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The importance of patient trust

We physicians enter the lives of others at challenging times. That is both a privilege and responsibility. To do our best for our patients, we must earn their trust—and then use it to help them.

People come to the doctor when they are most vulnerable. I first realized this during my surgical internship at Hennepin County Medical Center. For many patients there, hospitalization was the scariest experience of their life. I remember one young man, a bouncer, who came in unconscious with a severe head injury. He woke up in his ICU hospital bed two weeks after his injury, disoriented and afraid. “What happened to me?” he asked. There he was, in a strange place, being cared for by strangers, with two weeks of his life missing.

Many patients are unnerved by the whole idea of going to the doctor. They may not understand what the physician is telling them about their disease, treatment or prognosis, and they are in an unfamiliar and often unwelcoming environment. Everything from the tedious details of registration to the grating sounds of overnight inpatient monitors can be intimidating. As we are seeing during the current COVID-19 pandemic, that lack of knowledge can create anxiety.

How can patients get through these experiences, foreign to them but so common for us? Trust. When a patient comes to you for care, they are implicitly placing an immense amount of trust in you and your expertise. It is an enormous burden to navigate the uncertainties of medicine with patients and their families, impossible to summarize the breadth and depth of years of intensive medical study and training in relatively short interactions. The weight of that task is, fortunately, counterbalanced by the successes we can have.

Sometimes, like the bouncer, patients show up without any choice; they simply have to believe that you have done or will do what is in their best interest. This young man was able to leave the hospital with his grateful family. He may not have understood what had happened to him and how he was treated, but he trusted it would turn out well—and it did.

Patients usually are willing to accept our best rationale for diagnosis and treatment because they may not know any other way to get better. This urgency—and the patient’s vulnerability and trust—drives the initial physician-patient relationship.

Later, when we get a glimpse into who patients are as individuals as we get to know them better, we can grow the relationship. We can solidify their trust in us by learning about the factors that affect both their illness and their lives beyond their medical concerns.

My current practice involves only outpatient medicine; hopefully, my patients are not as overwhelmed by the clinical experience as inpatient trauma patients. Still, I remember that my patients don’t come to clinic because they *want* to see me, but because they *need* to see me. **MM**

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