Winning Their Trust
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The ranks of the U.S. medical profession will soon grow by 16,000 physicians, as the class of 2011 graduates from medical schools throughout the country. These new physicians will go on to receive graduate medical training that is superb by global standards. Once in practice, they will be encouraged to uphold high quality standards through licensing and certification, activities of specialty societies, and participation in a growing array of incentive programs (e.g., quality-measure reporting, meaningful use of information technology, and care models fostering enhanced communication and coordination of care).

All this emphasis on the quality of care aims to maximize good health outcomes for patients. But even the best clinical care in the world cannot ensure the best health outcomes: patients’ own behavioral patterns, among other social determinants, substantially affect their health outcomes. To truly optimize outcomes for their patients, physicians will have to go beyond the simple provision of clinical services. They will need to forge partnerships with patients to address behavioral patterns — an undertaking that will require them to demonstrate empathy and gain their patients’ respect and trust.

It is estimated that 40% of deaths in the United States are caused by behavior patterns that could be modified by preventive interventions. Behaviors such as tobacco use, physical inactivity, eating an unhealthy diet, and substance abuse lead to an array of chronic diseases and complicate the management and treatment of various health conditions. Tobacco use continues to be the number-one cause of preventable death in the United States, and 20.6% of adults currently smoke cigarettes. In addition, 34.0% of Americans 20 years of age or older are considered obese, and 28.1% of U.S. adults surveyed report having drunk excessive amounts of alcohol in the previous 30 days.

Furthermore, lack of adherence to medication and noncompliance with therapeutic regimens also have substantial effects on outcomes such as preventable hospitalizations, disease progression, premature disability, and death. Data on general medication adherence reveal that patients with chronic diseases normally take only 50% of their prescribed doses; 22% of patients take less than what is indicated on their medication’s label. One study found that 50% of patients did not follow referral advice, 75% did not keep follow-up appointments, and 50% of people with chronic ill-
nasses dropped out of care within a year.3

Physicians need not assume sole responsibility for addressing these behavior patterns. Increasingly, interdisciplinary and team care approaches are being pursued as ways of providing patient-centric and preventive care that can help to support behavior change. In addition, changes in policy and care systems, such as the use of physician reminders and decision support, the development of linkages between clinical practices and community-based prevention resources, and the provision of financial incentives for tackling population health issues, will provide further support for achieving these aims. For example, under the Centers for Medicare and Medicaid Services’ proposed rule on accountable care organizations (ACOs), the amount of shared savings an ACO may receive is linked to its performance on quality measures, several of which focus on preventive health interventions related to behavior patterns.

However, physicians who believe they have no role—or who have little interest—in changing behavior patterns would be wise to think again. Optimal health outcomes demand attention to behavior patterns. In addition, there is ample evidence that physician leadership has a unique and powerful role in changing behaviors. For example, when a physician asks patients if they smoke and advises them to quit, their chances of actually quitting increase by 30%.4 Research has also demonstrated that patients who are satisfied with their relationship with their health care provider are more likely to adhere to treatment regimens for diabetes.5

Changing patterns of behavior is no doubt difficult; it requires patients to be empowered, informed, motivated, and involved as partners in their own care. It may be important for patients to manage their own risk factors, to ensure that they don’t result in the development of new illnesses or exacerbate existing ones. And patients are empowered, at least in part, by the level of trust they have in their provider. Although an increasing number of physicians are opting to work fewer hours and choosing specialties that offer them greater control of their personal lives, it is in fact still possible to build this trust in the time they spend with patients.

As physicians have been taught in medical school, the first step is exhibiting empathy and demonstrating respect for patients’ circumstances and perspectives. Simple acts, often taken for granted, such as paying attention to bedside manner, asking patients about their concerns, making an extra phone call to provide test results, or introducing patients to other members of the care team can all contribute to building trust. Making better use of the initial visit or of an annual visit, such as Medicare’s new annual wellness visit, for learning about a patient’s preferences and challenges may help to build trust; such visits are also ideal times for reemphasizing to patients the link between behavior patterns and health. Demonstrating empathy, respect, and a willingness to address the barriers to optimal health will help to foster a doctor–patient relationship that facilitates the changing of behavior patterns, which, in turn, will support the high-quality care practices that physicians have been taught and encouraged (and will soon be paid specifically) to provide. This process has the potential to result in the very best health outcomes for patients.

Most physicians, on graduating from medical school, take an oath to practice medicine ethically, to act altruistically, and to serve those in need of healing. Achieving the best health outcomes will require them to focus not only on treating diseases, but also on building partnerships with patients and guiding them in changing their behaviors. To help patients achieve optimal health, physicians will first have to win their trust.

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