

From the Editor

Epistemic Justice and Disparities in Care

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ABSTRACT

Epistemic injustice is a concept that describes how someone's knowledge is devalued by another person or a system. It is present in healthcare when a person's knowledge of their body, their symptoms, or their lived experience is seen as lesser than or even as not relevant to clinical knowledge. At the systems level, it exists when general or collective knowledge prevents a clinician from being able to comprehend the knowledge or experience of the patient. This issue of *Journal of Pediatric Ethics* explores epistemic injustice in pediatrics.

In her book, *Epistemic Injustice: Power and the Ethics of Knowing*, Miranda Fricker explores a kind of injustice that she says is distinctively epistemic, in that is "a wrong done to someone specifically in their capacity as a knower."¹ Fricker identifies two kinds of epistemic injustice: *testimonial injustice*, when the receiver of a person's voice devalues the person's credibil-

ity, and *hermeneutical injustice*, when a collective interpretation denies, or is unable to conceptualize, an individual's social experience.¹

Epistemic injustice, and how it affects disparate care in pediatric settings, is present in the three articles that comprise this issue. Needle-Suarez presents a case and discusses how epistemic injustice, both testimonial and hermeneutical, are present in the structures around and within clinical decision-making conversations with families who have limited proficiency with the English language.² Needle-Suarez provides a conceptual framework for how individual clinicians can improve care at the bedside and how leaders might help to change systems to better improve care for all patients.

Testimonial injustice and hermeneutical injustice are then further explored in a Clinical Report about an adolescent who presented with heart failure symptoms.³ Kalevor and Wolfe explore a clinical ethics consult and analysis around a question of overriding an adolescent's dissent. They describe how, in the past, the adolescent's symptoms had been attributed to her weight. This is an example of testimonial

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and hermeneutical injustice that de-emphasize the patient's narrative, in a system that was set up to connect patients' body mass index (BMI) to health issues. In their case, Kalevor and Wolfe describe how this played into the current ethical question.

Finally, in the Family Voice section, Haltom, a clinician, describes his experience watching

authors. One doesn't have to intend to do injustice to contribute to it. And, as often is the case in practical ethics, this begs the question, "How do we go forward?" in knowing what we are trying to convey, in a way that really listens to the patient. This requires clinicians to consider how they are hearing the patient, and it requires leaders to consider how the system

It is important to note the lack of intention that is discussed by these authors. One doesn't have to intend to do injustice to contribute to it.

a family member navigate conversations around health and weight. Haltom details the loved one's journey through the medical system after an unexpected illness.⁴ The journey became increasingly complicated as the diagnosis became more elusive. The care team focused on the adolescent's weight (which the author doesn't call out as wrong), but he notes how the adolescent's weight became the focal point of communication between the medical team and the patient and her parents.

It appears, through Haltom's recounting of the case, that all of the knowledge about the child's current and ongoing health issues were filtered through the lens of weight, to the detriment of the relationship. Haltom's reflexive recounting is not a polemical account of medical concerns of the effect of weight on health, but on how forms of epistemic injustice, although not intentional harm, can affect the essential nature and ethical foundation of health: the relationship between patient and clinician.

The articles in this issue of the journal provide the reader with an informative sense of how epistemic injustice affects the everyday care of patients, from the ways knowledge is comprised within a system, to the ways it plays out between individuals. It is important to note the lack of intention that is discussed by these

supports clinicians to be in the best position to really listen to patients.

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