




BEING A **Trustworthy**
Professional
IN AN *Untrusting World*



2024 ABIM Foundation Forum
BACKGROUND PAPER

By Timothy Lynch, JD



In alignment with our focus on enhancing the trustworthiness of the health care system, the ABIM Foundation has devoted its annual Forum in recent years to topics related to trust. We have focused on myriad sources of distrust, such as racism and inequity, misinformation, and skepticism about science and expertise that have a long history in the United States. These and other forces—including a growing distrust of institutions that includes but goes well beyond health care—have helped produce our divided society and the challenges it holds for clinicians seeking to provide care.

The 2022 Forum addressed the scope and impact of medical misinformation and its effect on trust; participants explored strategies to mitigate its harms, with a particular focus on the role of the medical profession. During the 2023 Forum, participants looked at trust through the lens of the medical freedom movement, learning about the history of American ambivalence about medical authority and the root causes of distrust about science and expertise. At each Forum, we also explored the links between those topics and health equity.

During this year's Forum, we will continue our conversation about these high-stakes issues, with new perspectives from outside of health care. Presenters will offer perspectives on society, psychology, and politics that invite new approaches to navigating a divided information ecosystem and building trust across racial, ethnic, and ideological lines. Participants will learn more about the current environment and consider how our institutions may have fallen short in being trustworthy. They will also hear positive examples from inside and outside health care about how trust can be built and will work together to develop sustainable strategies that organizations and clinicians can adopt to redress trust breaches with the public. We hope to elevate the importance that institutional leaders accord to building trust.

At the outset, it is important to note what we mean by trustworthiness. Trustworthiness has been defined as a property of institutions—that they exhibit qualities that make them deserving of trust, such as transparency, integrity, and a focus on improvement. Thus, focusing on trustworthiness puts the onus on institutions rather than the people they serve. Of course, as noted by Jodyn Platt, PhD, MPH, and Lauren Taylor, PhD, researchers who have served as ABIM Foundation-supported Scholars in Residence at AcademyHealth, it does not necessarily follow that a trustworthy organization will receive the trust it might deserve; by the same token, people may place unwarranted trust in an organization, based on its reputation or other factors.¹ Regardless of how an organization might be perceived, however, it is unrealistic and ethically dubious to ask patients or clinicians to trust institutions that do not deserve it.

This paper will offer an overview of what we know about current levels of trust in health care, and then use the perspectives of some of the speakers who will be joining us at the Forum to illustrate some of the causes of mistrust. Participants looking for additional information might also wish to review the background papers from the [2022 Forum](#) (on misinformation) and the [2023 Forum](#) (on historical root causes that contribute to skepticism about science and an openness to embracing misinformation).

Finally, we recognize this meeting will occur about 100 days before a presidential election, in the midst of a campaign that will reflect—and likely further entrench—our social divisions. Amidst this upheaval, questions about patients' willingness to rely on medical expertise and authority—and opportunities to engage across silos in the meaningful rebuilding of trust—will be particularly salient.

1 J Platt and L Taylor. Fifty Years of Trust Research in Health Care: What Does it Mean for Policymakers? The Milbank Quarterly Blog, January 24, 2023. Available at: <https://www.milbank.org/2023/01/fifty-years-of-trust-research-in-health-care-what-does-it-mean-for-policymakers/>. (Accessed May 2, 2024)

Background on the Structure of the Meeting

At last year's Forum, attendees heard from participants in a project that the ABIM Foundation had funded the Institute for Healthcare Improvement (IHI) to lead, inspired by discussions at previous Forums about ways in which health systems struggle with trust. The project aims to improve trust between health care organizations, their workforce, and the communities they serve.

In the first phase of the project, IHI studied what high-trust institutions were doing right, using multiple data sources to identify these high performers and then interviewing their leaders. Through these interviews, the IHI team identified commonalities, such as acknowledging and, when appropriate, apologizing for past mistakes; redressing those mistakes in partnership with those who have been harmed; and then building systems to prevent future harm, strengthen relationships, and create methods for ongoing feedback from patient and provider communities. In the second stage of the project, IHI sought to apply the framework it developed through the first phase to six institutions that volunteered to participate. Leaders from two of those institutions—Fred Cerise, MD, president and chief executive officer of Parkland Health, and Ali Khan, MD, then-chief medical officer, value-based care strategy at Oak Street Health—discussed their organizations' experience at the 2023 Forum.

Leaders of the Parkland project—which initially focused on its community asthma work—learned that community health workers (CHWs) who staffed that program believed they weren't being heard. Addressing that feedback became Parkland's focus, with the project team identifying issues that made the CHWs feel like they were not part of the team. "Practically, it's a process of acknowledging and apologizing," Dr. Cerise said. "If we really are going to be improving the health of the community, we have to go in humble." (Further discussion of how participants in the project have acknowledged past mistakes and focused on their workforce can be found below.)

The structure for this year's Forum is inspired by the framework that IHI implemented with Parkland and the other organizations that participated in this second phase. It includes three steps that health care organizations should take to become more trustworthy, and the Forum agenda will track with those steps.

- Step 1** is to acknowledge past breaches of trust; parts of the Forum's second day will relate to this step.
- Step 2** is redressing and closing current trust gaps; we will spend part of the second day of the meeting hearing from experts about how this can be done and working together to develop ways to do this.
- Step 3** is building systems to strengthen trust for the future; on the Forum's last day, we will learn from leaders from inside and outside health care about ways to strengthen trust.

Aim: *Improved trust between health care organizations, their workforce, and the communities they serve.*

I. ACKNOWLEDGE past breaches of trust	II. REDRESS & CLOSE trust gaps in the present	III. BUILD SYSTEM to strengthen trust for the future
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Trust in Health Care

Americans' trust in authority and in one another is at a low point. Although high levels of mistrust and suspicion have become an area of particular concern in health care in recent years, they are the culmination of longstanding social trends that have helped create the climate we experience during this election year, in which the divides between opposing camps seem unbridgeable.

Americans' attitudes toward the federal government offer a good place to begin. In 1958, about three-quarters of Americans trusted the federal government to do the right thing almost always or most of the time. By 2023, that number stood at 16 percent. Trust in the federal government has not risen above 30 percent since 2007.² Trust in other institutions—the media, banks, schools, organized religion—has also plunged over recent decades.

Health care offers no exception to this trend. In 1976, 61 percent of Americans reported having a great deal of confidence in “the people running” medicine—by 2021, 38 percent did. Similarly, confidence in the “medical system” held steady across a narrow and unpromising band from 1993 to 2019, with between 34 and 44 percent of the public expressing a great deal or quite a lot of confidence in it. This number rose briefly during the early stages of the pandemic but quickly fell back to the earlier range.³

More than 70 percent of Americans felt the health system was failing to meet their needs in at least one way, according to a 2023 Harris Poll. A significant majority gave the system a grade of C (34 percent), D (18 percent), or F (8 percent). Common complaints about the system included affordability, too much focus on profit, and difficulty both in accessing insurance coverage and understanding what insurance actually covers.⁴

Even amidst these poor reviews for the system and “the people running” it, the news is not all grim. Physicians, nurses, and other clinicians remain trusted figures. For example, 93 percent of respondents to a recent KFF survey reported that they have a great deal or a fair amount of trust in their own doctor to make the right recommendations on health issues.⁵ In slightly older polling, 85 percent trusted nurses completely (32 percent) or somewhat (53 percent), with 84 percent trusting physicians completely (28 percent) or somewhat (56 percent).⁶

Even amidst these poor reviews for the system and “the people running” it, the news is not all grim. Physicians, nurses, and other clinicians remain trusted figures.

2 Pew Research Center. Public Trust in Government: 1958-2023. September 19, 2023. Available at: [https://www.pewresearch.org/politics/2023/09/19/public-trust-in-government-1958-2023/#:~:text=Public%20trust%20in%20the%20federal,the%20time%E2%80%9D%20\(15%25\)](https://www.pewresearch.org/politics/2023/09/19/public-trust-in-government-1958-2023/#:~:text=Public%20trust%20in%20the%20federal,the%20time%E2%80%9D%20(15%25).). (Accessed February 27, 2024)

3 R Blendon and J Benson. Trust in Medicine, the Health System & Public Health. Daedalus, Fall 2022. Available at: <https://www.amacad.org/publication/trust-medicine-health-system-public-health>. (Accessed February 21, 2024)

4 J Ducharme. Exclusive: More than 70% of Americans Feel Failed by the Health Care System. Time, May 16, 2023. Available at: <https://time.com/6279937/us-health-care-system-attitudes/>. (Accessed February 21, 2024)

5 L Lopes, et al. KFF Health Misinformation Tracking Poll Pilot. Available at: <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-health-misinformation-tracking-poll-pilot/> (Accessed February 21, 2024).

6 ABIM Foundation/NORC. Surveys of Trust in the U.S. Health Care System. May 21, 2021. Available at: https://www.norc.org/content/dam/norc-org/pdfs/20210520_NORC_ABIM_Foundation_Trust%20in%20Healthcare_Part%201.pdf. (Accessed April 10, 2024)

The Rise and Staying Power of Tribes

Topics on which opinions were once associated only loosely to partisan identities are now firmly tied to them. For example, people are far less likely to give high marks not only to the performance of the economy but also their own personal financial situation if they do not like the party in the White House.⁷ This dynamic applies to health care as well. For example, partisan divides in confidence in the people running medicine were generally minor until 2021, when a marked split emerged, with Democrats expressing significantly more positive views in the midst of the pandemic.

Dannagal G. Young, PhD, a professor of communication at the University of Delaware and the President's Lecturer at this year's Forum, has studied and written extensively about how psychology shapes our beliefs. She argues that our tribal identities not only shape our views on issues large and small, but also make us susceptible to embracing misinformation that supports 'our side.' In her new book—*Wrong: How Media, Politics, and Identity Drive Our Appetite for Misinformation* (Johns Hopkins University Press, 2023)—Dr. Young writes about the "demand side" of misinformation, arguing that Americans actively seek misinformation that confirms and conforms with their political identities, and that political leaders and media organizations capitalize on this tendency to divide us.

Although much of Dr. Young's work focuses on the behavior of people as members of political tribes, medical misinformation and conspiracy theories figure prominently in her personal experience. When her late husband Mike Young became gravely ill with a brain tumor, her search for what might have caused his illness led her "down a dark internet rabbit hole." She wrote that when she discovered something or someone she initially thought she might be able to blame (e.g., workplace conditions, environmental exposure), her anger reenergized her and fostered the idea that she might be able to *do something*: file a lawsuit, launch an investigation, etc. Her search for a conspiratorial cause offered a sense of control, which in turn produced feelings of optimism.

Her story suggests why people interacting with the health care system may prefer the false certainty of misinformation—even improbable ideas that prominent figures like Bill Gates or Anthony Fauci, MD, are responsible for the COVID-19 virus and/or using it to advance their own interests—over the somewhat conditional or uncertain answers medical science might provide. As Dr. Young has written, "Under conditions of uncertainty, information that helps direct our negative emotions toward a target is psychologically comforting. When we feel powerless in a situation that is both complex and overwhelming, the identification of people and institutions to 'blame' feels good to us."⁸

Dr. Young's description of the relationship between uncertainty and misinformation echoes the suggestions of participants at previous Forums that have prompted the ABIM Foundation to focus on uncertainty.

7 F Newport. Partisan Polarization and Ratings of the Economy. Gallup, February 28, 2020. Available at: <https://news.gallup.com/opinion/polling-matters/287105/partisan-polarization-ratings-economy.aspx>. (Accessed February 27, 2024)

8 D Young. I Was a Conspiracy Theorist, Too. Vox. May 15, 2020. Available at: <https://www.vox.com/first-person/2020/5/15/21258855/coronavirus-covid-19-conspiracy-theories-cancer> (Accessed February 27, 2024)

"Through a process of identity distillation encouraged by public officials, journalists, political and social media, Americans' political identities—how we think of ourselves as members of our political team—drive our belief in and demand for misinformation."

—Dannagal G. Young, PhD

Since last year's Forum, the ABIM Foundation has joined the Josiah Macy Jr. and the Gordon and Betty Moore Foundations to make grants to support the development of curricula and other projects designed to help physicians and students learn to better process and address uncertainty with their patients. Three projects are now underway.

Dr. Young has also recognized the significance of trust. She has noted that individuals with low levels of trust are the most likely to believe conspiracy theories, and vice versa. Dr. Young credited her own ability to overcome the lure of conspiratorial thinking to being part of a trusting community of friends. "Embracing conspiracies made me feel like I had a direction—now I knew who to be mad at and what I should do," she said in a 2023 radio interview. "But it felt antithetical to the social norms of my community."⁹

Dr. Young argues that misinformation's appeal stems from its fulfillment of three basic human desires: comprehension, control, and community. "What we seek is to understand the world as our group does, exert control in the manner our group does, and foster community with our group," she said in an interview. "Hence, if a falsehood facilitates these objectives, its empirical accuracy becomes secondary. What truly propels us are these underlying desires."¹⁰

The concept of social identity is highly relevant to the larger societal challenges of this polarized era. Dr. Young notes that as America's political parties have become more distinct from one another, Americans have increasingly based their social identities on their political beliefs, and have come to view members of the 'other tribe' as "not just different, but as distant from us and lesser than us."⁹ This has clear potential consequences if medical and scientific elites come to be associated—accurately or not—with a particular political tribe.

For all of the challenges Dr. Young's work presents, she describes herself as optimistic about our collective ability to create a less antagonistic and outraged culture, in part because of her categorization of misinformation as a demand-side problem. "We actually hold the cards," she says, since political organizations and the media are trying to meet the demand they've discerned; if the demand changes, so could the supply of misinformation, conspiracy and outrage that feed it.⁹

She also believes there is more nuance to Americans' views than their tribal affiliations might suggest, noting the success of ballot initiatives that have preserved abortion access in conservative states like Kansas and the fact that responses to polling on policy questions often show much greater consensus than one would imagine from election returns.

"There is a giant appetite for identity disruption," she said in the 2023 interview. "People want a kind of civic identity and civic participation that is not tied to the bifurcated extremes. They want reasonable discourse, and they want us to be able to find ways forward because there are big problems that need solving."⁹

"If being wrong allows us to comprehend the world, have control over it, or connect with our community, all in ways that serve our political team, then we don't want to be right."

—Dannagal G. Young, PhD

9 "Wrong: Why People Believe Misinformation. October 27, 2023. WHYY Philadelphia. Available at: <https://whyy.org/episodes/wrong-why-people-believe-misinformation/> (Accessed February 27, 2024)

10 V Shah. How Media, Politics, Identity & Misinformation Shape Us - A Conversation with Professor Dannagal Young. Thought Economics. October 27, 2023. Available at: <https://thoughteconomics.com/dannagal-young/> (Accessed April 9, 2024)

Breakdowns in Trust

The breakdown in trust has been attributed to many factors, some that transcend health care (e.g., the rise of the internet and social media) and others that are specific to it (e.g., inequality in access to care and health outcomes, the high cost of care). Exploring how trustworthiness can be rebuilt in a skeptical society requires reckoning with arguments that the health care system itself, including scientific and medical leaders, has historically and currently contributed to our current condition.

Public trust in health care has been diminished by factors such as the opioid pandemic, driven by false marketing and weak regulation and further fueled by unethical prescription practices by some clinicians, which has led to ravaged communities and more than 645,000 overdose deaths.¹¹ Rising levels of medical debt—and the failure of system stakeholders to act more aggressively to address it—has also shaken patient trust. For example, only 15 percent of people who were carrying medical debt reported that they trusted that health care providers have the best interest of patients in mind.¹²

Clinician trust in the health care system is being tested by a separate set of issues. Burnout is an ever-present problem, driven by increasing workloads and documentation burdens, ineffective communication, and the rapid growth of an economic model in which physicians have become employees, among other factors. It affects clinicians at all stages of their career, beginning with trainees who may experience a lack of support and must bear the emotional impacts of patient care for the first time. The extraordinary pressures of the COVID-19 pandemic exacerbated these trends. In one recent survey, about one-third of clinicians said they were considering switching employers, and a quarter said they were considering switching careers altogether.¹³

Real and perceived financial conflicts and the financial incentives of the health care industry also contribute to the suspicions of both clinicians and the general public. As noted above, one of the primary criticisms from the public about the health care system is that it is overly focused on profit. As the health care system becomes increasingly consolidated, and as private equity firms make significant inroads into it (about 40 percent of the nation's emergency departments are now operated by staffing companies owned by such firms)¹⁴, such suspicion has only intensified.

Finally, we see deep challenges to trust in the twin and interrelated issues that have seized the public consciousness and defined many of the political and social disagreements that have gripped American society in recent years: issues of equity and race, and COVID-19.

11 Centers for Disease Control and Prevention. Opioid Data Analysis and Resources. Available at: <https://www.cdc.gov/opioids/data/analysis-resources.html#:~:text=The%20first%20wave%20began%20with,increasing%20since%20at%20least%201999.&text=The%20second%20wave%20began%20in,in%20overdose%20deaths%20involving%20heroin>. (Accessed April 9, 2024).

12 N Levey. Medical Debt is Making Americans Angry. Doctors and Hospitals Ignore This at Their Peril. KFF Health News, July 21, 2023. Available at: <https://kffhealthnews.org/news/article/medical-debt-anger-doctors-hospitals/#:~:text=This%20is%20borne%20out%20by,among%20people%20without%20such%20debt>. (Accessed April 9, 2024).

13 E Ney, M Brookshire, J Weisbrod. A treatment for America's healthcare worker burnout. Bain & Co. Published October 11, 2022. Available at: <https://www.bain.com/insights/a-treatment-for-americas-healthcare-worker-burnout/>. (Accessed April 9, 2024)

14 G Morgenson. A new study reveals the states where private equity has the most influence on housing, health care, jobs and pensions. NBC News, April 9, 2024. Available at: <https://www.nbcnews.com/news/us-news/states-rank-private-equity-influence-housing-health-care-jobs-pensions-rcna146818>. (Accessed April 9, 2024)

Racism and Inequity

For some, the system has proven itself untrustworthy through a history of neglect, or worse. Racism and discrimination on the part of government health officials and health systems has created a barrier between the providers and recipients of care.

At previous Forums, we have discussed stark historical examples of racism in health care. These include the notorious USPHS Untreated Syphilis Study at Tuskegee, in which the US government provided sham treatments to about 400 Black men suffering from syphilis, many of whom died entirely preventable deaths; and the use of cancer cells taken from Henrietta Lacks without her knowledge in 1951, which became a vital tool in biomedical research.¹⁵ These incidents continue to shape how Black and brown patients view the health care system, with one study attributing one-third of the gap in life expectancy between Black and white men to the legacy of distrust created by the syphilis study.¹⁶ That being said, the lack of trust among Black and brown patients stems from more than historical injustices. Persistent differences in health outcomes related to childbirth, stroke, heart disease, colorectal cancer, and diabetes—and racial and ethnic disparities in deaths from COVID-19—also contribute to (and in the vicious circle noted above, may also be partly attributable to) a lack of trust.

Uché Blackstock, MD, who will speak at the Forum, founded Advancing Health Equity in 2019 with “the goal of partnering with health care organizations to dismantle racism in health care and to close the gap in racial health inequities.”¹⁷ Earlier this year, she published a memoir—*Legacy: A Black Physician Reckons with Racism in Medicine* (Random House 2024)—which explores the intersection of racism and health care through the lens of this history of mistreatment and poorer health outcomes, and her own experiences as a Black woman physician.

Even as a medical student whose mother was also a physician (Dr. Blackstock, her twin sister Oni, and her mother were the first Black mother and daughters to graduate from Harvard Medical School), she found herself distrusting the health care system. She had to visit the emergency room three times with severe stomach pain before being correctly diagnosed with appendicitis, at which point her appendix had ruptured. She needed emergency surgery, and she ultimately had to return to the hospital due to complications in her recovery. “It took a few years of processing what had happened for me to recognize that it may have been because I was a young Black woman that this diagnosis got missed,” she told NPR.¹⁸


Dr. Blackstock also came to wonder whether the early death of her mother, who died at 47 from leukemia, was related to the consequences of the “everyday racism” she had experienced while growing up on public assistance in a poor and neglected part of New York City. She notes how the chronic stress of living in poverty has been shown to increase cortisol levels, which in turn can contribute to a wide variety of health problems, and that her mother had been exposed to radiation after having been raised near sites where toxic substances had been dumped.¹⁸

15 National Institutes of Health. HeLa Cells: A Lasting Contribution to Biomedical Research. October 2022. Available at: <https://osp.od.nih.gov/hela-cells/>. (Accessed March 1, 2024)

16 M Alsan, M Wanamaker. Tuskegee and the health of black men. *Q J Econ.* 2018;133(1):407-55. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6258045/>. (Accessed April 10, 2024)

17 Advancing Health Equity - About our Funder. Available at: <https://advancinghealthequity.com/about/>. (Accessed March 7, 2024)

18 T Mosley. Following in her mom's footsteps, a doctor fights to make medicine more inclusive. NPR, January 22, 2024. Available at: <https://www.npr.org/2024/01/22/1226047324/uche-blackstock-legacy-racism-medicine>. (Accessed March 7, 2024)



Dr. Blackstock has highlighted how choices from more than a century ago—which have never gained the notoriety of the syphilis study or Henrietta Lacks—have shaped the health care system that Black and brown patients face today. When Abraham Flexner released his landmark report on American medical education in 1910, he recommended a set of changes designed to increase the rigor and standards of medical training. The implementation of his recommendations led to the closure of 89 of America's 155 medical schools, including five of seven schools that focused on training Black physicians.¹⁹ Had these schools remained open, the Association of American Medical Colleges has estimated that there would have been an additional 35,315 Black physicians in 2020, significantly bolstering a group that currently composes only about 5 percent of American physicians.²⁰ The closure of a majority of the options for Black students to become physicians was consistent with Flexner's own expressed attitudes about race: "Black students should be trained as 'sanitarians' rather than surgeons and their primary role should be to protect white people from disease. A well-taught Negro sanitarian will be immensely useful; an essentially untrained Negro wearing an MD degree is dangerous."¹⁹

Dr. Blackstock has called for a greater focus in training students and residents to competently care for diverse populations, and for fostering a greater understanding among clinicians, policymakers and others about the social determinants that influence health. There are many ways that organizations have sought to rebuild trust that has been undermined by this history of racism and neglect, and more will be discussed at this year's Forum. As noted above, redressing past breaches of trust has been a focus of the organizations participating in the second phase of the IHI project on enhancing trustworthiness, as they try to connect with community leaders and members who may have felt ignored or disregarded by their institutions in the past. These organizations have engaged in activities such as:

- Investing in the community with a focus on equity, through steps such as recruiting and hiring from their communities, hiring a chief diversity, equity, inclusion and belonging officer to lead diverse workforce recruitment, and using resource mapping to identify demographic/geographic gaps and prioritizing improving services for populations with the greatest needs (*one system learned that it could advance trust by connecting how activities it was already undertaking were responsive to community concerns*)
- Improving engagement between the workforce and community and increasing community awareness of available resources, such as through conducting listening sessions with community members, inviting community members to health system meetings, and adding an explicit focus on trust to the work of the Patient Family Advisory Council (*this system learned that its staff and leaders lacked knowledge about what matters to the community*)
- Developing and demonstrating historical awareness and cultural humility around past breaches of trust, including through researching local and institutional history, and conducting or sponsoring focus groups, town halls, individual interviews and round table discussions that include community members and institutional leaders (*systems learned this involves a transparent multi-step process that requires a plan for follow-up and ongoing communication*).

19 J Anderson. Racism, Medicine, and Medical Education: The Legacy of Abraham Flexner. Clinical Advisor, March 23, 2023. Available at: <https://www.clinicaladvisor.com/home/the-waiting-room/racism-medical-education-abraham-flexner/> (Accessed March 8, 2024)

20 KM Campbell, I Corral, JL Infante Linares, D Tumin. Projected Estimates of African American Medical Graduates of Closed Historically Black Medical Schools. *JAMA Netw Open*. 2020;3(8):e2015220. doi:10.1001/jamanetworkopen.2020.15220

The Establishment and the Skeptics

Meanwhile, a significant group of Americans, many (although certainly not all) with libertarian or conservative views, has increasingly come to view health decision-makers as antagonistic to their beliefs and worldview. The response of the scientific and medical establishment to the COVID-19 pandemic appears to have marked a turning point in these Americans' views about scientific expertise and guidance, with confidence in scientists to act in the public interest falling from 86 percent in 2019 to 69 percent in May 2023.²¹

Missteps in the early stages to the response to the pandemic in the United States, including inconsistent expert guidance about whether healthy people should mask²² and the failure of the early coronavirus test released by the Centers for Disease Control and Prevention,²³ surely contributed to this decline in confidence. This period was also marked by heated opposition to vaccine and masking requirements, and by widespread discontent among a broader group of Americans about decisions by policymakers to close schools for extended periods.²⁴ A vocal group of Americans strenuously objected to restrictions on the size of church services, an objection the United States Supreme Court eventually validated by striking down New York state's limits.²⁵ And observers have also questioned decisions made by health care institutions during the pandemic to prevent families from visiting their loved ones who were dying from COVID-19.²⁶

M. Anthony Mills, PhD, MA, a senior fellow at the American Enterprise Institute who will speak at the Forum, analyzed public opinion data and found that although the pandemic-era decline in confidence was particularly pronounced among Republicans, Black and Hispanic Americans and less highly-educated Americans also expressed diminishing confidence in scientists. Mr. Mills stressed the critical role that representatives of expert institutions, such as practicing physicians, must play in any effort to restore this confidence. Such representatives, he writes, can serve as "access points" connecting society to "abstract systems" such as the health care system. To do so, these individuals must demonstrate the character traits needed to generate and sustain trust, such as rectitude, professionalism and disinterestedness; during the pandemic, he argues, many of these representatives "were or were perceived as being self-interested rather than disinterested, politically motivated rather than dispassionate." Restoring trust, he suggests, will require "careful and perhaps even painful self-scrutiny" among expert institutions.²¹

Sara Gorman, PhD, MPH, the co-founder and CEO of Critica, who will speak at the Forum, has examined how the scientific establishment has missed the mark on the critical topic of vaccines. She has written about how public health officials and policymakers misunderstood and oversimplified the nature of

21 MA Mills. Why So Many Americans Are Losing Trust in Science. New York Times, October 3, 2023. Available at: <https://www.nytimes.com/2023/10/03/opinion/science-americans-trust-covid.html>. (Accessed February 23, 2024)

22 O Rubin et al. Mixed messages on masks from leaders during pandemic has caused confusion for many. ABC News, May 6, 2020. Available at: <https://abcnews.go.com/US/mixed-messages-masks-critical-tool-slow-pandemic-slowed/story?id=70526293> (Accessed March 5, 2024)

23 D Temple-Raston. Early CDC Coronavirus Test Came with Inconsistent Instructions and Cost the U.S. Weeks. NPR, May 21, 2021. Available from: <https://www.npr.org/2021/05/21/999194177/early-cdc-coronavirus-test-came-with-inconsistent-instructions-cost-u-s-weeks>. (Accessed March 5, 2024)

24 D Leonhardt. The Long Shadow of Covid School Closures. New York Times, April 28, 2023. Available from: <https://www.nytimes.com/2023/04/28/briefing/pandemic-school-closures-randi-weingarten.html>. (Accessed March 5, 2024)

25 J Bravin. Supreme Court Blocks Covid-19 Restrictions on Religious Services in New York. Wall Street Journal, November 26, 2020. Available at: <https://www.wsj.com/articles/supreme-court-blocks-covid-19-restrictions-on-church-attendance-in-new-york-11606369004> (Accessed March 5, 2024)

26 M Sudai. Not Dying Alone: The Need to Democratize Hospital Visitation Policies During Covid-19, Medical Law Review, Volume 29, Issue 4, Autumn 2021, 613-638. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8522376/>. (Accessed April 10, 2024)

public reservations about, and opposition to, vaccination against COVID-19. She posed the question: “If we stop viewing everyone with some level of vaccine hesitancy as a virulent anti-vaxxer, might we start to see more common ground?”²⁷

She has argued that it is counterproductive to label those who are resistant to vaccination as “anti-vaxx,” which demonstrates an “immediately combative” attitude. She has also faulted vaccine advocates for a disproportionate focus on the most adamant and unpersuadable opponents of vaccination and “a lack of focus on people who are mildly hesitant, are on the fence, or [who] even accept vaccines now but may change their minds later” and for not “addressing legitimate issues of trust in the health care system.” She also noted that repeated references to an “anti-vaccine movement” by vaccine proponents can “help the cause of vaccine skeptics by making them seem like a unified group.”²⁷

Dr. Gorman’s work also calls into question the traditional dichotomy in which people distrust the health system but trust their own physicians. Although, as discussed above, polling data suggests this phenomenon remains in place, Dr. Gorman has written that “after COVID-19, it became more difficult for people to separate their concerns about the health care system and the government running it from the individual clinicians who treated them. In this way, interpersonal trust (and distrust) became a matter of institutional trust (and distrust).”

“If we stop viewing everyone with some level of vaccine hesitancy as a virulent anti-vaxxer, might we start to see more common ground?”

–Sara Gorman, PhD, MPH

Conclusion

We live in a society in which social and political divides in America are increasingly correlated with differences in education,²⁸ and suspicion of people who think differently is rampant. In a 2022 survey, 72 percent of Republicans said Democrats were more immoral and dishonest than other Americans, with 63 percent of Democrats believing Republicans were more immoral and 64 percent saying they were dishonest. Narrow majorities (51 and 52 percent) also believe members of the other party are less intelligent.²⁹

The challenges that this level of personalized polarization poses for physicians—highly-educated professionals whose effectiveness requires maintaining trusting relationships with patients—seem as obvious as solutions seem elusive. During this Forum, we will strive to develop a deeper understanding of the information ecosystem that shapes the views of patients, and the historical and modern developments that have diminished their trust in the health care system. Most importantly, participants will work together to develop practical approaches designed to redress these breaches in trust. We hope this background paper provides useful context for these discussions.

27 S Gorman. This Might Hurt a Little: Finding Common Ground in Vaccine Hesitancy. Social Science Research Council, MediaWell. February 17, 2021. Available at: https://mediawell.ssrc.org/articles/finding_common_ground_in_vaccine_hesitancy/. (Accessed February 23, 2024)

28 N Cohn. How Educational Differences Are Widening America’s Political Rift. New York Times, Sept. 8, 2021. Available at: <https://www.nytimes.com/2021/09/08/us/politics/how-college-graduates-vote.html>. (Accessed March 8, 2024)

29 Pew Research Center. As Partisan Hostility Grows, Signs of Frustration with the Two-Party System. August 9, 2022. Available at: <https://www.pewresearch.org/politics/2022/08/09/as-partisan-hostility-grows-signs-of-frustration-with-the-two-party-system/>. (Accessed March 8, 2024)