

Towards a history of trust relationship between doctors and patients from the antiquity to the present

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Abstract

This paper aims to introduce an interdisciplinary research project conducted by a group of researchers from the University of Bologna, Milano and Roma La Sapienza. Historians, anthropologists and physicians are working together in order to examine a topic that has become crucial both to people's lives and within national health systems, that is trust among health professionals and patients. The first purpose of our research is to find out, through historiographical method and qualitative research, how trust and distrust have been emerging within the relationship of care, since Antiquity. Thus we would be able to enlighten and interpret processes that nowadays affect the doctor/patient relationship. This paper presents the very first hypothesis of this research.

Keywords: doctor/patient relationship, history, medicine, medical humanities, trust.

Introduction

The project *The Invention of Trust: Doctor and Patients from Antiquity to the Present* has been planned within the

Department of History and Cultures of the University of Bologna as an interdisciplinary research which involves professors and researchers in the fields

of ancient history, mediaeval history, contemporary history, anthropology and medicine. This research project, led by Maria Malatesta (Department of History and Cultures, University of Bologna) and developed by Maria Luisa Betri (Department of History, University of Milano), Emmanuel Betta (Department of History, Cultures and Religions, University of Roma La Sapienza), Valentina Cappi (Department of History and Cultures, University of Bologna), Tommaso Duranti (Department of History and Cultures, University of Bologna), Davide Festi (Department of Medical Sciences, University of Bologna), Daniela Rigato (Department of History and Cultures, University of Bologna) and Francesco Taroni (Department of Medical Sciences, University of Bologna) has been presented to the competition announcement "Alma Idea" of the University of Bologna, for the year 2017, in order to get funding and it is now waiting for the selection procedure. As a member of the research group, I am the spokesperson for the presentation of the project in this paper.

Our research's primary objective is to reconsider the possible contribution of

historical disciplines to clearer understandings of the processes investigated into the field of medical humanities. History is rarely considered a dominant discipline among medical humanities, if compared to philosophy or literature, and when present, it is considered only as history of medicine.¹ In our opinion, it is important to avoid the partiality of a certain history of medicine written for ages mainly by doctors, who privileged an iatro-focused narrative internal to their profession. As Maria Malatesta argued, «historiography on the doctor/patient relation is indebted to the discovery of new sources, or the reinterpretation of traditional ones»,² for a closer focus on the concrete actors of the history of medicine. History and the historiographical method are necessary to interpret present days and to explain specific happenings that despite dating back to ancient times, seem to be new within the doctor-patient relationship. In few words, history could allow us to disclose the shape of that «attitude towards a more communal sense of what it is that clinicians and pathologists are dealing with»,³ in different historical moments.

Why, in the end, history matters into the medical humanities? It is Lester Friedman who tells us the answer: because «doctors need to understand the contours of this brave new world to find suitable places for themselves and their profession within it». Moreover, history, as well as literature and fine arts, «can fundamentally shape the attitudes of succeeding generations of students toward a fuller knowledge of patients, cultures, and communities –and of themselves».⁴

Material and methods

Choosing a wider perspective, compared to the clinical one, which would measure the rate of trust that marks the relationship of care (see the work of Hojat, Gonnella and others scholars of the Jefferson Medical School on empathy),^{5,6} our work aims to reconstruct the history of the concept of trust, following its emergence and its transformations during the centuries, until the 21st century.

Following Antonio Mutti, we define trust as a reassuring expectation (about oneself, the others and the world), formulated in a context of uncertainty

and made up of cognitive and emotional components combined.⁷

Transformations in the economic, political and sociocultural settings of the last century have enormously implemented the areas of uncertainty and negotiability within social interaction, therefore widening the demand for trust. According to Giddens,⁸ this renewed demand for trust is linked to the growing social reflexivity brought up by modernity. Health professionals, like other experts, have been continuously asked to think over the conditions of their actions. Don't medical humanities have the same purpose?

It's clear that the discourse about trust stands at the heart of medical humanities as well as at the heart of the history of doctor/patient relationship.

The concept of trust is often taken for granted, as a sort of tacit agreement that ties patients to their own physician. It is less common to consider the fact that physicians should also grant trust to their own patients. Doing so, trust results from a correlation of many emotional

ingredients which play a leading role within the care relationship. Many factors have been affecting the care relation, in contents and in manners, changing through centuries; among them, determinants and expectations of lay and expert systems lead us to identify, following Giovanna Vicarelli, a “social responsibility” of both actors, but also a “human responsibility”.⁹ which take place in the doctor/patient encounter. Doctors and patients, therefore, carry in their interrelations norms and values of the time they lived and which constitute a general frame within which their actions obtain meaning. That is why the asymmetry, which plays a fundamental role in the construction of trust, can’t be ascribed only to the communicative behaviour of the physicians, but should be considered due also to cultural factors, as suggested by Emiliana Mangone. Often, continues Mangone, «the distance between the doctor and the patient is strengthened by the anonymity and the impersonality of the relationship required by the rational organization model that encodes and finalizes the relationship excluding any interference by the patient both at the

organizational level and at the communicational/relational level».¹⁰

In Italy, the public debate about medicine and doctor-patient relationship, in recent times, has focused, above all, on the malpractices ascribed to physicians and health structures. On the contrary, in other European countries, these topics came out of specialized settings to be discussed by physicians, researchers and scholars in front of the general public. The concept of trust exists in Anglo-American medical literature, which first recognized the importance of reorienting medical training and relationship with patients on humanistic basis, in order to counteract the technological and bureaucratic drift of today’s medicine (see the works of Vergheze,¹¹ Schwartz et al.¹² and Friedman⁴). Albeit to a lesser extent, it exists also in France, following legislative provisions (Loi Léonetti, 2005, which created the figure of the *personne de confiance*, trusted person). In Italy, the medical debate is still confined to some niches and has just brushed the Medical Schools; some medical pedagogists are working on trust, but their techniques to measure it do not seem to have had

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significant cultural repercussions at the academic level or in the public discourse on medicine.

The historical approach we are going to adopt allows to investigate the ways in which trust has set from the past, both positively and negatively, as a central factor in the doctor/patient relationship, until today, where it seems to be deeply questioned by the growing expectations of patients in the powers of medicine and by the lack of doctors' ability to interact with patients. In this perspective, trust is therefore considered as a discursive field and as a historical construction, defined by the interweaving of several elements, such as empathy, communication, and the consent to the scientific work of the physician.

Discussion

The research project will be developed through ten different paths, following three macro-themes: archaeology and history of the concept of trust; the basis of the new alliance between physicians and patients; narratives and representations of trust in contemporary literature and TV-series.

Below, I will briefly summarize the contributions that will compose the research.

Daniela Rigato will explore the doctor/patient relationship in Greek and Roman Civilization. In the Classical World, the medical marketplace is characterized by the lack of institutions that certify professional training and by a number of subjects in charge of caring. The concept of "trust" struggles to develop, and physicians are constantly required to demonstrate their ability to stand out from the charlatans and to counteract the distrust caused by the partiality of the successes or the methodologies adopted. Emblematic is the attitude that is found in Rome, upon the arrival of rational medicine in the III sec., which is reflected in Plautus's comedies: the figure of the doctor is seen as *carnifex*. It is therefore necessary to wait a few centuries to find some sort of trust into the relationship of care, a trust that Celso defines with this statement, in the poem of *Alethès lógos*: "At the same level of skills, is more efficient a doctor who is a friend, than a doctor who is a stranger".

During the Middle Ages, as studied by Tommaso Duranti, trust is an element considered essential for the therapeutic outcome: the physician must therefore learn to obtain patient's confidence, even with relational strategies. Attacks to doctors' reputation arrive from all sides: cultured invectives from humanists and men of law; satirical and denigrating portraits produced in the literary field; progressive stabilization of contracts (recovery pacts) preventing patients from a therapeutic failure. Gianna Pomata has called such contracts "promises of cure",¹³ because the doctor agreed to care for the sick person, who meantime specified an expected result the doctor should achieve. In the event of failure or relapse, the patient was not obliged to pay the doctor.

Maria Luisa Betri will examine in depth the growing proximity among doctors and patients during the nineteenth century. Through the study of an Italian nineteenth century correspondence between a physician and a patient, Betri will show how interpersonal relationship was considered by the physician a real tool for caring, in the absence of

advanced diagnostic and therapeutic tools. The sources that Betri will analyse represent a novelty for our historiography, which has so far used this kind of source merely for the Modern Age.

Francesco Taroni will develop his research on the rise and fall of trust in the age of scientific medicine. He will show that the balance of power tipped in favour of doctors with scientific progress and peaked in the golden age of medical profession, which can be dated from the end of the Nineteenth century to the first half of the Twentieth century. The crisis of trust began in the Seventies/Eighties of the 20th century, due to, on the one hand, an excess of expectations on the thaumaturgical potentialities of science and medical technology; on the other, a progressive erosion of trust in the work of physician triggered by a loss of communication and empathy towards the patient.

Emmanuel Betta will explore the growing culture of patient's rights, which accompanied the golden age of medicine. Recent European researches have highlighted that patients' requests for transparent

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information. Protests of some people against decisions made by physicians without their consent began in the Nineteenth century and constitute the archaeology of the culture of “informed consent”, which will spread only in the second half of the 1900s. Starting from the middle of the nineteenth century, Betta will reconstruct the emergence of the culture of patients’ rights. Also changes in the way of communicating a diagnosis and a bad prognosis will be analysed, considering the consequences they had on the degree of patients’ trust in their physicians.

The analysis of present times shows that patients are eager to regain power on doctors: media representations of medical malpractices, the use of internet to find health information, together with a widespread culture of public judgment (there are apps and websites where people can rate health professionals) seem to be symptoms of another historical fluctuations of patients’ relationship with doctors.

Our research will thus examine the representation that TV-series and literature offered of the doctor/patient

relationship concerning the topic of trust.

As I will show, television fiction has explored a wide range of relationships between doctors and patients. The analysis of medical dramas, since the Eighties until today, allows us to reflect on to what extent the basis for the trust between healer and patient seems to be set on collective imagery. I will analyse in depth cases of doctors who, in the inability to empathize, get to capture the consent of patients to treatments through more or less orthodox ways (*Grey’s Anatomy*), or even doctors who exclude the possibility of creating a trustful relationship, based on the assertion that “everyone lies” (*House MD*).

Maria Malatesta will analyse the imagery of the doctor –strictly male– that was produced by Anglo-Saxon and French literature from the late Twentieth century to 2016 (Italian literature on this topic is missing). The crisis of both medical profession and trust pact with the patient echoes in the novels of Camus, Ballard, McEwan, Winkler and Kerangal. It is above all English literature to represent the irrevocable

end to the Nineteenth century idea of the omniscient doctor. McEwan Saturday's surgeon, for example, is acting in a context of total hostility and has homicidal feelings towards the patient-delinquent he has to care for.

Finally, Davide Festi will outline a potential educational pathway for students of medicine, that takes into account the international debate and experience on how to improve caring instead of curing. As problems within the relationship of care seem to be the result of a vocational training, exclusively focused on scientific parameters and increasingly bureaucratic health organizations, it's urgent to set up, for the individual patient, a methodology of clinical and therapeutic intervention based on

scientific evidence and on specific communicative competences.

Conclusions

In an interdisciplinary dialogue, the contributors to this research would like to attempt to a more complex explanation and contextualization of the parabola of trust through the centuries, strongly affirming the need to consider biomedicine as a human practice and trying to overcome the dualism between an illness-centred and a patient-centred approach. The practice of medicine could surely benefit from more self-consciousness but also from more consciousness of cultural and historical processes and power relations that dip into trust among health professionals and patients.

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