

PATIENT CARE IN AN ERA OF LOW TRUST

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THE PROBLEM OF POLARIZATION

Rising in the U.S. for at least 30 years, through multiple Administrations. Happening in Europe too—think Brexit.

Now at levels not seen since the 1850s

Not just about issues, but about how we regard our fellow Americans who differ from us politically. They are:

- **“Other”—alien to us, strangers, incomprehensible**
- **Unlikeable and untrustworthy as people**
- **Morally compromised**

Finkel, E., et al. Political Sectarianism in America. *Science* 2020;370:533-536

Close to Home Polarization

In 1960 only 5% of Americans said that would be uncomfortable with their son or daughter marrying someone of the other political party.

Now that percentage had moved up 40-45%.

During that same period, attitudes towards inter-racial marriage showed the opposite trend.

MANY SOURCES OF THIS POLARIZATION

Including: media silos, social media, lack of overlap between political parties, gerrymandering, income inequality, spread of identity politics, globalization

Ezra Klein (2020). *Why We're Polarized*. Simon & Schuster

HOW POLARIZATION IS SHOWING UP IN HEALTH CARE

Disconnect between clinicians and patients

Paralysis on health care policy changes

Racial equity initiatives have become controversial

The COVID 19 pandemic

Observation 1: once an issue becomes seen as deeply “red” or “blue,” we have diminished ability to deal with it collectively.

Observation 2: it’s not mainly about lack of knowledge.

It’s about trust.

FACTS AND SOCIAL TRUST

Most individuals do not have direct, personal access to policy-relevant facts. Examples: climate change, election security, vaccinations, effects of welfare programs, police shootings.

We rely on authorities, leaders, experts we trust, or who are trusted by someone close to us.

Social trust in other people and in our institutions has been in steep decline in the U.S. for over 40 years. Parallel decline in civic participation.

**Because we lack common sources of trustworthiness,
we lack shared facts.**

CONFIDENCE IN THE MEDICAL SYSTEM

1975: 70% of Americans indicated they had “a great deal” or “a lot” of confidence in the medical system. Just 4% had “very little” or “no.”

By 2021, only 44% had a great deal or a lot of confidence; 22%, very little or no confidence.

The steepest decline of any social institution Gallup has asked about.

<https://news.gallup.com/poll/1597/confidence-institutions.aspx>

Some good news: most people have positive views of “doctors,” and the more familiar they are with what doctors do, the more they trust them.

<https://www.pewresearch.org/science/2019/08/02/findings-at-a-glance-medical-doctors/>

WHAT CAN WE DO?

- 1. Accept that we live in a polarized, low-trust environment.**
- 2. Build stronger relationships of respect and trust:**
 - **At the clinical level: the focus here**
 - **At the community level**

Skills for Communicating across Trust Divides

1. Listen for the concerns (worries, fears) under the other person's views, not just their viewpoints.
2. Acknowledge these concerns. "I get it that you are worried about how this vaccine/medication/procedure will affect you." Not: "You believe that...."
Pause to let the patient indicate you heard them. Don't add "but...."
- 3 Ask nonjudgmentally where they got their information and what other people in their life are saying about the issue.
4. Clarify your sources and why you trust them.

Skills

5. Acknowledge without argument that the other person trusts different sources.

6. Use I statements rather than truth statements. “This is what I know about ...” “This is what I’ve learned from working with patients here.”

7. Make your recommendations specific to this patient, not just a general point. “Given your risk factors for....I think it would be best for you to....”

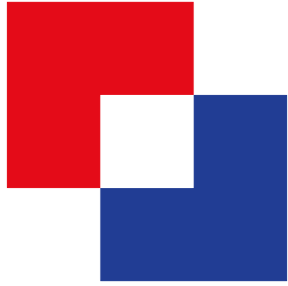
8. Express your concerns in personal terms. “I’m worried for you....”

9. Emphasize the patient’s agency. “This is up to you to decide....”

How to communicate

10. Closure

- **Ask where the patient is in terms of your input.**
- **Briefly clarify any miscommunication about your input but don't re-argue your case**
- **If still in disagreement:**
 - **Express appreciation that the patient was frank with you and listened to your perspective and concerns.**
 - **Ask if it's okay for you to bring up your concerns in the future.**



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