



Medical Gaslighting and Gatekeeping Is Antithetical to Improving Health Literacy and Outcomes



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Presentation Outline

01
Definitions

02
Implications

03
Case Studies

04
Solutions

05
Summary

06
Questions



What is Gaslighting?



Gaslighting is a form of psychological abuse that exploits a power imbalance and the person or people with power use manipulation to incite self-doubt within someone else.

This can lead someone to question or minimize their judgment, feelings and sometimes their sanity.

Gaslight movie in the 1940s depicts this phenomenon between a man and his wife through a series of manipulative acts.

Gaslighting emerged in Psychological literature in the 1960's to address power imbalances within domestic situations that often lead to intimate partner violence.



Medical Gaslighting



Medical gaslighting occurs when the medical community inappropriately dismisses a patient's symptoms as minor, non-existent or solely being in their head.

It has often been linked to dismissing concerns for women as a result of a misogynist stereotype that women are not rational and lean towards hysteria.

Hippocrates, known as the "Father of Medicine" held the belief that the womb (uterus) moved throughout the body to cause excessive emotional responses.

People who lack power by means of cultural, economic or social capital are often targets of medical gaslighting.



Medical Gaslighting, cont.



The behavior associated with medical gaslighting is usually subtle and masquerades as optimal care and expertise.

This can lead to feelings of powerlessness and incompetence for those at risk.

Some examples include:

- "You don't look like you are in that much pain".
- "You're too young for this condition".
- "You're just constipated".
- "I've been doing this for years, trust me".

What is Medical Gatekeeping?



Typically occurs when healthcare institutions, organizations, providers place restrictions on care, make it harder to access care or cause unnecessary delays.

Often explained by the rationale to lower healthcare expenditures and account for shortage of healthcare specialists.

Not only relates to decisions regarding Specialty care, but also imaging, medications, resources and education.



Medical Gatekeeping, cont.



3 different types of gatekeeping:

- Traditional - Practicing rational medicine
 - Example: Antibiotic stewardship
- Negative - Employing limitations to control cost
 - Insurance companies denying prior authorizations or refusing to approve brand name medication
- Positive - Encouraging a service for personal gain
 - Recommending a specific medication because of financial incentive from drug company



Why does this matter?



Ex/implicit Bias

The obvious and subtle beliefs, attitudes and feelings held by healthcare providers and others in the medical community that influence how they deliver care.



Diagnostic Errors

Failure to consider all potential explanations and overconfidence are the primary reasons for error in clinical decision-making.



Poor Health Literacy/Outcomes

Undermining the concerns of patients is not patient-centered, which limits their ability to navigate the healthcare system appropriately or optimize care.



Case Study #1

Black woman in late 50's tested positive for COVID-19 in February 2021.

Woman also lives with hypertension, glaucoma, pre-diabetes and is clinically overweight.

She had a virtual visit with Primary Care Provider as well as an Emergency Room (ER) visit for symptoms related to COVID-19.

She was not offered monoclonal antibodies (MAB), a life saving therapy for COVID at either encounter.

On her second visit to ER, family advocated via Facetime to push for MAB before cut-off period.

The family was asked how they knew about this medication as if the knowledge and access should be limited to certain people.



Case Study #2

Black woman who had been previously diagnosed with two congenital heart conditions.

She was told that these conditions would not impact her ability to function without restriction.

At one point in her life, she was able to run 6 miles in 45 minutes.

Later something changed and she started to experience chest pain and passing out.

She traveled to see a 'highly recommended' Cardiologist who dismissed her concerns.



Case Study #2, cont.

The provider was convinced that the symptoms were not due to previously diagnosed conditions.

The Physician made a medication adjustment and told patient to rest.

She eventually sought a second opinion and imaging showed that arteries in her heart were not getting enough oxygen, causing them to spasm.

She required open heart surgery to repair the problem.

"I constantly still think about how any run I went on quite literally could've been my last."



Case Study #3

A white woman started experiencing knee pain and swelling in the postpartum period.

Medical provider told her the symptoms were due to postpartum depression.

Another provider recommending weight reduction and squats to relieve symptoms.

The actual diagnosis was hip dysplasia and treatment involved surgical repair.

"It took three years to get a diagnosis and another two to heal."



Case Study #4

A middle-aged Black woman and Physician was hospitalized for COVID-19 after testing positive on 11/29/2020.

She also lived with Sarcoidosis, an underlying inflammatory condition which commonly impacts the lungs.

She documented how she was treated while hospitalized and she discussed having to beg for Remdesivir, an antiviral medication for treatment.

She also says she was denied adequate pain control.

“He [the Physician] made me feel like a drug addict”.



Case Study #4, cont.

She shared how plans for discharge were being discussed prematurely.

“This is how Black people get killed, when you send them home and they don’t know how to fight for themselves”.

Although she was not feeling well, she was released from hospital on 12/7/20.

Unfortunately, she decompensated and was admitted to a different hospital with bacterial and COVID-19 pneumonia.

She was intubated on 12/10/20 and died 2 days later at 52 years old.



In Memoriam



Action for medical team?

Center patients, not another agenda

Acknowledge and address medical racism and all forms of bias

Use neutral, objective language in verbal and written communication

Utilize reputable tools to support decision-making

Peer review

Bias reporting

Continuing medical education

Decrease load and burnout



Action for patients?

Continue to trust body and instincts

Research reputable resources

Ask questions and advocate

Engage others or patient advocates for support

Be selective with healthcare providers when possible

Report concerning encounters



Summary

There are multiple accounts that highlight the disturbing and detrimental impact of medical gaslighting and unchecked gatekeeping.

Ensuring and enabling patient's ability to find, understand and utilize health information for themselves and others cannot be viable without a change in practice.

Patients and their health and wellness should not be at the mercy of decisions that are not clinically sound or equitable.

Lives are at stake. What legacy will you leave?



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Many Thanks!

**Feel free to reach out for
questions!**



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