Medical Gaslighting: Recognition, Impact, and Prevention

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Objectives

To define medical gaslighting and its manifestations in clinical practice.

To identify the system, provider and patient factors contributing to medical gaslighting.

To articulate strategies and system changes to mitigate risk and foster partnership.

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SPECIAL REPORT

Top 10 Patient Safety Concerns 2025

ECRI | The Most Trusted Voice in Healthcare

Risks of Dismissing Patient, Family, and Caregiver Concerns

#1 Patient Safety Concern

In today's fast-paced and high-pressure environment, healthcare professionals care for an increased number of complex patients, often communicate with multimodal technologies, and have a finite amount of time to spend with each patient. When working within a misaligned system that does not facilitate empathetic patient-centered care, healthcare professionals may not fully involve patients in their own care.

According to one survey conducted in 2023, more than **94% of respondents reported instances where they felt their symptoms were ignored or dismissed by a doctor.**[1]

When this happens to a patient, family member, or a caregiver of a patient, it can feel like they are experiencing what's known as "medical gaslighting." According to the *American Journal of Medicine*, medical gaslighting is "an act that invalidates a patient's genuine clinical concern without proper medical evaluation."[2] Medical gaslighting is derived from the term "gaslighting," which is when an individual is manipulated into questioning their own perception.[3] However, medical gaslighting is not driven by an intentional desire to manipulate patients, and clinicians may not be aware they are exhibiting gaslighting behavior.

Dismissing patient concerns can also arise from a clinician's preconceived ideas about specific symptoms, misunderstandings of certain medical conditions, unconscious biases, challenges regarding causes for nonspecific complaints, or cognitive biases in clinical decision-making.[3]

Medical gaslighting behaviors include:

- Dismissing or refusing to discuss symptoms[4] or medication concerns
- Minimizing the severity of symptoms, specifically pain[4]
- Ignoring or interrupting patients[4]
- Misattributing symptoms to mental illness, weight, age, or other attributes[3]
- Refusing to order follow-up tests[4]
- Blaming the patient[3] or exhibiting condescending behavior (e.g., suggesting that the patient is exaggerating)

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GASLIGHTING:

A STRANGE WORD FOR A STRANGER SITUATION


CHARLES BOYER
INGRID BERGMAN
JOSEPH COTTEN
M·G·M's
MELODRAMA
Strange drama of a captive sweetheart!
Gaslight
with
DAME MAY WHITTY ANGELA LANSBURY BARBARA EVEREST
SCREEN PLAY BY JOHN VAN DRUTEN, WALTER REISCH AND JOHN L. BALDERSTON BASED UPON THE PLAY BY PATRICK HAMILTON
DIRECTED BY GEORGE CUKOR PRODUCED BY ARTHUR HORNBLOW, JR.
A Metro-Goldwyn-Mayer PICTURE


HD

Gaslighting

- Psychological manipulation
- Victim questions perceptions, memories, sanity
- Facts denied or reframed
- Reality rewritten
- Discrediting others

Clinical Definition

- Invalidating patient's concern without proper evaluation
- Not always intentional
- Cognitive and systemic phenomenon
- Serious consequences

Gaslighting in Healthcare

- Anecdotal reports in women's health and chronic illness communities
- 2020: *JAMA* article on COVID-19 "Long Haulers"
- Gradually emerged in medical and popular literature

The New York Times

Women Are Calling Out 'Medical Gaslighting'

Studies show female patients and people of color are more likely to have their symptoms dismissed by medical providers. Experts say: Keep asking questions.

Share full article · 3.6K

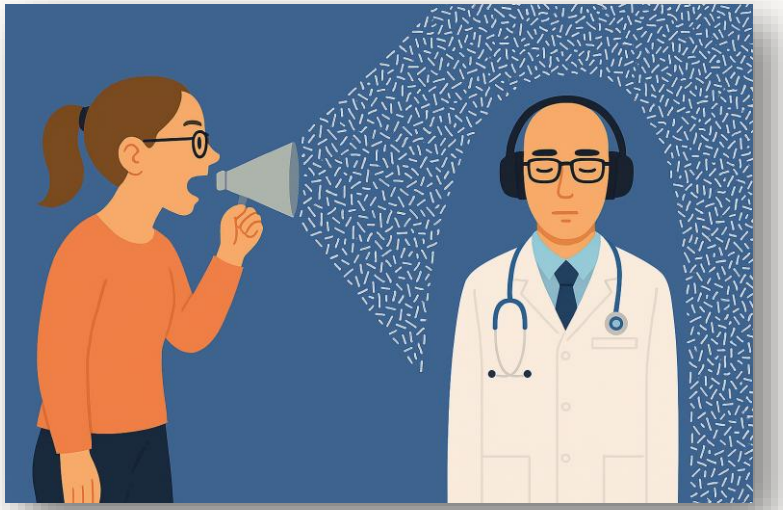
Marta Monteiro

By Melinda Wenner Moyer

Published March 28, 2022 Updated June 22, 2023

Leer en español

What Does It Look Like?



- Dismissing or minimizing symptoms
  - “That’s normal for your age.”
- Attributing symptoms to anxiety or emotion
  - “You’re just stressed – try to relax.”
- Invalidating knowledge or experience
  - “You shouldn’t read so much online…”

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Other Manifestations

- Blaming the patient
  - *“If you just lost some weight, these problems would go away.”*
- Gender or biased gaslighting
  - *“Women your age have a lot of these complaints.”*
- After inconclusive workup
  - *“We can’t find anything – you should be glad.”*

Example

- 27% belittling
- 21% did not believe patient
- 42% told “need to relax more”
- 21% recommended to drink alcohol
- 21% referred to psych without medical treatment
- 40% were made to feel crazy
- 53% considered stopping care

The Scale of the Problem

94%

SYMPTOMS IGNORED

58%

WORSENED CONDITION

28%

HEALTH EMERGENCIES

Patient Safety Concerns

- Missed / delayed diagnoses
- Emotional trauma
- Discourages shared decision-making
- Accentuates healthcare disparities

Populations at Risk

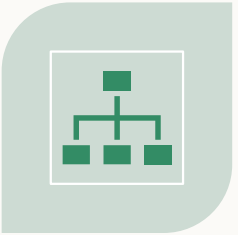
- Women
- Racial and ethnic minorities
- Older adults
- Patients with chronic or "invisible" illnesses
- Patients with mental health diagnoses
- Obesity
- LBGTQ+
- Neurodivergent individuals

Drivers and Contributing Factors

SYSTEMIC FACTORS

CLINICIAN COGNITIVE FACTORS

COMMUNICATION



ORGANIZATIONAL DESIGN

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Systemic Pressures on Clinicians

- Time constraints
- Administrative burden
- Workforce shortages

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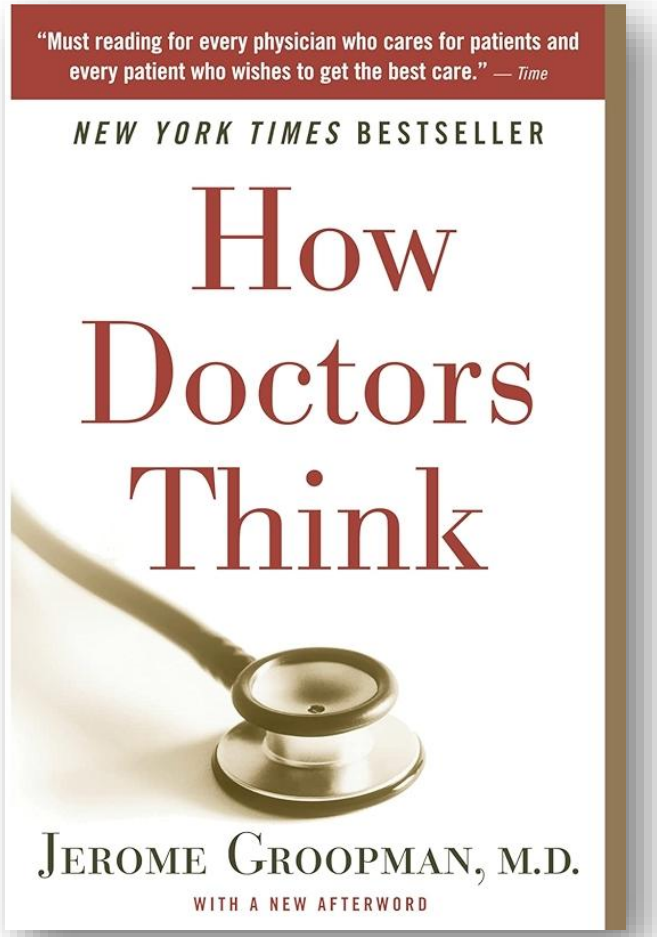
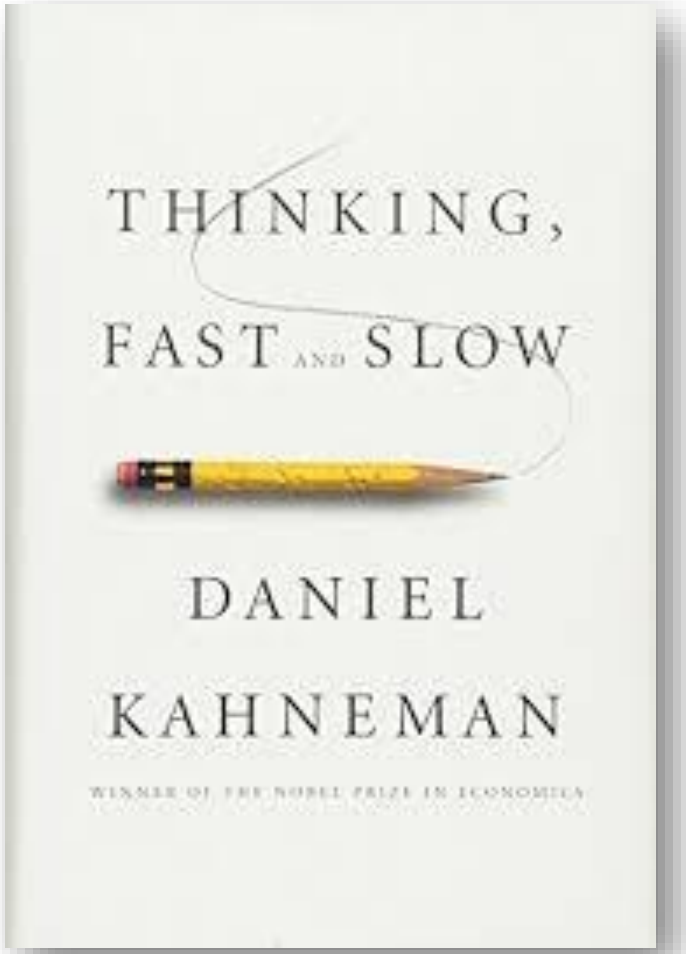
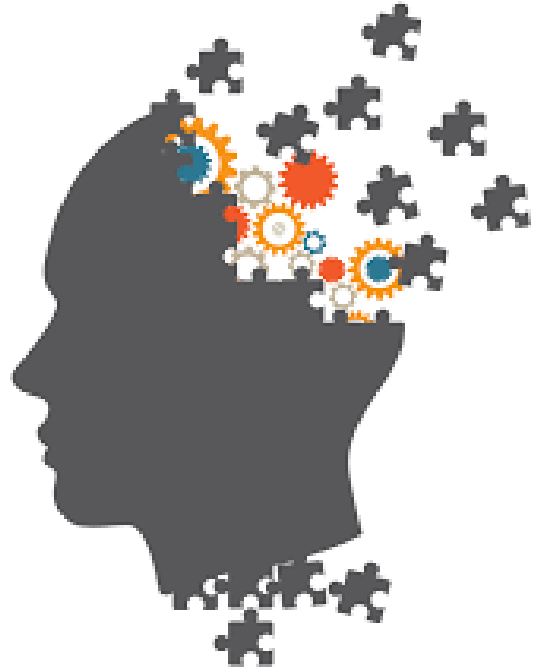
Clinician Cognitive Factors





Heuristics and Cognitive Biases

- Heuristics
  - Efficient
  - Essential in busy clinical environments
  - Imperfect and vulnerable to system errors
- Cognitive biases
  - Perception
  - Interpretation
  - Memory



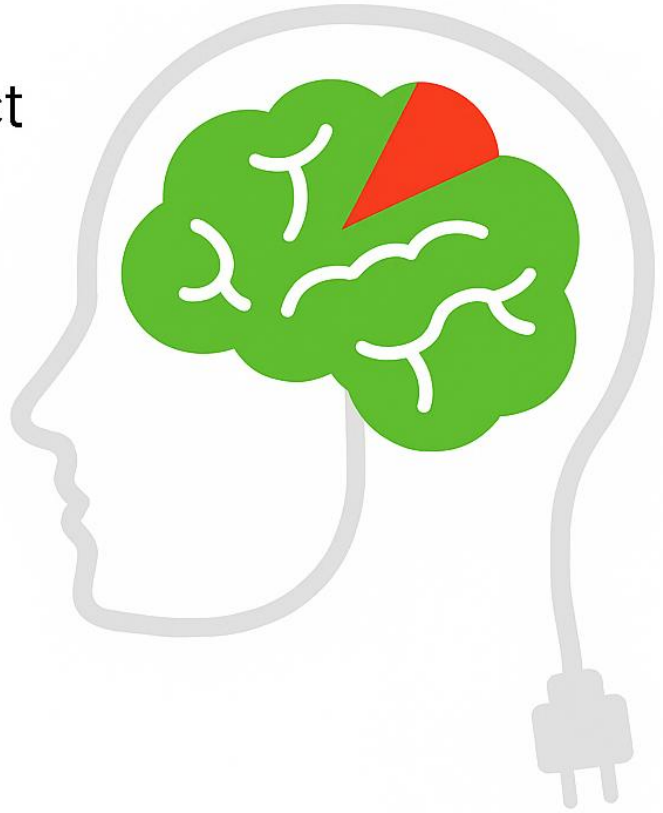
Thinking: Fast vs. Slow

SYSTEM 1

Intuition & instinct

95%

Unconscious
Fast
Associative
Automatic pilot



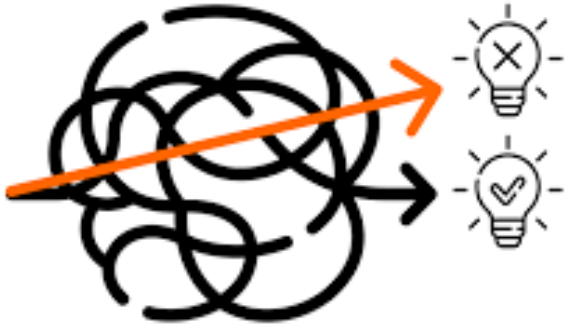
SYSTEM 2

Rational thinking

5%

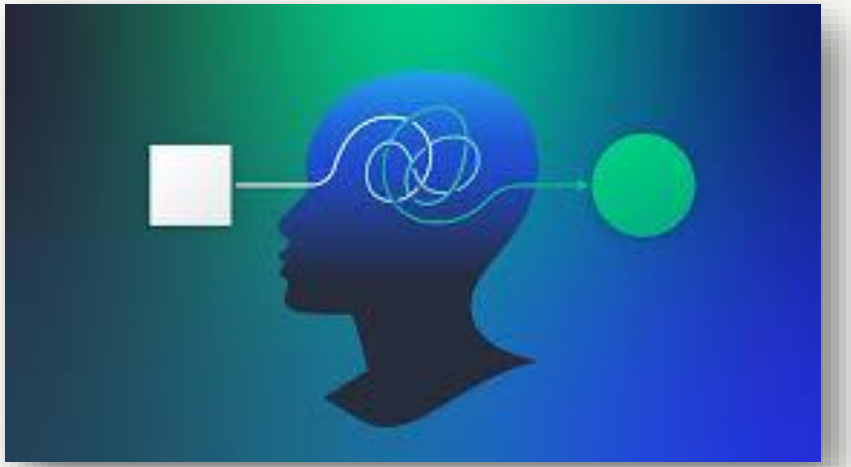
Takes effort
Slow
Logical
Lazy
Indecisive

Common Clinical Heuristics



- Pattern recognition
  - Chest pain and diaphoresis + ACS
- Availability
  - Saw several viral illnesses today, assume next febrile patient has virus
- Representativeness
  - “Too young for a stroke”
- Satisficing
  - UTI found, not investigating sepsis

Cognitive Biases



- Confirmation bias
- Anchoring bias
- Attribution bias
- Premature closure

Heuristics, Bias, and Diagnostic Error

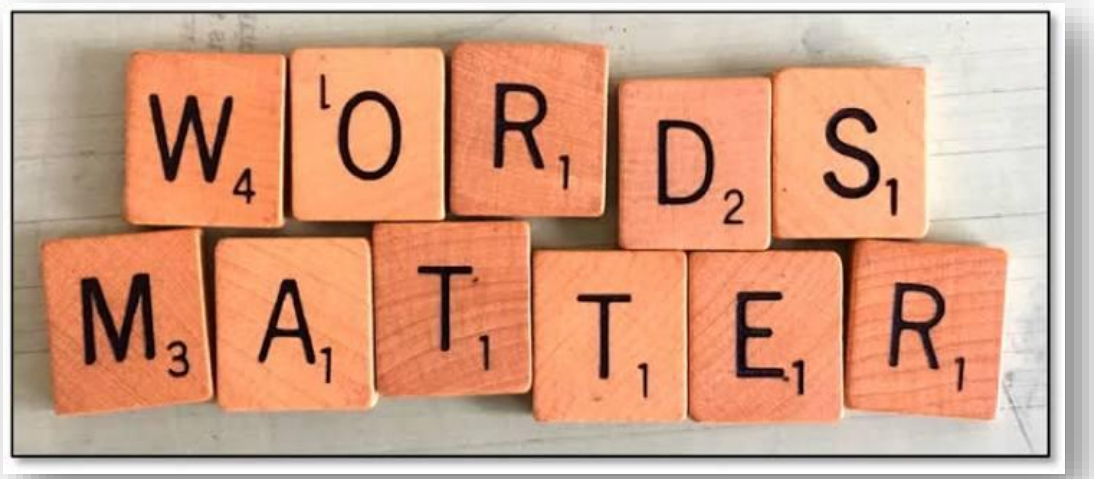
- Heuristics are necessary tools
- Bias emerges when heuristics applied too rigidly
- Diagnostic errors result from multiple interacting biases
- Not a lack of knowledge

Specific Diseases

- Autoimmune diseases
- Chronic pain syndromes
- Neurological symptoms

⚠ Delayed treatment worsens outcomes, increases disability, and increases healthcare costs.

Language in Care



- Word choice matters
- Builds patient trust
- Impacts safety
- Encourages clarity

Communication Barriers

"Let's not worry about that now"

- Lack of empathic listening skills and validation
- Interrupting patients
- Dismissing concerns as anxiety, stress, or psychosomatic
- Choice of language
  - Condescending
  - Invalidating

“Never Words”

- Add no benefit to the conversation / may harm
- Erode trust
  - *“You need to be realistic.”*
  - *“It’s just part of the disease process.”*
  - *“I’ve already explained this.”*

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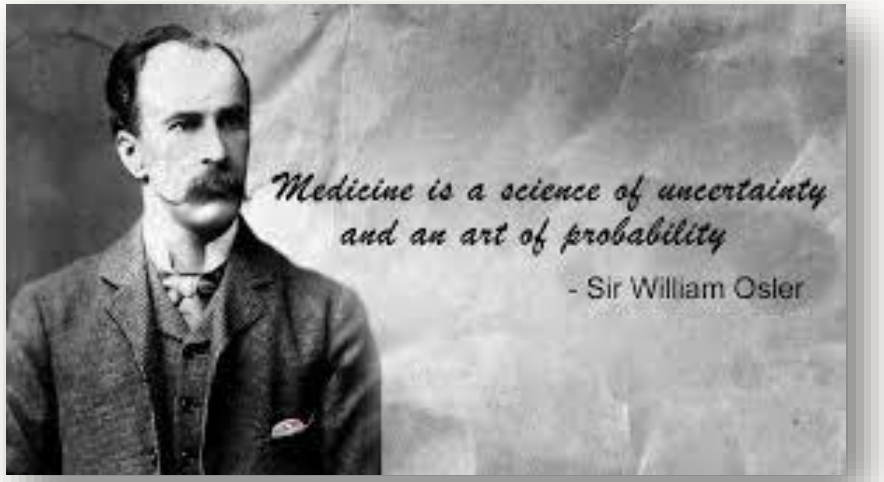
Dismissive Language vs. Investigative Language

- “It’s just anxiety.”
- “Your tests are normal, so nothing is wrong.”
- “This is common at your age.”

- “The tests haven’t shown a cause – let’s talk about next steps.”
- “There are conditions that don’t show up on routine testing.”

Acknowledge Uncertainty Transparently



- Normalize uncertainty as part of medicine
- Explain diagnostic reasoning aloud
- Share what has been ruled out and what has not

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Organizational Design

- Efficiency > empathy
- Fast-paced
- Insufficient resources
- Power dynamics
- Culture of open communication

Gaslighting at Work Scale

- Looks at manipulative tactics
- Examples:
  - I am told events I witnessed never happened.
  - I am made to feel my memory is unreliable.
  - I am told I am “too sensitive” when I raise concerns.
  - I am excluded from meetings without explanation.
  - Am made to doubt my ability to perform tasks I previously handled well.

Systems Based Solutions

- Clinical communication
- Addressing implicit bias
- Institutional policy changes

Education

- Mandatory bias training
- Education on misunderstood conditions
- Empathetic listening techniques
- Documentation practices
- Simulation training

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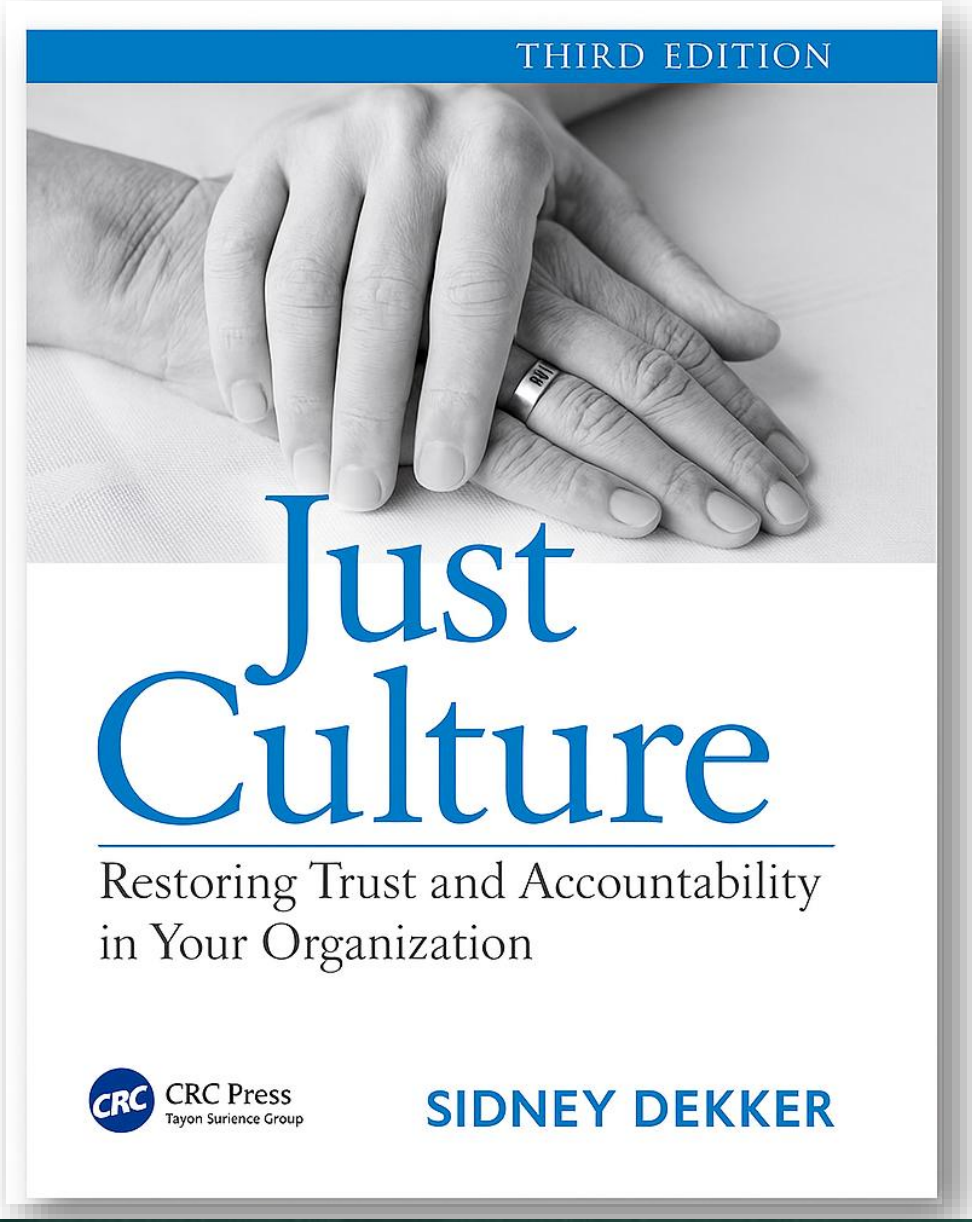
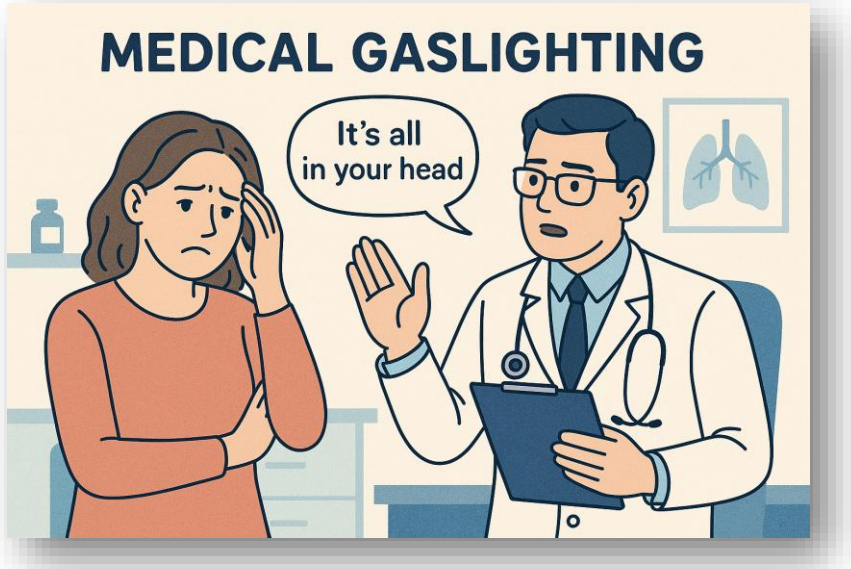
Institutional Level

- Improving scheduling
- Cultural transformation
- Accountability metrics



Takeaways



- Medical gaslighting is a pervasive problem in healthcare.
- Carries serious medical, safety and financial sequelae.
- Identified contributing patient, provider and systemic factors.
- Strategies to mitigate risk and enhance partnership.

Thank You!

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