



Editorial

Medical Gaslighting

Gaslight is an American thriller film directed by George Cukor's and produced by Arthur Hornblow Jr. on 1944. Paula (Ingrid Bergman) and her husband Gregory (Charles Boyer) were the main characters of this film. Here, one can see that the young lady's husband is manipulating Paula in such a way that she believes that she is developing insanity and isolating herself from the world. Gregory dims and brightens the gaslights and then insists Paula is imagining it. "Gregory aims to undermine Paula's sense of self and everyday life, to confuse and distort her reality such that she must accept his imposed reality in place of her own"¹. His marriage to Paula was a cunning strategy to institutionalise her, and he snatched her aunt Alice's estate, who was murdered earlier. This film gave rise to the term gaslighting, a form of psychological abuse that is worse than physical abuse.

"Gaslighting is when someone in power uses manipulation to make another person doubt his or her own judgement, or even sanity. The concept first gained attraction as a construct in the psychological literature during the 1960s" and it pervades domestic and professional spaces to this day².

'Gaslighting' in the medical profession is due to many reasons. It may be due to a lack of communication skills or time constraints for physicians. The New York Times, in an article on March 28, 2022, highlighted "the problem, which is especially common in women, the elderly, and coloured races in America". The Merriam-Webster dictionary declared "gaslighting as one of its 'words of the year' for 2022 and called it the act or practice of grossly misleading someone, especially for one's own advantage"³. Experts recommend watching for the following red flags that give a signal to a physician or a patient about gaslighting:

- ❖ When a health care provider continually interrupts, doesn't allow for elaborate, and doesn't appear to be an engaged listener to the patient.
- ❖ If the health care provider minimises or downplays the symptoms of the patient and refuses to discuss the patient's symptoms.
- ❖ When a physician will not order key imaging or lab work to rule out or confirm a diagnosis.
- ❖ When the patient feels the provider is being rude, condescending, or belittling.
- ❖ When symptoms are blamed on mental illness but not provided with a mental health referral or screened for such illness.

Experts then suggest to the patients to

- ❖ Keep detailed notes and records of their symptoms, lab results, imaging, medications, and family medical history.
- ❖ Ask questions. If possible, prepare a list of questions before the appointment.
- ❖ Sometimes it can help to have a trusted friend or relative accompany the patient, particularly when discussing a treatment plan or difficult medical issue.
- ❖ Focus on the most pressing issue, which is the reason for the visit, so that the patient can communicate with the doctor efficiently.
- ❖ Before leaving the physician, the patient would like to understand three things: the best guess as to what is happening; plans for diagnosing or ruling out different possibilities; and treatment options, depending on what is found.

If the patient still feels ignored then he or she can

- ❖ Switch providers to seek a second opinion, a third, or even a fourth.
- ❖ Reframe the conversation with the current provider.
- ❖ Look to support groups that may provide useful resources and information.

❖ Appeal to a higher authority if the patient is being treated in a hospital setting. They can contact the patient advocacy staff, who may be able to assist. Dr. Mitchell said, “Doctors need to be held accountable”⁴.

The medical profession is considered to be a noble profession. Altruism is driven into every student and doctor. They always keep patients as their foremost responsibility. They are not allowed to have any form of fallibility at all. This leads a young, budding doctor to get emotionally exhausted and depressed, and this is also a form of ‘gaslighting’. The corporatization of medicine has created another form of ‘gaslighting’, “where the corporate masters keep drilling into a young physician’s mind to practice mechanistic, investigation- and technology-based, revenue-generating medicine, irrespective of the needs of the patient”³.

So at the end, I must say that to be a good doctor, we should build relationships with patients through mindful listening and finding out their concerns and ideas. To be a good professional, we have to practice our fellow feelings, thereby avoiding gaslighting in our medical and professional lives.

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