

Increasing Number of Studies Show Women Being Gaslighted by Medical Professionals

By Ashley Parris

You may have seen the slew of recent articles about Medical Gaslighting and its effect on women. The long hard truth in the medical community is that women have been gaslighted by medical professionals for as long as the profession has existed. Studies have shown repeatedly that men and women receive disparate treatment when it comes to medical and psychological issues. As trial lawyers who represent catastrophically-injured people, we see this all the time. Here is a short guide to spotting medical gaslighting and protecting yourself when it happens.

The history of sexism in science, medicine and psychology is well-documented. As far back as Aristotle, philosophers thought the cause of most physical problems in women was a roaming uterus that wreaked havoc wherever it went. Unfortunately, we haven't made much progress since then. For hundreds of years, problems that women experienced were routinely blamed on "hysteria," a uniquely feminine "disorder" that continued to have a place in psychology's revered Diagnostic Manual of Mental Disorders (DSM) until the 1980's.

In the age of modern medicine, women have been routinely excluded from medical studies. For example, that famous Physicians Health Study that showed that a low-dose aspirin could reduce your risk of heart attack used a staggering 22,000 men for the study. And zero women. For its first 20 years, the Baltimore Longitudinal Study of Aging followed 1,000 men. And zero women, even though women represent the majority of the elderly population. This is important because between 1997 and 2001, eight of the ten FDA-approved drugs that were pulled off the market because of "unacceptable health risks" were found to be more harmful to women than men. While it is enormously concerning that science has largely ignored how the practice of medicine affects women, it helps explain medical gaslighting. If the only information we have about a medication or a disease is how men's bodies react to it, that will be the basis for all of the knowledge your doctor has about what's going on with you. If your reaction is different, you must be the problem.

In the chronic pain cases we do, we see this all the time. A woman is injured but her pain never goes away. Maybe other unusual symptoms start to develop like swelling, a burning feeling, or hypersensitivity. Her doctor isn't familiar with Complex Regional Pain Syndrome (CRPS) and so they put her on medication. When opioids and time only increase the pain, they tell her she is exaggerating or it's psychological. In litigation, the defense calls her crazy; that she doesn't need medical treatment, just some therapy.

Medical Gaslighting is when your medical professional is dismissive of your complaints. It can be subtle. Some red flags to watch for:

- Your provider continually interrupts you or won't allow you to elaborate
- Your provider minimizes or downplays your symptoms (especially with pain)
- Your provider isn't interested in discussing your symptoms
- Your provider won't order important lab work or imaging that would confirm a diagnosis
- You feel like your provider is being rude, condescending or belittling

- Your symptoms are blamed on mental illness, but you are not provided a referral to a mental health professional or screened for any such illness

How do you protect yourself and get the treatment you need?

- First, keep detailed notes and request copies of your records. This includes lab results, imaging studies, medications and family history. Note your symptoms, their frequency, duration, and severity. If it's pain, what kind of pain is it – throbbing, stabbing, aching, burning? What makes the symptom worse or better?
- Ask questions. When you can't think of more questions, ask what questions you should be asking. "If you were me, what would you want to know? What questions would you ask?"
- Bring a support person. Whether it's to take notes, ask questions, advocate for you or simply provide emotional support, another person can help make your appointment a productive one, even if you are too sick, scared or anxious to process the information you need.
- Focus on your most pressing concern. As insurance companies continue to lower the amount they pay physicians for patient visits, doctors have to squeeze more and more patients into a day. You may only get 10 minutes with the doctor, so be prepared to focus in on the problem that concerns you most.
- Pin down the next steps. You want to leave your appointment feeling hopeful. Ideally, you will leave with 3 things: their working diagnosis; how they plan to confirm the diagnosis or rule out other possibilities; and what the treatment options are.

If you have tried everything listed above and you are still not getting the treatment you need, consider switching medical providers or going over your clinician's head to their supervisor. For particularly egregious cases (e.g. if you feel the medical professional is being emotionally abusive, harming your health or refusing to treat you or your symptoms, you can report them to their governing body (usually the state-monitored licensing boards). If those don't seem like options, support groups can provide you with information about your symptoms, recommendations for resources to provide your doctors and ways that they have been able to successfully reframe the conversation with their treating medical providers.