Qeios

Peer Review

Review of: "The Paradox of Psychological Denialism in Supporting Thyroid Patients"

Vinesh Dahiya[1]

1. University of Kansas, United States

Manuscript Review

This is a thoughtful manuscript highlighting the often-overlooked psychological challenges faced by thyroid patients and how denialism, both within patients and practitioners, can delay effective diagnosis and care. The topic is significant and timely, especially as patient-centered care becomes increasingly popular in medicine.

However, the manuscript would benefit from:

1. The manuscript should have a clear abstract.
2. It is missing keywords.
3. The paragraphs are too large and need to be broken into smaller paragraphs for better understanding.
4. Language refinement is suggested.
5. Specific examples or case evidence.
6. Grammatical and formatting improvements are needed.
7. The manuscript should have a proper structure, and the following reorganization pattern is suggested:

Abstract

Introduction

1. Define “psychological denialism.”
2. Brief background on thyroid disorders.

doi.org/10.32388/FPL60T

Challenges in Thyroid Care

a. Diagnostic gaps.

b. Patient-practitioner dynamics.

Psychological Denialism in Clinical Settings

a. Examples, definitions, implications.

Patient Experience and Advocacy

a. Common experiences of invalidation.

b. Consequences for mental health.

Recommendations

a. Need for trauma-informed care.

b. Training for clinicians.

Conclusion

a. Recap of argument.

b. Call for change.

References (Add more)

1. References should be added; at least 50 references should be cited.

Based on a full review of your manuscript **"The Paradox of Psychological Denialism in Supporting Thyroid Patients"**, here are the **sections that would benefit most from more examples and case studies** to strengthen arguments, clarify abstract concepts, and increase practical relevance:

1. **"Cognitive Dissonance and Medical Practice"**

- **Why:** While the section introduces a compelling theoretical framework, it lacks clinical anchoring. Readers would benefit from real-life or anonymized vignettes where physicians displayed cognitive dissonance regarding thyroid symptoms (e.g., dismissing fatigue as "normal aging").
- **Suggestion:** Add a case study of a patient being misdiagnosed or experiencing delayed diagnosis due to the physician's cognitive conflict between lab results and patient-reported symptoms.

2. **"Denialism in Endocrinology: A Cultural Concern"**

- **Why:** This section provides a critical and sweeping view of the medical culture but lacks grounding in data or specific illustrative stories.
- **Suggestion:** Include:
  - A documented case or real-world account of institutional or systemic resistance to alternative thyroid treatment paradigms.
  - Mention of patient advocacy outcomes where denialism was overcome.

3. "Subclinical Hypothyroidism and Psychological Neglect"

- **Why:** This section raises an important point about overlooking borderline lab values but feels theoretical.
- **Suggestion:** Add a brief patient journey where someone with subclinical labs was denied treatment and later improved when treated (e.g., with levothyroxine or combination therapy).

4. "Patient Advocacy and the Internet Age"

- **Why:** The section discusses the impact of online communities but does so generally.
- **Suggestion:** Cite a case where patient-led groups influenced treatment policy or improved patient outcomes through collective action.

Sections That Are Already Well-Supported:

- **"The Role of Lab Testing in Shaping Clinical Reality"**: adequately supported with logical flow and examples of overreliance on labs.
- **"Thyroid Disease and Gender Bias"** – provides social context and is sufficiently illustrative, though one additional anecdotal example could still enrich it.

Based on a detailed analysis of your manuscript **"The Paradox of Psychological Denialism in Supporting Thyroid Patients"**, the **areas needing the most grammatical and formatting improvement** include the following:

1. Abstract

- **Issues:**
  - Some sentences are run-ons or overly complex.
  - Lacks clarity and smooth flow.
  - Wordy phrases like "This paper aims to delve into" could be simplified.

- **Suggestion:**
  - Make it more concise.
  - Clearly state the problem, method (if any), and conclusion.
  - Use active voice where possible.

2. Section Titles (Formatting Inconsistency)

- **Issues:**
  - Inconsistent use of **capitalization** and **hierarchical formatting** in section headers.
    - E.g., "The Role of Lab Testing in Shaping Clinical Reality" vs. "Subclinical Hypothyroidism and Psychological Neglect" (some use title case, some do not).
- **Suggestion:**
  - Use a consistent heading style (e.g., APA recommends sentence case).
  - Ensure hierarchy is clear (e.g., H1 → H2 → H3).

3. "Denialism in Endocrinology: A Cultural Concern"

- **Issues:**
  - Dense language and academic jargon reduce clarity.
  - Several long, comma-heavy sentences could be split for better readability.
- **Example:**

"This denialism is not merely an individual cognitive bias but is reinforced by systemic and institutional factors including medical training, reimbursement structures, and professional incentives."

Could be revised to:

"This denialism extends beyond individual cognitive bias. It is reinforced by systemic factors such as medical training, reimbursement policies, and institutional incentives."

4. "Cognitive Dissonance and Medical Practice"

- **Issues:**
  - Some grammatical awkwardness (e.g., mismatched tenses, misplaced modifiers).
  - Needs better transitions between ideas.
- **Suggestion:**

- Clarify pronoun references (e.g., who is “they”?).
- Ensure each paragraph has a clear topic sentence.

5. Reference Formatting

- **Issues:**
  - Some references in the text are inconsistently cited (e.g., “[Smith, 2015]” vs. “[1]”).
  - Reference list format is unclear (APA? AMA? Vancouver?).
- **Suggestion:**
  - Choose a citation style and apply it consistently throughout the manuscript.
  - Double-check punctuation, italics, and author formatting in the bibliography.

Areas with Minimal Issues:

- **“Patient Advocacy and the Internet Age”** and **“Thyroid Disease and Gender Bias”** are relatively polished but still benefit from trimming long sentences.

Declarations

Potential competing interests: No potential competing interests to declare.