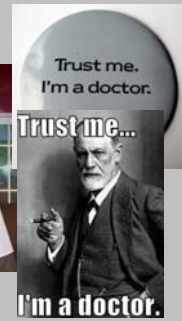


The Role of Trust in Medicine

M. Wolfensberger, Basel



Message is, of course:

You can trust me because I am a doctor

Yet, many people mistrust the trustworthiness of doctors!

2/12

Example

Lump
 No other symptoms
 Does not go away
 Worried > see doctor




Pleomorphic adenoma
 Benign, but with small potential of malignant transformation
 Recommended treatment is removal

3/12

30 years ago,

you would very likely have gone ahead with surgery with very little additional information


Decline (or loss) of trust

Today,

you would - before you go ahead with the surgery - (at least) get
 - US + FAB (+ MRI)
 - additional information
 about biology of tumour and
 about the risk of surgery
 nevertheless, you would most likely
 - look for confirming information
 (surf the internet, get a second opinion) and
 - enquire about the surgeon's competence

4/12

TRUST

presupposes a **relationship** between ...

... someone who trusts (patient) and
 ... someone who is trusted (doctor)

"To say that I trust you ... simply means that I think that you* will be trustworthy towards me." (Russel Hardin, 2002)

*'you' may be a person (e.g. doctor), an organisation (e.g. hospital), etc

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Trust ...

... Trust implies uncertainty.

... Trust implies a feeling of betraval if trust turns out to have been unjustified. (cf. prediction or forecast)

.... It is a statement about your expectations:
if you say that you trust your doctor ...

... you expect that his beliefs are true
(you trust in his knowledge, competence, skills, etc):

► epistemic trust

Epistemology:

What is knowledge?

... you expect him to act in your interest
(motivation or commitment)

► agency trust

How do we acquire knowledge?
How can we know whether our beliefs are true?

6/12

30 years ago,

you would very likely have gone ahead with surgery with very little additional information

PPR seen as fiduciary or covenant

↓ Decline (or loss) of trust (empirically proven)
fundamental change of the PPR

Today,

you would - before you go ahead with the surgery - (at least) get

- US + FAB (+ MRI)

PPR seen as contractual

- additional information

about biology of tumour and

about the risk of surgery

nevertheless, you would most likely

- look for confirming information

(surf the internet, get a second opinion) and

- enquire about the surgeon's competence



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The PPR is an agency relationship

i.e. a relationship where

one party (principal) engages another party (agent) to act in his interest.

Fiduciary relationship or covenant is based on ...

... the **pledge*** on part of the agent (doctor) to act in the interest of the principal (patient), and

... on the **trust** of the principal that the agent will abide by his pledge.

* pledge to be knowledgeable, competent, skilled etc and to be committed to the patient's interest even if – at times – this may be against his own interest.

Reason for its demise: it is paternalistic!

(N.B. there is no empirical evidence that the fiduciary model has ever been true! but it worked...)



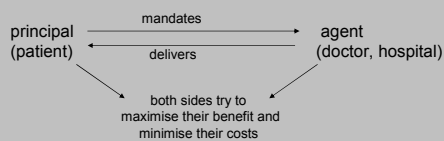
8/12

Whereas in a **fiduciary relationship** the agent pledges to deliver a service (and the principal trusts)...

... **in a contractual relationship** the principal

- engages an agent to deliver a specific service and also

- delegates some decision making authority to the agent.



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A key feature / problem of the contractual PPR is **asymmetry**

- information
 - control mechanisms
- } ► agency risk

Options to reduce agency risk

- get more information about disease (second opinion) and about agent

- use positive incentives (loyalty, fee-for-service)

- monitoring*

- use sanction (change doctor or hospital / sue)

agency costs for agent

monitoring is problematic:
it creates a second order principal-agent relationship, etc

agency costs for principal and – depending on health care system – for society



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Keyword to reduce agency cost for the agent is to **'increase trustworthiness'**

implement and communicate

- quality control

- quality indices (e.g. infection rate, readmission rate ...)

- processes of handling of errors (e.g. CIRS)

increase accessibility

build up a credible PPR (key word: shared decision making)

Magic word for the patient to keep agency cost reasonable is

TRUST (after having used the before mentioned means judiciously)



11/12

Mistrust begets mistrust.

Trust begets accomplishment.

Lao Tse: Tao Te Ching



12/12