



MONASH
University



Taking Patients Seriously

Achieving Epistemic Justice in the
Domain of Difficult-to-Diagnose Conditions

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Overview

1. Why epistemic injustice may well occur in the context of difficult-to-diagnose conditions
2. Concept of epistemically just healthcare encounters
3. Implicit cognitive biases that can undermine epistemic justice
4. Doctors' roles in addressing these biases
5. The necessity of 'virtue-conducive' environments to support doctors in achieving epistemic justice

Case

Maria

A 35-year-old woman presents to her doctor with debilitating fatigue and persistent pain in her muscles and joints.

Doctor

After hearing her account and performing a brief clinical examination, the doctor reassures her that "everything is fine". The doctor suggests that it is "probably just stress".

Definitions

Epistemic Injustice:

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

Difficult-to-Diagnose Conditions (DDCs) are characterised by:

1. Chronic pain or fatigue
2. Unclear aetiology
3. Limited or absent 'objective' physical signs or diagnostic tests
4. Heavy reliance on patient testimony for diagnosis

Epistemic Injustice



Testimonial Injustice

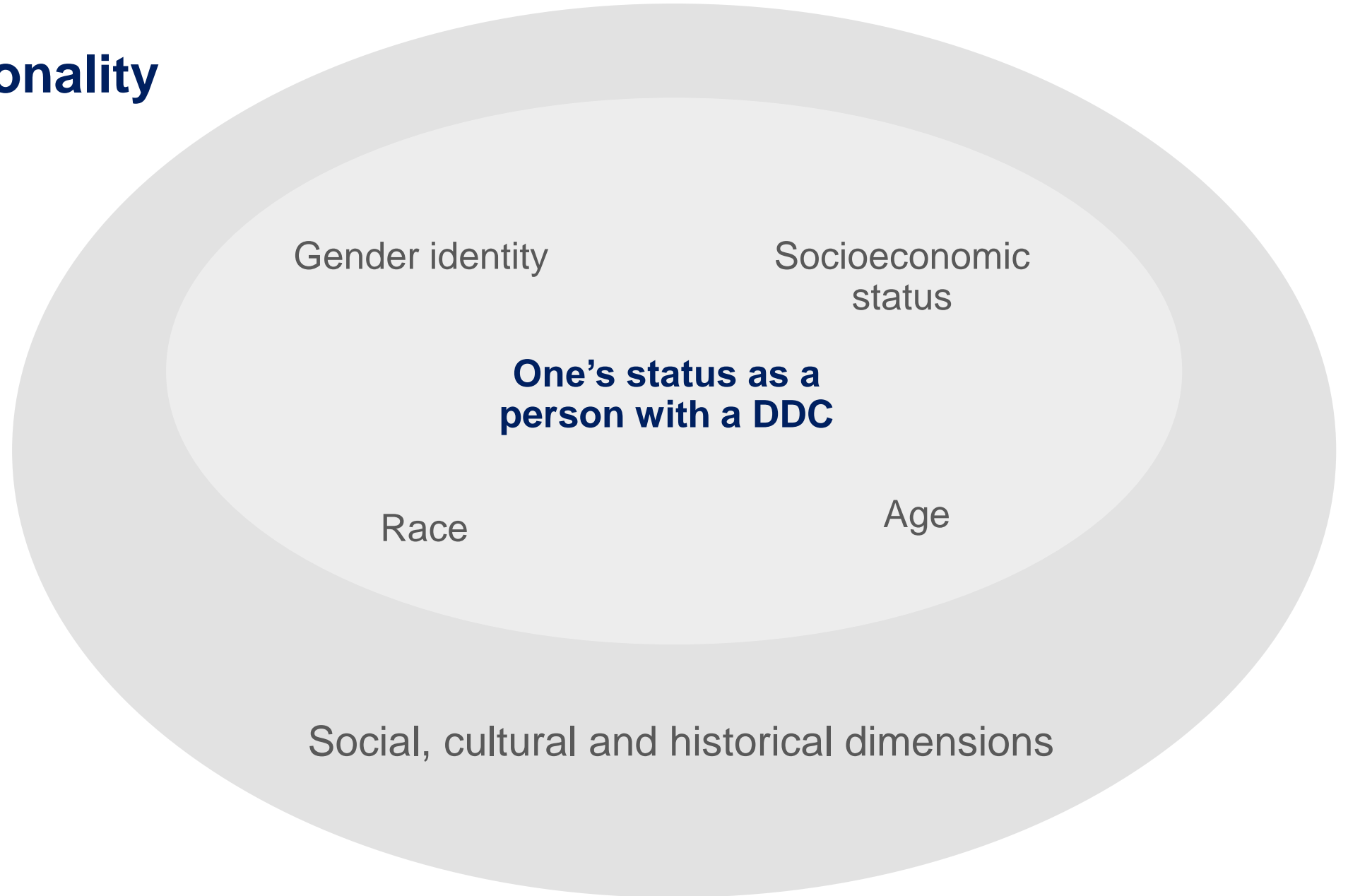
Speaker unfairly given less credibility by a hearer due to prejudice

Hermeneutical Injustice

Gaps in shared tools of social interpretation (e.g., missing vocabulary, concepts) arising from structural prejudice

Uncertainty about DDCs can translate into uncertainty about the patients, calling their trustworthiness into question

Intersectionality



Gender identity

Socioeconomic
status

**One's status as a
person with a DDC**

Race

Age

Social, cultural and historical dimensions

What is the role of doctors in overcoming epistemic injustice in the context of DDCs?

- Miranda Fricker adopts a virtue-theoretic approach
 - Vices – testimonial and hermeneutical **injustice**
 - Corrective virtues – testimonial and hermeneutical **justice**
- But unconscious cognitive biases can undermine doctors' epistemically just responses

What is the role of doctors in overcoming epistemic injustice in the context of DDCs?

Our claim: In the context of DDCs, doctors can best serve patients' interests by developing epistemically just dispositions which include robust commitments to hearing and understanding patients

What might an epistemically just healthcare encounter look like?

Ideal: Epistemically just medical encounters acknowledge and integrate both the doctor's and the patient's relevant knowledge and power

Testimonial Justice

Epistemic Humility

Hermeneutical Justice

Testimonial Justice

- Disposition in a hearer to:
 1. Critically reflect on, and identify, prejudice in their credibility judgements
 2. Counteract prejudiced credibility judgements
 - E.g., In the face of uncertainty, demonstrate a genuine openness to a patient's testimony

Examples of Cognitive Biases in Context of DDCs

- **Implicit Negative Prejudicial Stereotyping**
- **Visceral Bias**
- **The Dunning-Kruger Effect**
- The Fundamental Attribution Error
- Anchoring Bias
- Ascertainment Bias
- Confirmation Bias

Implicit Negative Prejudicial Stereotyping

Unconscious influence of negative biases on thoughts and judgments

- E.g., In the context of DDCs, prior expectations about a patient's trustworthiness
 - “Over-exaggerators”
 - “Unreliable knowers of their own minds and bodies”

Visceral Bias

Arises when negative emotional responses towards patients influence clinical judgement and behaviour³

Can stem from:

- Uncertainty about managing the patient's symptoms
- Inability to relieve the patient's suffering
- The 'Hidden curriculum'

The Dunning-Kruger Effect

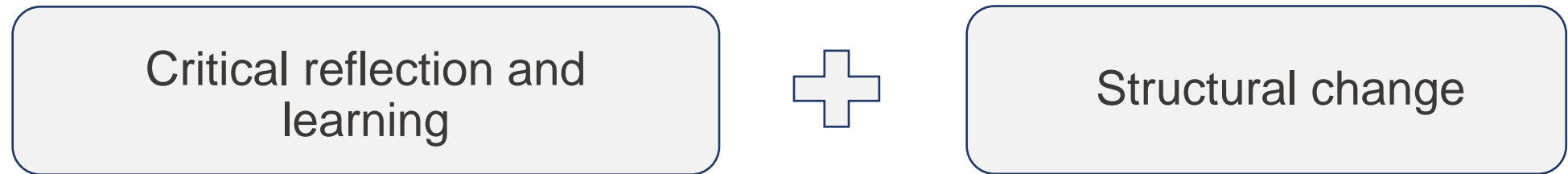
Faulty metacognitive awareness concerning lack of expertise in certain areas – e.g., DDCs – leading to overconfidence⁴

- Exacerbated by limited research and educational resources on some DDCs

Roles and responsibilities of doctors in addressing their biases

- Research suggests that doctors can often manage their cognitive biases with the right knowledge, motivation and skills
- Recognising and addressing cognitive biases requires explicit effort and practice
- For example, doctors can:
 - Be thorough with information gathering at vulnerable times
 - Question whether patients might be eliciting negative emotions
 - Engage with teaching on DDCs and cognitive biases

How can epistemic injustice in the domain of DDCs be overcome?



- Clearly address and prioritise DDCs in medical teaching
- Embed cognitive debiasing strategies throughout medical curricula

‘Virtue-conducive’ environments

- Up-to-date teaching
- Support students in developing epistemic humility
- Embed cognitive debiasing strategies throughout medical curricula
 - Safe learning environments
 - Education on cognitive biases
 - Implicit Association Test
 - Perspective-taking

Conclusions

- Implicit cognitive biases contribute to epistemic injustice in the context of DDCs
- Doctors can play a role in addressing their cognitive biases and can develop a robust commitment to hearing and understanding patients
- Structural change is necessary to support doctors
 - Medical research and education
 - Embed cognitive debiasing strategies in medical education

References

1. Fricker M. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford University Press; 2007.
2. Raz M, Pouryahya P. *Decision Making in Emergency Medicine: Biases, Errors and Solutions*. 1st ed. Springer; 2021.
3. Kruger J, Dunning D. Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments. *J Pers Soc Psychol*. 1999;77(6):1121- 34. doi:10.1037//0022-3514.77.6.1121