

Using Critical Theory to improve clinical care for Functional Neurological Disorders

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Introduction

- FNDs encompass diverse motor, sensory, cognitive, neuropsychiatric and other symptoms, without neuropathological changes.¹
- The historical neurology-psychiatry divide complicates FND recognition, causing delayed diagnosis and inadequate management.
- Recent COVID-19 controversies highlight patient voices, exposing power imbalances, perceived helplessness, and compromised agency in FND diagnoses.

Background

- Critical Theory (CT) offers insight into power dynamics in the doctor-patient relationship, challenging prevailing structures and amplifying marginalized voices.
- Michel Foucault's concept of biopower delves into power's influence on individuals' lives through medical knowledge, emphasizing language, discourse, and the medical gaze in healthcare hierarchies.

Aims

- Evaluate how CT contributes to understanding, diagnosing, and treating FND, proposing actionable insights for navigating complex clinical scenarios and improving patient care and outcomes.
- Apply Foucauldian concepts in Critical Theory to analyze FND assessment dynamics, focusing on (bio)power, knowledge, and discourse analysis.
- Enhance fairness and accuracy in FND patient evaluation and treatment, empowering patients with informed agency over their condition.

Take-home lessons

- Serious and persisting knowledge gaps about FND identified.
- Outdated beliefs hinder patient engagement and leads to patient stigmatization and marginalization.
- Patients emphasize the importance of clear, concise, and professional communication, avoiding slang and colloquialisms.
- Participation in research and education boosts patient hope and motivation.

Method

- Conducted a literature search in November 2023 using Scopus, Web of Science, and PsycINFO (Ovid).
- Included empirical studies in English with FND or synonymous terminology as a primary measure, identifying 30 appropriate studies (Fig.1).
- Despite not being a keyword, selected articles underwent critical examination through a CT lens to gauge their relevance to FND complexities.

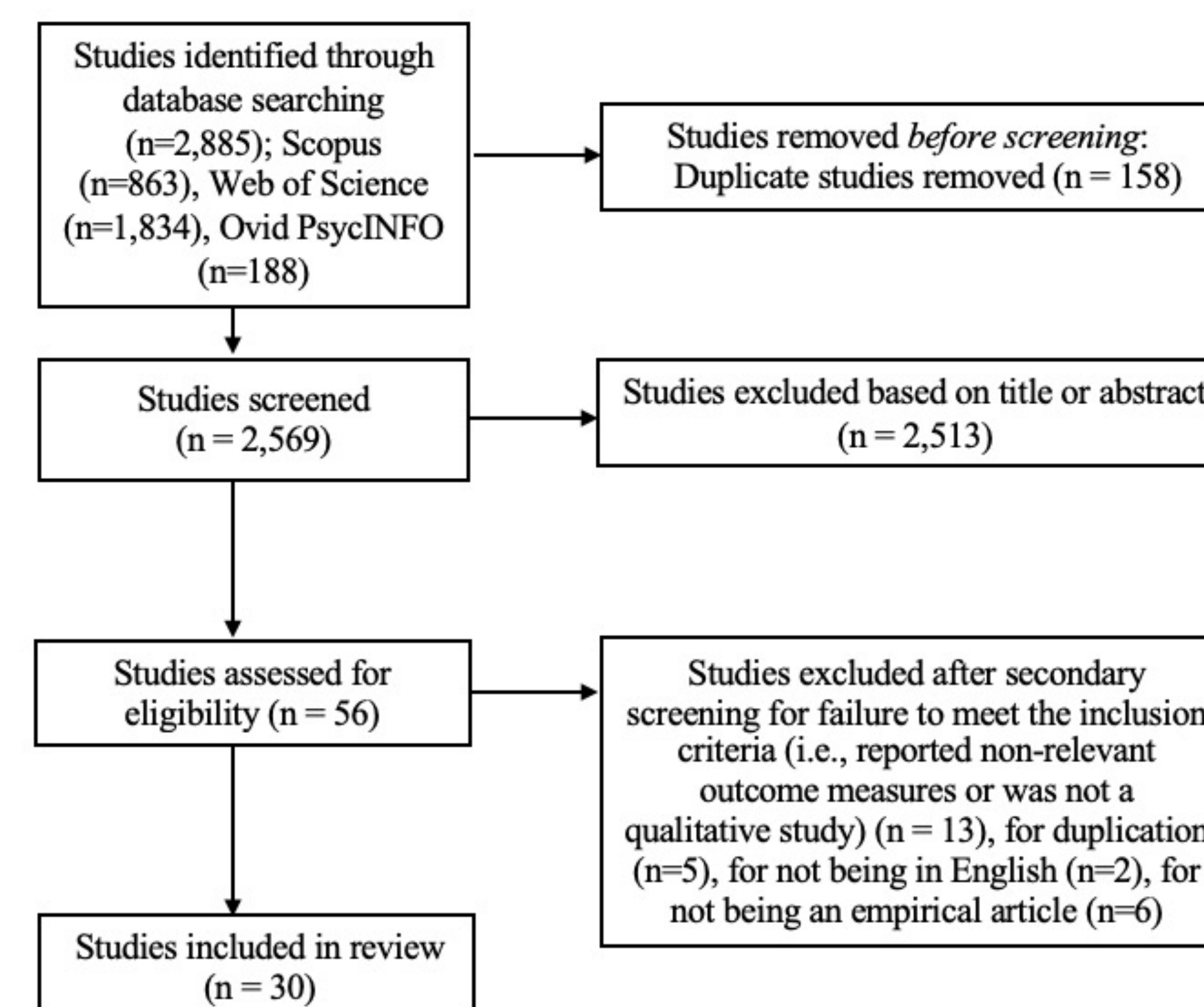


Figure 1: PRISMA Diagram

Patients

- Patients are dissatisfied with the healthcare system's inconsistency, untimeliness, and unpredictability in FND treatment.
- Perceived medical ignorance and uncertainty contribute to iatrogenic harm, fostering negative perceptions of HCPs, medical institutions, and self.
- Lack of confidence in doctors' understanding, psychological explanations, and lengthy referral processes contribute to feelings of abandonment.
- FND diagnoses bring both positive and negative effects, providing relief when symptoms are validated but also leading to stigma focused on psychological causes.

Healthcare Professionals

- HCPs lack adequate training on FND across specialties.
- Limited exposure during medical school, with few receiving education on FND.
- Some HCPs avoid or dismiss FND patients, believing they are time-consuming without deserving equal care.
- HCPs vary in confidence in diagnosing FND, and communicating the diagnosis is seen as challenging.
- While some HCPs exhibit confidence, concerns about overlooking organic disorders remain prevalent.

Conclusion

A comprehensive approach combining macro-level societal critique and personalized care based on neuroscientific and lived-experience insights may offer enhanced insights into improve care for FND.

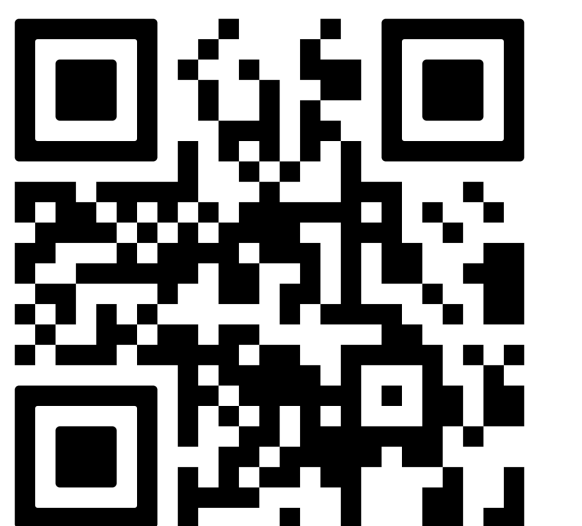
Specifically:

- Medical sociology theories show FND patients feel stigmatized. Foucault's view highlights how dominant medical discourse silences those with unexplained symptoms.
- In the philosophy of science, the tension between Popper and Kuhn underscores the need for a balanced approach². Patient accounts, valuable as they are, require continual cross-checking with clinical knowledge for better care.
- FND Patients encounter issues of credibility when addressing health professionals ('Epistemic Injustice' in CT³).
- Language and jargon in healthcare create power imbalances. Recognizing and addressing the doctor-patient power differential is key for balanced communication in healthcare.

Acknowledgements

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Full Text:



References

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