

Doctors could improve health by being aware of their patients' shame

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Studies have shown that people feeling shame avoid seeking medical treatment.
Credit: University of Exeter

Doctors could improve patient's health if they were more aware of the serious impact shame has on the body, research suggests.

Studies have shown that people feeling [shame](#) avoid seeking [medical treatment](#) or telling [doctors](#) the truth about their symptoms. Chronic shame is also associated with weight gain, heart disease, hardening of the arteries and decreased immune function.

In a new study experts have recommended doctors should be trained to become aware of the shame felt by a patient when analysing their health, and this should become part of medical practice.

The impact of shame on health means the use of shaming and stigma to tackle obesity or addiction as part of health campaigns can also make people's health worse rather than encouraging them to live a better lifestyle, the experts have warned. They have urged the medical profession to think again about the way they try to encourage people to make better choices.

Dr Luna Dolezal, Lecturer in Medical Humanities and Philosophy from the University of Exeter, who led the study, which examined existing research into aspects of health-related shame, said: "Shame's influence is insidious, pervasive and pernicious. It has a powerful impact on how doctors treat people and on political decisions about health. It is imperative that its vital role in health, health-related behaviours and illness be recognised and assimilated into medical, social and political consciousness and practice.

"When individuals feel the threat of shame this can lead to failure to seek treatment; failure to disclose the full details of one's mental or physical ill-health or one's situation or identity—for example, one's sexuality or literacy status—which may result in inadequate or ineffective treatment being prescribed. They may fail to complete their course of treatment and conceal a diagnosis from their family and friends.

"The use of stigma and shame in [public health campaigns](#) and as a strategy to motivate for healthy behaviours, for example, when considering conditions such as obesity, sexual health and addiction, where individuals are seen to be making 'choices' that affect their health status, should be carefully reconsidered. Exacerbating shame for populations that are likely to be dealing with chronic shame and marginalisation may lead to a worsening, rather than an attenuation, of overall negative health outcomes."

The study, published in a special issue of the journal *Medical Humanities* focusing on shame and [health](#), highlights how scientists have shown that shame puts a physiological strain on the body and its systems because of chronically elevated hormone levels. Shame has also been associated with alcoholism, addiction and eating disorders, where people are trying to "numb" themselves from negative feelings.

Patients can feel shame because of their poverty, race or gender or because they feel physically or socially inadequate. They can also feel shame because of ageing, disfigurement, infectious diseases, [mental health issues](#), obesity or incontinence. All this can be exposed during medical appointments. Studies have shown patients are then more likely to lie to or avoid doctors and nurses in the future, stopping them from getting [treatment](#).

More information: Luna Dolezal et al. Health-related shame: an affective determinant of health?, *Medical Humanities* (2017). [DOI: 10.1136/medhum-2017-011186](https://doi.org/10.1136/medhum-2017-011186)

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