UNHEARD: The medical practice of silencing and what this means for medical psychotherapy

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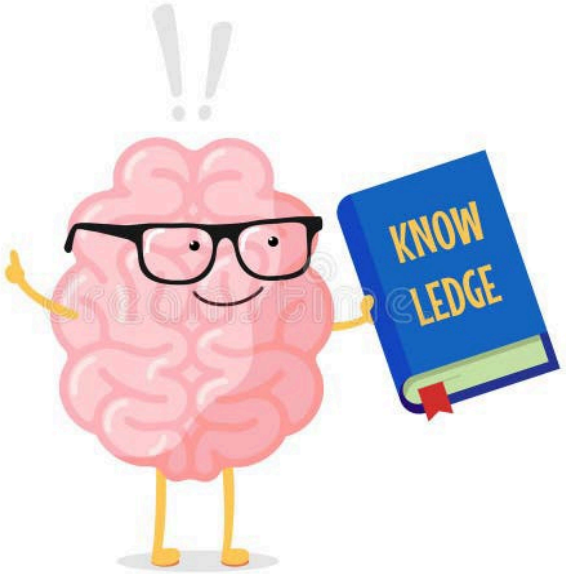
A moment that changed me …

Arundhati Roy, 2004

“There’s really no such thing as the ‘voiceless.’ There are only the deliberately silenced, or the preferably unheard.”

We are in the knowledge business

- As clinicians and researchers, we produce, interpret and communicate knowledge every day
- Part of what makes us human is our ability to produce and pass on knowledge – when this doesn't happen we become dehumanised
- Are all people considered human enough to do this?
- Whose knowledge is devalued and discredited when it comes to medicine and research?
- And why does this matter?



Epistemic injustice

"a wrong occurring to someone in their capacity as a knower" Miranda Fricker, 2007

- Hermeneutical injustice
- Testimonial injustice

Hermeneutical injustice

- Occurs when the experiences of marginalised individuals or groups are not understood by themselves or by others because those experiences do not fit any concepts known to them (or to others)
- Due to the historic exclusion of groups from activities that produce these concepts
- For example when people are unable to communicate their knowledge to healthcare workers in a way that can be understood

Testimonial injustice

“occurs when a person's voice or knowledge is discounted or dismissed due to prejudice from the listener about their social identity.”

- It is often associated with the speaker's gender, ethnicity, class, sexual orientation, ability, age or religion.
- Speaker encounters a credibility deficit (or excess)
- Most harmful when cumulative and systematic

Effect on individuals

- People feel dismissed, disbelieved, gas-lit, unheard
- Leads to harm - delayed diagnosis and treatment, mistrust, healthcare avoidance
- Testimonial smothering - Kristie Dotson
- Credibility excess leads to over-investigation and treatment

This is a patient safety and health equity issue

November 2021

All-Party Parliamentary Group Sickle Cell and Thalassaemia

SICKLE CELL SOCIETY

NO ONE'S LISTENING:

AN INQUIRY INTO THE AVOIDABLE DEATHS AND FAILURES OF CARE FOR SICKLE CELL PATIENTS IN SECONDARY CARE

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Effect on minoritised groups

Occurs when patient groups go unheard

Lack of focus in policy and research leads to knowledge gaps

Occurs when minoritised healthcare workers and researchers are silenced

Pathocentric testimonial injustice

People experience testimonial injustice *because* they are patients (Havi Carel and Ian James Kidd)

- Stereotypes of being chronically ill
- Innate skepticism of patient testimonies
- Particularly for conditions which are difficult to diagnose and/or treat

How patients fought to be heard

What makes it hard for us to listen to patients?

‘The important question isn’t how to keep bad physicians from harming patients; it’s how to keep good physicians from harming patients.’

Atul Gawande.

‘the relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick.’

Eric Cassell.

Why doctors don’t listen: my thoughts

- “Having a bad day” – we are human
- Bias
- The healthcare setting – time, environment
- Compassion fatigue/ burnout
- Lack of continuity of care
- Listening is not seen as productive
- “A difficult patient” - we don’t know what’s wrong or how to fix them
- Hubris and power hierarchies

Over to you

- **When is listening hard?** How do you know when you need a break?
- What are your blind spots and potential biases and when do they come out?
- What can you do to be more prepared for uncomfortable conversations?
- How you can be more curious and open when listening? How can you listen with less judgement?
- Is it possible that the other person’s point is valid, even if you don’t necessarily agree with it? Listening does not always mean agreeing, but can start a dialogue

Amplifying voices in medicine

- Increase patient involvement in,
  - Medical education
  - Service development
  - Research - co-production, community driven data, trial recruitment
  - Health promotion
- To do this ethically
  - Provide support (pastoral, training and renumeration)
  - Include diverse voices
  - Act on patient recommendations

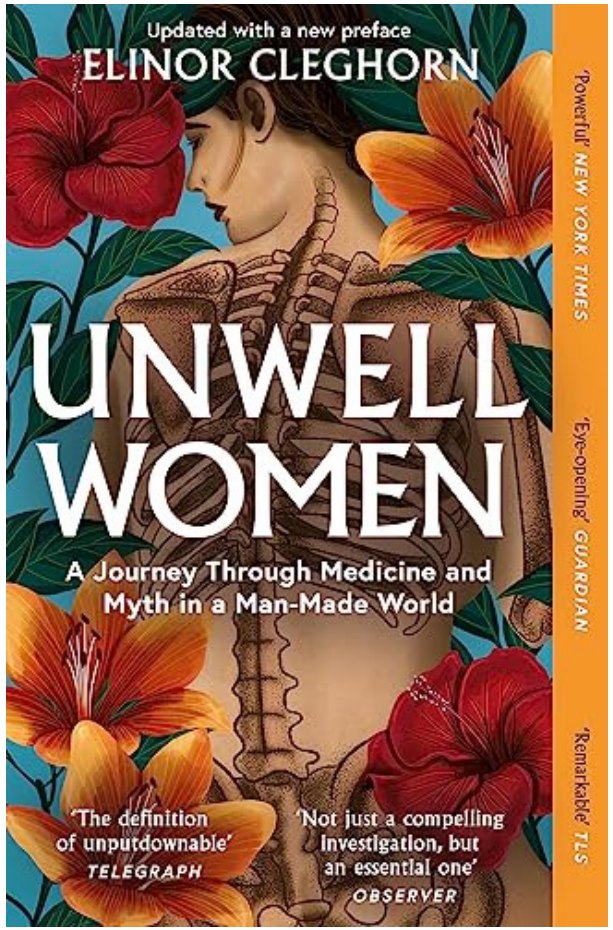
“Listening with understanding means taking a very real risk . . . you run the risk of being changed yourself”

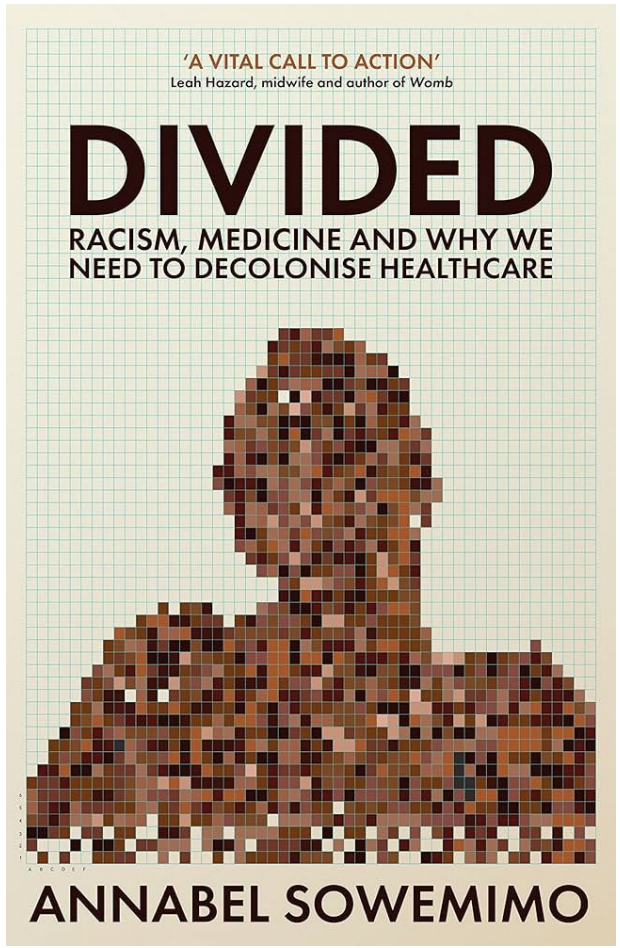
Carl R Rogers (1952)

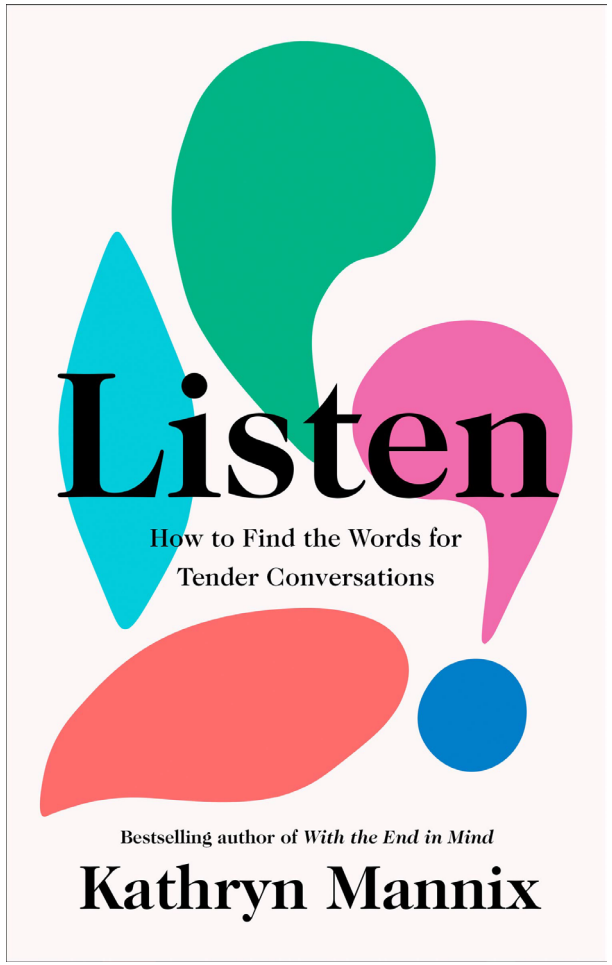
In summary

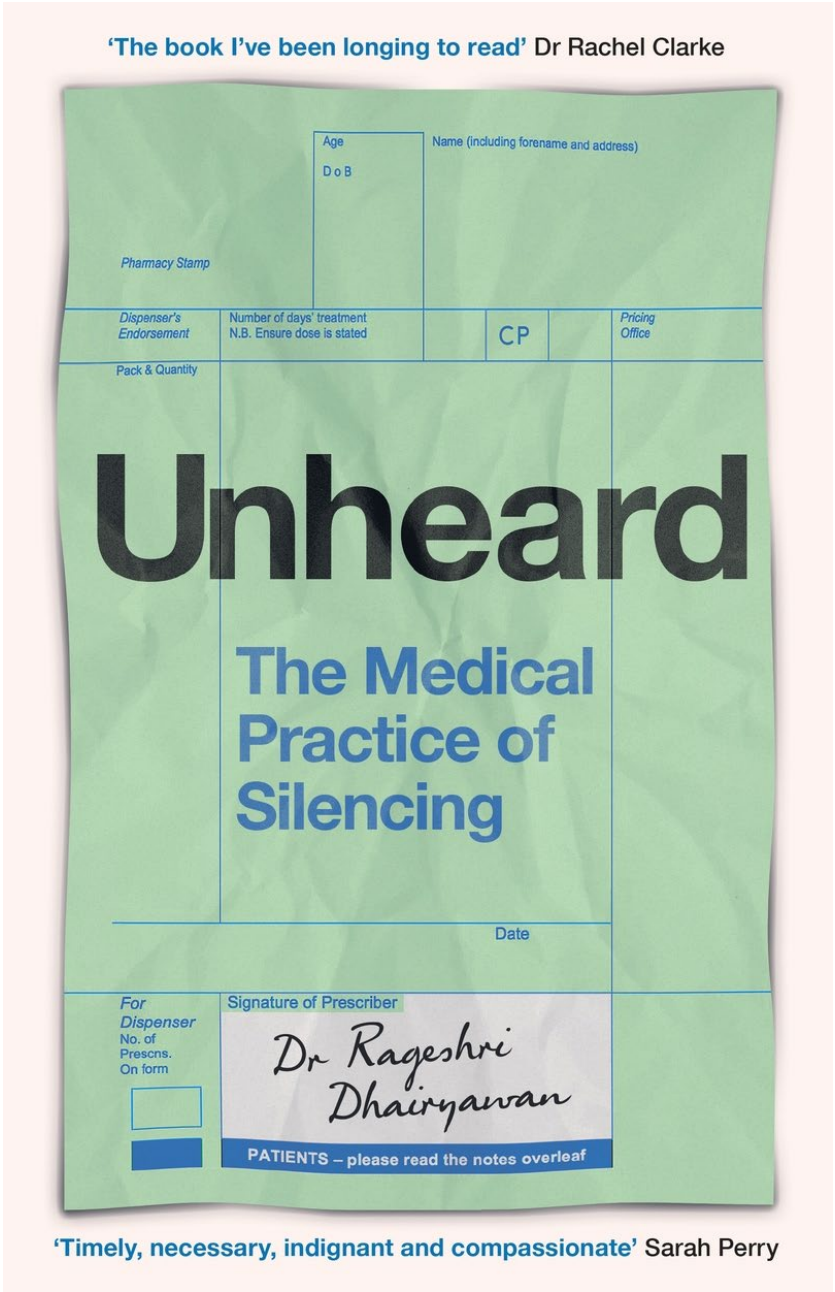
- Medical silencing is historical and remains pervasive
- *What* we consider as credible evidence and *who* we deem to be credible to produce it, matters
- By listening to the voices of the most marginalised, we can improve healthcare for all
- Systematic and institutional solutions are required, but we have agency as individuals also.
- Validating a patient's knowledge of their own body can be therapeutic

Further reading









Thank YOU for listening!

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