**Credibility Excess and Social Support Criterion**

(Berry, Daniels, & Ladin 2019) undermine putative empirical support for and raise substantial moral objections against the claim that social support is a tenable criterion for evaluating whether relevant patients are to be included on organ transplant lists. We agree with the authors’ criticisms and conclusion that – to be empirically tractable and morally defensible – the social support criterion must be substantially revised. In support, we elaborate one of the authors’ moral criticisms through the lens of testimonial injustice, using that lens to reveal a further moral criticism of the social support criterion, as well as ways to address morally problematic use of the criterion.

An epistemic injustice is a moral harm done to an agent in her capacity to engage in epistemic practices, e.g. testifying to others, interpreting experiences, questioning, etc. (Fricker 2007) A paradigmatic case of epistemic injustice is testimonial,[[1]](#footnote-1) where a hearer discounts the credibility of a speaker owing to the hearer’s unwarranted implicit or explicit judgments about a group to which the speaker belongs, e.g. a hearer discounting the credibility of a black woman owing to racism and/or sexism. (Medina 2017a, 2017b) Testimonial injustice provides a framework in which to elaborate Berry, Daniels, and Ladin’s suggestion that individuals with low socioeconomic status may experience difficulties when presenting evidence of social support to members of review committees who determine whether patients are to be added to organ transplant lists. Specifically: Being a member of a marginalized[[2]](#footnote-2) community is correlated with low socioeconomic status. (Williams, Priest, & Anderson 2016) Clinicians discount the credibility of low socioeconomic status individuals when those individuals are, say, reporting the extent and persistence of symptoms, reports of pain, etc. (van Ryn & Burke 2000; Williams, Priest, & Anderson 2016) Communication between marginalized individuals and clinicians may thus be sharply undermined, leading to misunderstanding of patient illnesses, misdiagnosis, and ineffective treatment options. Similarly, members of review committees – composed of medical practitioners and clinicians – may discount the credibility of members of marginalized communities and, say, ignore relevant evidence offered to establish adequate social support or weigh offered evidence too lightly.[[3]](#footnote-3)

Framing the authors’ criticism of the use of the social support criterion in terms of credibility discounting reveals, moreover, a further moral criticism. For often where one finds instances of prejudicial credibility discounting one also finds instances of unwarranted credibility excess. (Medina, 017a) In particular, members of non-marginalized communities offering evidence of social support to review committees are likely given credibility excess resulting in, say, review committee members weighing evidence offered to establish adequate social support too heavily. In support of this point, note being a member of a non-marginalized community is correlated with high socioeconomic status, and high socioeconomic status individuals are perceived to exhibit qualities highly correlated with trustworthiness. (Horwitz & Dovidio 2017; Oosterof & Todorov 2008) Hence, evidence of adequate social support offered by members of non-marginalized communities to review committees is likely scrutinized to a lesser extent and deemed more supportive than comparable evidence offered by members of marginalized communities. Altogether, the interplay of credibility deficits with respect to marginalized individuals and credibility excesses with respect to non-marginalized individuals magnifies the extent to which equal access to treatment for those with equal need is likely undermined.

A more positive consequence of framing Berry, Daniels, and Ladin’s moral criticism in terms of varieties of testimonial injustice is that doing so reveals avenues for improving the use of the social support criterion by review committee members. For example, review committee members might cultivate testimonial justice capacities- those needed to recognize and compensate for instances of testimonial injustices -to remedy unwarranted credibility deficits and excesses. (Fricker 2007, 2009) With respect to members of marginalized communities, review committee who have cultivated capacities of testimonial justice will be aware of how implicit bias influences judgments of testimony, will exhibit a disposition to initially suspend credibility judgments when presented with testimony, and a willingness to revisit and revise such judgments on reflection. Importantly, review committee members will be aware perceived inadequacy or even unintelligibility of evidence offered to establish adequate social support might be a function not of the testifier’s lack of sufficient evidence, but instead of the reviewer’s own prejudice, warranting adjustment or suspension of credibility assessments of the speaker accordingly. (Fricker, 2007, pg. 7) With respect to members of non-marginalized communities, review committee members who have cultivated habits of testimonial justice will similarly be sensitive to the possibility that the perceived adequacy and intelligibility of evidence for social support may owe to unwarranted credibility excess. Testimonial justice in this context may be exhibited by review committee member dispositions to compare past evaluations of evidence of social support offered by members of marginalized communities with evaluation of evidence by members of non-marginalized communities, compare time spent evaluating evidence from both sources, and examine varieties of evidence deemed relevant or irrelevant.

Lastly, explicating Berry, Daniels, and Ladin’s moral criticism through the lens of testimonial (in)justice fits well with the authors’ concluding suggestion that the social support criterion should be used to determine individuals who need institutional assistance rather than as a sieve for eliminating care. (Berry, et. al. 2019, pg. 18) Review committee members sensitive to testimonial injustice who have cultivated capacities of testimonial justice will be equipped to assess presented evidence of social support more accurately, as they will be more aware of how prejudice and biases may influence credibility judgments. These epistemically responsible committee members will be in a position to better identify marginalized and non-marginalized individuals who lack adequate social support, in the interest of providing institutional assistance.

**Works Cited**

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1. This description of testimonial injustice follows that of Jose Medina rather than the more narrowly circumscribed description offered in Miranda Fricker’s initial characterization. [↑](#footnote-ref-1)
2. Marginalization comes in many forms and involves many intersections, e.g. ethnic minority groups and women in the U.S., those with low socioeconomic status (van Rye & Burke 2000), patients in healthcare settings (Carel & Kidd 2017). [↑](#footnote-ref-2)
3. These points are independent of Berry, Daniels, and Ladin’s observation that since individuals from marginalized communities – due to economic marginalization and mass incarceration - often rely on social support codified as “less robust” than social support found among members of non-marginalized communities they are disadvantaged when providing evidence of social support. (Berry, Daniels, Ladin, 2019, pg. 12) Credibility discounting and excess described here are independent of the type of evidence offered, though they may exacerbate disadvantages experienced by marginalized individuals and advantages by non-marginalized individuals. [↑](#footnote-ref-3)