Organizational actions to tackle distrust: *Building Trust Italy*

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ABSTRACT

According to the Italian Code of Medical Deontology, mutual *trust* and mutual respect for values and rights are the care relationship foundation. To establish reciprocal trust and respect, the communication between care providers and patients must be skilled and appropriate, and the time devoted to communication must be considered time of care. But in Italy, in the last decades costs containment policy in the organizations of the National Health Service critically shortened the time available for care. Today, doctors and other healthcare professionals literally do not have the time to establish appropriate care relationships, and this causes a widespread and increasing *distrust* of patients and their families in the care system. During COVID-19 pandemic also vaccine hesitancy, defined by experts as a delay in acceptance or refusal of vaccination despite availability of vaccination services, was mainly due to a lack of *confidence* in care system and in scientific research. Slow Medicine ETS, an Italian proactive movement of healthcare professionals and citizens, following the example of the initiative 'Building Trust' recently activated by the ABIM Foundation in the USA, launched a national initiative aimed to promote and plan concrete actions to restore and consolidate people's trust in healthcare professionals and organizations, in researchers, in scientific and rational approach to knowledge and in its use for the improvement of health and quality of life. Slow Medicine ETS, still successfully leading and supporting the 'Choosing Wisely Italy' project, will be engaged in assembling the national network of the new project 'Building Trust Italy'.

Mutual trust and time to cure

Italian doctors know well how to establish and consolidate an effective care relationship.

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They demonstrated this in the most dramatic phases of the COVID-19 pandemic and continue to demonstrate it also in these last months of 2022, despite the increasingly worrying consequences of the many errors in planning the replacement of professionals of the National Health Service, dating back to the past decades.

Doctors written how a care relationship should be in their Code of Deontology, which in just two sentences summarizes the optimal relational climate for carrying out health professional activities:

> *'The relationship between doctor and patient is based on the freedom of choice and on the identification and sharing of their respective autonomies and responsibilities.*
> *The doctor in the relationship pursues the alliance of care based on mutual trust and mutual respect for values and rights and on comprehensible and complete information, considering the time of communication as the time of treatment.'*[1]

'Mutual trust', together with 'mutual respect for values and rights' is therefore considered by doctors to be the foundation of the care relationship.

According to the Italian Treccani Vocabulary, trust is an 'attitude, towards others or towards oneself, which results from a positive evaluation of facts, circumstances, relationships, for which one trusts in others or one's own possibilities, and which generally produces a feeling of security and tranquility'.[2]

In other words, trust (in the caregiver and in one's own possibility of recovery) - in itself - is considered as the first step in a reassuring path of treatment.

Why trust, in the care relationship, should be 'mutual', was recently explained by the bioethics expert Sandro Spinsanti in both a beautiful article[3] and a beautiful book.[4]

To create this reciprocal attitude (and at the same time experience mutual respect for values and rights) it is essential that the communication between the person who cares and the person who needs care is appropriate on a qualitative and quantitative basis.

This requires that the communication time be considered, *by all*, to be healing time.

Not only by doctors and patients, but also by those who are responsible for leading the organizations in which most of the care relationships take place: the hospitals and the other places of care of the National Health Service.

In fact, we do not believe that the best organizational model for diagnosis and treatment activities can be that of assembly lines: 5 minutes for an electrocardiogram, 15 minutes for a specialist check-up and 20 minutes for a first visit, *etc.*

Slow Medicine ETS and Choosing Wisely Italy

Eleven years ago, the founders of Slow Medicine ETS[5] believed that there was a need (in our country and beyond) for concrete actions aimed at promoting a profound review of health protection and care practices, aimed at pursuing the three principles of sobriety, respect and justice and to adopt a systemic approach in analyzing problems and identifying possible solutions.

It was with these premises that from its first year of life the 'network of ideas in motion' made its own the message of the American bioethicist Howard Brody[6] and the example of the Foundation of the Association of Internal Medicine of the United States of America (ABIM Foundation),[7] giving life to the project 'Doing more does not mean doing better - Choosing Wisely Italy'.[8]

The project aims to encourage the dialogue of doctors and other health professionals with patients and citizens on diagnostic tests, treatments, and procedures at risk of inappropriateness in Italy, to reach informed and shared choices, is based on both assumption of responsibility of doctors and other health professionals in the choices of care and on the participation of patients and citizens, and is implemented through: i) the recommendations of Italian Scientific Societies and Professional Associations on diagnostic tests, treatments, and procedures which, according to the scientific knowledge available, do not bring significant benefits to most of the patients to whom they are prescribed, but may, on the contrary, expose them to risks; ii) the improvement of the dialogue and relationship of doctors and other professionals with patients and citizens, so that informed and shared choices can be made, as part of a relationship of trust; iii) widespread information and training of doctors and other health professionals; iv) the development of information material for citizens and patients; v) extensive sharing with citizens, patients, and their representatives; vi) the application of the recommendations, through the alliance between professionals, patients, and citizens.

The recommendations of Choosing Wisely Italy since 2017 are included among the 'Good Clinical Care Practices' in the National Guidelines System of the National Institute of Health.[9]

Over the ten years of the project's life, the recommendations have been the subject of numerous scientific articles, conferences, congresses, seminars, and training events.

In most cases they have been appreciated by professionals and citizens, in terms of merit (as brief information, useful for guiding choices) and method (as a vehicle for a correct way of orienting the care relationship).

In addition to expressing appreciation, however, both professionals and citizens have highlighted that too often the organizational context in which health activities take place (the hospitals and the other places of care of the National Health Service) makes systematic use of the recommendations difficult or even impossible, due to the time limitations imposed on operators by the organizational models and business constraints adopted over the last few years.

In other words, professionals literally do not have the time to establish appropriate care relationships, since the need to contain costs and increase organizational efficiency has progressively taken precedence over the founding objectives for which health institutions exist, which consist primarily in the pursuit of efficacy, appropriateness, and full satisfaction of people's health needs.

The pandemic of distrust

The phenomenon of the refusal of antiviral vaccinations in 2021 assumed worrying dimensions in all countries of the world,[10-13] paradoxically being correlated, in industrialized countries, to their greater availability of vaccines compared to that of less well-off countries.

This further inequity, which epidemiologists also configure as a potential factor weakening the effectiveness of the global vaccination campaign, has already been the subject of vigorous stances by all the major international health organizations for some months now,[14] as well as by the campaigns of egalitarian movements around the world.[15]

Distrust in vaccines,[16] regardless of the reasons that accompany it, should be considered as a part of a wider

and more widespread generalized confidence crisis, which for some time has characterized and influenced behaviors, thoughts, choices, and lives of the people.[17]

More and more people, in recent years, have stopped trusting others.

They don't trust scientists 'who live in their ivory tower and impose their opinions without ever giving sufficient explanations', they don't trust politicians 'who only think about keeping their seats', they don't trust schools and universities 'that do not teach the things that are really useful in life', not of banks, insurance companies and industries 'who only think about their profits', not of newspapers 'who never tell the truth and only write what their bosses want'.

And during the pandemic they do not trust health institutions 'that spread false numbers and recommend the vaccine only to make the industries that produce it prosper'.

Distrust is an easily understandable, natural, defensive response to the unreliability, true or presumed, of institutions, of people with positions of responsibility, of people who hold power, of people who hold culture and knowledge, of professions, of skills, of foreigners, of 'others'.

Distrust, individual or social, can have disastrous consequences.

It can generate depression, it can make wrong choices, it feeds fear, it leads to the impoverishment of social relations and the construction of fences and walls, it represents a real threat to democracy, because it induces to rely on those who promise simple solutions to complex problems, feeds suprematism and makes dialogue, negotiation, lasting peace, cooperation, development, prosperity, impossible.

Trust is the main nourishment of positive social relations, the main prerequisite of democracy and freedom, the precondition for the consolidation of social capital,[18] the basis of human civilization.

We need to act proactively to re-build and disseminate trust before it is too late.

How to build trust

Clarence Francis, the great US manager who in the last century made a significant contribution to resolving the crisis in agricultural production following the great depression of 1929, recommended to his collaborators: 'You can buy a person's time, you can buy his physical presence in a given place, you can also buy a certain number of their precise muscle movements for each hour of work. But you cannot buy enthusiasm... you cannot buy loyalty. You cannot buy the devotion of hearts, minds, or souls. You must deserve these things.'[19]

Trust cannot be bought either. It must be deserved.

To earn people's trust, one need to be reliable, consistent, competent, clear, open, and transparent.

One need to be confident in people since every relationship of trust cannot fail to be strongly based on equality and reciprocity.

One must *be* like this, not just *seem to be* like this.

It is necessary to know how to listen to people, to know how to overcome all kinds of relational difficulties and to know how to be welcoming and compassionate in moments when people find themselves in situations of need or difficulty.

And this is true both for individuals and for institutions.

To create trust, it is necessary to work on oneself through a process of building of self-leadership and embracing the *kaizen* philosophy, to be always ready to exercise one's social and professional role in the best possible way.

It is necessary to invest in oneself, carefully managing what the Sicilian philosopher Salvatore Natoli, in 2016, used as title for his book on trust: 'The risk of trusting'.[20]

The 'Building Trust Italy' project

In line with its vision and with the experiences acquired in its first ten years of life, Slow Medicine ETS believes that it is important to share with its supporters and partners the need to plan some concrete actions, aimed at restoring and consolidating trust of the people towards professionals who work for the prevention, treatment, and rehabilitation of diseases and towards the organizations of the National Health Service in which these professionals work.

It is also necessary to restore and consolidate people's trust in the work of researchers, in the scientific and rational approach to knowledge and in the use of it for the improvement of health and quality of life in all countries of the world.

Slow Medicine ETS believes that part of the resources provided by the National Recovery and Resilience Plan[21] for the improvement and strengthening of the National Health Service areas that during the pandemic showed organizational and structural limits, must be destined to the concrete support of professionals, citizens, organizations of the third sector, experts and scholars of health organizations engaged in the activities of analysis, production of ideas, field research and dissemination of good practices.

To make its own contribution in this support, and to initiate a first concrete action, Slow Medicine ETS has decided to adhere with conviction and enthusiasm to the 'Building Trust' initiative[22] presented a few months ago by ABIM Foundation (the same American foundation of internists as mentioned above), aimed at recovering the trust of citizens in health institutions, science, and professional competence.

According to the ABIM Foundation, it is necessary that doctors, nurses, and all other health professionals are not only competent and updated on a technical and scientific level, but also know how to communicate appropriately, to establish trusting relationships with the people needing care, with their family members and their caregivers.

In current health systems, increasingly rich in complex technologies and increasingly organized in multidisciplinary and multiprofessional work and project groups, doctors, nurses, and other health professionals must also acquire the relational skills necessary to reach optimal levels of coordination, to be able to effectively carry out its specific role in the various phases of the care and assistance pathways.

In working groups, doctors, nurses, and other health professionals need to acquire authentic leadership skills, develop a sense of belonging to the institution and the profession, use mistakes as a source of learning, systematically devote part of their working time to continuous education, and diligently verify the quality of their work by analyzing the data relating to the outcomes of the treatments provided and the degree of satisfaction expressed by patients and their families.

Colleagues from the ABIM Foundation suggest of systematizing the analysis of the degree of reliability of healthcare institutions by collecting evidence relating to five specific dimensions of the trust that all begin with the letter 'C':

Competency: 'Your organization delivers services competently, reliably and consistently, delivering on what you have promised'.

Care: 'Your actions demonstrate that you 'care about me' and that you have compassion and empathy for me as a person'.

Communication: 'Your communication shows me that you know me, respect me and humanize me'.

Comfort: 'Your organization makes me feel safe, you treat me fairly and I feel a sense of belonging'.

Cost: 'My time, energy and commitment are rewarded and the price I paid for services reflects the true and accurate value of care I received'.

Starting from this conceptual framework, the ABIM Foundation asked all professional organizations and health institutions in partnership with her to present examples of 'Trust Practices', organizational actions aimed at creating trust and promoting their own reliability.

The partners were asked to provide descriptions of the actions carried out, accompanied by the rationale that motivated them, the results achieved and an estimate of the possible transferability of the experience to other contexts.

The first stories have already arrived, timely and numerous, have been made available for free on the Foundation's website and are representing a first nucleus of field research and an authoritative source of learning.

We were deeply impressed, as an example, by a story offered by NYU Langone Health, a teaching hospital in New York.[23]

Even Slow Medicine ETS, some time ago, began asking its members and partner organizations to present, in the form of narration, professional experiences concerning sober, respectful, and just choices in times of pandemic, making its website available for their diffusion.[24]

Fully convinced of the priority need to contribute to consolidating the trust relationship of citizens towards the institutions of the National Health Service by promoting explicit organizational actions aimed at this purpose, Slow Medicine ETS decided to ask its members, sympathizers and partners, to begin to use the conceptual framework of the five 'Cs' of the ABIM Foundation as a tool for planning and self-analysis of organizational actions, improvement projects and training courses aimed at increasing institutional reliability.[25]

The good practices aimed at 'building trust' will be made available to all, will be collected, and analyzed, will be able to form the first database for the subsequent design of further organizational actions and will be used to identify specific *requirements and standards* for *building trust*, which will add to those already used for improvement and accreditation initiatives and to characterize excellence organizations.

Hospitals and places of care of the National Health Service need to review their organizational processes, considering the priority need to ensure the pursuit, by professionals, of care relationships consistent with the dictates of their Code of Ethics.

Promote organizational actions in times of crisis

In July 2021, the World Health Organization Office for the European Region, in collaboration with all its 53 member countries, presented the 'E4As Guide for Advancing Health and Sustainable Development', a valuable and detailed collection of resources and tools that can be used to achieve the UN objectives for sustainable development, focused on the areas of health and well-being.[26]

The strategic element of the Guide is the E4As model, a transformative approach to the implementation of the 2030 Agenda, based on the five keywords *Engagement*, *Assessment*, *Alignment*, *Acceleration* and *Accountability*.

We found the document very useful for planning organizational actions aimed at building trust in companies and other institutions of the National Health

Service, and with this in mind we presented it a few months later to Italian readers.[27]

During the summer of 2022, two major international leadership and health management experts have helped to confirm timeliness and correctness of the Slow Medicine ETS decision to launch the Building Trust Italy project.

Thomas Lee, from Boston, presented in July a wide range of reasons to reassure the heads of health organizations not to hesitate to promote, even in times of crisis, activities aimed at improving both the quality of care and the satisfaction of patients, provided to involve professionals right from their design[28] and Angelo Tanese, from Rome, encouraged healthcare leaders to pursue as a priority, with their daily actions aimed at consolidating people's trust, the goal of credibility rather than that of consent.[29]

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