EPIC Project briefing note
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EPISTEMIC INJUSTICE IN HEALTHCARE: 5 KEY TERMS

Epistemic injustice

An epistemic injustice is a harm done to someone by unfairly interfering with their ability to give information and to describe and make sense of their experiences. Often, it involves dismissing what they have to say or demeaning their ideas. There are several kinds of epistemic injustice, including testimonial and hermeneutical injustice. In healthcare, epistemic injustices silence and marginalise patient voices. As a result, they also undermine diagnosis and care, alienate patients, damage trust, and block improvements to the healthcare system.

Testimonial injustice

People's ability to share knowledge – that is, to testify – depends on their credibility. Testimonial injustices work by unfairly denying or deflating someone's credibility, often because of some prejudice against them. For example, this happens if a GP does not take seriously a female patient's complaints of pain because they negatively stereotype women as 'over-emotional' or as 'prone to exaggerate'. Testimonial injustices have medical consequences, such as medical staff failing to receive or believe important evidence of patient health. Repeated experiences of testimonial injustice can also have longer-term consequences, such as leading patients to keep silent about their health problems.

Hermeneutical injustice

Hermeneutical injustices occur when people are unfairly blocked from making sense of their experiences or stopped from sharing their interpretations with other people. This might occur, for example, if someone lacks the language to understand and describe their chronic pain as an illness and suffers in shame and silence as a result. But while some people find medical language helpful, it can also disadvantage and silence patients who find it doesn't fit their illness experiences. The potential consequences of hermeneutical injustice include a loss of medically and socially vital knowledge as well as a worsening of the anxiety, confusion, and sense of powerlessness that come with illness.

Institutional opacity

Patients' ability to gain, share, and use knowledge depends on the NHS and other large institutions. Unfortunately, these institutions are hard to understand for both patients and others – this is institutional opacity. Often, patients cannot 'see' how things work, how decisions are made, or how to navigate the institution. Some level of opacity is unavoidable in institutions, particularly complex institutions like the NHS. But, as the Darzi report suggests, the NHS has become excessively opaque. This can intensify the cognitive demands on patients and their families, provoke frustration, erode trust, and make them more vulnerable to epistemic injustice.

Pathophobia

Pathophobia refers to the variety of negative attitudes, assumptions, and behaviours that specifically target people who are ill. Examples include disgust, callousness, and morbid curiosity. Often, it intersects with sexism, racism, ableism, and other kinds of prejudice and discrimination. Pathophobia fuels many epistemic injustices against patients as well as other problems such as loneliness, emotional distress, abuse, and deterioration of physical and mental health.

Links to further readings

About the EPIC project: https://artsmatter.blogs.bristol.ac.uk/2023/11/16/is-illness-important-to-philosophy-a-spotlight-on-project-epic/

Blog posts about epistemic injustice in healthcare: https://epistemicinjusticeinhealthcareproject.blogspot.com/

CQC on epistemic injustice: https://www.cqc.org.uk/about-us/our-updated-human-rights-approach/why-we-need-updated-approach

The Patient Safety Commissioner on epistemic injustice: https://www.patientsafetycommissioner.org.uk/we-must-combat-epistemic-injustice/