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The New Trends in Medicine and Trust

Anna LIADOVA¹

Abstract

Over the last years, the Russian National Health Care System has undergone a number of great changes. These reforms are motivated by the whole transformation of medicine as a social institute. As it showed by the numerous studies, under the process of the globalization and new technologies the clinical practice has been changed. The high technologies in medicine have incorporated new trends in practice and lead to use exactly hard evidence for diagnosis and treatment. But spending on new health technology increases healthcare costs. Now the main trend is the standardization of practice, that is relied on evidence-based medicine as it reduces costs. The great damage to the physician-patient relationship in these movements is that the patient is considered secondary, without attention to his individual characteristics and needs. It ignores the individuality and leads to the uniformity. It affects the doctor-patient relationship. As it well known, trust is a keystone of effective doctor-patient relationship. It may be considered as a belief of an individual that trustee will care of his (a patient's) needs and interests. But, under the modern trends in medicine, there has been changed the doctor-patient relationship. The paternalistic model has been evolved into the new form based on a personal informed consent. And now the question is that what role trust plays now? Based on the data of the sociological research, it was revealed, that over last years, the public trust to doctors and the national health care system has been unsatisfied and unstable. So, it may be pointed out, that the informed consent could not be only legal compulsion and defence for doctors in case of adverse treatment outcome. It is also an ethical obligation as no consent could not be an insurance for doctors to avoid legal liability. So, mutual trust as a keystone of doctor-patient relationship has been still actual for the current concept of the social interaction in medical practice.

Keywords: *trust; medicine; doctor-patient relationship; informed consent.*

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1. Introduction

Over the last years, the Russian National Health Care System has undergone a number of great changes. These reforms are motivated by the social-economic environment changes of medicine as a social institute. As it showed by the numerous studies, under the globalization and new technologies the clinical practice has been changed [15]. The high technologies in medicine have incorporated new trends in practice and lead to use exactly hard evidence for diagnosis and treatment. The traditional paradigm of clinical medicine was replaced by evidence-based one.

On one hand, this approach gives new perspectives in treatment of hard diseases. It opens the frames of national health care systems and makes international medicine that let to exchange with skills and knowledge. It improves disease treatment. Thanks to these movements, the World Health Organization prognoses the improvement of human life and life expectancy.

But, on the other hand, this has been resulted in growing of business models in health care. Under the new approach, the national health care management systems are need to be reformed. Firstly, spending on new health technology increases healthcare costs. This tendency leads to standardization of medical practice as it reduces costs. The great damage to the physician-patient relationship in these movements is that the patient is considered secondary, without attention to his individual characteristics and needs [16]. It ignores the individuality and leads to the uniformity.

Then, it must be noted that the improvement of life expectancy results to the growing of the patients' expectations. The revolution in the communicative technologies makes the present patients well-informed consumers of medical services. They may diagnosticate themselves, verify the doctor's decision, use medicals without physician's permission, choose hospital, doctor and even ways of treatment. Doctors have been losing their unique position as a leader in the treatment and become a part of the complex organizational system. Now they have to document many metrics, inputting data into electronic systems, in order to meet requirements. These trends alter the relationship between physicians and patients [23]. The model of communication that took place earlier, was based on the paternal attitude to a patient. But, under these conditions, the paternalistic model has been transformed into the new form. It has evolved towards shared decision making concept. The base of the new model is the informative consent. It includes the concept of the patient's autonomy and his rights to make decisions and choices, hold views on his personal values and beliefs.

But in the case of Russia this model is transformed to the legal defence for physicians, on one side, and to unalternative desicion making

process for patients, on the other. The reason is that the informative consent model was created in the western social traditions under the conditions of capitalism and individualism. But these principles for Russia as for some other East-European countries which had been developing under the soviet traditions, are not useful because of special social and economic conditions of their development for the last decades.

2. Problem Statement

Trust is an inseparable element of effective social interaction. The Russian Dictionary defines trust as a belief to somebody, based on the confidence on this person, his or her honesty, veracity, that this person wouldn't exceed his or her authority, strength and knowledge. It must be noted, that since the middle of the last century there has been growing research interest to the change of trust. Sociologists have been discussing this concept and pointing out its significance for the development of the society [5, 6, 7, 14, 18, 22]. According to N. Luhmann, for instance, trust is a mechanism reducing social complexity in the conditions of growing number of social practices and risks [14].

Trust in medicine has always been regarded as a keystone of effective doctor-patient relationship [1]. It may be considered as a belief of an individual that trustee will care of a patient's needs and interests. This principal is rooted to the Hippocratic oath, that reflects the importance of mutual personal understanding between doctor and patient. Trust between patient and physician has an important value for therapy and results of treatment [12]. It helps to improve communication, cooperation in treatment, ability to cope with uncertainties [15]. As it showed by studies, patients demonstrate more beneficial health behaviors, less symptoms and higher quality of life when they had higher trust in their health care professional [1]. Trust is a multiple construct. It is not a result of a single interaction. It is a process, that is cultivated by interaction. There are many factors which influence it [8, 9].

As a social concept, trust is in close connection to the transformation of medicine as a social institute. As it mentioned above, over last years under the social-economic environment changes, there has been the shift from the paternalistic doctor-centered model to the patient-centered concept, based on the informed consent and respect of the patient's autonomy in treatment decision. And now the question is that what role trust plays now?

3. Research Questions/Aims of the research

The present study focuses on the trust change in the health care system under the current development in health care in the case of Russia. The aim of this paper is to review and synthesize the recent studies of doctor-patient relationship and to define the correlation between trust and informed consent and factors which influence these categories.

The study conducted for this paper provides the new insight into the understanding of the trust under the new concept of the doctor-patient relationship regarding the national health care system of Russia.

The author puts the attention on the specific way of the formation this new model in the condition of social and economic transformation in Russia for the last decades as this issue was not discussed earlier.

The research hypothesis is that the patient-argument trust is an essential element in the doctor-patient interaction under the current challenges in society and medicine.

4. Research Methods

The present study considers the new doctor-patient relationship concept through theoretical and fieldwork aspects. Theoretically there have been done the review of the emerging literature. For the fieldwork aspect the data of surveys on the national health care system in Russia, that conducted in recent years, have been applied. The following databases have been used: the Russian Public Opinion Research Centre (WCIOM), the Public Opinion Pull Fund, Federal State Statistics Service. The monitoring of public opinion on the relevance to the national health care organization was conducted by the WCIOM in the period from August to September in 2016 [19, 20, 21]. The poll was multistage stratified, with step-by-step selection of households, with the use of quotas at the last stage of selection. The maximum error size is +/- 1.3%. The survey method was a personal formalized interview. The poll involved 6000 respondents [21].

5. Findings

According to the data from the current studies, the efficiency of the national health care system organization and its professionals is still under the question. As it showed by WCIOM' report, more than half of the Russians are not satisfied with the health care service [21]. About third of the respondents express their dissatisfaction with deontological aspects,

physicians' competence. These negative assessments of consumers of medical service affect the public trust to doctors and medicine as a whole. As it revealed by previous studies, public trust in the leaders of the national medical profession in Russia has declined over the last decade [11, 19, 20]. According to the Public Opinion Pull Fund's report, for example, about third of respondents expressed their distrust to the national health care system [19]. The results of the analysis of public opinion data, conducted in 2014-2015 by Levada Analytical Center, also showed high level of the distrust to the national health care system: over half of the respondents expressed distrust to the health care organizations [11].

One of the consequences of this trouble tendency is spreading self-medication among the Russians. According to the Public Opinion Pull Fund's study, over thirty percent of Russians practice self-medicating [20]. And the key question is that what it is caused with?

6. Discussions

Anthony Giddens who conceptualized the trust in modern society, defined its three types: basic (personal), institutional (to the system) and general (to the society) [7]. In the aspect to medicine, it means the interpersonal trust between patient and physician, the institutional trust to the medical organizations and the system trust to the medicine as a social institute. It is important, that these forms of trust are in close connection. As it was mentioned above, over last years the health care system in Russia has been under the reforms that is caused by the globalization of medicine and high technologies evolution. As a result, it has higher risks and leads to the capitalization of medical services. In previous soviet period the health care system in Russia was built on the paternalistic principle. According the current movements it has been evolved into the patient-centered concept with the informed consent as a basic element in the doctor-patient relationship. Although it originated from the western tradition, its necessary has become increasingly over the national health care systems [3]. The informed consent was fastened in Russia in 2011 year by the State Law "About health care". According to Daniel E.Hall's study, "informed consent has become the primary paradigm for protecting the legal rights of patients and guiding the ethical practice of medicine" [10]. It has three purposes: legal, ethical and administrative. The legal concept of informed consent is the realization of patient's right to decide what treatment shall be applied. The administrative purpose of informed consent is to legal the treatment process. And, the last – ethical – concept is the most important as it shows

that treatment is chosen by a patient himself and in his willing. The key principal of informed consent is the respect of patient's autonomy and his right to participate in treatment decision. This new code of medical practice is recognized and protected by law [2].

And the problem of its realization in Russia now is that the informed concern is regarded only in its legal aspect as it could be a defence for physicians in the case of negative treatment outcome. But, as the studies show, it can't be realized only trough legal approach [3]. According to the studies in literature, the informed consent is affected by different factors such as patient comprehension, patient autonomy, the efficiency of communication process between physician and patient, social and economic forces [17,24]. But it has also an ethical purpose. And it is important to realise, that the informed concern is an ethical obligation. The cornerstone of medical ethics is based on physicians' attitude in the interests and health benefits of patients. So, it must be strengthen by the trustful interaction between doctor and patient [4, 17].

7. Conclusions

Thus, the doctor-patient relationship is a multiple construct. Over the last decades, it has been evolved rapidly as the medical practice has been transformed to the evidence-based model under the new technologies of disease treatment and diagnosis. The new trends have caused improving of disease treatment, more life-long quality, on one side, but on the other, these movements have raised new risks. As it resulted, the informed consent was determined as its essential aspect. Based on the data of the sociological research, it was revealed, that over last years, the public trust to doctors and the national health care system has been unsatisfied and unstable. So, it may be pointed out, that the informed consent could not be only legal compulsion and defence for doctors in case of adverse treatment outcome. It is also an ethical obligation as no consent could not be an insurance for doctors to avoid legal liability. So, mutual trust as a keystone of doctor-patient relationship has been still actual for the current concept of the social interaction in medical practice in Russia.

References

- [1] Birkhauer J., Gaab J., Kossowsky J., Hasler S., Krummenacher P., Werner C., et al. Trust in the health care professional and health outcome: A meta-

- analysis. PLoS ONE. [Internet]. 2017. 12 (2). Available from: URL: <https://doi:10.1371/journal.pone.0170988>
- [2] Boyd K. The impossibility of informed consent? *Journal Med Ethics*. 2015. Vol. 41 (12). December. pp. 44–47
- [3] Carmena del M. G., & Joffeb S. Informed Consent for Medical Treatment and Research: A Review. *The Oncologist*. 2005, September. 10 (8). pp. 636–641
- [4] Eyal N. Using informed consent to save trust. *Journal Med Ethics*. 2012, December. Vol. 8. pp. 1–8
- [5] Freik N. V. Concept of trust in works of P.Sztompka. *Sociologicheskie issledovaniya*. 2006, (11). pp. 10-8. (in Russian)
- [6] Fukujama F. *Trust: The Social Virtues and the Creation of Prosperity*. M.: OOO «Izdatel'stvo AST»: ZAO NPP «Ermak»; 2004. 730 p. (in Russian)
- [7] Giddens A. *The consequences of modernity*. Cambridge: Polity Press; 1992. 186p.
- [8] Gopichandran V. Trust in healthcare: an evolving concept. *Indian Journal of Medical Ethics*. 2013. Vol.10 (2). April-July. pp. 79-82
- [9] Gopichandran V., & Chetlapalli S. Factors influencing trust in doctors: a community segmentation strategy for quality improvement in healthcare. *BMJ Open*. [Internet]. 2013. 3(12). Available at <https://doi:10.1136/bmjopen-2013-004115>
- [10] Hall D. E., Div M., Prochazka A. V., & Fink A. S. Informed consent for clinical treatment. *CMAJ*. 2012 Mar 20; 184(5). pp. 533–540. doi: 10.1503/cmaj.112120
- [11] Kochkina N.N., Krasil'nikova M.D., & Shishkin S.V. Dostupnost' i kachestvo medicinskoj pomoshhi v ocenkah naselenija. M.: Izdatel'skij dom Vysshej shkoly jekonomiki. 2015. p. 56
- [12] Krot K., Ridawska I. The role of trust in doctor-patient relationship: qualitative evaluation of online feedback from polish patients. *Economics & Sociology*. 2016. 9 (3). pp. 76-88
- [13] Lee W.-H., Kim I.S., Kong B.-H., Kim S. Probing the Issue of Informed Consent in Health Care in Korea—Concept Analysis and Guideline Development. *Asian Nursing Research*. 2008. Vol. 2(2). June. pp. 102-112
- [14] Luhman N. *Trust and power*. N.Y: J.Wiley; 1979. p. 208
- [15] Mechanic D. Changing Medical Organization and the Erosion of Trust. *The Milbank Quarterly*. 1996. Vol.74 (2) pp. 171-189
- [16] Mechanic D. The Functions and Limitations of Trust in the Provision of Medical Care. *Journal of Health Politics, Policy and Law*. 1998. Vol. 23 (4). pp. 661-686.
- [17] O'Neill O. *Autonomy and trust in bioethics*. Cambridge: Cambridge University Press. 2002
- [18] Parsons T. *Modern Social Systems*. M.: Aspekt-Press; 1998. p. 270 (in Russian).

- [19] Public Opinion Pull Fund. The Report: Trust to doctors and their mistakes. March, 21, 2013. [Internet]. Available at: <http://fom.ru/Zdorove-i-sport/10866>
- [20] Public Opinion Pull Fund. The Self-medication. 13.09. 2008 г. [Internet]. Available at: https://bd.fom.ru/report/cat/home_fam/healthca/d083723
- [21] Russian Public Opinion Research Center. Dynamics in relation to the population of Russia to health in 2014-2016. [Internet]. Available at: <https://wciom.ru/index.php?id=238&cuid=116018>
- [22] Seligmen A. The problem of trust. M.: Ideja-press; 2002. 200 p. (in Russian)
- [23] Sizer L., & Arnold Ph. The changing paradigm of the doctor-patient relationship: Montgomery v Lanarkshire Health Board and developments in the 'duty to warn'. The New Zealand Medical Journal. 2016, January. Vol. 129 (1429). pp. 71-76
- [24] Yousuf R M, Fauzi A. R. M, How S. H, Rasool A. G, & Rehana K. Awareness, knowledge and attitude towards informed consent among doctors in two different cultures in Asia: a cross-sectional comparative study in Malaysia and Kashmir, India. Singapore Med Journal.. 2007. Vol. 48 (6). pp. 559-565