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.

Testimonial Injustice Hermeneutical Injustice Speaker unfairly given less credibility by a hearer due to prejudice (e.g., relating

Epistemic Injustice

A wrong done to someone specifically in their capacity as a knower¹

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 discourses in medical teaching medicine

to status as an ill person with a DDC)

- Dominant biomedical Intersectionality (e.g., sexism, racism, classism)
- DDCs have low "disease prestige"

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

AIMS

- Explore virtues (i.e., excellent traits of 1. 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.

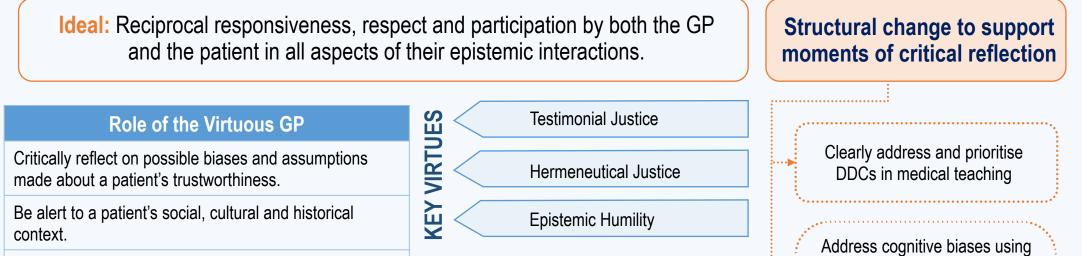
METHODOLOGY **Virtue-Theoretic Approach** Develop accounts Critically evaluate Review existing Develop a concept Identify educational and of an "epistemically literature (e.g., of key virtues that undermining on philosophy of just" healthcare

may facilitate epistemically just encounters

- cognitive biases
 - cognitive "debiasing" strategies that could promote key virtues

FINDINGS

What might an epistemically just healthcare encounter look like?



encounter in the

context of DDCs

general

practice)

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).

→ Implicit Prejudicial Stereotyping EXAMPEL Fundamental Attribution Error \rightarrow AS → Dunning-Kruger Effect

· Doctors may attribute a patient's behaviour to personal characteristics rather than to situational circumstances.

· Doctors with little competence in the domains of specific DDCs may overestimate their competence.

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.

UNDERMINING

Ξ

Medical education institutions can create virtue-conducive environments (i.e., pave the way) by:

- 1. Clearly addressing DDCs in medical teaching
- Embedding cognitive debiasing strategies such as perspective-taking throughout medical curricula. 2.

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.

