TAKING PATIENTS SERIOUSLY

Overcoming Epistemic Injustice in the Domain of Difficult-to-Diagnose Conditions

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BACKGROUND

There is a growing body of literature examining healthcare interactions in which doctors dismiss, minimise or invalidate patient symptoms. Such communication appears to frequently arise in the context of difficult-to-diagnose conditions (DDCs).

Examples of DDCs: Long COVID; Fibromyalgia; Endometriosis; Myalgic Encephalomyelitis / Chronic Fatigue Syndrome

CENTRAL CLAIM

*Uncertainty about DDCs can translate into uncertainty about the sufferers themselves, leading doctors to question the trustworthiness (i.e., competence and/or sincerity) of patients. This can be framed as an **epistemic injustice.***

Epistemic Injustice

A wrong done to someone specifically in their capacity as a knower[1]

Testimonial Injustice
Speaker unfairly given less credibility by a hearer due to prejudice (e.g., relating to status as an ill person with a DDC)

Hermeneutical Injustice
Gaps in shared tools of social interpretation (e.g., vocabulary, concepts) due to structural prejudice

Roots of epistemic injustice in the domain of DDCs

- DDCs often overlooked in medical teaching
- Dominant biomedical discourses in medicine
- Intersectionality (e.g., sexism, racism, classism)
- DDCs have low "disease prestige"

Research Gap: Lack of research on ways to remedy epistemic injustice → important because epistemic injustice can lead to clinical and morally significant harms.

AIMS

1. Explore virtues (i.e., excellent traits of character) that general practitioners (GPs) ought to cultivate to promote **epistemic justice** in the domain of DDCs.
2. Critically evaluate practical strategies in medical education environments that may facilitate GPs cultivating these virtues.

METHODOLOGY

Virtue-Theoretic Approach

1. Review existing literature (e.g., on philosophy of general practice)
2. Develop a concept of an "epistemically just" healthcare encounter in the context of DDCs
3. Develop accounts of key virtues that may facilitate epistemically just encounters
4. Identify undermining cognitive biases
5. Critically evaluate educational and cognitive "debiasing" strategies that could promote key virtues

FINDINGS

What might an epistemically just healthcare encounter look like?

Ideal: Reciprocal responsiveness, respect and participation by both the GP and the patient in all aspects of their epistemic interactions.

Role of the Virtuous GP
Critically reflect on possible biases and assumptions made about a patient's trustworthiness.
Be alert to a patient's social, cultural and historical context.
Demonstrate a genuine interest in the patient's unique knowledge and understanding.
Recognise underlying social injustices that might have contributed to negative prejudicial stereotyping.
Co-construct a narrative with the patient (e.g., using sensitive open-ended questions and metaphors).

KEY VIRTUES
- Testimonial Justice
- Hermeneutical Justice
- Epistemic Humility

UNDERMINING BIAS EXAMPELS
- → Implicit Prejudicial Stereotyping
- → Fundamental Attribution Error
  - Doctors may attribute a patient's behaviour to personal characteristics rather than to situational circumstances.
- → Dunning-Kruger Effect
  - Doctors with little competence in the domains of specific DDCs may overestimate their competence.

Structural change to support moments of critical reflection

- Clearly address and prioritise DDCs in medical teaching
- Address cognitive biases using debiasing strategies (e.g., create safe learning environments, provide education on common biases, use implicit association test (IAT), embed **"perspective-taking" throughout medical curricula**)

CONCLUSION

To promote epistemic justice, GPs ought to cultivate the virtues of testimonial justice, hermeneutical justice, and epistemic humility.

Medical education institutions can create virtue-conducive environments (i.e., pave the way) by:
1. Clearly addressing DDCs in medical teaching.
2. Embedding cognitive debiasing strategies such as perspective-taking throughout medical curricula.

An array of other structural and cultural changes warrant further exploration.

References:
1. Fricker M. *Epistemic Injustice: Power and the Ethics of Knowing.* Oxford University Press; 2007.

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