

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.