

The oversight of implicature and implicational injustice in doctor-patient communication

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Abstract

The concept of epistemic injustice provides a theoretical framework for considering ethical issues arising in interpersonal communication. This article proposes the concept of implicational injustice as a novel type of epistemic injustice. An implicature is a message that a speaker does not explicitly state but is implicitly communicated by an utterance. Because the speaker does not explicitly state the implicature, it may be overlooked by the hearer. This oversight of implicature is likely to occur when the hearer prematurely terminates the search for relevance or when there is informational inequality between the speaker and the hearer. If premature termination or information inequality is caused by the hearer's prejudice against the speaker or due to the undue ignorance of the speaker, the oversight of implicature is deemed an implicational injustice. This article offers several examples of the oversight of implicature and implicational injustice in doctor-patient communication, where patients' attempts to convey psychosocial messages to their physicians are often overlooked. Implicational injustice can be considered a novel subtype of epistemic injustice that is different from testimonial injustice, silencing, and interpretative injustice. Implicational injustice prevents the sufferer's full participation in epistemic collaboration and can also inflict secondary harm, such as negative effects on clinical decision-making.

Keywords: epistemic injustice; healthcare communication; implicature; participant perspective; relevance

1. Introduction

Doctor-patient communication is fraught with various problems and has been the subject of extensive research (Roter & Hall, 2006). Although patients often want to participate fully in discussions about their illness and health issues (Stewart et al., 2013), physicians frequently try to avoid dealing with their living situation and the emotional impacts of the disease and tend to discourage patients from expressing their concerns and expectations (Ha et al., 2010). It has also been found that doctors focus excessively on diagnostic and biomedical issues, while overlooking clues that

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hint at their patients' emotions and explanatory models for their symptoms (Lang et al., 2000).

Patterns of doctor-patient communication influence patient satisfaction; specifically, patterns that address psychosocial issues are associated with higher patient satisfaction, compared with those that concentrate on biomedical issues (Roter et al., 1997). Furthermore, a higher quality of doctor-patient communication is associated with reduced patient anxiety, improved quality of life, and enhanced treatment adherence (Riedl & Schüßler, 2017).

The concept of epistemic injustice, proposed by Fricker (2007), lies at the intersection between ethics and epistemology. As the notion of epistemic injustice provides a conceptual framework for illuminating the ethical issues pertaining to interpersonal communication, it is useful for analyzing the problems arising in the doctor-patient relationship. Classic examples of epistemic injustice include testimonial and hermeneutical injustice (Fricker, 2007). Testimonial injustice refers to a phenomenon in which the credibility of the speaker is damaged due to prejudices against the social attributes of the speaker. However, Fricker (2017) acknowledges that there can be various other types of epistemic injustice besides testimonial and hermeneutical injustice, as epistemic injustice is a generic label for a person's status as an epistemic subject being wronged or disadvantaged. New subtypes of epistemic injustice have been proposed, including testimonial smothering (Dotson, 2011), interpretative injustice (Peet, 2017), and conversational injustice (Spewak, 2021).

This article proposes a new type of epistemic injustice, namely, implicational injustice. I will show various examples to demonstrate that implicational injustice is a type of epistemic injustice that patients are likely to suffer in doctor-patient communication and that it hinders patients from discussing psychosocial matters and prevents their full participation in clinical dialogue.

Section 2 explains the concepts of implicature and its oversight using Sperber and Wilson's (1995) theory of relevance as a baseline for understanding the concept of implicational injustice; further, it presents some examples where patients' implicatures are overlooked in doctor-patient communication. Section 3 discusses the conditions under which the oversight of implicature becomes an instance of implicational injustice, while Section 4 describes the relationship between implicational injustice and other concepts of epistemic injustice. Finally, Section 5 clarifies the primary and secondary harms of implicational injustice by revisiting some examples of doctor-patient communication.

2. The oversight of implicature

2.1. Theoretical background

Implicature is a message that is not explicitly stated but is presumed to have been implicit in the speaker's words. For example, assume that Tom and Mary are married and, one day, Mary says to Tom, "I heard that the pastry shop in front of the station has just released a new tart cake. I love tarts." If this is stated on Mary's birthday, one can interpret that she wants Tom to buy a tart cake for

her birthday celebration.

Sperber and Wilson (1995) maintained that human communication is ostensive-inferential communication, which is defined as the event in which “the communicator produces a stimulus which makes it mutually manifest to communicator and audience that the communicator intends, by means of this stimulus, to make manifest or more manifest to the audience a set of assumptions” (Sperber & Wilson, 1995, p. 63).

Human communication is the act of creating stimuli so that there is a common understanding between the speaker and listener according to which the former is intentionally creating stimuli in order to communicate something to the latter. For this reason, cases in which stimuli are not intentionally created are excluded from the concept of communication. If one sees that a person is trembling and has a frightened expression on their face, one can tell that they are afraid. However, the person is not intentionally making their body tremble to communicate that they are afraid. In this case, the person is not an *informant* but a *source of information* from which an observer can glean information (Craig, 1990). To become an informant, the person in question must take intentional action to communicate².

Sperber and Wilson (1995) proposed the principle of relevance, which states that “every act of ostensive communication communicates a presumption of its own optimal relevance” (p. 158). A new assumption, P, is relevant within a given context, C, when there exists a new assumption that cannot be derived from P or C alone but can be derived from the union of P and C, that is, when there is a contextual implication. In the example of Tom and Mary, by adding contextual premises such as “today is Mary’s birthday,” “giving the person being celebrated what they want is an ideal birthday celebration,” we can derive contextual implications such as “If Tom buys a newly released tart cake today, it will be an ideal celebration for Mary’s birthday.” Consequently, Mary’s utterance, “I heard that the pastry shop in front of the station has just released a new tart cake. I love tarts” is relevant in this context. The implicatures of an utterance are the contextual premises and implications, as just mentioned, that are mutually manifest to make the utterance relevant (Sperber & Wilson, 1995, p. 194).

However, because the speaker does not explicitly state the implicature, it can be overlooked. Let us call this the oversight of implicature. The oversight of implicature can occur for various reasons; however, this study focuses on cases in which oversight is caused by *premature termination* and *informational inequality*.

In premature termination, the hearer overlooks the implicature because they do not explore the implicature of the speaker’s utterance with sufficient cognitive effort. Consider Tom and Mary.

² There are cases in which a stimulus is intentionally created to convey certain information to a person while concealing from the person the intention to convey the information. For example, Mary may leave a flyer of newly released tart cake in a place where Tom would naturally pick it up, pretending that she dropped it by accident. This is called covert communication. Since it is not the subject of this paper, I will not discuss it here.

Tom might have been too busy or tired to think about the intention behind Mary's utterances. Alternatively, Tom might have a preconception that Mary is a woman who shares news about food for no particular reason and may conclude that she merely wanted to share the information she heard with Tom.

In contrast, the oversight of implicature due to informational inequality occurs when the hearer fails to elicit the contextual implication that the speaker had assumed because the hearer does not know or does not immediately come up with information that the speaker takes for granted. For example, if Tom does not know or has completely forgotten that today is Mary's birthday, he will fail to extract the implicature from Mary's utterance that "If Tom buys a newly released tart cake today, it will be an ideal celebration for Mary's birthday."

The oversight of implicature differs from the intentional disregard of implicature. Hearers can intentionally ignore implicatures. For example, if a car driver who is caught by a police officer for violating the speed limit says to the officer, "I have an important event today. I absolutely had to get to the venue on time, no matter how much it cost." This could be taken as an implicit offer of a bribe, such as "I am prepared to give you some money if you let me go." However, the police officer, realizing that it is an offer of a bribe, could reply to the driver, "No wonder you are in a hurry, but rules are rules." Ignoring implicatures is not a communication failure. The reason for implicitly suggesting a bribe offer rather than explicitly doing so is to avoid the risk of being blamed for offering a bribe by a police officer who does not accept bribes. If a proposal using implicature is ignored, the speaker realizes that the bribe is ineffective. In this case, communication was successful even if the bribe was rejected.

In contrast, the oversight of implicature is not the intentional neglect of implicature, but rather the failure to notice the implicature in the first place, which is a partial failure of communication. The speaker may realize from the hearer's reaction that the implicature has not been communicated successfully. For example, if Tom responds to Mary's previous statement by simply saying, "Well, I do not really like tarts," and the conversation does not proceed any further, Mary may realize that her wishes were not conveyed to him. At this point, Mary could switch her strategy and overtly say, "Look, it is my birthday today. I would like you to buy the new tart for me."

However, the speaker may not be aware that an oversight of implicature has occurred. This is because it may not have been possible to understand how the utterance was received. Second, there is a gradation in communication, from strong ones that evidently manifest specific assumptions to weak ones that make a wide range of assumptions that are only slightly manifest (Sperber & Wilson, 1995, p. 59). Similarly, there are gradations in implicatures, ranging from strong ones, in which the content is fixed and the speaker is not allowed to cancel it, to weak ones, which have only some potential to orient the conversation in a certain direction. For example, If Tom is asked, "Did you ride your bicycle to the office today?" and he answers, "well, it was raining in the morning," there is a

strong implicature that he commuted to the office by a means other than by bicycle on that day. In this case, if Tom was actually riding his bicycle to work, he would be just as likely to be accused of making a false report as if he had explicitly said, “I did not ride my bike this morning.” In contrast, if Tom says to Mary, “A blue bird is on that tree over there,” while they are biking together, it is unlikely that this utterance contains any implicature of definite content. Nevertheless, this does not mean that implicatures do not exist in such cases. There is an extensive and indeterminate set of implicatures. If they are verbalized, they might be something like “Tom wants to know the name of the bird,” “Tom wants to share with Mary the excitement of finding a beautiful bird,” “Tom wants to stop the conversation and listen to the bird with Mary,” and so on.

Sperber and Wilson (1995) note that weak implicature is a common phenomenon in everyday communication. When weak implicatures exist, the speaker does not have a clear awareness that communication has failed if it is not conveyed. However, a weak implication is derived from the speaker’s intention to converse in a certain direction. Therefore, the oversight of weak implicatures remains a failure of communication. If Tom says, “A blue bird is on that tree over there,” and Mary replies, “By the way, I am getting a little hungry,” he may feel he is being ignored.

2.2. The oversight of implicature in doctor-patient communication

In this section, I provide examples of the oversight of implicature in a clinical setting. Before presenting the examples, it is important to mention that this study focuses on two aspects. First, due to the constraints of consultation time and other priorities, doctors often deliberately ignore implicatures in patients’ utterances. However, I wish to present the unintentional oversight of implicature in this section, even though it is often difficult for external observers to distinguish between oversight and the intentional neglect of implicature. When a physician intentionally ignores the implications conveyed by a patient, they are aware of the patient’s epistemic competence. Therefore, it should be discussed within a framework that is different from that of epistemic injustice. Second, in doctor-patient communication, not only do physicians frequently miss the implicature in their patients’ utterances, but patients also frequently overlook the implicature in their physicians’ utterances. This article, however, will only focus on the former, as the goal of doctor-patient communication is to solve patients’ problems, and the implicature included in the patient’s utterance is closely related to the goal.

In the clinical setting, physicians frequently overlook implicatures that are not missed in normal conversations. Physicians’ schedules are so hectic that they can easily be distracted from listening to patient utterances. Additionally, physicians sometimes exclusively focus their attention and interest on the patient’s physical condition and treatment and often display extreme ignorance and indifference regarding non-medical topics. Therefore, implicatures involving certain themes are more likely to be overlooked than those involving other themes. Commonly overlooked themes include the

patient's living situation and life history, emotional disturbances, the meaning attached to their illness, and their expectations. Because doctor-patient communication often involves the doctor asking questions and the patient answering, or vice versa, I will divide the examples into cases associated with the utterance of declarative sentences and those associated with the utterance of interrogative sentences.

2.2.1 The oversight of implicature associated with the utterance of declarative sentences

The physician asking the patient about something, and the patient answering are frequently observed patterns in clinical discourse. When a patient responds to a physician's question, they often have no intention beyond providing the information asked by the physician. In contrast, utterances of declarative sentences initiated by the patient or those uttered in response to a physician's prior declarative statements often have overtones beyond what is explicitly stated, and the patient often intends to take the conversation in a certain direction.

Example 1: Oversight of patients' living situation

Context: Regular visit of a male patient with hypertension and dyslipidemia.

Doctor: Your blood pressure increased since your last visit. You may need to increase your use of antihypertensive medication. Additionally, your cholesterol levels are elevated, and you must improve your diet.

Patient: Well, yes, but I have been eating out frequently since I have become single.

Doctor: Eating out is not good for you because restaurant food often contains excessive fats and salt. I will offer you a leaflet containing dietary advice on lifestyle-related diseases.

Patient: Yes, of course. But I am so busy doing daily chores that I cannot even pay attention to what I eat.

Doctor: Hypertension and dyslipidemia have no symptoms; however, if abnormalities persist, the risk of heart disease and stroke will increase in the future.

Interpretation: The patient's statement that he has become single is new information, and there is an implication that he now has to perform all household chores by himself. Although the physician's advice is medically correct, this immediate corrective advice is named the "righting" reflex and is cautioned to be avoided because it paradoxically reduces the patient's motivation to change (Hall et al., 2012). Furthermore, giving a "righting" advice too early can lead to oversight of the implicature in the patient's utterance. The patient's statement, "But I am so busy doing daily chores that I cannot even pay attention to what I eat," is an explicit restatement of the overlooked implicature. Additionally, living alone may be the result of divorce or bereavement of the partner, and the patient may be

devastated by that loss. Thus, premature corrective advice could result in missing the weak implicature that the patient wanted to share facts and feelings about sudden changes in their living situation.

Example 2: Oversight of positive change

Context: A female patient with heavy alcohol consumption, elevated liver enzyme levels, and obesity visits a consultation room.

Patient: I was told not to drink too much, but I still drink during half the week. However, I did not drink at all throughout last weekend.

Doctor: I see that drinking half a week places a lot of strain on the liver. Let us try to cut this back a little further.

Interpretation: In this example, after the concession that the patient “drinks half the week,” the patient mentioned a positive change, “I did not drink at all throughout last weekend.” Given that the patient had previously been drinking every weekend, the implicature in the patient’s utterance was “there is a change toward improving my drinking habits,” “I am making some effort to change my lifestyle,” and the patient may have wanted the physician to praise her or share her delight. However, the doctor was so caught up in the negative aspects of “drinking half the week” that the positive change was overlooked.

2.2.2. Oversight of implicature associated with the utterance of interrogative sentences

As a question is a speech act that explicitly requires a response from the person to whom it is addressed, physicians rarely ignore a question from a patient. However, if the physician overlooks the implicature in the question, they will only provide medically correct information and will fail to meet the patient’s expectations.

Example 3: Oversight of living situation presented by Sakakibara (2023)

Context: An elderly male patient visited the clinic to address his anxiety disorder. It happened immediately after he told the physician that his anxiety symptoms persisted and that he had difficulty going outside. Further, he confided that he asked his son to bring him to the clinic.

Doctor: Is there anything else you would like to discuss?

Patient: Doc, should I still stay on the meds?

Doctor: Well, because you are still experiencing anxiety symptoms, I think that stopping the medication could worsen the symptoms.

Patient: I see... I understand.

Interpretation: Given that this question was made just after he told the doctor that he was having difficulty going to the clinic by himself and that needed his son's help to visit the clinic, "should I still stay on the meds?" implicated that "should I continue to cause inconvenience for my son?" If the doctor had noticed the patient's implicature and discussed with the patient whether the intervals between visits should be widened or whether he was being maltreated by his son, the visit would have been more fruitful (Sakakibara, 2023).

Example 4: Oversight of patient's emotion

Context: A female patient with depression who has been on pharmacotherapy but has not achieved improvement has changed medications several times.

Patient: My symptoms have not improved since my last visit. It has been two weeks since I changed my medication. I am so afraid of people that I cannot even go outside. Is this normal course of treatment for depression?

Doctor: Well, it is not uncommon for people to take a long time to recover from depression. Because two weeks is too short to evaluate the effectiveness of the new drug, I will prescribe the same medication again.

Interpretation: The patient's question was not about pure medical knowledge but rather contained weak implicatures, such as "I am frustrated by the slow progress" or "I distrust the treatment." While the physician's response offered correct medical information, the physician overlooked the implicatures related to the patient's emotional outburst, and the patient felt that she was not understood.

3. Oversight of implicature and implicational injustice

Fricker (2007) reminds us that not all cases in which a hearer erroneously downplays a speaker's credibility and refuses to accept their testimony constitute instances of epistemic injustice. Epistemic injustice refers to a case in which the deflation of credibility stems from prejudice against the speaker's social identity. A case in which the hearer judges a speaker to be unreliable based on a reliable stereotype, even though the speaker is actually telling the truth, is called *epistemic bad luck* and is distinguished from *epistemic injustice*.

Similarly, not all examples of the oversight of implicature in doctor-patient communication depicted in the previous section qualify as instances of epistemic injustice. An oversight of implicature constitutes an epistemic injustice only if it is derived from the hearer's unjustified ignorance or their prejudice against the speaker, rather than that resulting from innocent errors. In other words, the

oversight of implicature constitutes an implicational injustice only if the *epistemic wrong* of the hearer's misperception or ignorance of the speaker that causes the oversight is derived from a *moral wrong*. Therefore, implicational injustice is defined as follows:

Implicational injustice refers to cases in which the oversight of implicature is caused by 1) the hearer's prejudiced underestimation of the speaker's sense of relevance, or 2) the presence of morally objectionable ignorance about the speaker on the part of the hearer.

Conditions (1) and (2) are discussed in detail below.

3.1. Prejudiced underestimation of the sense of relevance

As noted in Section 2, the oversight of implicature can occur when the search for implicature is prematurely terminated. Premature termination typically occurs when the hearer is too tired or busy to determine an implicature. The depth to which the implicatures are read also depends on the situation. In daily chit-chat with friends, one may assume that an utterance contains no serious implicatures and may not carefully seek to decipher the intention behind the other party's utterance. By contrast, in diplomatic negotiations with foreign countries, great care is taken regarding the implications of utterances.

Among the causes of premature termination, implicational injustice undervalues speakers' sense of relevance. If the hearer dismisses the speaker as someone who tends to utter things without significant intent, the hearer will not invest sufficient cognitive effort in searching for the implicatures and will assume that the speaker only means what is explicitly stated.

Typically, a low estimate of the speaker's sense of relevance arises, for example, when an adult hears a child's utterance. Small children tend to say what comes to mind without any specific intention, and it is often futile to read too much of their utterances. Adults who think this way may overlook the implicatures contained in a young child's utterance. However, this is a case of epistemic bad luck because it is true that small children have a limited sense of relevance, and most of their utterances have no special overtones.

In contrast, an oversight of the implicature that results from treating the speaker as childish or immature based on prejudice against the social identity to which the speaker belongs can be deemed a case of implicational injustice. Such an unwarranted underestimation is prevalent in doctor-patient relationships. First, physicians are often better educated than their patients, and often believe that their patients have inferior cognitive capacities. Certainly, it is a fact that physicians are often superior to their patients in terms of cognitive capacity and education. Particularly, physicians have a significant advantage over their patients with regard to medical knowledge. However, when it comes to non-medical knowledge, physicians' epistemic advantage does not always hold. In this case, physicians'

mistaken belief that patients are generally less capable of speaking about relevant things, based on the former's own sense of superiority regarding medical knowledge, is a hotbed of epistemic injustice.

Sakakibara (2023) noted that physicians tend to judge whether a patient's utterances are exclusively relevant from a medical perspective and disregard "irrelevant" statements (Sakakibara, 2023). However, some of the utterances dismissed as "irrelevant" by physicians are in fact relevant from a non-medical viewpoint. Consequently, the physician's underestimation of the patient's general sense of relevance and the early termination of the search for implicature result in a systematic oversight of the implicature regarding the patient's living situation, personal history, and emotional states.

3.2. Unjust ignorance about the speaker

Pohlhaus (2012) proposed the concept of willful hermeneutical ignorance as a species of epistemic injustice that Fricker overlooked. It refers to the rejection by socially privileged people of concepts that socially underprivileged people have developed to understand their own experiences. However, these findings remain controversial. To say that ignorance is an injustice, one must say that knowing is morally obliged. This begs the question. Is there any general moral imperative for a person to know something?

I wish to keep this question unanswered in this paper. Instead, I would like to highlight the fact that when there is a prior interpersonal relationship between the speaker and hearer, there are unquestionable cases in which ignorance is not merely an epistemic wrong but also a moral wrong. Maitra (2010) remarked that "we hearers have no *general* obligation to match our credibility judgments to the evidence in every case" (p. 200). She pointed out that modern society is so awash with information that underestimating the credibility of a particular Internet article or a person one happens to come across on the street based on prejudice does not amount to testimonial injustice.

Conversely, if a prior relationship exists between the speaker and hearer, interpersonal norms require the latter to take the former's testimony seriously and properly assess their credibility (Spewak, 2021). In parallel, the hearer's ignorance of the speaker can be subject to moral reprehension when there is a prior relationship between the speaker and the hearer. For example, there is no general moral obligation for one person to know another person's birthday. However, if a person does not remember their spouse's birthday, it cannot merely be regarded as an epistemic wrong. In the context of a certain interpersonal relationship, such as that between friends or spouses, extreme ignorance is considered a lack of respect for the other party in the relationship.

Section 2 noted that the oversight of implicature can occur due to informational inequality; if Tom does not know or cannot remember that today is Mary's birthday, then he would miss the implicature that "If Tom buys a newly released tart cake today, it will be an ideal celebration for Mary's birthday." Moreover, in light of the interpersonal norm that one should remember their

spouse's birthday, this oversight of implicature becomes morally reprehensible. If such an oversight occurred only once, it might be excused as coincidental; however, if Tom pays little attention to Mary, and if similar oversights are frequent, it should be counted as a case of implicational injustice to Mary.

However, if such problems occur only among certain married couples, they may not extend beyond marital issues, even though they may be moral in nature. By contrast, societal concern should be directed if, because of differences in social identity, underprivileged parties suffer from systematic informational inequality in a relationship that should basically be equal. For example, when a person belonging to a social minority marries a person belonging to the majority in a certain society—for example, when a Japanese man marries a Filipino woman in Japan—this is a case of implicational injustice that should be of societal concern if the person belonging to the majority frequently overlooks the implicature of the partner's utterances because of relative ignorance about the partner.

Another case in which the hearer's ignorance about the speaker amounts to a moral wrong is when a professional role imposes on the hearer a duty to be familiar with the speaker. The relationship between a doctor and patient is one in which such a duty exists. Doctors try to learn more about their patients' medical conditions. However, they are often indifferent to the cultural, social, and economic backgrounds of their patients. As shown in Section 2, failure to pay attention to basic information about the patient's life can often lead to an oversight of the implicatures contained in the patient's utterances. An oversight of implicature can not only lead to patient dissatisfaction, but may also be detrimental to clinical decision-making. Therefore, physicians should be aware of the brief life history, current living conditions, and basic cultural backgrounds of patients. Conversely, when the ignorance of basic information results in an oversight of implicature, it can be regarded implicational injustice.

4. The relationship between implicational injustice and other types of epistemic injustice

This section discusses the relationship between implicational injustice and the previously proposed subtypes of epistemic injustice. This will help clarify the distinctive features of implicational injustice among various other concepts that comprise epistemic injustice. The following section discusses its relationships with testimonial/conversational injustice, participant injustice, silencing, and interpretative injustice.

4.1. Testimonial injustice and Spewak's conversational injustice

Testimonial injustice, as proposed by Fricker (2007), occurs when a speaker's testimony is rejected because of a prejudiced deflation of the speaker's credibility. Fricker associated epistemic injustice with testimony, an assertive type of speech act. Conversely, Spewak (2021) pointed out that similar issues arise in other kinds of speech acts, such as commands, promises, and apologies, and proposed the concept of conversational injustice as an umbrella concept for them. For example, a promise will

not be effective if the hearer does not believe that the person making the promise has the correct perception of the meaning and feasibility of the promise. Thus, the existence of a prejudiced underestimation of the speaker's epistemic competence would not only make a testimony doubtful, but also render a promise untrustworthy.

Conversational injustice encompasses testimonial injustice; however, implicational injustice is conceptually distinct. Implicational injustice can arise even when the speaker is considered credible and what they are explicitly saying is accepted as true. In the example of doctor-patient communication given in Section 2, the patient was perceived as merely stating a fact or asking for information, while the implicature behind it was overlooked. Conversely, there can be cases where conversational injustice occurs, but implicational injustice does not. For example, consider a case in which a person who believes that all foreign workers are untrustworthy is told by a foreign worker that he has dropped his wallet and cannot return home. In this case, even if the hearer considers it a lie when the worker drops their wallet, the hearer will properly identify this utterance as having the implicature of asking for some change.

That said, the victims of conversational and implicational injustice are likely to overlap to a large extent. Conversational injustice often results from the unjustifiable underestimation of the speaker's epistemic competence. Because the epistemic competence to discern the truth is usually considered highly correlated with the competence to state relevant things, those whose competence is underestimated in the former are likely to be underestimated in the latter.

4.2. Hookway's participant perspective and participant injustice

Hookway (2010) noted that even when speakers' credibility has been appropriately assessed and their statements are accepted as truthful, speakers are sometimes denied participation in epistemic collaboration. Accordingly, Hookway (2010) proposed the example of a teacher and student participating in a philosophical discussion.

The teacher is engaging in discussion with her pupil, perhaps discussing a philosophical issue. When the student asks for information, the teacher happily provides that information. ... However, when the student raises a question which is not a request for information, and is apparently intended as a contribution to continuing debate or discussion, then the teacher makes a presumption of irrelevance and ignores the question or takes things over and construes the question as a request for information that is loosely related to the question asked. (p.155)

Hookway pointed out that epistemic interactions are not limited to information exchange. He called Fricker's (2007) understanding of epistemic injustice *the informational perspective*, which

regards testimonial injustice as the centerpiece of epistemic injustice, and contrasted it with that which he endorsed, namely, *the participant perspective*. The participant perspective emphasizes that not only assertions and testimonies but also speech acts such as asking questions, making suggestions, and providing counterexamples are integral components of epistemic activities. Thus, students whose questions are seen as pure informational requests and are considered irrelevant to the epistemic inquiry at hand suffer epistemic injustice from the participant perspective, even if they are not regarded as suffering from epistemic injustice from an informational perspective.

Hookway (2010) refers to cases in which epistemic injustice can be said to have occurred from the participant perspective as instances of participant injustice. Participant injustice is not a novel kind of epistemic injustice but rather a framework for a unified explanation of various types of epistemic injustice (Schmidt, 2019). For this reason, Hookway believed that testimonial injustice should also be reconsidered from the participant perspective. However, the epistemic injustice that Hookway depicted can be considered an instance of oversight of implicature; when the teacher dismisses the student's questions as mere requests for information, the teacher overlooks the weak implicatures contained in the student's question, such as "there is an issue at this point that should be carefully examined." If the oversight of implicature stems from a prejudiced underestimation of the student's sense of relevance, it is also an example of implicational injustice.

Hookway (2010) suggested a link between implicature, relevance, and participant perspective in the following statement:

There could be a form of injustice related to assertion and testimony that consists not of a silencing refusal to take the testimony to be true or expressing knowledge, but of a refusal to take seriously the ability of the agent to provide information that is relevant in the current context. When we make assertions, there will often be an implicature about how and why this was a relevant contribution to make in the current context of inquiry and deliberation. This would be a kind of injustice that could only be detected from the participant perspective.
(p. 158)

Therefore, implicational injustice, like other subtypes of epistemic injustice, can be explained from the participant perspective.

4.3. Hornsby and Langton's silencing

Hornsby and Langton (1998) introduced the notion of silencing to explain why the proliferation of pornography causes women to be sexually victimized by men. Women's utterance of "No," via which they refuse a sexual intercourse with men, is silenced and not perceived by men as an illocutionary speech act of refusal. This happens because an illocutionary speech act is successful only when the

hearer takes it as such. Therefore, the speech act of rejection cannot be said to be fully successful without the man's uptake of "No" as a rejection of sexual intercourse.

Searle (1979) pointed out that there are direct and indirect forms of speech acts. The former are explicitly performed through speakers' utterances, whereas the latter are performed indirectly through a direct speech act when the utterances mean more than what is explicitly stated. For example, the utterance "Can you pass the salt?" directly asks a question about the hearer's competence and indirectly requests the hearer to pass salt. Some implicatures can be viewed as indirect speech acts (Bach, 1994). For example, the patient who discloses, "I have become single" is considered indirectly asserting that he can no longer afford to care for his diet. Moreover, implicational injustice results from the hearer's oversight—that is, the failure to take up the implicature. Therefore, implicational injustice may also be called *the silencing of indirect speech acts* at least in some cases.

Nevertheless, it is worthwhile to propose the concept of implicational injustice as distinct from cases of silencing, since Hornsby and Langton (1998), in their proposal of the notion of silencing, only considered the failure of the uptake of the speaker's direct speech acts. Furthermore, in cases of implicational injustice, in which a weak implicature is overlooked, it is difficult to interpret it as the silencing of a particular indirect speech act. For example, the patient's utterance, "but I did not drink at all throughout last weekend" is not equivalent to a request for a compliment. The implicature accompanied by this utterance is broader, more ambiguous, and difficult to specify beyond the intention of taking the conversation in a certain direction. Therefore, implicational injustice cannot simply be reduced to the silencing of indirect speech acts.

4.4. Peet's interpretative injustice

Interpretative injustice, as proposed by Peet, is a phenomenon in which a hearer misinterprets the meaning and intention of a speaker's utterance because of prejudice against the social attributes to which the speaker belongs (Peet, 2017). He raised the example of Amia, a female restaurant manager, who said, "I need a man." Although she simply meant that she wanted to employ a male for a front-of-house job, a chef, having a strong preconception of men's predominance over women, overheard her utterance and misinterpreted Amia as needing strong male leadership because women do not have the ability to manage a restaurant.

Since implicational injustice is the lack of interpretation of an utterance, and interpretative injustice is the misinterpretation of an utterance, they seem to be closely related. Notwithstanding, the lack of interpretation is more directly linked to prejudice against the speaker's epistemic competence than to misinterpretation. Misinterpretation often arises when the hearer reads the speaker's utterances too deeply. However, the hearer's excessively deep reading of the speaker's utterance is, in some sense, the result of the former's appreciation of the latter's epistemic competence.

Additionally, misinterpretation of utterances is not generally caused by a prejudice against

the speaker's social attributes. For example, suppose Tom, who harbors the preconception that all foreign workers are potential criminals, hears Mary stating, "there is a restaurant on that street where foreign workers gather." Tom may misunderstand that Mary is warning him that the street is dangerous and that he should not go there. In fact, Mary had no such intention but only wanted to tell him that he might be able to taste authentic ethnic cuisine at the restaurant. In this case, the hearer certainly harbors prejudice against a particular social attribute, and the speaker's statement is misinterpreted because of this prejudice, but we cannot say that Mary suffers from epistemic injustice.

The misunderstanding of utterances occurs when the hearer is prejudiced *against the topic of the conversation*; whether the hearer is prejudiced *against the speaker's social attributes* is of less importance. If Amia had said to the chef "Belgian mussels are going down in price," it is unlikely that the chef would have misinterpreted the statement. Thus, interpretative injustice is a phenomenon that arises only when the hearer is prejudiced against the speaker's social attributes and the topic of the conversation is somehow related to the social attributes, such as a woman talking about men. In contrast, unjustified ignorance or prejudice toward the speaker is sufficient for implicational injustice. Thus, victims of implicational injustice are likely to be systematically afflicted with epistemic injustice, regardless of the conversation topic.

5. Harms of implicational injustice

5.1. The primary harm of implicational injustice

Fricker (2007) argued that the primary harm of epistemic injustice is that the subject is wronged in their capacity as a knower. Because being a knower is deeply tied to human rationality, epistemic injustice undermines the fundamental values that distinguish humans from other living forms.

As noted in the previous section, Hookway (2010) pointed out that there are types of epistemic injustices that cannot be explained from an informational perspective. Participants in inquiry and deliberation perform a variety of speech acts besides testimony and assertion such as asking questions, making suggestions, and offering counterexamples. Speakers regarded as incapable of stating anything relevant to the discussion at hand, such as the student exemplified by Hookway, are denied participation in the discussion. From the participant perspective, the primary harm of epistemic injustice is that the capacity to participate in an inquiry is not recognized or respected (Schmidt 2019, p. 55). The harm caused by implicational injustice can also be understood from the participant perspective. That is, those whose sense of relevance is underestimated and whose background information is dismissed by the hearer are harmed in that their capacity as epistemic participants is not respected.

Nevertheless, one might object that implicational injustice is not serious harm because if the implicature is not communicated, one can simply say it explicitly. The student from Hookway's

example could state explicitly, “Ma’am, my earlier question was not simply a request for information, but I believe there is an important issue that is relevant to what we are now discussing.” If one explicitly claims relevance but it is not accepted because of prejudice against the speaker’s social identity, it can be categorized as a typical case of testimonial injustice. In other words, the objection that restating explicitly can neutralize the harm of implicational injustice indicates the reducibility of the participant perspective to the informational perspective and that of implicational injustice to testimonial injustice.

The first response to the objection is that even if some of the implicatures can be explicitly stated, the utterance that makes the first implicature explicit is accompanied by another implicature, and it is not possible to speak out all the implicatures. This argument echoes the tale of Achilles and the Tortoise, which indicates that it is not possible, in principle, to make explicit all of the rules a person follows (Carroll, 1895). In other words, a person’s participation in an epistemic inquiry is irreducible to the assertion that they are participating.

The second response is that communication utilizing an implicature is not simply efficient but also avoids conflicts with the hearer, a feature that cannot be achieved via making an explicit statement. Because the hearer can ignore the implicature and the speaker can deny it, utterance containing implicature can be used as a “trial balloon” to probe the other party’s reaction. Thus, when implicational injustice exists and one is unable to float a “trial balloon,” the only way to communicate one’s intentions is to make them explicit, which is often risky and arduous. This discourages sufferers’ participation in epistemic inquiries.

The harm of implicational injustice especially afflicts the underprivileged because it is more disadvantageous for the underprivileged to conflict with the socially privileged by explicitly stating something. Dotson (2011) described a phenomenon called testimonial smothering, in which a speaker considers it dangerous to say what they would like to say in anticipation that the hearer is not capable of properly understanding what they would like to say, and refrains from saying it or truncating what they say to make it acceptable to the hearer. Even in such situations, the speaker can use implicature to probe the other person’s response instead of remaining silent. The examples shown in Section 2 can also be understood as patients’ use of implicature to test a physician’s reaction. However, implicational injustice blocks this safer route of communication and puts marginalized people into a more difficult situation.

5.2. A vicious circle

Fricker (2007) points out that epistemic injustice has the pattern of a vicious circle, whereby victims of epistemic injustice are impeded from developing their epistemic capacities and are then more susceptible to experience further epistemic injustice. Similarly, implicational injustice creates a vicious circle.

First, hearers who underestimate their sense of relevance tend to capture fewer implicatures from the speaker's utterances because they refrain from spending cognitive effort exploring the speaker's implicatures. However, the hearer attributes the reason for finding fewer implicatures to the speaker's lack of epistemic capacity. Thus, the low estimate of the sense of relevance is confirmed and reinforced with successive conversations. Positive feedback can also occur in the opposite direction. If a person is highly respected and whose utterances are always seen as having rich implications, the initial belief that they have a great sense of relevance is reinforced, as the hearer invests considerable effort in trying to determine what the speaker really means.

Furthermore, if the implicatures are overlooked, the hearer's ignorance of the speaker is likely to persist. As discussed in Section 2, the contextual knowledge possessed by the hearer is mobilized when inferring the implicatures of an utterance. Memory used in the process of exploring relevance is refreshed and can be recalled with less effort in successive conversations. In contrast, memories that have not been used for a long time will gradually become more difficult to recall and will eventually be forgotten. Moreover, inferences may yield new information about the speaker. Consequently, when the speaker's ignorance leads to the oversight of implicature, such ignorance is more difficult to overcome, which leads to further oversight of implicature.

5.3. Negative impact on clinical decision-making

Besides the primary harm of undermining the speaker's capacity as a knower, testimonial injustice can also cause secondary harm, such as preventing the hearer from being promoted within their company. In this section, previous studies on health communication are presented to show some examples of secondary harm caused by implicational injustice.

Levinson et al. (2000) analyzed the recordings of actual medical visits to 124 physicians, 59 of which were primary care physicians and 65 of which were surgeons, to explore the patient utterances that contained indirect hints about the patient's psychological or social concerns. These are known as "patient-initiated clues." Their study found that patient-initiated clues were present approximately once per primary care visit and 0.7 times per surgical visit, and that approximately 70% of these clues were related to the patient's perception of the illness or emotional disturbance. It is important to note that in approximately 70% of the cases, the physician did not respond appropriately to the clues from their patients. Two examples are presented below:

Example 5: Neglecting patient's help seeking

Physician: Yeah, what's keeping you awake?

Patient: I don't know, I'm not worrying about anything—things are going pretty well, Kathy's taking wonderful care of me, I just, I just, frankly want to die....

Physician: Well, I don't think we can arrange that.

Patient: No....

Physician: Heh heh, heh heh....

Patient: I realize that.

Physician: Yeah, that's good, yeah.

Patient: But I am so discouraged and so desperate....

(Levinson et al. 2000, p.1024)

Interpretation: The patient has expressed a suicidal thought and is in need of psychological care. However, the physician callously stated that there was nothing he could do to address the thoughts and rejected the patient's request for help. Indeed, "I don't think we can arrange that" may not be an incorrect response from a strictly biomedical viewpoint, since suicidal thoughts cannot be treated in the same way that insomnia can be treated. However, the patient's self-disclosure that he wanted to die was accompanied by a weak implicature that he wanted his feelings to be heard; by overlooking this implicature, the physician exacerbated the patient's despair and increased his risk of suicide.

Example 6: Failure to optimize a treatment plan

Patient: I always think of all the stuff I wanna be doing, see, and I can't... I didn't wanna take a month out again (for the surgical removal of pins and plates).

Physician: Yeah....

Patient: Like all summer long I've been having fun with my... uh, ridin' my horses, and, 'course I still like to do that so, but uh, that will be... I, I'll be out of that for a month.

Physician: Do you have to go to (X hospital)? You went (there) last time.

(Levinson et al. 2000, p.1025)

Interpretation: The surgical removal of pins and plates is a procedure in which materials inserted for the internal fixation of bone are removed after a fracture has healed. Because it is not an urgent procedure, its timing can follow the patient's preference to some extent. The patient was clearly looking forward to riding horses during the summer and their statement implicated "if the surgery is performed in the summer, I will not be able to ride my horses," and "if the surgery is performed at a later date, it will not interfere with my favorite summer activities." However, the doctor overlooked the implications and moved on to the topic of where the surgery would be performed. This made it impossible for the patient to optimize the timing of the surgery.

In half of these cases, the patients repeatedly expressed their complaints to the physician. In other words, the patients were aware of their communication failure and tried to fix it. Of course, not all of these cases constitute instances of implicational injustice. The physicians may have been aware

of the implicature but intentionally ignored it, or if the implicature was overlooked, it could have happened due to a careless mistake rather than unjustified ignorance or prejudice against the patient. However, some could be deemed cases of implicational injustice.

The abovementioned study was a reexamination of the recordings collected in a previous study to analyze physicians' communication patterns that make them more likely to be subject to medical malpractice claims. Seventy of 124 physicians had been involved in two or more medical malpractice claims throughout their careers (Levinson et al., 1997). Therefore, one might think that a normal physician would not commit errors such as those described above. However, another study showed that even average physicians are likely to overlook psychosocial clues from patients.

Weiner et al. (2010) employed standardized patients to have them visit without announcement the outpatient clinics of 111 physicians who had given their prior consent to participate in the study to test whether the physicians could correctly detect so-called "red flags" and incorporate them into treatment plans when the patients mentioned them during consultation (Weiner et al., 2010). In this context, a "red flag" is a clue leading to clinically relevant information that, if overlooked, can cause treatment strategy errors. Weiner et al. (2010) distinguished between biomedical and contextual red flags. In a setting in which a male patient in his forties with chronic asthma visits an outpatient clinic because of worsening symptoms, the utterance "sometimes I wake up wheezing or coughing at night," is a biomedical red flag because it suggests the possibility that the worsening of symptom might not be due to the exacerbation of asthma but due to the onset of concurrent gastroesophageal reflux symptoms. By contrast, the statement, "things have been tough since I lost my job," is a contextual red flag, as it suggests that his symptoms are worsening because he cannot pay for medications. The aforementioned study found that approximately 60% and 50% of physicians were able to ask additional questions regarding red flags. However, while 38% of physicians were able to switch treatment plans appropriately based on biomedical red flags, only 22% were able to spot contextual red flags and arrive at an appropriate treatment plan. Missing a red flag does not always constitute a case of implicational injustice. However, these results suggest that physicians are not as good at paying attention to the problems in their patients' lives as they are to biomedical issues, which makes them prone to overlook contextual clues from patients and fail to make appropriate medical decisions.

6. Conclusion

This article proposes a new type of epistemic injustice called implicational injustice. Implicational injustice refers to an oversight of implicature due to the hearer's prejudiced underestimation of the speaker's sense of relevance and/or ignorance of the speaker, which violates the norms of the relationship between them. Implicational injustice is a type of epistemic injustice understood from the participant perspective. Implicational injustice has unique characteristics that

distinguish it from other subtypes of epistemic injustice.

This article also illustrates how patients suffer from the oversight of implicature and implicational injustice in the doctor-patient relationship. Physicians tend to concentrate on biological diagnosis and medical treatment, while ignoring or avoiding psychosocial issues in patients. The present article suggests that physicians tend to overlook psychosocial implicatures in patients' utterances, exacerbating their bias in favor of a biomedical perspective. Therefore, oversight of implicature and implicational injustice are among the factors that prevent patients from fully participating in doctor-patient communication.

Implicational injustice is not confined to medical encounters. Interpersonal relationships in which implicational injustice occurs largely overlap with those in which testimonial injustice arises. Nevertheless, because the notion of epistemic injustice provides a theoretical framework for considering the ethical issues of communication, while health communication studies have accumulated a wealth of empirical data on good and bad communication, thereby illuminating the problems in doctor-patient communication in the light of epistemic injustice is fruitful for both areas.

7. References

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