If you’ve ever been dismissed, ignored, talked down to, or brushed off by a medical pro, we’ve got straightforward and empowering advice to help you get the health care you deserve.
example, research has found that lack of prompt evaluation and treatment of breast abnormalities among Black women can lead to a far higher risk of delayed treatment for early-stage breast cancer. One recent study examined 11,592 missed diagnoses and found startling results: The average patient FINALLY, KRYSTAL CALLED HER PERSONAL PHYSICIAN, who intervened by calling the hospital. New tests found an enormous cyst requiring immediate surgical removal. If Krystal had listened to the physician and gone home, a traumatic event or perhaps even death might have followed. “I’m terrified for women who don’t have insurance or a good doctor who can advocate for them,” she says.

Krystal, a New Jersey–based writer, had learned the hard way how to advocate for herself. Around four years earlier, just after giving birth to her third child, she’d said to a hospital nurse, “Something’s wrong. Can you call the doctor?” The nurse brushed her off—not once, but three times. Then, when Krystal went to the bathroom, she was able to pull the alarm just before passing out from severe blood loss: She was hemorrhaging. Finally a doctor was called, and emergency surgery was performed.

Krystal says. For years afterward, she put off regular care: “I was physically, emotionally, and psychologically damaged, but I also wanted to avoid doctors. I rationalized that no news was good news, so avoiding the doctor was best.”

Many of us could tell a similar story about experiencing frustration, helplessness, and anger during a medical encounter. We may have had professionals talk over us, ignore our symptoms, rush through the appointment, or dismiss our pain—or maybe do all of the above while burying their heads in our electronic records.

Even someone with a nursing doctorate such as Tammy Porter, a professional health advocate working with clients nationally at myhealthmyadvocate.com, can be taken aback by a physician’s approach. When Porter recently went to have a rash under her eyelash looked at, the physician entered the exam room and said condescendingly, “So, tell me where you think this rash is.”

“It silenced me, an advocate for others. It can be shocking when you’re shut down like that,” Porter says of the doctor’s tone and arrogance.

“One of the most common questions we get is, ‘How do I get my doctor to listen to me?’” says Caitlin Donovan, senior director of the National Patient Advocate Foundation, which provides case management and financial assistance to people with conditions that are diagnosed, chronic, or life-threatening.

Doctors’ failure to listen can lead to “major illnesses being missed and much-needed treatment getting delayed,” says Keisha Ray, Ph.D., an assistant professor in the McGovern Center for Humanities and Ethics at UTHealth Houston. Experts have estimated that more than 100,000 Americans are permanently disabled or die yearly because of missed, incorrect, or delayed diagnoses. For
affected was 49, and more than half were female; for middle-aged to older adults, missed diagnoses included strokes, sepsis, heart attacks, blood clots, aortic ruptures, and breast, lung, colorectal, prostate, and skin cancers. How many diagnoses might have been caught earlier if only a physician had listened?

WHY DOCTORS DON’T LISTEN

Donovan says women can feel talked over or dismissed in medical situations in the same way as in many professional settings. And medicine has historically negated the pain experiences of specific populations—some physicians long inaccurately believed that Black people in particular had higher pain tolerances.

“Not listening produces bad health, especially with regard to Black people’s health and Black women’s maternal health, but also with regard to women in general,” Ray says. All people have biases, she adds, and “just because you put on a white coat does not mean your biases disappear. How we manage these biases and make sure they don’t turn into discriminatory behavior is what matters.”

Bias can lead to ignoring patients or not believing that symptoms are as bad as the patient says, Ray points out, which can turn minor health issues into life-threatening ones—particularly if bias leads a doctor not to perform diagnostic tests, refer the patient to appropriate specialists, or treat that patient to the best of their ability.

Of course, there are other reasons a doctor may not seem to listen, such as time pressure or not realizing the patient doesn’t understand what they’re saying. “Often what’s missing from the physician is a full explanation,” Donovan says.

Also, a doctor may have a more assertive communication style than the patient is used to. When Lea Parker’s beloved doctor retired, she was referred to a physician with a more matter-of-fact, less empathetic tone, which really hit her when the doctor delivered bad news about a heart defect. While Lea realized that many overworked physicians managed packed schedules and insurance limitations, she knew she needed someone more suited to her, and she walked out determined to find a new doctor. “I expect doctors to be sensitive and aware of how information will be received and prepared for a discussion,” she says—an expectation she holds particularly because most of her experiences with physicians have been positive. “I believe many health care professionals are heroes. And they are saving lives like mine every day,” she says.

HOW WE GET IN OUR OWN WAY

Sometimes patients contribute to the problem. Providers have described a recurring issue to Donovan: Nervous or embarrassed patients wait until the doctor reaches for the doorknob beforeblunting out the most important details. The doctor may then think these are the patient’s least significant concerns and not give them the weight they deserve.

Some patients try to sidestep difficult dialogues by meandering into off-topic conversations when a doctor brings up their awkward chronic health condition, Porter notes. They may avoid asking follow-up questions when they don’t understand jargon (for instance, if a doctor uses the term “paresthesia” rather than “pins and needles”). Or they may hesitate before asking questions if they sense a doctor’s impatience to move on to the next patient.

A patient may also worry that speaking up will lead to getting worse care. “Black and Latino women are already stereotyped as hard to work with and loud, and they may feel worried about feeding into stereotypes,” Ray says.
Many of us stew over what we could’ve said—at 3 a.m. the next morning. “Pushing past our reservations and insecurities is worth the effort. When you’re in an uncomfortable situation, if anyone should want to hear that, it should be your doctor,” says Amber Cabral, author of *Say More About That and Other Ways to Speak Up, Push Back, and Advocate for Yourself and Others.*

Here’s how to prepare for your next appointment so you can walk into the room and get the care you deserve:

**PRE-APPOINTMENT PREP**

**DO YOUR HOMEWORK**

Before walking into the doctor’s office, Krystal assesses how any provided care and prescriptions could affect her quality of life. Bringing questions, research, and any documentation like X-rays to an appointment “changes everything,” she says. “When I research, I’m forcing doctors to pause and look at me as a specific individual. They take things so much more slowly.”

For example, Krystal recently discovered that one new medication’s side effects included hair loss. Her chart listed alopecia as a concern based on her autoimmune disease history—which the physician had missed. The doctor thanked her for bringing it to his attention.

Arming yourself with specific knowledge can boost your health care discussion confidence, Porter says. For example, if you have diabetes, you might track and share how your blood sugar reacts to different foods throughout the month. You gain knowledge, and the doctor gets data for feedback and education.

**PREP A TWO-MINUTE HISTORY**

Write down the reason for the appointment, your symptoms, when they started, and any other data points, Porter suggests. Include specific info on how the symptoms affect your daily life—for example, that your back pain sometimes hits an 8 out of 10, preventing you from grocery shopping or attending your kid’s soccer games. Then rehearse out loud any essential points. Having your thoughts organized increases your chances of getting through to your doctor within your limited time with them.

**ASK A FRIEND OR FAMILY MEMBER TO GO ALONG AS AN ADVOCATE**

This is important if you might hear bad news or you’re dealing with a serious health issue. “It’s easier for the advocate to stay focused in the moment and listen to the next steps,” Porter says. Before the appointment, go over your questions so the advocate can jump in if necessary.

**IN THE OFFICE**

**REFER TO YOUR NOTES**

“Most times you’re sitting naked in a paper gown in a cold office, talking about intimate things with an authority figure,” Donovan says. Having a prepared list or two-minute history will help you overcome any initial discomfort and get to the point. Don’t roll out the entire story of your lower-back pain with a monologue filled with details such as where you were and what you were doing when the pain started.

**HAVE A DIALOGUE**

Pause to ensure that the doctor gets the necessary information, and answer the doctor’s follow-up questions, says Donovan. Maybe skip saying you’ve diagnosed yourself using Google, instead saying something like, “I’m concerned that my symptoms might mean I have ___. What do you think?”

At age 40, Lea learned that one of her heart valves was narrowing because of a heart defect she’d had since birth. “I educated myself on my condition so I could ask the right questions and have a productive conversation,” she says. “Discussion is a two-way street, and my doctor relies on me to tell him about symptoms.” Thanks to their positive relationship, Lea trusted her cardiologist when he said it was time for open-heart surgery. Together she and her doctor weighed the pros and cons of the heart valve options available. “Your doctor has medical expertise, but no one except you is the expert on your body, your lifestyle, and what you want out of life,” she says.
Follow up, and review discharge paperwork for accuracy. Porter has found diagnosis documentation mistakes for clients that could have had an impact on future treatments and created insurance issues.

**RESPOND TO PATIENT SURVEYS**
Porter says this is especially important to do if you had a disastrous experience. Clinics and hospitals review your feedback, as insurers may not continue to contract with providers who continually receive input from unhappy patients.

**KNOW WHEN TO CUT BAIT**
That’s how Lea dealt with the dismissive doctor who replaced her beloved cardiologist. “Because of my heart journey, I learned to advocate for myself,” she says. “Patients need to find a health care provider who works for them. As in any relationship, find someone specifically suited to you.” She asked the cardiology practice for someone whose manner and approach were more like her previous doctor’s and was then matched with a new doctor she likes. Lea now works as a cardiology practice for someone whose manner and approach were more like her previous doctor’s and was then matched with a new doctor she likes. Lea now works as a peer-to-peer support volunteer for the organization Mended Hearts, offering other cardiac patients a listening ear and the benefit of her experience.

“You do have to be your own advocate,” Krystal says. “The health care system doesn’t work as it once did, Porter says. Don’t assume that the office will call with test results, your doctor made your specialist referral, or someone phoned in your prescription. Follow up, and review discharge paperwork for accuracy. Porter has found diagnosis documentation mistakes for clients that could have had an impact on future treatments and created insurance issues.

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To gain a better understanding of what women are experiencing as patients right now, the non-profit HealthyWomen launched its National Action Plan in 2022: It surveyed more than 6,000 U.S. women between ages 35 and 64, then gathered experts to brainstorm solutions. “Society focuses either on younger or older women,” says Beth Battaglino, RN-C, CEO of HealthyWomen, “but no one is taking care of the woman in the middle who is taking care of everyone else.”

Notably, nearly 25% of the women surveyed said they’d had difficulty obtaining a diagnosis—and that percentage jumped to nearly 50% for those suffering from autoimmune or sexual-health disorders. The most common obstacle: having to schlep to too many provider visits, which requires additional time and costs more in co-payments, lost wages, and childcare expenses.

Another common barrier to diagnosis is a lack of trust in the exam room. Perhaps unsurprisingly, 17% said they felt as if their health care provider did not believe or listen to their symptoms, and 10% reported that their concerns had been minimized or dismissed. “Women are not trusted to know what’s happening with their bodies,” one panelist said. “They’re not trusted with decisions. And then women have to go, Am I crazy? Maybe they’re right. Maybe I do have anxiety; maybe I’m not having a heart attack... when they are.”

“The results of the survey have proven that we need to engage medical experts, governmental bodies, institutions, and communities to identify the gaps in research, policy, and public education that are most affecting women’s health,” says Battaglino. “Together we can come up with innovative solutions—for example, educating future nurses and doctors about unconscious bias.” She wants women to feel understood and advocate for themselves: “It’s not OK to feel just OK!”

—Kaitlyn Pirie