

Building up trust in the doctor-patient relationship

La construcción de la confianza en la relación médico-paciente

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Mr. Editor,

How to make a doctor be highly regarded by his/her patient? Contrary to popular belief, trustworthiness is not inherent in the doctor-patient relationship. It is not promptly conferred on the doctor when graduated. Trust should be earned and continuously inspired. Technical proficiency is the objective measure of competence. Despite the fact that it stands for a dimension that helps prevail an atmosphere of trust, it somehow falls short of the widely held view. The affinity shared between doctor and patient, besides compassion and honesty, is also relevant¹. Therefore, caring for patient requires something beyond the regular technical competence; it needs establishing a clear connection in which those involved are listened to, present, and valued, and adopting a good-natured give-and-take attitude, above and beyond judgement, forging a harmonious relationship².

Among the cardinal virtues, trustworthiness is also within the scope of medical professionalism. In order to better understand what trustworthiness takes, it is fundamental to be aware of its two key components - intellectual and moral. Concerning the intellectual component, patients trust that doctors are skilled at diagnosing and consequently treating by following strictly scientific reasoning based on medical evidence.

With respect to moral standards, patients trust that doctors and health facilities staff are firmly committed to safeguarding and promoting interests related to patient's health, contrary to their own interests³.

Trust may extend to individuals as well as to institutions⁴. In delivering health care, the doctor may work as part of an interprofessional team within an organization. Effective teamwork is crucial for delivering safe, reliable, and efficient care. Patients who have a positive perception on teamwork are more likely to be satisfied with overall care experience, trust the providers, and self-report likelihood to follow treatment recommendations⁵. Recognition of the patient or the patient's representative as a key team member has been identified as a quality of a good team and impacts on patient care. In order to facilitate patient engagement and work in partnership with patients, there needs to be trust and transparency between healthcare professionals and patients⁶.

On the other hand, it is also important for doctors to trust patients. The doctor relies upon the patient's testimony to guide his/her subsequent history-taking and examination. The doctor then relies upon the patient to cooperate with suggested treatment, and to report back on any progress. When a patient is trusted, his/her experiences are validated and his/her competence recognised. This can lead to an

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enriched view of beneficence which incorporates the patient's own expertise into the conception of his/her best interests. Trust in patient's competence can lead to greater degrees of cooperation and respect for autonomy, conversely the patient who is not trusted may be subject to greater surveillance through tests and check-ups⁴.

Formal education and trustworthiness are uninterruptedly improving since the very first day at college along with medical professionalism, supported by academic leaders and staff. They are in charge of creating and developing an organizational culture of professionalism. For instance, at universities they should prioritize education in opposition to productivity, i. e., number of patients who are cared for, by enhancing moral, ethical, and humanistic values, and the responsible Medicine role, in stark contrast to pressure of "producing more with less"^{2,3}. The doctor-patient relationship should be transformational, not transactional, which means that the care-taking attitude is based on humanistic values duly shared. Care is not just a matter of assets or goods on sale. Medicine-commercializing mindset compromises and defeats its professional principles and purpose, which hold well-founded humanistic values².

In the college training for doctors and interns, it should make it clear about the two existing above-mentioned components, and classify the medical pattern of behavior under either one or the other. So, for example, the commitment to offer the best treatment to a patient as well as the attitude to explain it to the patient and his/her family members fit in the intellectual dependability. On the other hand, taking a positive attitude and holding professional values (such as calling the patient by his/her name) set up conditions for developing moral dependability. Such classification contributes substantially to the internalization of professionalism values, favoring the learning ability³. Currently, at the universities, much emphasis is placed on exams and assessments¹. It is necessary to balance the emphasis on medical education, highlighting and adding weight to nontechnical abilities.

Either effective verbal or nonverbal communication is fundamental to the development of trust. Establishing a dialog can change the power dynamics within a traditional hierarchy into a more collaborative relationship, in which a patient is considered to be an expert in his/her own life, meeting equality of role in conversation¹. Doctors should encourage patients to express his/her doubts and personal anguish in order to soften the traditional paternalistic control in Medicine. Encouraging "questioning" on the part of patients increases trust. This space to voice one's rights requires responsible and close listening from doctors⁷. Because trust is both dynamic and relational,

it may be fostered by a form of communication that calls on individuals to engage themselves as human beings with one another. Dialogue requires thoughtful, exploratory exchanges with the goal of enhanced understanding through the shared appreciation for the identities, backgrounds, experiences, priorities, values, and perspectives that each participant brings.¹ It is important to recognize that other aspects of a patient background may affect his or her health. Therefore, cultural competence is an essential ability in the doctor-patient relationship⁸.

Once the patient is competent and aware of his/her state of health and the consequences of his/her choices, he/she is duly equipped to enjoy his/her autonomy⁹. This way, the shared decisions are relevant in building up trust. To many medical decisions, there is more than one possible way to take. Being such, patient's involvement in the decision-making process is of great value. In some cases, certain kinds of obstacles can hamper the process, such as patients with poor education. Therefore, it is of crucial importance that doctors effectively develop communication skills and display real affinity with their patients⁸. Some problems can come up due to internet access⁹. It is widely known that quite a few pieces of inaccurate information on health issues are disseminated by lay people through media, which can lead patients to doubt the doctor's competence.¹⁰

As it is clear to see, there are several reasons to ensure dependability. Other major factors to be counted are displayed as following.

When a doctor passes an undoubted opinion in accordance with an expert's viewpoint, it helps build up trust. On the other hand, trust can be seriously damaged if a doctor behaves overconfidently to the point of arrogance¹.

Time also seems to play a prominent role relative to how long a doctor spends his time caring for the patient during a visit, and to how long a doctor-patient relationship lasts.¹

Previous personal negative experiences with other care-and- attention moments certainly undermines the institution of credibility, even before the physician comes in the room. So many times patients are labeled as "hard to get along with" when, deep down there is a reason why they behave that way and voice their lack of trust in the physician. It is essential to listen to, treat patients with proper respect, and carry on a polite conversation¹.

Unfortunately, some factors draw the attention to bigoted attitude which negatively impacts on the trust patients put in doctors such as: gender, race, class, sexual orientation, nationality, age, and clothes¹.

A patient who places trust in his/her physician shows firm commitment to the treatment, a

relationship with not much misunderstanding, clear perception of the proper care provided, and stronger tendency to ease the stress from disappointing results not as planned^{7,8}. On the other hand, trustworthiness is also essential to the well-being of the physician since trustworthiness ensures job satisfaction.¹⁰ Colleges of Medicine are formally supposed to highlight the medical professionalism education. Doctors, when entering the job market, on the other hand, are duty-

bound to regularly carry out self-assessment of medical good practice, which aim for building up trust in the doctor-patient relationship.

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