

TRUST IN MEDICINE

Over the past decades, public trust in medical professionals has steadily declined. This decline of trust and its replacement by ever tighter regulations are increasingly frustrating physicians. However, most discussions of trust are either abstract philosophical discussions or social science investigations not easily accessible to clinicians. The authors, one a surgeon-turned-philosopher and the other an analytical philosopher working in medical ethics, combined their expertise to write a book that straddles the gap between the practical and theoretical.

Using an approach grounded in the methods of conceptual analysis found in analytical philosophy which also draws from approaches to medical diagnosis, the authors have conceived an internally coherent and comprehensive definition of trust to help elucidate the concept and explain its decline in the medical context.

This book should appeal to all interested in the ongoing debate about the decline of trust – be it as medical professionals, medical ethicists, medical lawyers, or philosophers.

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CAMBRIDGE BIOETHICS AND LAW

This series of books – formerly called Cambridge Law, Medicine and Ethics – was founded by Cambridge University Press with Alexander McCall Smith as its first editor in 2003. It focuses on the law’s complex and troubled relationship with medicine across both the developed and the developing world. In the past twenty years, we have seen, in many countries, increasing resort to the courts by dissatisfied patients and a growing use of the courts to attempt to resolve intractable ethical dilemmas. At the same time, legislatures across the world have struggled to address the questions posed by both the successes and the failures of modern medicine, while international organisations such as the WHO and UNESCO now regularly address issues of medical law.

It follows that we would expect ethical and policy questions to be integral to the analysis of the legal issues discussed in this series. The series responds to the high profile of medical law in universities, in legal and medical practice, as well as in public and political affairs. We seek to reflect the evidence that many major health-related policy debates in the UK, Europe and the international community over the past two decades have involved a strong medical law dimension. With that in mind, we seek to address how legal analysis might have a trans-jurisdictional and international relevance. Organ retention, embryonic stem cell research, physician assisted suicide and the allocation of resources to fund health care are but a few examples among many. The emphasis of this series is thus on matters of public concern and/or practical significance. We look for books that could make a difference to the development of medical law and enhance the role of medico-legal debate in policy circles. That is not to say that we lack interest in the important theoretical dimensions of the subject, but we aim to ensure that theoretical debate is grounded in the realities of how the law does and should interact with medicine and health care.

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TRUST IN MEDICINE

Its Nature, Justification, Significance, and Decline

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To my wife Erika in gratitude for her unwavering love, trust,
companionship, and support
and
to Mags for her love, support, and trust

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PREFACE

Anyone picking up this book will probably wonder what motivated us to write a book on trust in medicine and who should consider reading it. We can definitely answer the first question and will certainly try to answer the second.

Let us start with a few words about the genesis of this book. The foundations for this brief monograph were originally part of a research project on medical ethics undertaken by Markus Wolfensberger (M.W.) and supervised by Anthony Wrigley (A.W.). We decided to join the expertise of the surgeon-turned-philosopher (M.W.) with that of the professional academic analytical philosopher with a special interest in medical ethics (A.W.). Keeping this in mind, it should be obvious that the main focus of the book lies on trust in the context of medicine (or, more particularly, on the role of trust in the patient–physician relationship). We will, however, explain how much of what we say is equally applicable to other medical professions. As a caveat, we would like to make it clear that, although we repeatedly refer to legal implications of trust, we do not engage in any detailed analysis on issues of the law.¹

The initial motivation to work on trust in medicine in the first place arose from reflection upon the more than thirty years during which M. W. practised head and neck cancer surgery. During this time, medical practice changed considerably (most importantly from the ‘paternalistic’ to the ‘shared decision-making’ patient–physician relationship model). The one change that he found increasingly haunting was the decline of trust in the patient–physician relationship and its replacement by controls, regulations, and other formal measures. Some people, such as

¹ First, because we are medical ethicists, this is primarily a book dealing with the ethical and conceptual issues rather than legal ones, and, second, because any such comment would have to address the difference between the legal systems in the United Kingdom, Europe, and the United States, with which we are primarily concerned. This should not, however, imply that law scholars may not benefit from becoming acquainted with the medical and philosophical perspective.

health-economists and managers of for-profit health institutions, welcomed these changes. This is hardly surprising, since such formal measures have a tendency to increase their power and influence. However, this left M.W. (like many other physicians) puzzled, worried, and feeling somewhat humiliated. This generated the initial step towards motivating this entire project by raising the question, ‘why should physicians be left feeling like this at all?’ Here, M.W.’s initial description of the problem he faced might strike a resonant note with many:

I am *puzzled* because I do not understand why patients, who only a few years ago trusted paternalistic physicians, today mistrust doctors who listen to them and who are willing to discuss possible treatment options. Moreover, I find it hard to understand why patients seem so little concerned about this development. After all, the patient–physician relationship is not just any encounter. It is a special, intimate relationship. In almost no other relationship are we equally vulnerable, do we have to reveal similarly intimate details, and do we have to let ourselves be touched as in the patient–physician relationship. In this situation, it would appear to be in the patient’s interest to trust his doctor. I am *worried* because the vacuum created by the disappearance of trust is filled by bureaucratic regulations and controls and because I know from experience how much easier it is to treat a trusting patient. Finally, I *feel humiliated* because unsubstantiated mistrust is an offence to anyone who does his best to justify the other’s trust.

So, years of personal experience as a surgeon in oncology combined with the many philosophical issues that underpinned these concerns motivated both authors to look further and deeper into the problem of the decline of trust in medicine. While many aspects of answering this question were relatively straightforward, as the reader will doubtless perceive, this still leaves the more difficult question as to why anyone should read it. We think that most people will instinctively agree that trust is important in relationships, especially in such an intimate relationship as the one between patient and physician. Yet, the concept of trust has found rather little attention in the medical ethics literature, with a few notable exceptions:

Autonomy has been a leading idea in philosophical writing on bioethics; *trust has been marginal* . . . Trust is surely more

important, and particularly so for any ethically adequate practice of medicine, science, and biotechnology . . . Why then has . . . trust secured no more than a walk-on part?²

Indeed, although there is no dearth of publications on trust per se, there is no coherent, robust theory of trust *in medicine*. Moreover, none of the available definitions of ‘trust’ enables us to explain what ‘trust’ means in the patient–physician relationship; whether (and how) trust can be justified; why trust has declined; and why (to use O’Neill’s words) trust is important for an ethically adequate practice of medicine.

Using an approach grounded in the methods of conceptual analysis found in analytical philosophy and bioethics, we have conceived a definition of trust which (we believe) is internally coherent and comprehensive; which is adaptable to different situations; which can be applied to individual physicians as well as to the institutions they work in; and which, most importantly and contrary to the definitions found in the literature, helps us understand and explain why trust has declined. We therefore hope this book will appeal to all those who are actively involved in the ongoing debate about the decline of trust – be it as medical ethicists, philosophers, medical professionals, including physicians, nurses, healthcare managers, and hospital administrators, as well as policy makers and legal scholars or, indeed, to anyone who simply has an interest in the nature of trust in medicine. Furthermore, the discussion is not intended to be geographically bound but draws upon examples from the United Kingdom, the United States, and a range of European countries. As such, our discussion of trust covers aspects one may find in the National Health Service or in private medicine.

² O’Neill 2002a, p. ix, our emphasis.

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A NOTE ON USAGE

Throughout the book, we seek to add clarity wherever possible by distinguishing between when we are referring directly to a concept and when we are simply using a concept by the use of *single quotation marks*. Thus:

We provide a pattern-based definition of ‘trust’
and

There are seven characteristic features of ‘trust’
are examples of cases where we are referring to the concept of trust itself,
in order to offer an analysis of that concept. Whereas:

Patients are losing trust in physicians
and

A competent physician has earned the trust of his patients
are examples of cases where we are using the expression.

Moreover, we use *double quotation marks* to identify verbatim quotations from the literature (except in those cases of longer quotations which have been indented instead).

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