CONCLUSION

CJ presents a compelling case on how lack of diagnostic clarity and defensive medical practices present a significant systemic stressor and has demonstrable harm at an individual level. (Feldman, 1994) For instance, CJ demonstrated findings consistent with tracheal stenosis, a common sequela of recurrent intubation, and one that makes future intubations progressively higher risk. Moreover, this case highlights a need for examination into our own biases towards patients with factitious disorder and the paucity of research that would allow for evidence-based care into their treatment (Yates, 2016).

IMPLICATIONS

It is essential as a profession to examine how the intersectionality of marginalized populations affects care of our most vulnerable patients. We must critically examine how a case like this would be treated if the patient was not a BIPOC woman presenting to an urban safety net hospital. Moreover, we must examine how system-level lack of access to psychiatry, case management, and social services places patients like CJ more susceptible to delays in diagnosis and care.

REFERENCES