Trust Is Needed to Interact with Patients and with Other Physicians

La confianza es necesaria para interactuar con pacientes y con otros médicos

> *The best way to find out if you can trust somebody is to trust them..*
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INTRODUCTION

Does trust, which seems to be an ethereal asset, matter in health care? T. H. Lee et al. state that: "Trust makes patients feel less vulnerable and clinicians feel more effective, and it reduces the imbalances of information by improving the flow of information." (1)

We should think that health care is not an isolated category in society, but part of the social trends in the community it belongs to. Therefore, we cannot ignore the fact that in our increasingly fragmented society, in which each one wants to fulfill his own desires even against the desires of others, trust has been devalued. Private and public trust in institutions, as well as in the health care system, has markedly declined.

"In 2015, only 37% of the people (in USA) told Gallup that they had quite or full trust in the medical system, compared with 80% in 1975. This turned the 'medical system' into the 'biggest loser', since it has suffered the greatest trust decline among all the institutions covered in the survey." (2)

Recently, the UCA's (Catholic University of Argentina) Social Debt Observatory in Argentina, in the 2010-2018 series research work, states that "Between the beginning and the end of the period, the number of people who *had a negative perception of their health status* had doubled; that is, in their **physical, biological and psychological dimensions**. In 2010, **7.5%** of respondents had a negative perception, whereas in 2018 the number had increased to **15.7%**.

Regarding *happiness*, there has been a **change of trend**; while between 2014 and 2017 the level of unhappiness was decreasing, the unease recorded at the beginning of the decade returned in 2018, with **13.6% people who considered themselves "little or not at all" happy.**

In addition, it is pointed out that "while 4.4% of the Argentine upper-middle class people said they were unhappy in 2017, and 6.7% proclaimed themselves unhappy in 2018, 18.9% of those belonging to the very poor sector felt unhappy in the former year, and no less than **22.4%** in 2018". (3)

In the face-to-face interview with the patient, the physician attitude is particularly critical: "patients' trust is affected by their perception of physician empathy and honesty. Trust correlates highly with the patient's assessment of the ways the physician communicates, knows the patient, and establishes an interpersonal relationship." (1)

However, in today's health care systems, patient trust is heavily influenced beyond the range of personal attributes and technical competence of staff, primarily by the factors involved in the organization of these systems. Where the patient's financial access to care implies odious inequalities and full inequity, the inverse care law proposed by Julian Tudor Hart in 1971 is fulfilled: those with higher income and healthier status receive more attention and procedures (often unnecessary and even dangerous) than those with lower income and sicker. (4)

Today, health care with a responsible physician and with some specialists has become a relationship —according to some people, due to the current state of medical science— that requires a group of physicians working as a team; in this situation, patients should now trust both their individual physicians and the entire team.

PATIENT AND PHYSICIAN TRUST IN TODAY'S MEDICINE

Are medical teams well established so that patients trust them? Today, reality shows that many teams do not work well because, most likely, clinicians and specialists may not know each other or may have never talked to each other and, therefore, each focuses on the strictly limited areas of his/her skills, without a conductor that makes the noises sound like music. In other words, a physician should be considered a whole person, both in his/her personal biology and social interaction, and the different sectoral points of view should be integrated in order to achieve an effective treatment or otherwise the preservation of health, giving priority to the different suggested behaviors according to their importance and avoiding their dissimilarities and even their adverse effects.

But the team is not the only problem, because the framework that encompasses them is the health care structure in which they are inserted, which is experiencing increasingly faster changes. For example, many of the physicians and teams are in different situations when organizations merge, and due to tangible and intangible changes, patients feel in a new situation in which the physician cannot behave like the physician they knew, and end up feeling that their clinician is someone else. When these sudden changes happen, patients feel they are tossed around within an impersonal, bureaucratic and untrustworthy system.

In turn, health care professionals also suffer from discouraging changes because they are prevented, either by the reduction of consultation time as by other barriers, from enjoying the rewarding doctor-patient and doctor-doctor relationships, leading to personal burnout. (1)

At the same time, general conditions in society also influence the current patient trust, as is the case with the rapid growth of sources of information on the internet that often compete with each other and are even contradictory. There is abundant information about amazing research through newspapers, television, and social networks, which is actually preliminary or basic laboratory research work that is quickly gainsaid by subsequent research papers. When researchers' conflicts of interest with pharmaceutical and medical device companies arise, patients' unmistakable perception is that medicine is a business like any other.

It is also important that, in view of the advances and the new medical complexities that may change previous clinical indications, there is a new movement that tries to make transparent the quality problems in health care centers, and medical errors are irresponsibly spread in the media.

Perhaps one of the biggest problems undermining society's trust is the clumsy and ineffective efforts to contain health care costs through models, developed since the 1990s, that manage care and seek to adjust costs by ignoring the physician in charge, and disregarding his/her indication.

As Lee et al point out: "The physician's attitude is particularly critical: patients' trust is affected by their perceptions of physician empathy and honesty. [...] In contrast, trust is not highly correlated with the length of the patient-physician relationship or the patient's financial access to care." (1)

Most patients (77%) reported that they completely or majorly trust their physicians "to put their health and well-being above keeping down the health plan's costs". (5)

The 2018 American Board of Internal Medicine Foundation Forum on [Re]Building Trust was created. The key subjects that emerged from this work group included the pledge to bind patients' needs with the core of the organizations' culture, and they committed themselves to measure patients' experience and clinician engagement, by creating accountability systems and financial and nonfinancial incentives, building effective practice teams, and cultivating communication and relationship skills, with the purpose of including patients in all phases of this work. (1)

PHYSICIANS' TRUST IN ONE ANOTHER
Frankel et al state that "[...] authors are surprised to discover that, while considerable attention has been given to health care team dynamics, there is negligible literature specifically about trust in and among physicians.

Given the absence of empirical research, participants were invited to share their own stories about physicians' mutual trust in the context of clinical work (without specifying whether they be positive or negative) and to collect stories from other conference participants." (6)

In that conference, 16 stories were collected and discussed, and the following situations were considered.

Co-management of patient care: Most of the stories were negative, in which specialists "contradicted and disparaged diagnoses or recommendations of other physicians directly to patients, effectively triangulating the patients between their physicians." And even advising "a patient to undergo a procedure (without the knowledge of the attending physician who had advised a more conservative course)" telling the patient she "would regret it" if she followed her physician's advice." (6) We have all gone through similar experiences.

How specialists regard each other: It is not uncommon for a physician to talk badly about the activity and knowledge of another physician.

Addressing disrespectful behavior: Sometimes, physicians with more authority do not support younger doctors or those who are just starting out in the profession in case of disrespectful behavior of patients.

Not surprisingly, stories of trust translate into strong interpersonal relationships and knowledge among physicians and with the organizations; when there is no trust, stories are full of distress and betrayal. (6)

The authors propose some principles to improve physician-physician trust, such as considering that these relationships should deserve the same level of intention and attention as physician-patient relationships; recognizing differences in perspectives as resources, since it is not correct to try to win or dominate others as if it were a contest, but rather to learn to discern the most intelligent course of action; to be responsible and sustain others responsible, creating patterns of respect and collaboration.

PHYSICIAN TRUST IN PATIENTS
Physicians who trust in patients generate patients who trust in them.

The almost mechanical emphasis on obtaining almost exclusively the patient's adherence to treatment should be changed, promoting and encouraging the patients' ability with which they can "contribute to the development of care plans that reflect their own values and preferences. Physicians who wish to advance in this transformation can contribute by presuming trust with each patient. There are numerous reasons to do so." (7)

When the interview begins, the first manifestation of inadequate trust is when the physician interrupts the patient and thus ignores the reasons and values that led the patient to consult, and instead relies only on what the physician assumes, based on his own knowledge and skills.

"In a recent study [...] clinicians averaged 11 seconds before interrupting patients' opening statements. This is consistent with studies conducted in the 1980s, 1990s, and 2000s, all of which documented an average time to interruption of less than 30 seconds." (7)

Listening to the words and metaphors used by patients lets us understand their knowledge about their own experience and the context in which it happens. Their narratives have demonstrated diagnostic value to the physician who listens to them.

Trusting and listening to patients leads physicians to make better diagnoses and become better healers

because the feel more attuned.

For real collaboration during the interview, physicians should trust patients. When feeling in that situation, they commit themselves and acquire the trust to actively contribute to their care. Therefore, physicians' trust in their patients' knowledge and skills is essential in the ability to engage him as a partner. (7)

In various surveys, patients complain that they are often interrupted by physicians, who brush off their symptoms and concerns, disregarding the adverse events they report from prescribed medications. In addition, many times physicians avoid eye contact because they are looking at their computer, speak condescendingly, avoid traditional physical examination and show physical disgust when touching patients.

Many of these complaints disappear when patients are invited to take shared decisions, taking into consideration personal, family and community values.

TOO MANY STUDIES AND TREATMENTS MAY INDICATE LACK OF TRUST

As Fritz et al. point out, if studies and procedures are performed on asymptomatic, low-risk patients, "... when these investigations and treatments are actively harmful to patients, then we are inflicting 'Too Much Medicine'." (8)

These small choices, and tens of thousands like them made daily, pose the contradictions between the potential harm of the investigation or treatment, and the potential harm of failing to diagnose a serious condition. In this situation, many times at the patient's request, we choose the easiest solution, which is to ask for studies we are not convinced of, to prevent the patient from feeling distrustful that we privilege the expense of the health care system.

Many times, physician perception of a patient's desire for treatment is perhaps more important than the patient's expressed needs for the procedure or treatment.

Our contention is that "trust is a significant factor in influencing these choices, and that understanding the relationship between trust and investigations and treatments will help clinicians and policymakers ensure ethical decisions are more consistently made." (8)

As the epigraph of Hemingway reads, *"The best way to find out if you can trust somebody is to trust them."* Since trust builds further trust in the other, lack of trust destroys it. A trusting relationship can hardly be expected to flourish between the patient and the physician if one party is discovered to be checking on the other.

In the dialog between physician and patient, questions from both parties are necessary; in this way, unequal information is transferred between the two; asking questions and receiving answers diminishes the patient's clinical information imbalance. The dialog should take into account the patient's preferences, wishes and commitment after an explanation of all possible options.

Society as a whole expresses trust in the health care professionals, expecting that the real, non-fictitious needs of the population will have priority in health costs.

CONCLUSIONS

There is no doubt that the physician shows trust, and obtains it from the patient, when he takes special care in verbal communication during the interview, and also in non-verbal communication with gestures, expressions, tones and silences. Physician eye contact is extremely important; they should allow patients to introduce themselves, listen carefully, and make attentive questions.

Physicians should invite to make shared decisions that respect the patient's, family, and the context of their community values.

However, the encounter between patient and physician takes place within the framework of a health care system that constrains both of them to the bureaucratic criteria of the organization and often does not adapt to what is necessary to build a relationship of trust.

The increasingly frequent health care by teams of physicians creates advantages and new problems, since it diffuses the responsibility of the different decisions and dilutes the direct commitment. As a result, health systems must adapt their organization to the new needs that arise and that patients and health care professionals have, as suggested by the requests to health organizations by different medical associations.

The absurd belief that health care costs can be contained by administrative measures alone, without the health care system considering the real needs for which researchers establish and physicians perform the best possible treatment, or how health should be maintained, should be left aside. Health needs, in turn, depend on most of the social habits in the community, smoking, alcoholism, low physical activity, high-calorie diet rich in sodium resulting in weight gain and body fat, diabetes and hypertension, that should be transformed in the society with the legal intervention of the State regulating the three large industries associated with health (tobacco, alcohol and food).

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