

**TRUST IN THE MEDICAL CARE SYSTEMS: THE PITFALLS OF PLACING
CONFIDENCE IN PROFESSIONAL COMMUNITIES**

Alexander LASCAUX

**Institute of Economics, Russian Academy of Science,
and University of Hertfordshire, UK**

**Paper submitted to the EAEPE Annual Conference,
Research Area C 'Institutional Change'
Rome, November 6-8, 2008**

E-mailing address: alexlascaux@yahoo.com

Forming and sustaining trustful relationships between patients and doctors seems to be of paramount importance for the correct functioning of medical care systems, since they by necessity embrace emotionally-driven interactions among the people involved in this area of activity (e.g. Arrow 1963, Bok 1978, O'Neill 2002, 2004). In turn, personal attitudes, which are developing within the patient – doctor dyads, are molded by the vehicles of institutional support built into the medical care systems. Professional and ethical codes play as important a role in strengthening public trust in the healthcare experts as the systems of medical education and the procedures of granting licenses to medical schools' graduates.

Absence or lack of trust gives rise to the patients' fears and anxiety. They feel themselves extremely vulnerable to the medical expert systems, not only because of their illnesses, but also because they have to undergo unfamiliar and incomprehensible treatment procedures. Arguably, trust plays a salient therapeutic role resulting in more effective relationships with physicians and accelerated development of the desired medical results. Contrariwise, when a patient does not trust medical practitioners, she reveals a lack of satisfaction with the received professional service, even if its technical level is sufficiently high.

But what precisely are the reasons for experiencing trust in the systems of medical care, that is, an array of organizations and institutions aiming at preventing ailments, curing them and subsequently rehabilitating their patients? Certainly, our specific knowledge in the area of physiology, pharmaceuticals or treatment procedures cannot serve as a foundation for this form of trusting attitudes. Were we ourselves knowledgeable in medicine, we would feel much less need

for both external medical assistance and developing patterns of trust in physicians. Expertise at our disposal would perform the controlling function in the area of medical assignments, while simultaneously protecting us from potentially harmful actions of medical systems and diminishing the need for forging trustful relationships with their constituents. On the contrary, when we are dependent on a medical care system as a result of lack of our professional knowledge coupled with helplessness of being ill, signs of doctors' competence and integrity bear direct connection to developing trusting attitudes towards them and creating a sense of security despite possible health hazards. We must take into account, however, that this sense of trust and safety is to a large extent founded on illusionary expectations. We are trying to assure ourselves that, in the situation of our ignorance or partial knowledge, our manifestations of trust are safeguarded, guaranteed or insured by the higher-order institutions, which are lowering our vulnerability to the systems of medical care. Essentially, we are involved into building characteristic pyramids of trust, so that the responsibility for the proper functioning of underlying systems is being transferred to ever higher levels of hierarchical structures.

Indeed, when we talk about safeguarding our trust in the systems of medical assistance, we have in mind the upper-level structures of control that do not allow doctors to deviate from the accepted standards of professional behavior, which might result in harming their patients. For instance, a practice of granting licenses to medical practitioners is intended for putting up the level of public trust in medical community, as an incompetent or unscrupulous person would be barred from providing this professional service. Apart from erecting entry barriers against individuals unwanted in the medical service markets, the state or self-regulating associations can certify medical practitioners and award them a certain qualification, which may also serve as an additional ground for trust in the physicians and clinics that have received such degrees and diploma. In the sphere of allocating certificates and licenses, however, lingering doubts about the criteria for certifying doctors' professional competence still exist. The problem lies in the fact that the patient, who vindicates her trusting attitudes towards medical practitioners by relying upon the upper-level institutions of professional control, borrows her confidence from the sources, which are as incomprehensible for her as the physicians' primary actions that were to be warranted as reliable and safe. The arising problem of infinite regress spoils the attempts at building the reliable foundations of placing confidence in the professional medical systems.