Trust: The Keystone of the Patient-Physician Relationship

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This lectureship was established by a well-known surgeon, John J Conley, an otolaryngologist who dedicated most of his professional life to the treatment of head and neck cancer. Dr Conley was primarily a surgeon, not a philosopher or an ethicist. Yet, he believed that to provide the best care to patients with cancer, the surgeon should be trained in other areas, in addition to the traditional technical aspects of surgery. To that end, in the early 1990s, he founded the John J Conley Foundation for Ethics and Philosophy in Medicine, through which he established this lectureship to provide a forum within the American College of Surgeons where ethical questions facing surgeons could be discussed. He once said "I consider ethics and philosophy to be in one sense, the essence of the medical profession…I am particularly interested in maintaining the highest ethical principles as a frontline for the practicing surgeon."[1]

Like Dr Conley, I became a surgeon because I was fascinated by the physiopathology of the gastrointestinal tract, and saw surgery as a unique way to make changes with my own hands that affected the functioning of those organs. I believed that by altering the pathologic process itself, I would improve the quality of life for my patients, occasionally cure someone from a dreadful disease, and, when that was not possible, at least alleviate pain and suffering of fellow human beings. I did not embrace the study of philosophy or ethics in any formal way during my formative years or early professional life. But as the years went by, I found that the power of healing, the influence that I have over my patients to alleviate pain, suffering, and discomfort, could be enhanced substantially by the kind of relationship I established with them.

As my enthusiasm grew in the area of the patient-physician relationship, and as the limitations of my abilities to heal using only my technical expertise became more obvious during my years as a surgeon, I recognized the impact that quality communication between patients and surgeons, the kind that engenders mutual trust, had on the outcomes of my work. And at some point in my career, I also realized that my ability to establish a good relationship with my patients enhanced my ability to communicate with myself, and allowed me to have a better understanding of my own feelings and, in a way, to communicate with my own soul.

At the same time, it became clear to me that, as surgeons, we "team up" every single day with nurses, technicians, social workers, residents, and other healthcare providers, all of whom participate in the work on behalf of the patient and when we have, through adequate communications, established a bond of trust with our team, the team works better, the stress is lower, the satisfaction and celebration of work well done is shared among all of us, and the environment in which we work is enriched. This essay describes in some detail the importance of trust, engendered through appropriate communications, in the relationship of the surgeon with the patient, the surgical team, and him- or herself. In so doing, I have borrowed extensively from experts in those fields and added my own interpretation as a clinician to translate theoretical constructs into practical applications, with the hope that they will directly benefit patients and care providers alike.

TRUST: THE "KEYSTONE" OF THE PATIENT-PHYSICIAN RELATIONSHIP

I envision the patient-physician relationship and, by extension, the relationship that surgeons develop with other members of the team and with themselves, as an arch; the surgeon represents one pillar and the other party represents the other pillar, and trust is that stone on the top of the arch, the so-called "keystone," because the stability and integrity of the arch are dependent on the keystone (Fig. 1).

The Etruscans recognized more than 2,000 years ago the importance of a keystone in the construction of an arch, and Romans perfected the technique when they realized that the arch could not be self-supporting until the keystone was placed. Likewise, I submit to you that a strong human relationship does not exist until trust among the parties occurs, and that trust, like a keystone,

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Figure 1. Trust is to a relationship like a keystone is to an arch, essential for its integrity.

is essential for the relationship to endure. Trust is to a relationship like a keystone is to an arch, essential for its integrity. Throughout the Roman Empire, engineers erected arch structures such as bridges, aqueducts, and gates to span open spaces, and I envision the open space below the pillars of the arch to be the space in which human relationships are strengthened through appropriate, intense, and well-crafted communications.

TRUST AND COMMUNICATION: AN INTIMATE RELATIONSHIP

Trust is a defining element in any interpersonal relationship, and it is my theory that communication is the most effective and efficient vehicle to engender trust. I am, of course, talking about communication in a much broader sense than the traditional concept. Most of the communication I refer to is, in fact, nonverbal, it results from actions carried out by an individual and relates to the behavior exhibited by a person. The way we "walk the talk" of life is the single most powerful way to communicate. I am convinced that to establish trust, to build trust, to maintain trust, we must use communication in every form that allows us to establish a relationship with another human being, with ourselves as we reflect on our own lives, and with other members of the team. Let me first share with you some thoughts about trust, and then turn to communication as a vehicle to build trust.

Trust

Trust is defined as "assured reliance on the character, ability, strength, or truth of someone or something."[2] Trust does not usually result from a single interaction, but instead it is built over time, with repeated interactions through which expectations about a person's trustworthy behavior can be tested. Pellegrino and Thomasma define trust as an essential element of the human condition. They write, "Without it, we could not live in society or obtain even the rudiments of fulfilling a life. Without trust we could not anticipate the future. To trust and entrust is to become vulnerable and dependent on the goodwill and motivation of those we trust."[3] Bernard Barber,[4] a sociologist, identifies trust with 3 conditions: the person will act within a persistent moral order, making morality an essential component of trust; the person will perform his or her technical role competently, a powerful reminder of the need to always keep learning; and roles that require a special concern for others will be faithfully fulfilled. Three distinct characteristics emerge from these conditions that have a bearing on trust: the possession of knowledge, the autonomy necessary to practice, and the fiduciary obligation to individuals or society.[4]

In medicine, trust is considered to be a set of beliefs and expectations that a physician will behave in a certain way. Most patients accept that in this relationship, the physician will act as a leader and facilitate the creation of a special bond with the patient, which I believe is best when anchored in trust. The "trusting" party, in this case the patient, must have confidence that expectations of fidelity toward those entrusted, the doctor or other members of the healthcare team, will be fulfilled. Then there is the expectation that the person trusted will act for the benefit of the person trusting, which is the patient. Finally, there is the willingness of the trusting person to give a fair amount of discretionary latitude to the trusted person, the doctor, to do what is necessary to hopefully bring benefit to the trusting party, the patient.[3] For this to work, the patient must, as a matter of faith derived from trust, believe in the benevolence and good character of the physician.

Special aspects of trust in the world of medicine

Medicine brings a few twists to the general understanding of trust. First is the affective nature of trust, that is, identifying patient trust as a reassuring feeling of confidence in or reliance on the physician and the physician's intent.[5]

Second, trust, in the world of medicine, results from a number of interactions and dimensions that include the perception by the patient of the physician's technical competency, the interpersonal attributes and the