OP-ED

‘Medical gaslighting’ must end; here’s how to address it | GUEST COMMENTARY

By Laurie Reed
For The Baltimore Sun
•
Mar 28, 2023 at 8:59 am

Gaslighting in medicine occurs every day in doctor’s offices around the country when physicians ignore, discount or dismiss a patient’s pain or symptoms. Research has documented how women’s medical issues in particular are diminished. It’s time to call these behaviors out and for physicians, educators and health care institutions to take steps to change.

In my work as a patient advocate, gaslighting is a common theme. When the validity of a woman’s reality is questioned, this can lead to self-doubt, confusion and a loss in self-esteem. Medical gaslighting has serious consequences: As women struggle to get a diagnosis, physicians aren’t addressing the real problems leading to misdiagnoses, treatment failures and poor medical outcomes.

Listening, as I do in my interviews with patients, provides insights not only on what goes wrong in the interactions between physicians and patients but opportunities for improvement.

Take Trish, for example, who had worked for more than 30 years as a Physician Assistant when she began to experience insomnia, heart palpitations, body agitation and uncontrolled sobbing. Despite an initial positive test for Lyme disease, over the course of three years Trish was repeatedly referred to psychiatrists and told her physical issues were due to anxiety or they were all in her head. Trish began to believe it must be true, that she was crazy.

After surgery on a bone spur thought to be causing some of her issues, Trish received an IV of cephalosporin, an antibiotic to kill any bacteria, a standard procedure. By the time Trish got home all of her symptoms were gone.

Cephalosporin also happens to be the treatment for Lyme disease.

Delays in diagnoses occur when physicians’ fail to believe patients. Karen fought for nearly three years for her diagnosis of Lymphangioleiomyomatosis, or LAM, a slowly progressive cystic lung disease that affects about five in 1 million women worldwide and is usually fatal.

Karen’s concerns started with shortness of breath. In her 40s, Karen exercised regularly and worked as a dance teacher at the local high school. When she contracted pneumonia and didn’t get better, she asked her primary care doctor if something might be going on with her lungs. The doctor dismissed the idea, suggesting instead she was simply out of shape.

Left to wonder what might be wrong, Karen believed maybe she was just getting older. Breathlessness led to exhaustion and depression. Only after she collapsed and was rushed by ambulance to a medical center over an hour away did she get the diagnosis of LAM.

By contrast, patients find significant relief when a physician is willing to listen to their concerns, believe their accounts and work with them to find answers.

Jaime, a young mother of two, struggled for more than a year before she found the cause of her lower abdominal pain — Stage IV colon cancer. During Jaime's search, doctors removed her uterus, fallopian tubes and an ovary. After finally getting the answer to her pain, she told me, "I actually felt like I was part of a team, which made me feel 100% better — it's not all in my head." She added, "I listened to my body, and I knew something was wrong … what I said mattered, and I was being heard."

Physicians don't necessarily manipulate patients with malevolent intent. After all, diagnoses and treatment recommendations are based on years of training and experience. Indeed, expertise matters. But harm can occur under the paternalistic assumption that physicians shouldn't be questioned or by the driving need to always have an answer.

A recent article in the New England Journal of Medicine reported that 20% to 30% of all primary care consultations are for symptoms "for which standard evaluations have resulted in no medical diagnosis." Yet, the article acknowledges that clinicians are often biased to assume that psychological factors account for these "medically unexplained symptoms." The authors note these patients often share a common experience: "long, exasperating diagnostic journeys in which they bounce from specialist to specialist in an ultra-specialized health care system that rewards high throughput rather than individualized care."

Medical gaslighting won't end until there's greater awareness of this practice by physicians and health care institutions. To effect change, educational and training programs should address this issue. Patients must also be proactive with their care and hold physicians accountable.

Putting an end to medical gaslighting opens the possibility for more accurate and timely diagnoses, for better treatment recommendations and for improved health care outcomes.

Laurie Reed (laurie@tellingstoriestochangelives.com) is a writer and patient advocate.