Zeke J. McKinney, MD, MHI, MPH

Reducing judgment to create trust

A friend recently told me about a 150-person golfing and networking event—within local and national pandemic regulations and guidelines at the time—he helped organize for his professional organization in the fall. Although it was outdoors, people were eating and drinking (and thus likely not always wearing masks) and, with use of alcohol, physical distancing was not necessarily respected.

The good news is that no one got sick. But he is hesitant to share this information publicly, fearing a negative reaction to this sort of gathering. This is common in clinical practice, where patients hesitate to discuss some unhealthy behaviors with their doctor for fear of judgment or scolding.

We have all heard patients or acquaintances talk about "my doctor was mad at me" regarding some health behavior, like HIV, depression, obesity or smoking. This can decrease health care engagement by patients, and it disproportionately impacts underserved populations where these conditions are more common.

Fortunately, we are not completely blind to these effects. Increasingly, medical literature supports frameworks to reduce stigma in both public health and medicine. Approaches such as "Health at Every Size" (HAES) to address weight in a neutral fashion can reinforce healthy behaviors in the context of self-acceptance.

The HAES framework dispels the traditional view that lower weight is healthier and that an inability to lose weight is due to an individual's choices, instead focusing on celebrating body diversity and respecting an individual's self-attunement as the best guide to integrating healthier eating and activity behavior.

Our judgmental view of patient behavior is not only a barrier to patients engaging with us as clinicians, but also to their sense of self-worth when considering their own health goals. When we allow people to accept and discuss their health and behaviors without judgment while being open to a spectrum of solutions to meet their goals, we build trust. Then we have the opportunity to hear about suboptimal health behaviors and can have discussions about how to mitigate them, at least to some degree.

Our judgmental view of patient behavior is not only a barrier to patients engaging with us as clinicians, but also to their sense of self-worth when considering their own health goals.

In my own practice, I talk about autonomy with patients by telling them that I am only an oracle, albeit an imperfect one—I provide information. If they want to do everything I recommend, that's fine; if they want to do nothing I recommend, that's also fine. They are welcome to take some and leave some. If it turns out that I'm not the best person to help them achieve their goals, then I am prepared to help them find the right person. I say, "I don't want someone to tell me how to make health choices for myself, and I won't tell you how to do that either."

This conversation, especially at an initial visit, tends to go over well and to convey that my office is a safe space where people can be themselves.

We cannot forget that the only instances where we can intervene are the ones where our patients are comfortable enough to approach us about them. **MM**

Zeke J. McKinney, MD, MHI, MPH, is the chief medical editor of *Minnesota Medicine*.