

## REVIEW ΑΝΑΣΚΟΠΗΣΗ

# Shining the light on medical gaslighting and its impact on patient safety

This narrative review explores the concept of medical gaslighting and its potential impact on patient safety such as missed –delayed– lack of diagnosis, delayed treatment and poor health outcomes, as a result of healthcare professionals failing to effectively interact with their patients. Gaslighting has been recognized as a type of emotional and psychological abuse that does not involve physical harm rather makes the victim feeling fear, isolated or controlled. Perpetual lies and mistruths, reality manipulation, scapegoating and coercion are the main techniques used by gaslighters to impose confusion and turmoil in gaslightees. Medical gaslighting is an insidious form of manipulation, which can have serious consequences. Gaslighters exhibit comparable traits to individuals with narcissistic or antisocial personality disorders, aiming to gain validation and boost their authority. Individuals who are overweight, elderly, experiencing mental or physical health issues, identifying as female, or belonging to LGBTQIA+ or BIPOC communities may be more susceptible to experiencing medical gaslighting. Identifying medical gaslighting is important to prevent misdiagnosis and improve healthcare. Enhanced patients' empowerment is closely linked with improved health outcomes, overall well-being, effective self-care, enhanced health status and quality of life. Patients' activation necessitates patients to possess the necessary knowledge, skills, and self-assurance to take charge of their health and comprehend their role in the care process. Patient-centred care, which involves promoting effective communication between patients and healthcare professionals, sharing evidence-based information to inform patients, caregivers, and the healthcare team about treatment options, and engaging in shared decision-making, decreases the likelihood of medical gaslighting.

## 1. INTRODUCTION

Although gaslighting is a term known for more than 80 years, it has only recently been recognized as a set of psychological manipulative tactics, used by abusive people. Gaslighting is a phenomenon that may occur in various settings. Such settings may include marriages,<sup>1</sup> parent-child relationships,<sup>2</sup> close friendships and personal relationships,<sup>3–5</sup> social media and professional settings,<sup>6</sup> healthcare and mental health settings,<sup>7</sup> educational institutions (e.g., nursing academia),<sup>8</sup> and the political sphere,<sup>9</sup> where power dynamics are imbalanced.

Gaslighting is recognized as a psychological syndrome, but it can also be perceived as a sociological phenomenon. Engaging in abusive mental manipulation involves a complex interplay of psychological dynamics, often stemming from underlying social inequities. Gaslighters often appear

to exploit gender-based stereotypes, social disparities, deeply ingrained ideologies, and institutional weaknesses to manipulate their victims, i.e., gaslightees. The implementation of gaslighting tactics can significantly impair a gaslightees' perception of reality, autonomy, personal identity, and social network.<sup>10,11</sup>

Gaslighting frequently goes undetectable, especially within groups or organizations. Individuals within the organizations may distort or disregard the notion of a problem, such as pervasive anti-Black racism, through various means including obfuscation, misdirection, confabulation, dismissive incomprehension (where they claim ignorance of the alleged problem), or even subtle mockery of those who raise concerns. As a result, gaslighting may go undetected from the organization. This type of insidious gaslighting perpetuates anti-Black racism within organizations, including those in academia and healthcare. Nevertheless, the

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Περίληψη στο τέλος του άρθρου

## Key words

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current knowledge regarding psychological and emotional abuse of this nature is still limited, as there is a lack of empirical research, mainly due to the unavailability of few reliable and valid instruments for accurate measurement and evaluation.<sup>12</sup>

Specifically in healthcare, analyses of gaslighting in various settings can provide valuable insights into other types of medical discrimination which, in turn, may lead to unfavourable health outcomes and inequalities. For example, examining the role of racial gaslighting as a tool of racism in healthcare settings can contribute to endeavours aimed at dismantling white supremacy in the medical field and mitigating health disparities caused by racist policies, practices, and interactions.<sup>13</sup>

The present narrative review explores the concept of medical gaslighting and its potential impact on patient safety defined as missed –delayed– lack of diagnosis, delayed treatment and poor health outcomes resulting from healthcare professionals' failing to effectively communicate and interact with their patients.

## 2. HISTORICAL DATA

Gaslighting finds its origins in a 1944 American psychological thriller film (*"Gaslight"*), featuring renowned actors Ingrid Bergman and Charles Boyer. This film was based on a 1938 thriller play (*"Gas light"*) where the husband endeavours to manipulate his wife's mental well-being by consistently rearranging or relocating objects in their household without her being aware; whenever she inquires about the alterations, he denies any changes and implies that she may be experiencing cognitive issues.<sup>14</sup> *"Gaslight"*, set in Victorian London, signified the attempt of the husband to cunningly make his wife believe that she is losing her sanity. The term originates from husband's deceitful actions which often involved intentional dimming of the gaslights while insisting that the lights are not actually dimming. This manipulation was meant to create a sense of uncertainty in the mind of the wife, causing her to question her own sanity and perception.<sup>15</sup> In a more recent movie released in 2021, also titled *"Gaslighting"*, a similar plot unfolds. The movie explores the devastating effects of gaslighting and the profound impact it can have on an individual's mental well-being. This time the plot revolves around a couple with the boyfriend psychologically manipulating and deceitfully misusing his girlfriend's money. As a result, the girlfriend is left in a state of confusion and doubt, questioning her own sanity.<sup>16</sup>

In the 1960s, psychological literature began utilizing

the term *"gaslighting"* to delineate emotional abuse within intimate relationships.<sup>10</sup> Barton and Whitehead introduced the term *"gaslighting"* in an article from 1969, where they discussed involuntary hospitalization as a type of abuse.<sup>17</sup> Gaslighting gained wider recognition when psychotherapist, Stern, published a book in 2007, where she delved into the intricacies of gaslighting. While Stern acknowledged that gaslighting is not limited to any specific gender, her case studies predominantly featured male partners as the gaslighters and females as the gaslightees.<sup>18</sup>

In 2015, the United Kingdom's criminal domestic violence law expanded to include gaslighting as a criminal act, leading to the charging of more than 300 individuals for this offense.<sup>19</sup>

Medical gaslighting made its debut in the medical literature in September 2020. In light of the COVID-19 pandemic, numerous healthcare professionals have chosen to depart from their roles, resulting in a decrease in the quality of healthcare services as a result of a diminishing workforce. As a result, patients have expressed feelings of being overlooked by the healthcare system, perceiving a lack of seriousness and care towards their mental well-being. This published 2020 narrative described a patient's perception of being gaslighted as her symptoms were consistently invalidated, culminating in a diagnosis of long COVID.<sup>20</sup> Hoffman et al shed light on the issue of medical gaslighting in their research, specifically highlighting the dismissal or downplaying of gynaecological pain and symptoms when interacting with female patients.<sup>21</sup>

## 3. DEFINITIONS

The literature offers three main definitions of gaslighting. Adopting a sociological perspective, Sweet argues that gaslighting encompasses a series of efforts aimed at establishing an unreal social atmosphere, wherein the individual in an intimate relationship is made to appear or feel mentally unstable.<sup>10</sup> Gaslighting, from a psychological standpoint, is defined as behaviour where one individual aims to manipulate the judgment of another by making them doubt the validity of their own judgment.<sup>22</sup>

In the literature of communication, gaslighting refers to a dysfunctional pattern of communication wherein one individual manages to disrupt the other person's perception of reality.<sup>23</sup> Gaslighting should not be confused with other harmful behaviours, including manipulation, lying, disagreement, guilt-tripping, stonewalling, ghosting, bullying, brainwashing, blackmailing, name-calling and Munchausen syndrome by proxy.<sup>24,25</sup>

Gaslighting has been designated by the Merriam-Webster dictionary as one of the “words of the year” for 2022. According to this dictionary, gaslighting refers to the psychological manipulation of an individual (gaslighter) over a prolonged period, resulting in the victim (gaslightee) doubting the accuracy of their thoughts, perception of reality, or memories. This insidious behaviour typically leads to a state of confusion, diminished confidence, and a sense of emotional and mental instability. Ultimately, the gaslightee becomes dependent on the gaslighter, exacerbating the adverse effects of gaslightee.<sup>26</sup>

Within the workplace, gaslighting is deemed as a detrimental behaviour where a person, in a position of power, undermines the capabilities of their colleagues, diminishes the value of their contributions, and invalidates them on an emotional level, thereby undermining their self-esteem.<sup>24</sup> The process of gaslighting commences with a subtle manipulation of the facts, gradually escalating until the victims find themselves ensnared in a relentless cycle of various forms of abuse.<sup>18</sup> In other words, gaslighting involves the persistent act of instilling self-doubt in an individual’s mind through a continuous process.<sup>27</sup>

The motivation behind gaslighting is not exclusively rooted in control, it can also be fuelled by vindictiveness. This implies that individuals may engage in gaslighting with the intention of seeking revenge or causing harm to others.<sup>28</sup> The techniques traditionally employed to identify bullying and horizontal violence can also be effectively utilized in identifying gaslighting. Perpetual lies and mistruths, reality manipulation, scapegoating and coercion are the main techniques utilized by a gaslighter in order to cause confusion and turmoil to the gaslightee.<sup>8</sup>

Gaslighting extends its reach to the medical profession, encompassing medical connotations that bear significant relevance. In the healthcare settings, a power dynamic between healthcare providers and patients is present, resulting in a tendency to perceive patients as unable to effectively communicate their symptoms to healthcare professionals.<sup>29</sup> Often, the symptoms of patients with chronic, orphan, and contested diseases are treated as insignificant and dismissed as mere figments of patients’ imaginations.<sup>30</sup> Symptoms that are difficult for healthcare professionals to understand, due to scientific uncertainty, make diagnosis and treatment difficult.<sup>29</sup> This phenomenon is commonly referred to as medical gaslighting. Although there is substantial evidence supporting the existence of the concerns emphasized by the notion of medical gaslighting, critics argue that the term is biased and implies the existence of malicious intentions from the side of healthcare practitioners.<sup>29</sup> From patients’

standpoint, medical professionals, government officials, and insurance agencies may be perceived as incapable of acknowledging their concerns, thereby denying them the recognition of their illness within society and categorizing them as mentally unstable.<sup>31</sup> As far as mental health is concerned, the occurrence of persistent emotional abuse, which lies at the heart of gaslighting, can result in various mental health problems.<sup>32</sup> As stated by Davis, the enduring impacts of medical gaslighting encompass heightened anxiety, depression, insecurity, self-doubt, symptoms of post-traumatic stress disorder (PTSD), and trauma. As a consequence, a detrimental pattern is set off, where psychological manifestations may intensify physical ailments.<sup>33</sup>

#### 4. SIGNS OF MEDICAL GASLIGHTING

Instances of medical gaslighting are frequently observed in various scenarios within the healthcare system. Identifying medical gaslighting may prove to be a daunting task, stressing the importance of patients being cautious. A number of possible signs of gaslighting by the healthcare professionals are presented in table 1.<sup>21,29,30,34–36</sup>

A recent study has reported that 22% of healthcare professionals in primary healthcare spent 9 to 12 minutes with patients, and 5% spent less than 9 minutes.<sup>37</sup> It has also been shown that when patients’ symptoms are dismissed or invalidated, delays seeking treatment may occur or patients may cease seeking treatment altogether. This may result in worsening of patients’ condition and, in some instances, it may even lead to death. Approximately 14% of clinical encounters are marred by diagnostic errors, and a significant

**Table 1.** Signs of medical gaslighting.

No	Signs of medical gaslighting
1.	Minimizing or disregarding patients’ symptoms and concerns or experiences (lack empathy)
2.	Failing to participate to or pay attention to the discussion
3.	Neglecting to inquire about patients’ health issues further
4.	Declining to converse about patients’ symptoms with them
5.	Attempting to persuade patients that it is solely psychological (i.e., “it’s all in your head”)
6.	Attributing patients’ symptoms to poor diet, mental health, lack of exercise, obesity, menstrual cycle, or stress and natural aging process
7.	Disregarding patients’ worries and proceeding with therapy
8.	Not providing referral or prescription for pertinent imaging or lab tests
9.	Asserting that there are no alternative treatment choices aside from the one they are proposing

majority of these errors (75%) can be attributed to “cognitive factors in clinician decision making”. These cognitive factors often manifest as an unwarranted sense of confidence in an incorrect diagnosis.<sup>38</sup> By ensuring that healthcare professionals allocate time and possess the expertise needed to ensure that patients feel heard, empathized with, and well taken care of, the negative implications of this term in the context of medicine can be mitigated.

## 5. THE PROFILE OF GASLIGHTERS

Gaslighting typically encompasses the presence of a mental abuser or a group of abusers (gaslighters), along with a victim or a group of victims (gaslightees) who endure persistent mental abuse (gaslighting).<sup>39</sup> From a psychological standpoint, gaslighters share similarities with individuals diagnosed with narcissistic or antisocial personality disorder, as they demonstrate cunning, charisma, and dynamism in their manipulation and abuse of power over others, devoid of any feelings of guilt. Their objective is to obtain validation and enhance their positions of influence. The gaslighters’ motivations stem from their own deficiencies in self-esteem, which result in a deliberate or subconscious intention to cause harm or undermine the credibility of the victim. The gaslighters utilize the act to project their personal anxieties and insecurities onto another individual, thereby deriving a sense of comfort regarding their own existence. Simultaneously, this action contributes to the deepening of power differentials within the relationship. Through manipulation, they distort the truth and amplify minor issues to undermine the victim’s credibility and self-assurance. The victims are compelled to adhere to unjust, immoral, and manipulative requests due to the heightened power imbalance, instilling fear of retaliation. The gaslighters’ objective is to achieve absolute dominance over their victims, thereby bolstering their inflated sense of self-importance and self-assurance, while eroding the victims’ self-assurance and credibility. Consequently, the victims begin to doubt their own capabilities, competence, mental stability, and even their capacity to emancipate themselves from the gaslighters’ influence.<sup>22</sup>

In the literature, numerous rationales behind healthcare professionals resorting to medical gaslighting have been reported.

Initially, the presence of implicit bias in healthcare settings can lead to disparities in medical treatment by influencing the behaviour of healthcare professionals and producing differences based on factors such as race, ethnicity, gender, or other characteristics.<sup>40</sup> Black patients

are twice and a half more prone than white patients to be characterized with one or more negative descriptors in the history and physical notes of their electronic health records.<sup>41</sup>

In addition, healthcare professionals are equipped with the skills to diagnose and address a wide array of illnesses, yet they are not exempt from making mistakes. There are instances where medical practitioners may lack the requisite knowledge or experience to effectively pinpoint a patient’s symptoms, especially in the context of emerging viruses and their complexities. Rather than acknowledging their limitations, some healthcare professionals may opt to overlook the patient’s concerns. It is essential for healthcare providers to be willing to admit when they are uncertain. The United States National Institutes of Health have consistently allocated excessive funding towards research on diseases predominantly affecting male, while simultaneously providing insufficient funding for research on diseases primarily impacting females.<sup>42</sup> Consequently, this disparity has led to a lack of comprehensive understanding among medical practitioners regarding females’ health concerns, requirements, and appropriate treatment approaches.

Furthermore, the demanding nature of healthcare work often results in time constraints for providers, who are required to handle substantial caseloads and endure extended working hours. As a consequence, healthcare professionals may encounter challenges in allocating enough time and attention to each patient, thereby hindering the achievement of effective communication. In certain instances, healthcare professionals may prioritize efficiency by disregarding a patient’s symptoms or concerns to expedite consultations and maintain workflow, acknowledging the business aspect of the healthcare sector.<sup>37,38</sup>

Last but not least, defensive medicine has come hand-in-hand with increasing medicalization and growing fears of malpractice liability.<sup>27</sup> These fears may compel some healthcare professionals to minimize a patient’s symptoms to prevent unnecessary tests or treatments that could potentially be used against them in a malpractice claim.

## 6. THE PROFILE OF GASLIGHTEEES

Individuals who possess either significantly high or significantly low interpersonal power are more inclined to partake in gaslighting. This implies that the propensity for engaging in gaslighting behaviour exhibits a curvilinear correlation with interpersonal power.<sup>4</sup>

While medical gaslighting can be encountered by

anyone, it is noteworthy that certain demographics and populations are more prone to experiencing this behaviour. Individuals who fall into categories such as being overweight, elderly, struggling with mental or physical health conditions, identifying as female, or being part of lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and others (LGBTQIA+) or Black, indigenous, and people of colour (BIPOC) communities may find themselves more prone to encountering medical gaslighting.<sup>30,38,43</sup> Studies have indicated that African Americans frequently experience disparities in the quality of healthcare compared to their white counterparts across various medical conditions<sup>44</sup> partially attributed to racial discrimination.<sup>45</sup>

Patients may suffer serious harm due to the effects of medical gaslighting which often results in delayed diagnosis and treatment, described in medical literature as “diagnostic odysseys”.<sup>46,47</sup> A significant number of healthcare professionals display a contemptuous approach when dealing with patients with fibromyalgia, attributing their pain to a psychosomatic disorder where the individual’s perception of pain is solely based on their belief.<sup>33</sup> Cystic fibrosis,<sup>48</sup> Lyme disease,<sup>49,50</sup> and skin cancer<sup>51</sup> are diagnosed later in Black people than white people. The misdiagnosis of schizophrenia was found to be more prevalent among individuals of African descent, leading to the administration of inappropriate treatment for their underlying medical condition.<sup>52–55</sup>

Long COVID patients have encountered obstacles in obtaining primary healthcare services, as a result of medical gaslighting within the healthcare system. Their condition has been disregarded or refuted due to varying opinions and viewpoints within the medical community. The similarity in symptoms between long COVID and other chronic diseases complicates the diagnostic process for healthcare providers. Furthermore, the scarcity of healthcare professionals, specialized clinics, and lengthy waiting periods has all contributed to the challenges in obtaining a timely and precise diagnosis.<sup>29,56</sup>

To mitigate the potential risks of medical gaslighting or patient dismissal, Survivor Corps, a patient group, has issued a “best practices guide” that emphasizes the necessity for healthcare providers in post-COVID care centres to possess a thorough understanding of the diverse range of post-COVID symptoms reported. This recommendation aims to enhance the quality of care provided to patients.<sup>57</sup>

Recent studies have revealed that medical gaslighting is predominantly experienced by female patients who are grappling with medically ambiguous or unexplained conditions, such as myalgic encephalomyelitis (ME)/chronic

fatigue syndrome (CFS) and postural orthostatic tachycardia syndrome (PoTS).<sup>58</sup> As above mentioned, research into diseases that primarily affect females have consistently been marginalized and underfunded, which may contribute to a higher likelihood of misdiagnosis among females.<sup>42</sup> The neglect of females’ mental health problems by healthcare professionals was pointed out by Soucie et al,<sup>59</sup> whereas Thompson et al emphasized the stigmatization faced by females in similar situations.<sup>60</sup>

A study pointed out the distress experienced by females with inherited bleeding disorders due to healthcare professionals’ inability to recognize and understand their symptoms.<sup>61</sup> The results of a published study shed light on the tendency of healthcare professionals to attribute females’ legitimate and severe medical concerns to hormone fluctuations.<sup>62</sup> Adolescent girls attempting to obtain a diagnosis and treatment faced rejection from healthcare professionals who asserted that their symptoms would diminish over time, thus refusing to conduct a thorough assessment.<sup>59</sup> Females frequently shared experiences of being misdiagnosed and re-diagnosed, with a psychological diagnosis typically preceding a physical one. Healthcare professionals commonly argued that females were “too young” to be dealing with the chronic symptoms they were trying to get diagnosed.<sup>63</sup> Furthermore, the findings of a study investigating the experiences of females diagnosed with endometriosis unveiled a substantial variation in the time it took to receive a diagnosis, with the duration ranging from four months to an astonishing twenty-five years.<sup>64</sup>

Another study indicated that females and minorities (Black, Asian/Pacific Islander, Hispanic) who presented at an emergency department following a stroke were often misdiagnosed, despite showing symptoms such as headache and dizziness.<sup>65</sup> This is noteworthy given that females and minorities may be at higher risk.<sup>66,67</sup>

Also, a study has shown that healthcare professionals’ certainty in diagnosing coronary heart disease (CHD) in female patients is considerably diminished, and females are twice as prone as males to have their symptoms associated with a mental health condition.<sup>68</sup> Females diagnosed with CHD often receive less aggressive treatment and are underrepresented in clinical trials.<sup>69</sup> It has also been observed that females experience a longer diagnostic interval compared to males in six specific types of cancers (bladder, colorectal, gastric, head and neck, lung, and lymphoma).<sup>70</sup> Furthermore, females and minorities (Black, Asian/Pacific Islander, and Hispanic) appeared to be subjected to less aggressive treatment when it comes to managing abdominal pain,<sup>71</sup> chronic pain,<sup>71</sup> and traumatic brain injury.<sup>72</sup> Moreover, it

was reported that instances of obstetric gaslighting may arise within healthcare facilities when females are being assessed and managed for matters concerning pregnancy and the birthing process.<sup>27</sup>

In 2022, the findings of a survey conducted among 5,100 adults showed that a significant proportion of females, accounting for 56%, experienced their pain being disregarded or invalidated, even within healthcare settings, compared with 49% of male. Instead of receiving empathetic responses, females frequently encounter dismissive remarks such as “pain is a normal occurrence” or “you will eventually adapt to it”. The study concluded that dismissals not only downplay the gravity of their symptoms but also contribute to the perpetuation of a societal atmosphere that doubts and disbelieves females’ pain.<sup>73</sup>

The SHE Media Collective conducted a survey in 2022 focusing on medical gaslighting, which was considered as more prevalent among females. The findings indicated that 72% of respondents had experienced gaslighting, with 71% disclosing that healthcare professionals had invalidated their symptoms, 73% of respondents admitted to questioning their own memories, leading to 75% of patients opting to switch healthcare professionals.<sup>74</sup>

## 7. ADDRESSING MEDICAL GASLIGHTING

Patients’ empowerment is being increasingly acknowledged as a central value in the provision of high-quality patient-centred care.<sup>75–77</sup> Patients’ empowerment is often understood as the ability of patients to have control over their health and to play a more active role in their healthcare.<sup>75,77</sup> Enhanced patients’ empowerment has been found to have a positive correlation with improved health outcomes, such as overall well-being and effective self-management,<sup>78–80</sup> enhanced health status,<sup>81</sup> improved health-related quality of life,<sup>82</sup> and increased cost-effectiveness.<sup>76</sup> Actively engaged patients exhibit a high level of motivation to expand their knowledge and assertiveness, alongside a desire for self-management. Nonetheless, it should be acknowledged that they may not yet possess the necessary ability and power for self-care.<sup>83</sup> Patients’ activation emphasizes patients’ ability and motivation to manage their health. This requires patients to have the knowledge, skill, and confidence to manage one’s health and understanding one’s role in the care process.<sup>84</sup> Both patients’ empowerment and activation relate to an increased ability, motivation and power but patients’ empowerment has a larger connotation than activation,<sup>85,86</sup> and plays a crucial role in healthcare professionals’ gaslighting recognition.

The primary step towards eradicating medical gaslighting is the recognition of its occurrence.

Patients have a variety of strategies at their disposal to tackle medical gaslighting.

To begin with, in assessing health status, if patients come up against difficulties in covering all their concerns within the allocated 15 to 20-minute medical consultation with their healthcare professional, it is a prudent decision for them to seek additional time with their healthcare professional prior to their scheduled medical consultation.<sup>87</sup>

Secondly, compiling a set of inquiries to discuss with the healthcare professional before a scheduled medical consultation can considerably enhance the effectiveness of conveying patients’ needs to healthcare professionals. By following this strategy, patients are empowered to stay attentive and unaffected by any rushed or inaccurate assessments of their issues by healthcare professionals.<sup>88</sup>

Thirdly, a momentary pause before reacting to feedback can be crucial in safeguarding the personal desires and needs of patients. It is essential for patients to be able to effectively communicate and advocate for their treatment and preferences during medical consultations.<sup>89</sup>

Moreover, accurate note-taking and comprehensive record-keeping are essential. Monitoring details before, during, and after medical consultation is vital for identifying potential cases of medical gaslighting. Patients should document the concerns raised, the responses given by the healthcare professional, and their emotional well-being post-consultation. This data can be valuable in addressing any communication difficulties with the healthcare professional.<sup>90</sup>

Furthermore, the attendance of a companion during medical consultation could be extremely advantageous for patients facing challenges in effectively expressing their needs. By communicating their concerns and expectations with the companion beforehand, patients can ensure that the support person is sufficiently prepared to offer encouragement in the appropriate manner and at the right moments during the medical consultation.<sup>91</sup>

Lastly, effective communication between patients and their healthcare professional is crucial for ensuring high-quality healthcare. While some healthcare professionals may unintentionally engage in gaslighting, the majority of them are genuinely committed to delivering optimal patient care. Engaging in open communication with the healthcare professional allows for a better understanding of the patients’ condition, addressing concerns, and ultimately

enhancing the quality of care provided to the patients.<sup>92</sup>

## 8. CONCLUSIONS

Medical gaslighting can lead to poor diagnosis, delayed treatment, and detriments in patients' health outcomes. These impacts may compromise patients' faith in the health-care system and deter them from seeking help when necessary. Moreover, gaslighting may affect patients' mental

health and career progression. The severe repercussions of medical gaslighting are frequently underestimated or overlooked by policy makers and healthcare administrators. It is imperative for the latter to recognize and eradicate this behaviour, as well as to proactively prevent medical gaslighting as a means of improving the delivery of health-care to patients in need. A thorough assessment of medical gaslighting is necessary and field-based research is required. It appears that such research has not been carried out yet.

## ΠΕΡΙΛΗΨΗ

### Φωτίζοντας το ιατρικό "gaslighting"\* και την επίπτωσή του στην ασφάλεια των ασθενών

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Η παρούσα περιγραφική ανασκόπηση διερευνά την έννοια του ιατρικού "gaslighting" και τις πιθανές επιπτώσεις του στην ασφάλεια των ασθενών, όπως μη ύπαρξη-καθυστερημένη-ελλιπής διάγνωση, καθυστερημένη θεραπεία και ανεπαρκή αποτελέσματα υγείας, ως αποτέλεσμα της αποτυχίας των επαγγελματιών υγείας να αλληλοεπιδράσουν αποτελεσματικά με τους ασθενείς τους. Το "gaslighting" έχει αναγνωριστεί ως μια μορφή συναισθηματικής και ψυχολογικής κακοποίησης που δεν συνεπάγεται σωματική βλάβη, αλλά προκαλεί στο θύμα αίσθημα φόβου, απομόνωσης ή ελέγχου. Τα διαρκή ψέματα και οι παρανοήσεις, η χειραγώγηση της πραγματικότητας, η αντιμετώπιση ως αποδιοπομπαίου τράγου και ο εξαναγκασμός είναι οι κύριες τεχνικές που χρησιμοποιούν οι "gaslighters" για να επιβάλλουν σύγχυση και αναταραχή στους "gaslightees". Το ιατρικό "gaslighting" είναι μια ύπουλη μορφή χειραγώγησης, η οποία μπορεί να έχει σοβαρές συνέπειες. Οι "gaslighters" εμφανίζουν συγκρίσιμα χαρακτηριστικά με άτομα με ναρκισσιστικές ή αντικοινωνικές διαταραχές προσωπικότητας, με στόχο να αποκτήσουν επιβεβαίωση και να ενισχύσουν την εξουσία τους. Τα άτομα τα οποία είναι υπέρβαρα, ηλικιωμένα, αντιμετωπίζουν προβλήματα ψυχικής ή σωματικής υγείας, που αναγνωρίζονται ως γυναίκες ή ανήκουν σε κοινότητες ΛΟΑΤΚΙΑ+ ή Μαύροι, Αυτόχθονες, Έγχρωμοι, μπορεί να είναι περισσότερο ευάλωτοι στο ιατρικό "gaslighting". Η αναγνώριση του ιατρικού "gaslighting" είναι σημαντική για την πρόληψη λανθασμένης διάγνωσης και τη βελτίωση της φροντίδας υγείας. Η ενισχυμένη ενδυνάμωση των ασθενών συνδέεται στενά με βελτιωμένα αποτελέσματα υγείας, συνολική ευημερία, αποτελεσματική αυτοφροντίδα, βελτιωμένη κατάσταση υγείας και ποιότητα ζωής. Η ενεργοποίηση των ασθενών απαιτεί οι ασθενείς να διαθέτουν τις απαραίτητες γνώσεις, δεξιότητες και αυτοπεποίθηση για να αναλάβουν την υγεία τους και να κατανοήσουν τον ρόλο τους στη διαδικασία φροντίδας υγείας. Η ασθενοκεντρική φροντίδα που περιλαμβάνει την προώθηση αποτελεσματικής επικοινωνίας μεταξύ ασθενών και επαγγελματιών υγείας, την ανταλλαγή πληροφοριών βασισμένων σε ενδείξεις για την ενημέρωση των ασθενών, των φροντιστών και της ομάδας υγειονομικής περίθαλψης σχετικά με τις θεραπευτικές επιλογές και τη συμμετοχή σε κοινή λήψη αποφάσεων, μειώνει την πιθανότητα ιατρικού "gaslighting".

**Λέξεις ευρετηρίου:** Επαγγελματίες υγείας, Ιατρικό "gaslighting", Κακοποίηση, Περιβάλλον φροντίδας υγείας, Χειραγώγηση

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