

Microaggressions in Medicine: Bioethics for Social Justice

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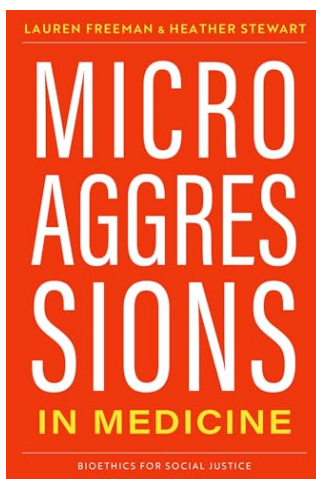
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The term “microaggressions” has gained prominence in recent decades as research and public interest in the concept have grown. In *Microaggressions in Medicine: Bioethics for Social Justice*, authors Lauren Freeman and Heather Stewart explore an underexamined dimension of this topic: the microaggressions experienced by patients within health care systems. This book serves as both a critique of prior work on microaggressions and a call to action to address these harmful behaviors.

The book is divided into three sections. The first reviews the foundational work by Derald Wing Sue and others, while critiquing gaps in this literature.^{1,2} The second introduces a new framework for understanding microaggressions in medicine, breaking them into three distinct subtypes. Subsequent chapters expand on each subtype with illustrative examples. The final section offers actionable strategies for mitigating microaggressions in clinical practice, with a focus on creating systemic change. Throughout, the authors highlight their own identities and perspectives, which are integral to their analysis.

Freeman and Stewart’s exploration of actionable steps in the last chapter is a standout feature. They emphasize the importance of diversifying the health care workforce while cautioning against tokenism and undue burdens on marginalized individuals. They suggest hiring local health advocates to foster trust within communities, a practical approach for bridging gaps in care (p. 196). These recommendations align with broader efforts to build inclusive health care systems, making this chapter particularly impactful for practitioners and administrators.

This book aligns with and expands upon themes seen in recent literature. For instance, Brown and colleagues highlight the pervasive nature of microaggressions and discrimination reported by racially minoritized patients, such as Black and Native American/Alaskan Native individuals, in health care settings. Their findings emphasize the role of microaggressions in fostering mistrust in the medical system, even after accounting for socioeconomic factors.³ Similarly, Entwistle et al argue that addressing disrespect in health care—a concept closely tied to microaggressions—requires framing it as a social justice issue and prioritizing socio-relational equality.⁴ Punches et al further support these points by demonstrating the enduring impact of past discrimination on patients’ current health care experiences, underscoring the need for systemic and clinician-level interventions.⁵

However, the book’s execution leaves room for improvement. While the critique of prior research is valuable, it sometimes comes across as overly negative, diminishing the contributions of earlier work. Additionally, the book’s organization occasionally detracts from readability. Discussions often veer into tangents, revisiting topics covered earlier or previewing those in later chapters without clear transitions. This lack of structural coherence can make the central arguments less compelling.

The authors’ focus on the experiences of Black and LGBTQ+ communities is thorough and insightful, but other marginalized groups receive minimal attention. While one

chapter discusses microaggressions faced by individuals with larger body sizes, there is little exploration of issues affecting immigrant populations, indigenous communities, or individuals with disabilities. Broader representation of these groups would have enriched the discussion and made the book more universally applicable. Furthermore, the treatment of intersectionality—a critical aspect of microaggressions—lacked sufficient depth. The authors acknowledge the additive nature of microaggressions, but do not deeply examine how intersecting identities complicate these experiences.

Stylistically, the book could benefit from tighter editing. Redundancies such as repeated sentences and paragraphs disrupt the flow and dilute the impact of the authors' points. Additionally, the intended audience is not always clear. At times, the writing seems directed at academics, while other sections appear aimed at clinicians or policymakers. A more consistent tone and audience focus would improve the book's accessibility and utility. If the intended audience is health care workers, the book could have benefited from an editor with experience in patient care.

The microaggressions experienced by patients in health care are valuable to explore and it is worthwhile work to mitigate them. While this was the intended aim, with tighter editing of this book, other groups impacted by microaggressions within medicine could have been benefitted by representation, enriching the work. One important omission from the discussion in this book is that of microaggressions experienced by trainees or by marginalized physicians.

Microaggressions in Medicine makes a meaningful contribution to the conversation about equity and justice in health care. Its emphasis on patient-centered microaggressions fills a notable (though rapidly shrinking) gap in the literature, and its practical recommendations offer a starting point for change. This book is particularly relevant for health care educators, bioethicists, and clinical leaders seeking to foster more inclusive environments. While it may not provide all the answers, it opens the door for further exploration and dialogue on an key topic in modern medicine.

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