BRIEF COMMUNICATION

Ghost of Medical Gaslighting

KAMAL KISHOR*, DEVENDRA SINGH BISHT†, SANJAY KALRA‡

ABSTRACT

Medical gaslighting is when the actual symptoms of patients are dismissed or downplayed by medical professionals. It occurs frequently among patients suffering from chronic illnesses for which medical science gives no authoritative diagnostic protocol or effective treatment and those from populations underrepresented in clinical trials such as the female gender, specific races and ethnicity, third gender and patients with disability. Gaps in scientific knowledge and missing empathy have been cited as possible reasons. Respecting patient symptoms, accepting epistemic humility and investing in research may be possible solutions for this disharmony.

Keywords: Gaslight, medical professionals, factious, chronic illnesses, epistemic humility, missing empathy

WHAT IS GASLIGHTING?

The word Gaslight originates from the title of a famous movie named Gaslight (1944), originally adapted from Patrick Hamilton's play Gaslight (1938).[1] The play depicts a deceitful husband who mysteriously dims the light of a gas lamp in the attic while assuring her wife that it is her perception only. With such subtle and disguised attempts, he wants to convince her wife that she is descending into insanity. Inspired by the play, Smith and Sinanan published an article titled "The Gaslight Phenomena". They documented how two victims were labeled mentally ill or demented by the accused to get rid of them from their living place.[2] Gaslighting in the above context refers to an act of psychological manipulation. However, the second and straightforward sense of gaslighting refers to grossly misleading someone, especially for one's advantage.[3] In recent years, gaslighting has become a favored word for the perception of deception, and this way, it is used in many contexts, which has contributed to it becoming Merriam-Webster's Word of the Year for 2022[3,4] (Fig. 1).

*Consultant Cardiologist, Rama Superspeciality and Critical Care Hospital, Karnal, Haryana, India
†Associate Consultant Cardiologist, Mukat Hospital and Heart Institute, Chandigarh, Haryana, India
‡Dept. of Endocrinology, Bharti Hospital, Karnal, Haryana, India; University Center for Research & Development, Chandigarh University, Mohali, Punjab, India
Address for correspondence
Dr Kamal Kishor
Consultant Cardiologist, Rama Superspeciality and Critical Care Hospital, Karnal, Haryana, India
E-mail: drkml99@gmail.com

WHAT IS MEDICAL GASLIGHTING?

"Medical gaslighting" is an informal term used in case the actual symptoms of patients are dismissed or downplayed by medical professionals.[5,6] Patients' symptoms are dismissed as the product of their imagination leading to delays or errors in diagnoses. Thus, medical gaslighting may significantly impact longevity or quality of life.[7]

POSSIBLE REASONS

As mentioned above, gaslighting results from contentious interactions with medical professionals when they dismiss patients' complaints as being factious. Nevertheless, why do medical professionals dismiss a person's health concerns?

Here we need to answer three questions:

Is There Any Specific Patient Group Feeling Gaslighted More Frequently?

Medical gaslighting is frequent with two groups of patients. The first group comprises patients suffering from chronic illnesses, such as chronic fatigue syndrome, long COVID illness, migraine and fibromyalgia, for which medical science gives no authoritative diagnostic protocol or effective treatment.[8-11]

Medical science lacks objective tests to measure the intensity of symptoms in such diseases. Long and tiring diagnostic workups with no conclusive endpoints set a state of contentious interaction with medical professionals. Here patients feel that claims of their subjective "symptoms" are being denied without

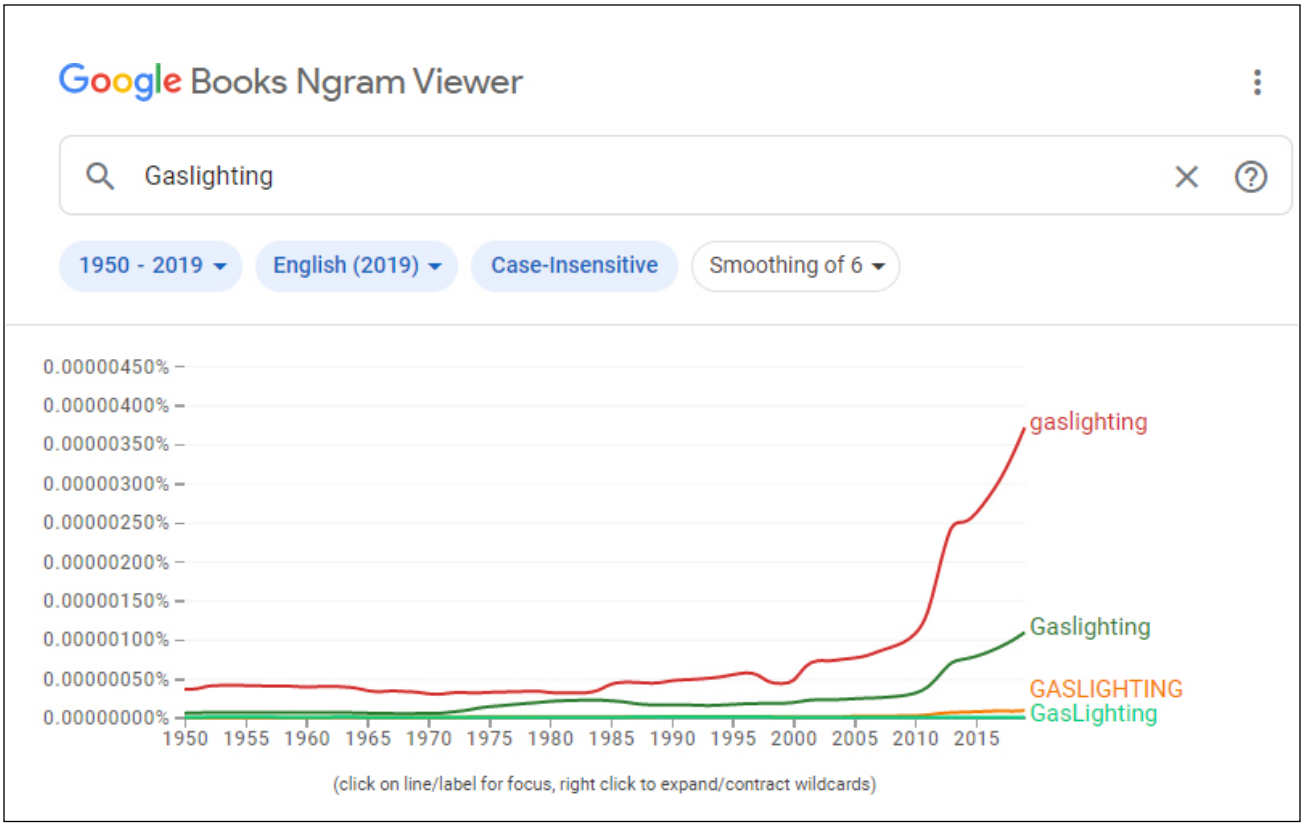


Figure 1. Recent surge in search 'Gaslighting' and words with similar meaning. [Adapted from GoogleBooks Ngram Viewer].

Summary: Medical Gaslighting

Medical Gaslighting reflects the state where a medical professional dismisses a person's health concerns as a product of their imagination.

Possible Reasons

- The gap in scientific knowledge
- Lack of authoritative guidelines
- Downplaying the symptoms of populations not appropriately represented in clinical trials - women, third gender, obesity, etc.
- Lack of empathy
- Absence of epistemic humility in medical professional-being humble about the fact that the knowledge of humankind requires revision in light of new evidence.
- Increase in the use of social media

Possible Solutions

- Respecting patient symptoms
- Accepting epistemic humility
- Investment for research
- Public awareness

objective "signs" of illness. The second group comprises patients from populations underrepresented in clinical trials—for example, female gender, patients belonging to specific races and ethnicity, third gender and patients with disability.[6-8,10]

Why are Medical Professionals Criticized?

The gap in scientific knowledge[8-11]

Much of the criticism voiced by the patients is attributed to the gaps in scientific knowledge of the chronic illness. Without an authoritative guideline from modern medicine, professionals may believe that the patient is suffering from factitious disorder. From a patient perspective, this compounds patient mistrust of doctors and, thus, feel gaslighted.

Absence of epistemic humility[12]

Epistemic humility is an intellectual virtue. It means being humble about the fact that the knowledge of humankind requires revision in light of new evidence.[7] Many patients thus feel deceived when they observe doctors who lack adequate understanding of their illness. Here is the response of 2 patients suffering from long COVID illness.

"Every doctor appointment induced a lot of anger about their inability to process emerging studies which I (even though my brain fogged) explained to

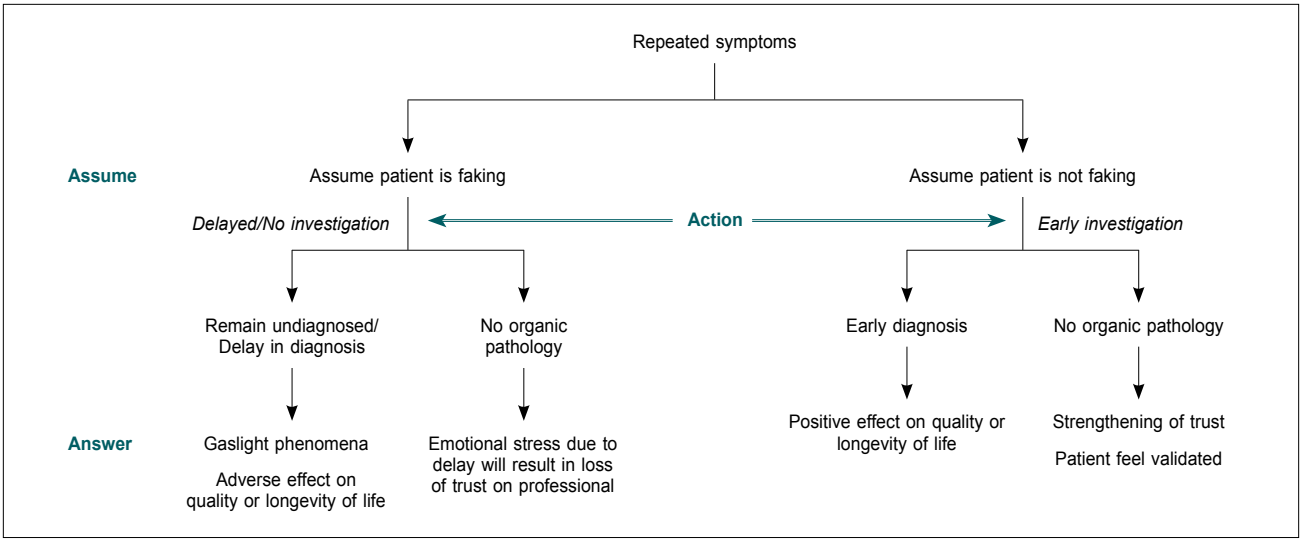


Figure 2. Impact of medical gaslighting.

them. They even lacked basic knowledge about human biology, immunology to understand these studies. For that reason, I stopped going to doctors."[13]

The second reference comes from COVID-19 Together, an online community[14]

Caller 1

Just call your doctor or nurse to find out.

Caller 2

The thing is that I believe that folks on the Internet know more than medical professionals nowadays. Every day we find out something new about the coronavirus. But doctors and nurses don't have any free time for reading and to keep up to date with the news now.

Role of social media[11,14]

Amid the deep uncertainty of modern medicine in treating patients with contested illnesses, patients are using popular social media groups to share tremendous difficulty while dealing with medical professionals, the limitations of modern medicine and the role of alternative medicines.[8-11] Patients are framing these experiences as 'Medical gaslighting'. Initially, a tiny size, post-COVID-19, there was a dramatic increase in the size of online communities that shared and popularized the term Gaslighting in the medical context.

Best Possible Solution for Such Disharmony

To establish harmony, the gesture of a medical professional must show a sense of genuine concern and the presence of epistemic humility, while treating patients with contested illnesses. From a patient's perspective, the impact of medical gaslighting varies from loss of trust in the medical community to loss of life (Fig. 2). Respecting patients' symptoms, showing deep concern, validating symptoms with the relevant investigation and offering the best available treatment, will keep the thin thread of trust between the community and medical fraternity intact and firm.

In the era of social media, regular campaigns of credible information may help to counter lay experts' knowledge. There is also a need to invest in medical research to settle uncertainties in the guidelines of many chronic illnesses.

CONCLUSION

Medical gaslighting results from the patient's agony because of his tremendous difficulties in contending with his illness. Gaps in scientific knowledge and a missing empathy toward them makes patients feel deceived and gaslighted. Although there exist gaps in scientific knowledge, the intent to provide guideline-directed medical treatment will put patients in a better situation. A genuine concern of medical professionals while treating a patient with contested illnesses might overshadow the ghosts of medical gaslighting.

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Frequent Daytime Napping and Risk of Type 2 Diabetes

Individuals who nap during the week for 4 hours or more and have high body fat percentage (BFP) and C-reactive protein (CRP) levels are at greater risk of incident type 2 diabetes, suggests a study published online April 13, 2023 in the *Journal of Diabetes*.[1]

To examine the link between the frequency of napping during the daytime and risk of type 2 diabetes, researchers enrolled 4,35,342 participants without diabetes from the UK Biobank. Information about the frequency of napping at baseline was obtained via a questionnaire with participants reporting it as never or rarely (<1/week), sometimes (1-3 times/week) or usually (≥4 times/week). A total of 2,49,813 (57.4%) participants reporting that they did not nap or only rarely during the day were categorized as "non-nappers"; 163/973 (37.7%) reported napping sometimes or "occasional nappers", while 21,556 (5.0%) reported that they napped often and were therefore grouped as "habitual nappers". A total of 17,592 cases of new type 2 diabetes were noted during a median follow-up period of 9.2 years. Both occasional nappers and habitual nappers were at a significantly higher risk of type 2 diabetes with odds ratio of 1.28 and 1.49, respectively. The risk was especially higher among men, participants younger than 55 years and those with obesity.

The study also aimed to explore if BFP and CRP had any effect on this association. "A one-SD increase in CRP levels (1.1 mg/L) was associated with a 40% increase in the risk of incident type 2 diabetes (95% CI: 37-42%), and a one-SD increase in BFP (8.5%) was associated with a 69% increase in the risk of incident type 2 diabetes". The authors noted "significant additive and multiplicative interaction (relative excess risk due to interaction [RERI] = 0.490) due to interaction between napping and BFP". Patients in the highest quartile of BFP were nearly 5-times more likely to develop type 2 diabetes with a hazard ratio (HR) of 4.45. A similar result was seen for CRP (RERI = 0.266). The risk of incident type 2 diabetes was increased nearly fourfold among habitual nappers in the highest quartile of CRP with HR of 3.66.

This study signifies the high risk of incident type 2 diabetes among participants who reported higher daytime napping frequency. High BFP and CRP levels further compounded this risk suggesting a role of "adiposity and inflammation" in this interrelationship. This association was independent of the traditional risk factors for type 2 diabetes. Maintaining a healthy body fat and reducing inflammation in the body by eating an anti-inflammatory diet, regular exercise, reducing stress and adequate good quality sleep is key to reducing the risk of diabetes.

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