***Patient Experiences of Institutional Betrayal in the Canadian Medical System***

*Abstract:*

Individuals with extensive trauma tend to utilize health care services more frequently than others

(Bonomi, Anderson, Rivara, & Thompson, 2009). Moreover, survivors of trauma struggle with

psychological and physical long-term consequences (e.g., depression, somatic symptoms, pain),

which are further intensified when the trauma experience is associated with feelings of betrayal

(Martin, Cromer, DePrince, & Freyd, 2013). Since trauma exposure has a cumulative effect on

health (Sledjeski, Speisman, & Dierker, 2008), people who experience chronic medical conditions

may be further traumatized through feelings of institutional betrayal. Physicians often view

patients with chronic medical conditions as 􀂳difficult􀂴􀀃and may feel unprepared to adequately

treat them (Green et al., 2011). Additionally, these patients may reject help because of previous

negative experiences with the medical system (Green et al., 2011). The current study directly

investigated experiences that may lead to feelings of institutional betrayal in the Canadian medical

system. Fourteen participants with chronic medical conditions completed an online, qualitative

survey containing 21 questions. Inductive content analysis revealed two overarching themes of

institutional betrayal: doctor level and system level betrayal. In the theme of doctor level betrayal,

two subthemes emerged: inappropriate medical care and lack of psychological support.

Participants indicated that doctors fail to provide efficient medical care, are not open to alternative

treatments, and lack training in complex cases. Additionally, participants felt they were not treated

with compassion, not understood or validated by providers, and experienced strong emotional

reactions after their interactions with medical providers. In the theme of system level betrayal,

various forms of system dysfunction appeared to promote further negative experiences: the

system creates barriers to care, doctors are not held accountable for their actions, and negative

patient experiences seem very common. The discussion outlines the use of these themes in the

revision and alteration of a measure of institutional betrayal.