Trust — in general practice

Per Fugelli

And though I have the gift of prophecy, and understand all mysteries, and all knowledge, and though I have all faith, so that I could remove mountains, and have no trust, I am nothing.

With apologies to Paul the apostle,
in his first letter to the Corinthians

Introduction

ON 19 September 2000 at CERN, (the European Laboratory for Particle Physics near Geneva in Switzerland) using the the large Hadron Collider particle accelerator, the Nobel physics laureate Leon Lenderman got a glimpse of the 'God particle'. It lies at the heart of one of the most important mysteries of modern science: what is the mechanism that holds all the stuff in the Universe together?

In commemorating the work of James Mackenzie, I have been pursuing a similar particle. It lies at the heart of one of the most important mysteries of modern medicine: what is the mechanism that holds patients and doctors together? The 'God particle' I have glimpsed is called 'trust'. I feel especially privileged to discuss this concept before the Royal College of General Practitioners, because I regard GPs as the masters of trust in the medical universe.

But first, let me take you on a safari — to the jungle, to the mountains — in search of trust. In April 1996, armed Botswanan troops marched into the villages of Ngamiland, gathered all the cattle, shot them dead and burned them. The purpose of this, according to the central Botswanan government, was to prevent contagious bovine pleuropneumonia spreading to all the cattle herds in Botswana and destabilising the national economy. The perception among the Okawango tribes, however, was that this was a deliberate attempt by the central government to undermine the basis of their existence. One year later the District Health Team — on the orders of the central government — launched a campaign to vaccinate Okawango children against polio. Only a small number attended. Their fears were articulated as 'first our cattle, now our children. Perhaps, the government's syringes contained poison?' The army's violent treatment of the cattle had effectively killed trust, rendering the vaccination initiative totally ineffective. The consequence of this deep mistrust manifested as paralysed children. This case demonstrates the power of trust and the impotency of biomedicine in its absence, isolated from social life and a moral universe.

Last year, in Western Nepal, I followed the work being carried out in Tansen Hospital. Every Friday, Dr Maradishu — a GP with a good heart and a bright brain — ran an outpatients clinic for a particular clientele. The patients belonged to the upwardly mobile Nepalese middle class, who had money, education, and immense expectations of Western medicine. These people had become easy prey to unscrupulous charlatans, who set about stealing their money and ruining their health with endless costly laboratory tests, investigations, drugs, and referrals. When these patients finally reached the inescapable conclusion that they had been cheated, they would arrive at Dr Maradishu's clinic in despair. In his clinic they were brought back to reality; he confiscated their plastic bags containing the myriad different drugs and the piles of nonsensical medical documentation. Dr Maradishu drew a clear demarcation line between heaven, medicine and earth. Often, his message would be: 'Doctors, drugs, and X-rays can never reveal your pain — go to the Brahman'. Many patients felt that doctor Maradishu brought them through a medical catharsis. They trusted him because he was honest. He did not exploit them. He acted in their best interest.

What is trust?

Trust is an individual's belief that the sincerity, benevolence, and truthfulness of others can be relied on.[1,2] Trust often implies a transference of power, to a person or to a system, to act on one's behalf, in one's best interest.

Trust is divided into two categories: personal trust and social trust.

Personal trust is the trust that you have in an individual — such as your spouse, your friend or your doctor. It evolves between people with names, identities, feelings, and faces and must be actively gained.

Social trust is trust in societal institutions; for example, the government, the military or a health care system. It is the type of trust that develops between a person and a faceless abstract organisation that does not possess human feelings.

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Social trust is often passive and inherited.

What do we need trust for? We need it[1,2] for the following reasons:

- to cope with existential angst;
- to make sense of complexity;
- to reduce risk; and
- to function as a 'chaos pilot' in life and society.

Trust is the 'social vitamin' that enables us to live. As Graham Greene writes in his book, *The Ministry of Fear*: 'It is impossible to go through life without trust, that is to be imprisoned in the worst cell of all — oneself.'

Sick people have always had a particular need for trust, because to fall ill implies a loss of trust in yourself, in your body, in your social role, in your future. This loss of trust fortifies the need to trust others; among them, the doctor.

That people trust our moral integrity and medical competence is the very basis of professional autonomy.[1,2] The trust of the people indicates, to some extent, a 'declaration of independence' for medicine. Without trust, medicine would be simply a battlefield invaded by lawyers, politicians, bureaucrats, journalists, controllers, consumers, and money-makers.[3]

Now imagine, if you will, a clinical meeting in the Room of Trust and a similar meeting in the Room of Angst.[3-6] In the Room of Trust, the patient's genuine feelings will be presented, even when they are painfully acute. In the Room of Angst, however, there may be hidden agendas that make the patient reluctant to reveal his true feelings.

In the Room of Trust the patient will feel secure with low technology and high fidelity. In the Room of Angst there will be cravings for multiple tests and sophisticated referrals.

In the Room of Trust there will be patience, allowing the doctor to use time as a diagnostic instrument and healing remedy. In the Angst Room, there is a silent cry for action and solution *now*.

In the Room of Trust, what Balint calls the 'drug doctor' has a powerful presence, making the therapeutic alliance and patient compliance strong. In the Room of Angst the molecules are alone, deprived of the power of trust, faith, and hope.

In the Room of Trust the clinician can feel free to use his personal judgement and tailor medicine to fit this unique patient, in this life situation, on this strange Wednesday. In the Room of Angst clinical practice will be restrained by guidelines, quality control standards, fear of being sued, and fear of being made the subject of media scandal.

In the Room of Trust the doctor will be forgiven. In the Room of Angst he will be accused for the same mistake.

In the Trust Room, doctors thrive. In the Angst Room, doctors burn out.

Trust is to general practice like blood is to the body. As the flow of blood enables the organs to function, so the flow of trust enables the GP to function as a personal doctor, as a clinician of temperance and patience, and as a gatekeeper to the medical tower of Babel.

Apocalypse now?

What is the state of trust in medicine to day? We have few researchers and many prophets in this field — mainly prophets of doom! However, research evidence indicates that the majority of patients still trust their personal doctor, whereas confidence in the health care system is under strain.[3,7,8] The symptoms of ailing trust in the medical professions are manifest in the increasing proclivity of patients to complain and sue; the rise of patients' rights; the invasion of controllers and reviewers into clinical practice; the proliferation of alternative medicine; the enthusiasm with which the media scrutinise the profession; and the burnout epidemic among doctors.

What is trust made of?

There are genuine sources of trust in general practice.[3,5,6,9-13] These are: a just society, moral integrity, personal doctoring, sharing of power, compassion, realistic medicine, and competence.

A just society

So, what part does a just society play in the GP's consultation room?

You will recall the case of the Okawango tribe, mentioned earlier. If people lose basic trust in society then they will carry a burden of fear and cravings into the consultation room. Trust and mistrust are contagious, crossing the divide between society and its microcosm in medicine. Doctors can enhance trust in medicine by contributing to a just society.

How can this be achieved? By helping to heal the ills of society.[14,15] GPs working in the frontline, in the midst of the social jungle, are in a unique position to spot trouble before it becomes generally apparent. The political pathology is inscribed in our patients' bodies and souls. It is our duty to read the signs and symptoms of unemployment, poverty, and racism. Our task is not to medicalise these problems but to act as social messengers, reflecting back to ordinary people and to politicians. This was what James Mackenzie was trying to do when he wrote *Only A Working Lass*,[16] a novel about the social injustices he witnessed while working as a GP in Burnley.

Moral integrity

The amalgamation of trust collectively known as 'moral integrity' comprises four elements.[1,2] These are: honesty, transparency, confidentiality, and autonomy. I will focus on the last element, autonomy, since that is the most endangered value.

An essential element in the very definition of trust is the firm belief that the other, the trusted one, will act in your best interest. The Nepalese hospital doctor mentioned previously, Dr Maradishu, is an example. Modern times are characterised by the intrusion of external parties into the doctor–patient relationship.[3,6,13,17,18] The autonomy of the GP, and hence the capacity to create trust, is now compromised by big business, big government, big science, and Big Brother.

Big business confounds the doctor–patient relationship with greed, profit, and financial incentives. The Newspeak of medicine is characterised by phrases such as 'market share', 'productivity index', 'covered lives', and 'medical loss

ratio'. Big government compromises loyalty to the patient by recruiting the doctor as a kind of double-agent. Fundholding, gatekeeping, and outcome measures divide loyalties, with a bias towards the government's system.

Big science reduces the GP's freedom by changing the clinical jungle into a clinical park. Big science may reduce the manifold of man to predictable categories. Big Brother takes its toll on autonomy with new information technology and invasive monitoring systems.

Patient trust depends on the perception — indeed, the conviction — that the GP is free to act in the patient's best interest. Milan Kundera writes, in his novel *The Unbearable Lightness of Being*, that 'the doctor is judged only by his patients, that is behind closed doors, man to man'. This is the moment of trust: the consultation — not the big systems — is the true battlefield where trust is won or lost. And it is precisely here, in the consultation, that the GP has an exceptional potential for trust: in the capacity of personal doctoring.

Personal doctoring

Doctors in other parts of medicine are devoted to a particular organ or a technology. They practice according to what the Germans call 'Das Schema'. The GP is devoted to the person — the strange, subtle, and unpredictable thing we call a human being.[19-22] 'Das Schema' is not workable in general practice. Our patients are tales of the unexpected. While many doctors are double-blinded by objectivity and science, the GP's eyes are trying to find the patient's eyes, creating a meeting between what Martin Buber calls 'an I and a you'. When a diagnosis enters into a person, a new disease arises every time. Every time a new disease arises, sculpted by this person's history, character and life situation. Therefore, each man becomes ill in his own way. The only significance test relevant to general practice signifies that:

$P = 1$.

The Patient is One.

How do we maintain personal doctoring, and thereby trust, in general practice? Personal doctoring depends on being small scale. Trust thrives better in a local home-like setting, than in the alien supermarket. Trust grows in the context of ongoing relationships.[8] Einstein's classic equation can be rewritten as:

$t = mc^2$

— or, 'trust equals medicine practised in continuity squared'.

Sharing of power

To the GP, personal doctoring is more than just an instrumental strategy. Personal doctoring arises from a deep-rooted conviction that the patient is not a subordinate biomachine, but a fellow human being whom we should approach with humility, respect, and non-dominance. The GP realises that there is only one expert on the patient's feelings, fears, hopes, bodily sensations, and social sentiments — the patient himself. Therefore, the two experts — the expert on medicine, and the expert on himself and his life, must co-operate, merge expert domains, and share power.

How to do it? You know. You have done it for thousands of years!

Compassion

Trust is facilitated by personal doctoring and by sharing of power with the patient. But if personal doctoring and sharing of power are done in a cold and calculating manner then trust may fade away.[14] Love and compassion — to suffer with, to convey empathy for the patient's distress, to show concern for his or her good — promotes trust.[9]

Realistic medicine

To be compassionate, personal doctors do not necessarily need to be doctors without limits. Trust is not linked to an eager-to-please attitude. Realistic and trustworthy medicine implies that there are times when saying 'no' is appropriate. Trust is associated with clear, predictable limits — limits to the patient's expectations and limits to the doctor's promises. Modern medicine promises people too much — too much healing and too much certainty.[23,24] There is a great divide between what we, inspired by Erving Goffman may call 'medicine's front stage and medicine's back stage'.

On medicine's front stage, physicians play the masters of the universe, the conquerors of nature, and the terminators of ills, suffering, and death. On medicine's back stage, we play out hidden tragedies, tremble, and burn out. We labour in a sea of uncertainty and continuously confront the failings of our profession.

When patients perceive too great a difference between 'front-stage medicine' and 'back-stage medicine', trust is lost. It is then that the GP is called upon to lighten modern medicine's burden of the promises of perfection.[25] In the capacity of near-life doctors with continuity of care, GPs are dedicated to sober, realistic practice. We are constantly judged by our patients. Reality commands us to move medicine's front stage and back stage closer together. This contributes to honesty, the keeping of promises, and trust.

Competence

The moral integrity and the personal quality of the doctor are important for trust, but they must not indemnify competence, professional knowledge or skills. To preserve trust we have to be competent in the specific tasks of general practice.[21,22,26] These are:

- first-line medicine, discerning the vague shadows of pre-diseases;
- generalist medicine, confronting the total portfolio of human misery and pathology;
- 'jungle' medicine, coping with the manifold mysteries of man and society; and
- 'coaching' medicine — coaching the patient wisely and safely through medicine's dangerous labyrinth.

You will have realised by now, with some pride I hope, that general practitioners are the masters of trust in the house of medicine.

This is the drama of general practice in the year 2000: trust is the fuel, the essence, the foundation of general practice. Trust in general practice is, at this very moment, in danger. What can be done to save it?

Hitherto, we have done close to nothing. We have been too permissive and too flexible.[27] We have made general

practice compatible with modern trends as if they were Newtonian laws. We have accepted hostile takeovers from the politicians, from the bureaucrats, from the market, and from science, at the cost of autonomy and trust in general practice. The past 20 to 30 years have been a sad tale of permanent retreat. And retreat, according to the military theorists, is the most hazardous and difficult of all manoeuvres. General practitioners belong traditionally to the school that values benevolence, profiled by helpfulness, loyalty, forgiveness, and responsibility.[28] So let it be. However, now may be a good time to rediscover Machiavelli's theories on exercising power.

The global market and neo-capitalism will brutalise medicine. Perhaps, we ought to change from scouts to warriors. Perhaps we should bring some iron to our soft souls and fight harder, fight tougher, for the core values of general practice and their eventual outcome — in other words, trust. If this is the case, then what is needed is a strategy for trust in general practice.

Strategy for trust

Professional capital

First, we must unmask the swindlers who claim that we live in times of unprecedented change and radically new challenges, and who further claim that old values have passed their expiry date. None of these claims are true. It is a bluff, sold on the vainglorious pretensions of modernity and bought by people without memory and professions without history. In a strategy for trust in general practice we must 'go retro' and dig for the true gold in the modern dust. Only in the archaeology of general practice can we find our basic values with the capacity to carry us into the future:[21,22,25,29] personal doctoring, sharing of power, compassion, realistic medicine, and competence.

These values are the diamonds of general practice, and they are for ever. They constitute what Bourdieu describes as the 'professional capital' of general practice. Our teaching, research, clinical practice, and policy-making should aim to fortify this professional capital.

General practice, however, is an earthbound enterprise. How can we make the 'God particle' — in other words, trust — work on Earth, in England, on a Wednesday in the year 2000?

Building trust into the New Order

General practice ought to redress trust to some extent, according to modern styles.[3,4,13] We should also submit to political priorities, accept regulations and control from outside, comply with post-modern mentalities, and worship at the holy shrine of market values — to some extent. But, note, only to *some* extent. General practice must find a wise compromise between modernisation and fundamentalism. We must adjust trust to reality, but we must also adjust reality to trust. We must not modernise, adapt or obey, beyond trust.[17,27]

Oh, what a lovely war!

If the lawmakers, the politicians, the bureaucrats, the Cochranites, the health authorities, the market place, and sophisticated consumers force us, or tempt us, to devalue our professional capital, to betray the very basis of trust in general practice, then we must stand firm and declare war. In the battle to preserve trust we have two allies: the market and our patients.

Join the market

The *belle epoque* of general practice that survived because of its social heritage is now past. In the future, the 'to be or not to be' question for general practice will be determined in the market place. The market is conquering the world, superseding politics, and colonising mentalities. We cannot fight it, so let us join it. We have a product that is very much in demand: medical trust embedded in personal doctoring. Sophisticated consumers in search of trustworthy medicine want all the qualities of personal doctoring, sharing of power, compassion, realistic medicine, and competence that general practice can deliver.

These qualities are at the same time the trademarks of our profession. So let us polish our gold so that it shines in the commercial setting of the market place. Let us give people an offer they cannot refuse: guaranteed trust. Let us brand trust, and sell trust, aggressively.

Therapeutic alliance with the people

The ultimate ally for general practice in the battle for trust is the patient. Our best clinical instrument is the patient-centred method, based on trust in the patient.[30] However, our best political weapon remains to be forged. In times of trouble, personal doctoring is not enough — we must engage in political doctoring too. Our experience of alliances with patients should be extrapolated to the societal level of alliances with people. In times of trouble, we should ally ourselves, not with the biomedical meritocracy, not with the economic plutocracy, not with the political hypocrisy, but with the people.

James Mackenzie, who was a general practitioner in Burnley for fifteen years, always praised the sterling quality of its people:[16]

> *'Boom and slump, poverty and unemployment during the nineteenth century may have dimmed, but had certainly not extinguished their vitality, and the ardour of their spirits. Kind, simple, blunt, but transparently honest, they imparted to the stranger an immediate warmth and friendliness. Fate or fortune had brought a Scots doctor to their midst. Mackenzie was at home'.*

So, for the sake of trust, for the future of general practice, let us follow James Mackenzie, and go home — to the patient and to the people.

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