

# A call to confront mistrust in the US health care system

February 24 2020

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"For those who have faced exploitation and discrimination at the hands of physicians, the medical profession, and medical institutions, trust is a tall order and, in many cases, would be naïve," writes Laura Specker

Sullivan in "Trust, Risk, and Race in American Medicine." Specker Sullivan calls on medical providers to take action, writing that caring and competence are not always enough to earn patient trust. People in advantageous positions must work to gain knowledge of those who are more marginalized, the author writes, particularly in the context of American medicine, where many African American patients have experienced unjust treatment.

In "Trust in American Medicine: A Call to Action for Health Care Professionals," Dinushika Mohottige and L. Ebony Boulware complement Specker Sullivan's call by recommending that [health professionals](#) commit to five actions: explore and understand patients' mistrust, work with patients to develop individual and institutional efforts to mend and prevent mistrust, strive to be culturally humble, make empathy part of relationships, and engage in continuous self-education. In "Earning Patient Trust: More Than a Question of Signaling," Alan Elbaum advises that health providers can work to overcome their implicitly racist perceptions by adopting an "orientation of empathic curiosity in every patient encounter."

In "Equity Care", Joseph Geskey takes us into a patient's home to explain how her health care system, like many in the United States, is acting against the patient's best interests by placing technology in her home. The Ohio physician notes that, paradoxically, the health system's attempt to use technology to reduce health disparities may end up creating further inequalities in outcomes for elderly, less technologically facile patients with limited literacy. He finds that focusing on equitable outcomes with a personalized understanding of patients allows patients to creatively incorporate their individual goals in managing their [health](#). Geskey asks, "When will this become the standard of care rather than being viewed as charitable care?"

In "Medically Assisted Dying and Suicide: How Are They Different, and

How Are They Similar?," Phoebe Friesen goes beyond the semantics to argue that there is no clear justification for emphasizing either the differences or similarities between suicide and medically assisted dying and that more harm may be done in attempts to distance the two acts.

Also in this issue, Benjamin S. Wilfond writes of the ethical considerations involved in adding information to drug labeling in "Pediatric Drug Labeling and Imperfect Information." In "Hans Jonas and the Ethics of Human Subjects Research," Douglas S. Diekema marks 50 years of bioethics by discussing the continued relevance of a landmark 1969 article. And Robert Sparrow and Joshua Hatherley write in "High Hopes for 'Deep Medicine'? AI, Economics, and the Future of Care" that if we want to ensure that "AI increases, rather than erodes, the opportunities for care in medicine, we will need to think more deeply, not just about AI but also about the business of medicine and the institutional and economic contexts in which it is practiced today."

**More information:** Laura Haupt, Patient Welfare and Trust, *Hastings Center Report* (2020). [DOI: 10.1002/hast.1073](https://doi.org/10.1002/hast.1073)

Provided by The Hastings Center

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