

On behalf of the Swiss Multidisciplinary Obesity Society (SMOB) and the Swiss Association for the Study of Metabolism and Obesity / Swiss Society of Endocrinology & Diabetology (ASEMO/SGED), the two national medical societies responsible for defining standards of obesity care in Switzerland for several decades, we would hereby express our firm disagreement with the newly communicated limitations for Wegovy and Saxenda.

First, we fully acknowledge that all discussions related to pricing appropriately fall within the remit of the FOPH and the pharmaceutical industry. This is not the role of medical societies. However, it is entirely unacceptable that the FOPH defined clinical criteria, structural requirements and frameworks for obesity treatment without well-coordinated and structured consultation with the national medical specialty organizations responsible for these domains. Strategic decisions on such structural issues with the sole input of pharmaceutical companies is not acceptable.

We have repeatedly expressed our availability for constructive discussions with the FOPH and even proposed the creation of a dedicated taskforce, yet our requests have, regrettably, not been heard.

SMOB and ASEMO/SGED hold the responsibility, and the expertise, to ensure quality, safety, and rational use of healthcare resources in the treatment of obesity. Excluding the long-standing professional medical societies from decisions of such clinical and structural importance raises concerns about healthcare governance in Switzerland.

Several elements of the current proposal appear deeply inappropriate and reflect the absence of dialogue with the medical societies responsible for obesity care.

1. Risk of unnecessary proliferation of centers and unjustified cost escalation

The criteria defined in the current limitation will encourage ad hoc arrangements between physicians, dietitians, physiotherapists, psychologists or psychiatrists in order to meet formal requirements, rather than ensuring true multidisciplinary quality. Such structures would inevitably lead to increased and often unnecessary healthcare costs, without improving patient outcomes. Physicians involved in obesity care must retain the ability to request complementary interventions only when clinically indicated, ensuring a responsible and economically appropriate use of healthcare resources. We express our serious concern that the creation of centers, as outlined in the recent proposal, may promote potentially redundant and unjustified use of resources, which are often costly and already overwhelmed in practice.

2. Need to protect existing high-quality care and geographic equity

Many internists and endocrinologists have been managing obesity for years, particularly in regions distant from major hospitals or urban centers and have thus a crucial role in ensuring access and continuity of care across Switzerland. The current proposal jeopardizes this by restricting recognition to structures. We strongly recommend against the uncontrolled multiplication of centers, favoring and protecting the continuation of care within already functional and recognized practices.

3. Ensuring competence through mandatory certification

The future ISFM-endorsed obesity certification is the cornerstone for ensuring competent and standardized obesity care nationwide.

By failing to incentivize advanced training, genuine expertise, or superior care quality, the FOPH's proposal ultimately undermines these critical goals. By requiring only the “lead physician” to have certified training, while allowing other prescribers to operate without dedicated qualifications, the proposed model invites an uncontrolled expansion of non-expert prescribers. As a chronic disease demanding specialized expertise, obesity care demands that all involved physicians demonstrate proven qualifications.

Despite our proactive efforts to provide this specialized training and certification framework, our proposal has been awaiting validation by the ISFM for several months. We were recently informed that a decision cannot be expected before spring 2026 due to the structural problems at the ISFM. This delay directly hinders the implementation of a standardized, high-quality care system. We therefore respectfully request the FOPH's intervention to help resolve this situation and enable critical progress in the field.

4. Requirements concerning medical specialties are incoherent

The proposal requiring obesity centers to include two physicians from different specialties (endocrinology, internal medicine, visceral surgery) lacks a clear clinical or logical rationale. For instance, two endocrinologists with recognized expertise in obesity would be forced to add an internist, even with no recognized expertise in obesity, only to comply with an unfounded regulation. Conversely, two internists with long-standing expertise in obesity medicine would need to incorporate an endocrinologist or visceral surgeon who, under the proposed rules, would not require any demonstrated expertise in obesity care.

We strongly believe that the proposed regulation does not add any value to the quality of obesity care. Instead of mandating arbitrary team compositions, we strongly advocate for a requirement that focuses on formal collaboration between medical obesity centers and certified bariatric surgical centers. This is the key to ensuring seamless continuity of care and true clinical coherence for the patient.

The proposal, as currently formulated, is not acceptable to SMOB and ASEMO/SGED.

It disregards the expertise of the medical societies responsible for obesity care and imposes incoherent structural requirements that risk increasing costs without clinical justification, while failing to ensure quality or competency.

We therefore urge the FOPH to suspend implementation of the current criteria and to initiate a structured dialogue with SMOB and ASEMO/SGED.


Attached, we provide our alternative and coherent proposal for the definition of medical obesity centers, built on:

- Adherence to quality and safety standards
- Rational and economically responsible use of healthcare resources
- Recognition of existing care structures

- Ensuring geographic equity of access
- Anchoring the system around the forthcoming ISFM obesity certification


A central provision of this proposal is the mandatory participation of medical obesity centers in a national registry, a mechanism essential for transparent oversight and pro-active healthcare planning.


We remain available for immediate discussion and are committed to contributing our expertise to all future deliberations on the organization and clinical framework of obesity care in Switzerland.


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