mexican Institutes of Health, National Academy of Medicine,

Mexican Academy of Surgery, the Mexican Society of Nutrition and Endocrinology and the Mexican Society of Obesity Surgery.

The publication of the Official Norm sends a clear message to the medical community and to the public as well: Obesity is a severe disease, which afflicts 21.4% of the Mexican population and has to be properly prevented, diagnosed and treated. The surgeons

from the Mexican Society of Obesity Surgery were able to include in the Norm each and every item related to obesity surgery:

-Indications, as stated by the Mexican Society and the IFSO.

-Bariatric surgeon qualifications (Cancún IFSO statement)

-Preoperative studies from a multidisciplinary team.

-Current surgical techniques.

-Informed consent, with complete information of all options, techniques, risks, and follow-up.

-Hospital facilities required to perform bariatric surgery.

-Surgeons' commitment to follow-up for life.

In addition, some prohibitions were important:

-Do not perform liposuction as treatment for severe obesity.

-Do not perform purely malabsorptive techniques.

-Do not advertise surgery with false or misleading promises.

This Norm, now a Law, may increase obesity awareness of the Mexican population, may help physicians and surgeons to properly treat their patients, and help diminish unproven methods of obesity treatment.

Our Society is proud of this achievement.

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