

## Building Trust Between Patients and Physicians

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### DEAR EDITOR

Repairing and enhancing patient wellbeing are considered the most significant goals in the health sector. It is observed that a trustful relationship between physicians and other medical team members on one side and the patients and their families on the other side is really important to achieve the fundamental purposes in the "Art of Medicine" [1]. This is why in almost all of the "codes of medical ethics", this issue receives the highest level of attention. In very famous ancient documents, "Hippocratic Oath", in the Iranian version of the Hippocratic Oath called "Ahwazi Advice" [2], and more recent international conventions such as "1948 Declaration of Geneva" [3] and national documents such as "American Medical Association Code of Ethics" [4] the issue of "trust" plays a very important role. This role could be defined as compatibility of any medical practice with ethical standards, and could be measured by the effect of the practice on patients' trust on the health sector. Today, the classic patient-physician relationship is seriously influenced by various factors. For example, physicians are now only one member, although the most important member, of a team, which includes numerous members and subsidiary teams. Therefore, physicians cannot control all influencing factors easily. In addition, the nature of diseases is changing dramatically in the recent decades from infectious to chronic; thus, patients are treated by their physicians for a long time, usually without a complete cure. Under such circumstances, physicians have to do their best to guarantee the crucial trust between them and the patients. A good strategy in this regard is to dedicate spend time on listening to the patients' explanation of their health status and try to answer their questions and understand the worries be-

fore starting any medical interventions. The physician should be polite, attentive, patient, empathic, and concentrated. Under such circumstances, the physician is responsible to transfer all the requested and important information to the patient to empower him/her to participate in the decision-making process. Such a strategy decreases the risk of unreal expectation and the consequent disappointments.

Another problem, which nowadays threatens the patient-physician relationship, is the issue of "conflict of interest", which means that in some cases patients feel that physicians have other prior interests than the patients' health, mainly financial interests. This occurs when the patient is referred to a paraclinical center for more imaging or laboratory tests. To avoid the disadvantages of this issue on patient's trust, the medical professionals and physicians should be careful about the explanation of the necessity of doing the requested paraclinical interventions in a simple and understandable manner. It is very important to mention that the patients have the autonomy to refer to any standard centers. When a patient is referred to a special paraclinic facility, it is necessary to convince him/her that it is only a strategy to promote and preserve his/her health and there is no financial interest for other physicians [5]. In such cases, it is very important to declare all possible interests of the physician.

Following these cases, the physicians could take the first steps in building trust between the patient and the doctor [6]. On the other hand, there are patient's beliefs, which root in his/her experiences or culture. In addition, patient's concerns and anxieties as well as socioeconomic conditions are the other factors that affect the patient [7]. The abovementioned factors are important and should be considered by the attending physicians to build trust between the patient and the doctor [8].

It is suggested that physicians follow ethical principles in medicine and treatment, based on the updated science and multidisciplinary and academic protocols [9]. In this respect, health officials should fully supervise the application of these principles respecting the dignity of the medical community. In addition, the officials should attempt to make appropriate policies to eliminate patient's economic concerns during the treatment procedures. Thus, to improve the patient-doctor relationship, social and cultural changes are required.

## REFERENCES

1. Gabay G. Does trust of patients in their physician predict loyalty to the health care insurer? The Israeli case study. *Health Mark Q*. 2016;33(2):149-62. DOI: [10.1080/07359683.2016.1166854](https://doi.org/10.1080/07359683.2016.1166854) PMID: [27191704](https://pubmed.ncbi.nlm.nih.gov/27191704/)
2. Najmabadi M. [Pand-Nameh Ahwazi, (Ahwazi Advice Letter), Ali bn abbas Majusi-e Ahwazi]. Tehran: School of Public Health Publication; 1979.
3. Wiesing U, Parsa-Parsi R. The World Medical Association Launches A Revision of the Declaration of Geneva. *Bioethics*. 2016;30(3):140. DOI: [10.1111/bioe.12256](https://doi.org/10.1111/bioe.12256) PMID: [26892711](https://pubmed.ncbi.nlm.nih.gov/26892711/)
4. Riddick FA, Jr. The code of medical ethics of the american medical association. *Ochsner J*. 2003;5(2):6-10. PMID: [22826677](https://pubmed.ncbi.nlm.nih.gov/22826677/)
5. Morris AM, Doorenbos AZ, Haozous E, Meins A, Javid S, Flum DR. Perceptions of cancer treatment decision making among American Indians/Alaska Natives and their physicians. *Psychooncology*. 2016;25(9):1050-6. DOI: [10.1002/pon.4191](https://doi.org/10.1002/pon.4191) PMID: [27279001](https://pubmed.ncbi.nlm.nih.gov/27279001/)
6. Platonova EA, Kennedy KN, Shewchuk RM. Understanding patient satisfaction, trust, and loyalty to primary care physicians. *Med Care Res Rev*. 2008;65(6):696-712. DOI: [10.1177/1077558708322863](https://doi.org/10.1177/1077558708322863) PMID: [18723450](https://pubmed.ncbi.nlm.nih.gov/18723450/)
7. White AA, 3rd, Stubblefield-Tave B. Some Advice for Physicians and Other Clinicians Treating Minorities, Women, and Other Patients at Risk of Receiving Health Care Disparities. *J Racial Ethn Health Disparities*. 2017;4(3):472-9. DOI: [10.1007/s40615-016-0248-6](https://doi.org/10.1007/s40615-016-0248-6) PMID: [27287277](https://pubmed.ncbi.nlm.nih.gov/27287277/)
8. Alpers LM. Distrust and patients in intercultural health-care: A qualitative interview study. *Nurs Ethics*. 2016. DOI: [10.1177/09697330166652449](https://doi.org/10.1177/09697330166652449) PMID: [27284017](https://pubmed.ncbi.nlm.nih.gov/27284017/)
9. Cook T, Mavroudis CD, Jacobs JP, Mavroudis C. Respect for patient autonomy as a medical virtue. *Cardiol Young*. 2015;25(8):1615-20. DOI: [10.1017/S1047951115002097](https://doi.org/10.1017/S1047951115002097) PMID: [26675613](https://pubmed.ncbi.nlm.nih.gov/26675613/)