

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/recognizing-and-addressing-medical-gaslighting-in-healthcare/24088/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Recognizing and Addressing Medical Gaslighting in Healthcare

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll discuss medical gaslighting and how we can confront and overcome this issue with Dr. Michele Longo, who presented a session on this topic at the 2024 AAN Annual Meeting. Dr. Longo is an Associate Professor of Neurology and Vice Chair of Outpatient Neurology at Tulane University. She's also a comprehensive neurologist who has a special interest in Long Covid and is the Founder of the Long Covid Clinic at Tulane University. Let's hear from her now.

Dr. Longo:

So our session is on medical gaslighting, and medical gaslighting is a term that has been used to describe when someone's health concerns are dismissed by a medical provider. So this term medical gaslighting has become really something that you see more commonly with people's experience with disorders like long COVID and disorders that have multiple symptoms and invisible disabilities and are diagnoses that could be complex.

The experience people have had when they are seeing medical providers for concerns about long COVID, one study showed that half of the patients reported that they did not feel like they were believed by their healthcare provider. And medical gaslighting has been described in other conditions. There was a study looking at medical gaslighting in multiple sclerosis, and 88 percent of the respondents said that they had experienced medical gaslighting.

So what are the signs of medical gaslighting? What happens in that interaction that makes a patient feel that they have experienced medical gaslighting? And what the patients have reported is that number one, being interrupted. They have a story to tell. They have their health story that they want to share with their healthcare provider. Interrupting is something that clearly makes a patient feel unheard. Questioning or downplaying their symptoms can contribute to the feeling that they have been unheard.

You know, patients often will come in and want to have a certain test or a lab to be ordered, and if you choose not to do that test or lab, that needs to be clear to the patient why you feel that that's not necessary. We can't order every test that's asked, and that's not always good medicine, but we certainly need to communicate with the patients that are asking for specific things why that may or may not be done.

Some of the most important things we can do as healthcare providers to reduce medical gaslighting is to do the things that the patients teach us. That question has been asked to patients in the UK that were experiencing long COVID, and they asked, "What could your healthcare provider have done that would have improved your experience?" And this was among patients that felt that they had experienced medical gaslighting. And I guess the two words that really sum it up is to be kind. The patients ask to be listened to and to be believed, and for the clinician to express empathy and to acknowledge the challenges of their medical condition. Patients want to hear their healthcare providers say that they don't know but they'll research that, they'll look for an answer, and it's important for their trust.

Things that we've learned that can help to reduce this medical gaslighting is to be aware of research, be aware of the support groups that can help your patients, and then the things that we teach the medical students really. If we go back to our foundations in medicine where we learn to ask open questions, to be active listeners, to ask patients what is their concern and not interrupt them—right? Learning to give that patient at least the first couple of minutes of a visit to speak.

I think it's important to understand that the reason why we're talking about medical gaslighting is because of—especially through the lens of long COVID—seeing the downstream effects of it, which is that when patients have experienced medical gaslighting, they're more likely to have a delay in their diagnosis or to be misdiagnosed. They lose faith in our healthcare system, and they may not want to

reach out, and it causes a significant amount of emotional distress. To see patients that come in with having their symptoms attributed to a mood disorder or to a mental health condition without feeling that they have been asked any questions about that can be very distressing and contribute to distress with their health conditions. They're less likely to want to reach out to healthcare providers if they have had a bad experience too. So the downstream effects are extremely damaging to the physician-patient relationship.

Announcer:

That was Dr. Michele Longo talking about her presentation at the 2024 AAN Annual Meeting that focused on confronting and overcoming medical gaslighting in clinical practice. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!