

Trust in the Medical Care Systems



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- Forming and sustaining trust between patients and doctors is of critical importance for the correct functioning of medical care systems
- In turn, personal attitudes, which are developing within the patient - doctor dyads, are molded by the vehicles of institutional support built into the health systems
- Professional and ethical codes are clearly important, together with training systems and procedures for licensing the graduates of these systems (Gilson 2003)

Trust and the Outcomes of Medical Care

- Trust results in more effective relationships with physicians and accelerated attainment of the desired medical results
- Without a high level of trust, patients would not submit to examination, reveal necessary confidences, or undergo invasive or risky treatment (Hall 2005)
- Patients with a low level of trust are less satisfied with their care, are less likely to intend to follow the doctor's advice and are less likely to report symptom improvement (Thom et al. 2002)

Different Kinds of Trust in Health Systems

Trust in esoteric expert knowledge vs. trust in experts' fiduciary obligations (Barber 1983)

Cognitive trust vs. affective or emotional trust in health care providers (Jones 1996)

General confidence in medicine vs. trust of a particular doctor (Smith 2001)



Auxiliary Institutions I: Transferring Trust



- Trust in medical care is constructed from a set of interpersonal behaviors that are underpinned by sets of institutional rules, laws and customs (Calnan and Rowe 2006)

Auxiliary Institutions I: Problems with Trust Transfer



- From one physician, with certain experience, skills and approaches, to another specialist
- From one geographic setting to another place
- From state-sponsored to private medical institutions, with a different set of incentives

Auxiliary Institutions II: Generalizing Trust



- Trust in a known physician has a much different foundation than trust in a health plan or trust in doctors in general, which is based more on professional institutions and legal regulatory protections (Hall et al. 2001)

Auxiliary Institutions II: Problems with Trust Generalization



- From individual practitioners to large hospitals and other medical bodies
- From individual experts to abstract systems of medical aid guided by unknown principles
- From relatively simple encounters to complex medical cases involving specific knowledge

Auxiliary Institutions III: Certifying Trust



- It is often the case that what the law does simply will not affect how much patients trust their physicians
- Instead, medical law must seek to enforce conditions of trustworthiness by requiring levels of competence and loyalty that approximate what patients in fact expect of their physicians and medical institutions (Hall 2004)

Auxiliary Institutions III: Problems with Trust Certification

- Trust is replaced with regulatory control
- Who certifies the certifiers?
- Discrepancy in expectations
- Uncertainty regarding the best medical practice
- Feeble perspectives of litigation in courts



Illusionary Foundations of Trust

- 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 engaged into building characteristic pyramids of trust, so that responsibility for the proper functioning of underlying systems is being transferred to ever higher levels of hierarchical structures

A Shift from Confidence to Faith in Health Care Institutions

