# TACKLING MEDICAL GASLIGHTING: ENGAGING ETHICAL EQUITY ADVOCACY

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1

## IMAGINE THIS…….



2

## LEARNING OBJECTIVES

*At the end of this session, attendees will be able to:*

- Define Medical Gaslighting across the industry
- Identify the economic and clinical burden of Medical Gaslighting for population health
- Implement the Ethical Equity Advocacy Roadmap to practice setting and population
- Align patient-inclusive practice with industry established resources of guidance.



3

## DISCLAIMER 1

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4

## DISCLAIMER 2

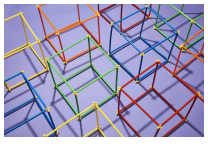
The data provided in this presentation is meant to inform your efforts, though it may also elicit strong emotions.

My primary goal is always to educate and advance the perspective of our workforce. It is your individual choice how the data and model guide your actions moving forward



5





## MEDICAL GASLIGHTING 101

6

## DEFINITIONS

- A person is made to doubt their perception of reality via psychological manipulation.
- A pattern of questions, testing or diagnosis that is counter or tangential to the history or symptoms the patient describes or experiences.
- Results from deeply embedded ideologies about power in the treatment relationship
- Frames how structural barriers faced by persons identified as "Bio-others" impede access quality health care

(Gainty, 2023; Sebring, 2021)

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7

## DISTINCTIONS

**Beyond a:**

- Disagreement about a patient's condition
- A negative interchange with a provider
- Lack of provider knowledge on a particular population, or
- Scope of practice specialty
- Case manager frustration re: patient/caregiver reliance on social media guidance vs. treatment or resource recommendations

**But rather:**

- Lack of accountability for action
- Dismissive, disrespectful, devaluing interactions with patients or family members: verbal, non-verbal, written, documentation)
- Incorrect treatment
- Delayed diagnosis or treatment
- Refusal to treat
- Refusal to listen
- It's about control and power

(Fagen et al 2024; Gainty, 2023; Merone et al, 2022; Sebring 2021)

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8

## REASONABLE OR UNREASONABLE?

"Patients demand that their version of reality be recognized…..

They also blame the experts who hold gatekeeping power over their medical care for producing a distorted version of said reality…… "

(Au et al., 2022)

9

For years, my mother complained of abdominal pain and pressure. Several doctors ignored her concerns before one finally ordered the right tests and discovered she was walking around with a basketball-sized tumor on her ovary. Thankfully, it was benign and easily removed with surgery.

She also had breast cancer 3X. Her first diagnosis came when I was in high school, 2 years after she noticed a lump and a doctor suggested she cut back on coffee……

(Vargas, 2022)

10

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## POPULATION-BASED IMPACT AND EVIDENCE

11

***THE AVERAGE PRIMARY CARE VISIT LASTS 18 MINUTES***

(Neprash et al., 2023)

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12

## TOP 10 SAFETY ISSUES IN HEALTHCARE 2025

**10**. Deteriorating working conditions in community pharmacies
**9.** Inadequate coordination during patient discharge
**8.** Healthcare-associated infections in long-term care facilities
**7.** Diagnostic error in cancers, vascular events, and infections
**6.** Substandard and falsified drugs
**5.** Caring for veterans in non-military health settings
**4.** Cybersecurity breaches
**3.** Spread of medical misinformation
**2.** Insufficient governance of artificial intelligence
**1.** ***Dismissing patient, family, and caregiver concerns***



(ERCI, 2025)

13

## THE DATA ENGINE CHURNS: LGBTQIA++

LGBTQIA++ persons report:

- 40% experienced at least one negative experience or form of mistreatment from a health care provider in the past year
- 30% felt dismissed by a provider
- 15% informed their symptoms were psychological
- 50% more likely to have experienced medical gaslighting vs. cisgender, heterosexual people.

(Center for American Progress, 2020; Kaiser Family Foundation, 2021, Trevor Project, 2023; Healthgrades & Outcare, 2023)

14

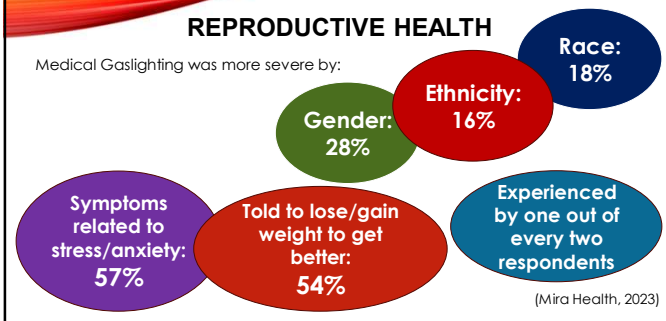
- A Virginia man woke up after his colonoscopy to learn that the surgical team had mocked, belittled and insulted him throughout the procedure.
- Fearful that he would not remember the doctor's post-op instructions, the man pressed record on his smartphone before receiving anesthesia. Upon listening to the recording after the procedure, he realized that members of the surgical team began to rant as soon as he drifted off to sleep.
- In addition to mocking the patient about his sexuality, the doctors hatched a scheme to avoid the man after the colonoscopy by pretending to receive an urgent page, instructed a medical assistant to lie to him, and stated that they planned to falsely note on the man's medical chart that he had hemorrhoids.

(FosterSwift, 2015)

15

## REPRODUCTIVE HEALTH

Medical Gaslighting was more severe by:



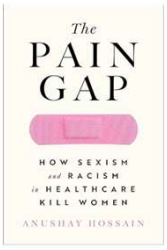

(Mira Health, 2023)

16

I can't tell you how many women I've seen who've gone to see numerous doctors, only to be told their issues were stress-related or all in their heads…

Many of these patients were later diagnosed with serious neurological problems like Multiple Sclerosis or Parkinson's Disease. They knew something was wrong but had been discounted and instructed not to trust their own intuition"

Dr. Fiona Gupta in Hossain (2021)




17

## Map of Medical Gaslighting Per State

Q: Can you say that you experienced medical gaslighting by a doctor?

50% by general practitioners

30% in EDs

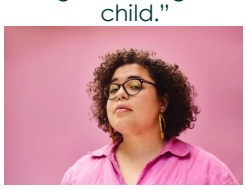
N=2000 adults. 18 years of age
- 1120 identified as female
- 880 as male

(Mira Health, 2023)

18

"After 2 miscarriages, I was told that as a Black women, miscarriage was common and therefore there was nothing to investigate until I lose a 3rd child."

(Mira Health, 2023)



19

## OLDER ADULTS AND AGEISM

Older women and women with disabilities may present with "symptoms often attributed to natural life changes or attention seeking, and in other marginalized communities for different reasons, such as assumptions that Black women (or men) are drug-seeking"

N=2035 Adults
50-80 years old

**44.9%**

**Higher rates of ageism=worse clinical outcomes**

(Allen et al., 2022; Kronik & Wilder, 2023)



20

## ECONOMIC AND CLINICAL BURDEN

"That tendency to see older adults as "other" doesn't just result in loud greetings or being called "honey" while having your blood pressure taken, both of which can dent a person's morale."

**$63B**

**$1 of every $7 is spent on 8 chronic conditions**

(Levy et al., 2020; Milne-Tyte, 2024)



21

**17% of the Global population identify as disabled….**

**…making this the largest minority group in the world**


(Disabled by Society, 2025)

22

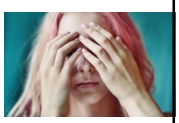
## INVISIBLE DISABILITIES

"People with invisible disabilities experience even more hardship because society is not trained to feel compassion for something they can't clearly see…But if people can't see your disability, it's easier for them to ignore, underestimate, or outright deny your lived experience"

-Roy Shternin, Ability Advocate

**96% of chronic illness**

"a physical, mental, or neurological condition not visible from the outside yet can limit or challenge a person's movements, senses, or activities."
(Disabled World, 2024; Invisible Disabilities, 2024)





23

## ABOUT (IMPLICIT) BIAS

"[For] the non-person of color, it is seen as advocating for themselves . . and wanting the care they deserve, whereas a person of color doing that is seen as aggressive or belligerent."

N=3000
(Fernandez et al., 2024)

**50%**



24

## LONG COVID

25

Gaslighting is about the "privileging of biomedical expertise over lived experience".....where the doctor "as a spokesperson for the institution of medicine, has the power to pronounce what is real and what is not"

- 79%: Negative interactions with providers
- 34%: Symptoms dismissed
- 39%: Treatment delayed
- 41% : Practitioner knowledge gaps identified by patients

"The mistrust of doctors was not simply caused by a lack of available treatments, but because doctors routinely failed, at least from the patient's perspective, to put in the effort and genuine concern to find out about effective remedial procedures"

(AU et al., 2022; Sebring, 2021)

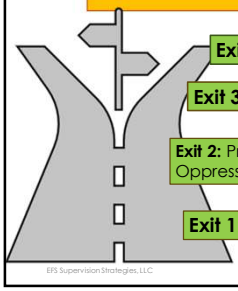
26



## EMPLOY ETHICAL EQUITY ADVOCACY

27

## THE ETHICAL EQUITY ADVOCACY ROADMAP



**Exit 4:** Model and Mentor

**Exit 3:** Employ Advocacy

**Exit 2:** Promote Psychological Safety via Anti-Oppressive Practices

**Exit 1**: Heed Established Resources of Guidance



28

## 1. HEED ESTABLISHED RESOURCES OF GUIDANCE

- Professional regulations and practice acts
- Organizational accreditation
  - NCQA, URAC, NQF
- Regulatory compliance
  - CMS
- Individual credentialing
  - Code of Professional Conduct
- Professional associations
  - Standards of Practice
  - Codes of Ethics



(Fink-Samnick, 2023)

29

## ORGANIZATIONAL ACCREDITATION

- Case Management Accreditation
- Health Equity Accreditation
- Health Equity Accreditation Plus

- Diversity, Equity, Inclusion: Magnet Status Application

- Case Management Accreditation
- Health Equity Accreditation

(Bryant et al., 2022; NCQA, 2024, URAC/NMQF, 2024)



30

## REGULATORY COMPLIANCE

**2024 HHS Rights of Conscience Bill**

Safeguards Rights of Conscience as Protected by Federal Statutes: 45 CFR §§ 88.1 – 88.4.

- Defines protections and enforcement of procedures surrounding rights of healthcare providers and entities to be free from discrimination associated with their decisions to participate or refrain from participating in procedures based on their conscience.

U.S. Department of Health and Human Services
Enhancing the health and well-being of all Americans

U.S. Equal Employment Opportunity Commission

OPM U.S. Office of Personnel Management

(EEOC, 2024; HHS, 2024 a and b)

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31

## REGULATORY COMPLIANCE

**Framework for Healthy Communities:**

1. Expand collection, reporting, and analysis of standardized data
2. Assess opportunities to close gaps in CMS programs, policies, and operations
3. Build capacity of health care organizations and the workforce
4. Promote language access, health literacy, and the provision of person-centered services
5. Increase access to health care services for individuals living with a disability

(2025)

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

**Joint Commission's Excellent Health Outcomes for All**

1. Site provides a review of prior Joint Commission programming and accreditation on health equity
2. Provides a gap analysis for each organization on an individual basic
3. Offers individual consultation to achieve this goal

Joint Commission Resources

(2025)

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32

## CODES OF PROFESSIONAL CONDUCT

**Board-certified case managers will:**
**Principle 2:** respect the rights and inherent dignity of all of their clients.
**Principle 3:** always maintain objectivity in their relationships with clients.
**Principle 4:** act with integrity and fidelity with clients and others.
**Principle 7:** Obey all laws and regulations

(2023)

CCMC Commission for Case Manager Certification

**Board-certified disability management specialists shall**
**Principle 2:** respect the integrity, dignity, and protect the welfare of those persons or groups with whom they are working.
**Principle 3:**……..ditto
**Principle 4**:……in dealing with other professionals
**RPC 1.08 –** Objectivity
**RPC 1.12 d:** Misconduct
**RPC 1.13 a**: Human Relations

CDMS Certified Disability Management Specialist (2023)

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33

## STANDARDS OF PRACTICE

A. Qualifications
B. Professional Responsibilities
C. Legal
D. Ethics
E. Advocacy
F. Cultural Competence
G. Resource Management.
H. Health Information Technology
I. Client Selection
J. Client Assessment
K. Identification of Care Needs and Opportunity
L. Planning
M. Facilitation, Coordination, and Collaboration
N. Monitoring
O. Outcomes
P. Closure of Professional Case Management Services
**Q. Diversity, Equity, Inclusion, and Belonging, and Health Equity** (2024)

CMSA Case Management Society of America (2022)

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34

## CODES OF ETHICS

ANA AMERICAN NURSES ASSOCIATION

**Code of Ethics** (2025):

**Provision 1:** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

**Values**
- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Competence

(2021)


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35

## 2. PROMOTE PSYCHOLOGICAL SAFETY VIA ANTI-OPPRESSIVE PRACTICES

**Set a space where all feel:**
- Respected by,
- Comfortable with,
- Confident of,

the care received and by all practitioners who render that care.

(Fukami, 2023)

**Cultural Humility**
Intercultural awareness, competence, & Intersection-ality

**Biases**
Implicit
Explicit
General

**Racial Equity**
Micro-aggressions
Microinsults
Micro-invalidations

**Social Justice**
Anti-racist practice

**Trauma**
Trauma-Informed Care

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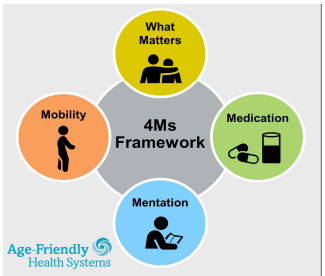
36

## AGE FRIENDLY HEALTH CARE SYSTEMS

- Use evidence-based practices
- Cause no harm, and
- Align with "What Matters" to the older adult and their caregivers by aligning "4 Ms"

(IHI, 2024)




**What Matters**
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

**Medication**
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

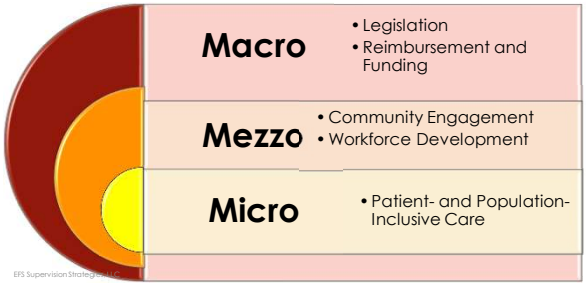
**Mentation**
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

**Mobility**
Ensure that older adults move safely every day in order to maintain function and do What Matters.



37

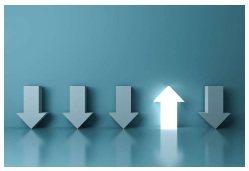
## 3. EMPLOY ADVOCACY






38

## 4. MODEL AND MENTOR



- Set the tone and lead by example
- Stop, engage, and establish rapport
- Talk to and with patients, NOT at them
- Use shared decision-making, ALWAYS
- Inform patients of your process
- Hire diverse staff to reflect the populations served by your organization
- *Advocate through allyship!*



39

## IN THE END

*We must extinguish Medical Gaslighting to achieve quality-driven patient-inclusive care for all populations!*



40

## RESOURCES

- American Society on Ageism: https://www.asaging.org/ageism
- Center for Disability Rights: https://cdrnys.org/blog/uncategorized/ableism/
- Center for Health Care Strategies:
  - Trauma-Informed Care Implementation Center: https://www.traumainformedcare.chcs.org/trauma-informed-care-in-action/
- Disabled by Society: https://disabledbysociety.com
- Institute for Healthcare Improvement:
  - Age-Friendly Health Systems: https://www.ihi.org/networks/initiatives/age-friendly-health-systems
- Joint Commission
  - Health Equity Accreditation Resource Center: https://www.jointcommission.org/our-priorities/health-care-equity/accreditation-resource-center/



41

## RESOURCES

- NCQA
  - Case Management Accreditation: https://www.ncqa.org/programs/health-plans/case-management-cm/
- National Minority Quality Forum: https://nmqf.org/n
- Outcare: https://www.outcarehealth.org/
- Patient Bill of Rights: https://clinicalcenter.nih.gov/participate/patientinfo/legal/bill_of_rights.html
- URAC
  - Case Management Accreditation: https://www.urac.org/accreditation-cert/case-management-accreditation/
  - Health Equity Accreditation: https://www.urac.org/accreditation-cert/health-equity-accreditation/
- U.S. Equal Opportunity Employment Commission: https://www.eeoc.gov/age-discrimination

42

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43

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44

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45

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46

## Q & A


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**Thank you!**



47