2026 ABIM FOUNDATION FORUM

FOOTHOLDS TO ADVANCE TRUST

Professionalism's Path Forward

BACKGROUND PAPER

By Timothy Lynch, JD

The challenges facing medicine are well-known but solutions to them have proven elusive. **Skepticism about expertise** abounds, undermining scientific consensus and prompting patients to doubt their care team's advice. Economic trends fostering a **highly concentrated and profit-focused** model of medicine have intensified, creating often unreasonable demands on the workforce, intensifying **burnout**, and reducing time for patient conversations. **Technological change** creates uncertainty while also offering promise. And new **threats to access** have led patients to doubt whether they can afford the care they need.

Taken together, these and other trends have brought a worsening fragility to patient trust in the health care system. This serves as a challenge to professionalism, which places patient welfare and well-being at the center of physicians' professional obligations. And although the public generally expresses far greater trust in physicians (and nurses—seen as the most honest and ethical profession for a quarter century[1]) than in the health care system as a whole, there is cause for concern that mistrust in the system is fostering mistrust in individual clinicians. (While 85 percent of the public reported trusting their physicians' health recommendations in 2025,[2] that number was 93 percent two years prior;[3] a slight majority of physicians themselves—52 percent—report "declining patient trust" as a challenge and misinformation as the greatest challenge.[4]) Whether or not physicians are blamed, professionalism will be taken less seriously as a safeguard for the public if it cannot address major challenges.

These problems may have intensified but they are not new. Participants in recent ABIM Foundation Forums will recognize echoes of past meetings in this year's agenda. This year, we plan to build on our recent discussions about professionalism, corporatization, expertise, and misinformation and continue the exploration we began last year of how an understanding of professionalism that focuses on protecting and strengthening individual and collective agency could help address these challenges and build trust. Specifically, we will seek answers to two critical questions:

- How can the profession reclaim moral authority and agency in this challenging time?
- What are the footholds for individual and collective agency and trust within our constrained systems?

We recognize that although we are primarily focusing on medical professionalism, the perspectives and professional responsibilities of all health professions are highly relevant to our discussions. The work of nurses, nurse practitioners, physician assistants and other care team members (including those outside of the clinical sphere) is essential to the ability of our health systems to meet patients' needs. These care team members face many of the same or related challenges in navigating care delivery in accordance with their professional values, and we hope that our time together is both shaped by those experiences and conducive to future collaboration across professions.

As we discuss these questions, we recognize that finding solutions to our health care system's problems is no easy task. Those of us engaged in the work of health care are not a monolith. By design, Forum participants hold a variety of opinions about potential solutions, and about the efficacy of professionalism as a tool.

1 Megan Brenan. Nurses Continue to Lead in Honesty and Ethics Ratings. Gallup. January 12, 2026. https://news.gallup.com/poll/700736/nurses-continue-lead-honesty-ethics-ratings.aspx.

2 Audrey Kearney, Grace Sparks, Liz Hamel, et al. KFF Tracking Poll on Health Information and Trust. January 28, 2025. https://www.kff.org/health-information-trust/kff-tracking-poll-on-health-information-and-trust-january-2025/.

3 Lunna Lopes, Audrey Kearney, Irving Washington, et al. KFF Health Misinformation Tracking Poll Pilot. August 22, 2023. https://www.kff.org/health-information-trust/kff-health-misinformation-tracking-poll-pilot/.

4 Survey Reveals Only 12 Percent of Physicians Likely to Recommend Medicine as a Career, Citing Misinformation and Lack of Trust. The Doctors Company. June 24, 2025. https://www.thedoctors.com/about-the-doctors-company/newsroom/press-releases/2025/12-pct-physicians-wont-recommend.

We not only welcome but encourage differences of opinion and seek to take advantage of this productive tension by creating numerous opportunities for discussion and collaboration.

You are invited to be at the Forum because you are a field shaper. We ask that you engage fully, share candidly and help surface the ideas, practices and conditions that carry the work forward beyond the Forum.

As noted above, the meeting will build to some extent on discussions from previous Forums about topics such as expertise, misinformation, corporatization, and current conceptions of professionalism. This background paper is intended to familiarize participants with some key takeaways from previous Forums and to provide context for this year's meeting.

CONTINUING THE CONVERSATION: PROFESSIONALISM

As we explore how professionalism can help medicine navigate external challenges like public skepticism and economic pressures, we must acknowledge existing skepticism about professionalism itself. Professionalism can be defined as "a commitment to living out professional responsibilities, embodying medical virtues, applying technical skills in providing compassionate, patient-centered care, being attentive to diverse patient populations and workforces, and practicing wellness and self-care."[5] Trust and professionalism are inextricably linked; trust is mentioned repeatedly in the Physician Charter[6] and demonstrating professionalism is essential to building patient trust.

As we discussed during last year's Forum, physicians have expressed significant misgivings about the impact of professionalism (at least as interpreted and applied) on their working conditions, equity, and other issues. Some argue that professionalism has been misused to require unreasonable (and uncompensated) levels of effort from overworked individuals, exacerbating our burnout problem. Others have pointed to inequitable enforcement of professionalism standards, showing how physicians from groups that are under-represented in medicine disproportionately face consequences for professionalism violations. Even those without specific criticisms of professionalism may view it as irrelevant and disconnected from their work.

Lisa Rosenbaum, MD, a cardiologist at Beth Israel Deaconess Medical Center and a national correspondent for the *New England Journal of Medicine*, shed light in last year's President's Lecture about how a younger generation of physicians viewed professional obligations in an increasingly consolidated and profit-driven health care system. She spoke about the ongoing debate about whether medicine should be considered a "job" or a "calling" and noted that many current trainees viewed the "calling" narrative as a tool to justify exploitation. Rather than dismissing this view, she called for understanding how rapidly the world that trainees are navigating has transformed from the one that earlier generations of physicians entered. Transformations in technology, practice, and the corporate organization of medicine have left many feeling like "cogs in the

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5 ABMS Position Statement on Promoting Professionalism. March 4, 2024. Available at: https://www.abms.org/newsroom/abms-position-statement-on-promoting-professionalism/#:~:text=Professionalism%20encompasses%20a%20diplomate's%20commitment,practicing%20wellness%20and%20self%2Dcare.

6 ABIM Foundation, American College of Physicians, European Federation of Internal Medicine. The physician charter [Pamphlet]. Philadelphia: 2002. https://abimfoundation.org/wp-content/uploads/2015/12/Medical-Professionalism-in-the-New-Millenium-A-Physician-Charter.pdf.

wheel" of an impersonal system. Meanwhile, the "grand bargain" that older physicians once embraced, in which they underwent exhausting training in return for a respected and lucrative career, may no longer seem like such a good deal amidst rising levels of burnout and a society with less reverence for the profession.

> We advance medical professionalism to build trust and improve care.
>
> *ABIM Foundation's mission statement*

We also discussed how professionalism is taught and assessed in medical education, where we have seen inequitable results like Black residents being disproportionately dismissed from their programs.[7] Speakers noted how consequential the raising of "professionalism concerns" can be for trainees. Educators like Nora Osman, MD, a clinician-educator and primary care physician at Brigham and Women's Hospital, urged moving from a punitive model of teaching professionalism to a developmental one that treats professionalism as a skill to be taught and coached.

Forum participants generally agreed that abandoning professional standards was not the appropriate response to these legitimate concerns. Whatever disagreements may exist about how professionalism should be defined, measured, or enforced, certain attributes that have been defined as part of professionalism, such as commitments to scientific knowledge and patient welfare, should remain core values for the profession. Through last year's meeting we sought to launch a discussion about how a re-commitment to and revival of professionalism could empower individuals to address today's challenges and transcend the feeling that they are merely cogs in an impersonal system.

For its part, the ABIM Foundation has recommitted to keeping professionalism at the core of its mission. In February 2026, following an extensive exploration of current conceptions of professionalism and our discussions at the 2025 Forum, the Foundation's Board of Trustees adopted a new mission statement: ***"We advance medical professionalism to build trust and improve care."***

This year, we will carry this discussion forward by considering how individuals can use their professional agency to build more trustworthy health care systems for their patients and themselves, and what needs to happen to enable them to do so.

CONTINUING THE CONVERSATION: EXPERTISE, AUTHORITY, AND CORPORATIZATION

The "job vs. calling" debate that Dr. Rosenbaum discussed has become more salient as medicine has increasingly adopted the structures of a corporate industry. We have heard at recent Forums from experts about the increasing consolidation and corporatization of medicine, and its consequences for practice. By the beginning of 2024, 77.6 percent of physicians were employed by hospitals, health systems or other corporate entities not controlled by physicians, a dramatic change from even 2012, when 25.8 percent were employees. A majority of physician practices (58.5 percent) are now owned by corporate entities (30.1 percent) or hospitals and health systems (28.4 percent).[8]

7 Rachel Gross. The Unbearable Vagueness of Medical 'Professionalism.' The New York Times. March 19, 2024.https://www.nytimes.com/2024/03/19/health/medical-students-professionalism.html.

8 Dave Muoio. Nearly 80% of Docs Employed by Hospitals, Corporate Entities in Continued Shift Away from Independent Practice. Fierce Healthcare. April 12, 2024. https://www.fiercehealthcare.com/providers/more-and-more-physicians-are-working-under-hospitals-corporate-entities-report-finds.

Erin Fuse Brown, JD, MPH, a professor of health services, policy, and management at Brown University School of Public Health, spoke at least year's Forum about how large, profit-seeking entities exert increasing power in the health care system, centralizing decision-making and prioritizing financial outcomes in ways that threaten to overshadow patient welfare. She noted that nonprofit and for-profit systems often act indistinguishably when driven by the desire to obtain and maintain market power and scale. Although she agreed that the profit motive was not new to health care—and certainly also existed in the days of physician-owned practices—she saw particular downsides in recent developments such as private equity firms operating with short time horizons taking ownership stakes in hospitals, nursing homes, and physician groups. Troyen Brennan, MD, JD, MPH, MS, the former executive vice president and chief medical officer at CVS Health, an adjunct professor at the Harvard T.H. Chan School of Public Health and one of the authors of the Physician Charter, was less pessimistic about the impact of corporatization, as he believed that corporations that interfered in the physician-patient relationship would struggle to succeed and/or face regulatory scrutiny. However, he suggested that physicians faced a core professionalism challenge between prioritizing their own financial success and serving patient interests.

The Forum has also focused regularly on scientific expertise—the source of physicians' authority—and the ongoing debates about health information in the post-pandemic era. In 2022, Renee DiResta, who was then a research manager at the Stanford Internet Observatory and is now an associate research professor at the McCourt School of Public Policy at Georgetown, gave the Forum's President's Lecture. As the backlash to COVID-19 vaccine mandates and restrictions continued to fester in the waning days of the pandemic, she delivered the message that "influence and expertise have been decoupled…Hearing experts say 'This is the truth' doesn't carry the resonance it once did."

She successfully predicted that the coalition of opponents of COVID-19 mandates would expand their focus to opposing routine childhood vaccines. She also described the challenges that social media platforms faced in regulating content without engaging in viewpoint-based discrimination—and how those challenges, coupled with political pressure, had led them to largely abandon any such attempts.

Ms. DiResta urged the health care community to adapt to the information environment. She showed the group that public health experts on social media were largely talking to one another while those circulating non-evidence-based information reached a far broader audience, and proposed that the medical community intentionally seek to build networks that incorporated both clinicians and ordinary people.

It is fair to say that the medical community—and promoters of evidence-based information more generally—has not fared as well in the intervening years as might have been hoped. Earlier this year, Ms. DiResta wrote:

> One of the most significant failures of the past five years has been how slow academic and scientific institutions were to fully internalize just how serious the fracturing of reality and attacks on their legitimacy actually were. They brought fact-checks to a political knife fight, not recognizing that their opponents were serious, coordinated, and often far better at communicating in the present information environment than were their targets.[9]

9 Renee DiResta. Misinformation Studies Meets the Raw Milk Renaissance. January 23, 2026. https://www.lawfaremedia.org/article/misinformation-studies-meets-the-raw-milk-renaissance.

She also suggested that many who have sought to address misinformation and counter the larger Make America Healthy Again (MAHA) movement have failed to understand "what's actually driving the movement: deep currents of identity and belonging, distrust of institutions, and the appeal of a story that names villains and offers community."

This distrust of institutions is part of a long tradition of skepticism that 2023 Forum President's Lecturers Lewis Grossman, JD, and Sophia Rosenfeld, PhD, illuminated. These historians demonstrated that the scientific consensus and respect for elite opinion that prevailed in the United States in the postwar era was an historical anomaly. Dr. Rosenfeld, a professor of history at the University of Pennsylvania, traced the deterioration of this fragile respect as experts—using increasingly specialized language to deliver obscure findings—grew (or were perceived as growing) further from the ordinary experience of ordinary people.

Mr. Grossman, a professor of law and affiliate professor of history at American University, described how, throughout most of American history, a broad swath of the population has believed that people have a right to choose their medical treatments without government interference. This impulse toward "medical freedom" has exhibited itself in various ways, from advocating for a "right to try" medications that have not received regulatory approval to a resistance to vaccine mandates. And it has been fed by a robust view of individual liberty (that adults should be allowed to make unfettered decisions about their health) and an accompanying resistance to concentrated power that breeds suspicion about the authority granted to organized medicine to use licensure and other means to protect its economic interests.

Both Dr. Rosenfeld and Mr. Grossman noted how health leaders' statements and actions during the pandemic had contributed to popular discontent. They each argued that some controversial decisions, such as school closures or masking requirements, reflected not only scientific evidence but also policy preferences, and thus were open to challenge. For example, discouraging mask-wearing in the pandemic's early days may have been presented as science-based but was arguably based as much on factors such as avoiding panic and preserving supplies for medical personnel. "It ate away at people's basic trust," Dr. Rosenfeld said.

Taken together, their remarks show how medicine was losing its grip over some Americans who—rightly or wrongly—saw the health care establishment as arrogant and out of touch. During this Forum, we will hear ideas for how these breaches should be understood and addressed.

CHALLENGES: MAKING SENSE OF MAHA

The rise of MAHA over the last 18 months has crystallized the degree to which mainstream medicine is struggling to retain public confidence. Nearly four in ten parents (38 percent) say they support the MAHA movement, including 62 percent of Republicans. Support is somewhat higher among parents without a college degree (41 percent) but still substantial among college graduates (33 percent).[10] The MAHA agenda incorporates a mix of issues, including an emphasis on "natural" products, a focus on food safety and quality, nutrition, and a deep skepticism about the safety and ethics of the pharmaceutical industry. At its heart, however, it challenges the evidence-based and authority-driven model of medicine that, as Mr. Grossman described, prevailed in the United States during the postwar period.

In her President's Lecture, Rachael Bedard, MD, an internist, geriatrician, palliative care physician, and writer, will discuss where medicine may be falling short in maintaining and building trust. A geriatrician and writer, she has

10 Audrey Kearney et al. KFF/The Washington Post Survey of Parents: Polling Insights on the MAHA Movement. Oct. 15, 2025. https://www.kff.org/public-opinion/kff-the-washington-post-survey-of-parents-polling-insights-on-the-maha-movement/.

focused on the MAHA movement, seeking to understand and chronicle its appeal and convey the worldview of anti-vaccine advocates. She has emphasized how the handling of the COVID-19 pandemic undermined the confidence of many Americans and inspired resentment about feeling pressured into accepting "recently developed, rapidly tested" vaccines in order to attend school or keep a job. And she has noted the lack of a "meaningful, public reckoning from the federal government on the successes and failures of the nation's pandemic response."[11]

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>
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Dr. Bedard has consistently called for respectfully addressing dissenters from scientific consensus ("Treating Mr. Kennedy's supporters as fools has not brought them into the pro-vaccine tent.") and has written sympathetically about people who believe that vaccines have harmed them or their loved ones. She has noted how Children's Health Defense, the anti-vaccine organization formerly led by Robert F. Kennedy, Jr., provides its members with a community and with meaning for their suffering, suggesting that MAHA and the anti-vaccine movements "are growing because they offer people ways to translate their stories into new purpose."

By contrast, "secular and expert-centered" medicine rarely provides such emotional comfort. "This isn't a matter of good science versus cultish belief," she writes. "It's a matter of what technological leadership can offer and what it can't, and of people needing something more to tolerate grief and live with trauma in an uncertain world."[12] We will discuss the imbalance between the solace of traditional medicine and the comforts that MAHA may offer—and how medicine might reclaim some of the narrative power that it seems to have lost. Speakers will discuss how care team members can communicate more effectively to address patient concerns and build trust, as we continue to grapple with the challenges Ms. DiResta laid out in her President's Lecture.

This discussion will occur at an urgent time for public health, as physicians and other clinicians seek to live up to their professional responsibility to their skeptical patients by earning their trust. As the public face of childhood immunization, pediatricians and pediatric nurses increasingly find themselves in difficult conversations with parents, 16 percent of whom have reported skipping or delaying at least one childhood vaccine (not including the flu and COVID-19 vaccines). Workshops on earning patient trust are now a regular feature at pediatrics conferences, training clinicians how to be more patient and less judgmental. At the same time, some physicians are considering leaving the profession in response to patient distrust in their advice. "It's just a really sad and stressful time for pediatricians," one pediatric emergency physician told the New York Times. "I really worry about us as a field, honestly."[13]

MAHA has clearly complicated medical practice, but the movement's scope and ultimate meaning are uncertain. While the COVID-19 backlash united people with disparate beliefs around a generalized resistance to authority, their beliefs about specific issues are highly variable. Even on the most high profile of MAHA-linked issues, overwhelming majorities continue to support vaccination in principle—89 percent of the public still says vaccines are essential for public health, and 86 percent of parents who identify themselves as part of the MAHA movement say children in

11 Rachael Bedard. How to Handle Kennedy as America's Top Health Official. The New York Times. November 15, 2024. https://www.nytimes.com/2024/11/15/opinion/rfk-jr-trump-health-agenda.html.

12 Rachael Bedard. I Went to an Anti-Vaccine Conference. Medicine is in Trouble. The New York Times. November 25, 2025. https://www.nytimes.com/2025/11/25/opinion/children-health-defense-kennedy.html.

13 Apoorva Mandavilli. In Talking to Parents About Vaccines, Pediatricians Navigate a Sea of Misinformation. The New York Times. March 11, 2026. https://www.nytimes.com/2026/03/11/health/pediatricians-vaccines-cdc-kennedy.html.

their communities should receive the measles vaccine.[14] Only one in five Americans approve rolling back established vaccine recommendations.[15] Although these numbers present clear threats to ensuring against the spread of communicable disease, they suggest that public support for an anti-vaccine agenda remains limited, a view reinforced by reports that the White House has sought to shift the focus of the government's MAHA messaging to food safety in advance of the midterm elections.

Meanwhile, the public has expressed significantly higher levels of trust in a set of organizations associated with traditional evidence-based medicine than in leaders associated with MAHA. For example, in a survey conducted this year, about three-quarters of Americans expressed confidence in the American Academy of Pediatrics (77 percent) and the American Medical Association (73 percent) to provide the public with trustworthy information about public health. Fewer than half expressed confidence in current federal health agency leaders (43 percent), CMS Administrator Mehmet Oz (42 percent) or Kennedy (38 percent). In the same survey, 86 percent of Americans said they were very (46 percent) or somewhat (40 percent) confident that their primary care provider was providing trustworthy information.[16]

COMMUNITY, SOLIDARITY, AND SELF-REGULATION

As physicians seek to assert agency and use professionalism as a tool to address the challenges that threaten to disrupt their relationships with patients, they might benefit from opportunities to work collectively with one another and across professions. After all, physicians share professional obligations and adhering to those obligations is intimately tied to the profession's privilege of self-regulation. As individuals may increasingly see themselves as cogs in an impersonal system, demonstrations of solidarity could be of particular value in responding to the economic and structural challenges facing health care.

We see discussions of solidarity arise in considerations of patient relationships in the wake of the COVID-19 pandemic and diminishing trust. Thinkers have emphasized the importance of clinicians seeking to build mutual understanding and reach decisions with their patients that grow out of shared trust, and of resisting frustration with and disengagement or scorn toward patients who resist their advice.[17]

Looking specifically to relationships among physicians, the literature suggests a number of obligations of physicians toward one another that are closely tied to the privilege of self-regulation, including to:

- expect and promote in their colleagues intellectual honesty, moral integrity, clinical competence, and physical and psychological well-being;
- assist colleagues impaired by illness, substance use or mental health issues to obtain help and modify or discontinue their practice (and to report incompetent or impaired colleagues under certain circumstances);
- avoid professional arrangements that exploit other physicians; and
- educate and share information with colleagues and trainees.[18]

14 David Wallace-Wells. The MAHA Coalition is Falling Apart. New York Times. February 18, 2026. https://www.nytimes.com/2026/02/18/opinion/kennedy-maha-moderna.html.

15 Sheryl Gay Stolberg. Eyeing the Midterms, Kennedy Pivots Toward Food and Away From Vaccines. The New York Times. February 11, 2026. https://www.nytimes.com/2026/02/11/us/politics/rfk-pivot-food-vaccines.html.

16 Stark Divide: Americans More Confident in Career Scientists at U.S. Health Agencies Than Leaders. Annenberg Public Policy Center, University of Pennsylvania. March 5, 2026. https://www.annenbergpublicpolicycenter.org/stark-divide-americans-more-confident-in-career-scientists-at-u-s-health-agencies-than-leaders/.

17 Daniel T. Kim and Bharat Ranganathan. Why should one care? An ethics of solidarity in the patient-physician relationship. Discover Med 2024;1(156). https://doi.org/10.1007/s44337-024-00152-1

18 CMSS Ethics Statement: Policies and Positions. CMSS. November 11, 2018. https://cmss.org/statements/cmss-ethics-statement.

Unionization offers one example of solidarity among physicians. Physician unionization is on the rise as employed physicians seek to address their concerns about autonomy, workplace conditions, burnout, and administrative harm to patients. Of course, this rise occurs against a low baseline and is thus far concentrated among trainees. According to National Institutes of Health data covering 2022–24, about eight percent of attending physicians are unionized.[19] An analysis of the motivation behind recent unionization drives found that they are primarily fueled by concerns other than compensation, primarily working conditions (85 percent) and a lack of voice in management (81 percent); patient care concerns were a motivator in 54 percent.[20]

Examples of collective action short of unionization could include collaborating in writing letters or petitions about issues affecting patient safety or workplace issues, advocating for public health policies, speaking up on behalf of colleagues, and participating in peer support groups.

FOOTHOLDS FOR BUILDING TRUST

At this year's Forum, we will focus on illustrating and further developing footholds to advance trust: practices that can advance trust, professional agency, and/or solidarity in the face of structural or societal pressure. In particular, we will explore such footholds in four areas: (1) protecting human relationships, (2) strengthening professional agency, (3) ensuring institutional and organizational accountability, and (4) cultivating shared responsibility and collaboration. This section will illustrate these areas through the example of speakers who will be joining us at the meeting.

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Advancing Professional Agency: Participants at the 2025 Forum elevated the importance of physicians finding and using their agency to address the many challenges facing the health care system. In practice, this could include steps such as speaking out against potentially harmful consequences of unsafe system policies and unreasonable productivity targets.

Radical technological change offers potential opportunities to expand individual agency alongside new challenges. Bob Wachter, MD, professor and chair of the Department of Medicine at the University of California-San Francisco and author of *A Giant Leap: How AI Is Transforming Healthcare and What That Means for Our Future*, will provide his perspective on how the profession can appropriately steward medical knowledge and professional authority amidst a dramatic increase in AI's capabilities and a polarized information environment that delivers radically different information to different segments of the population.

As defined in the Physician Charter, professionalism includes commitments to professional competence and scientific knowledge, with a responsibility for "maintaining medical knowledge and clinical team skills necessary for the provision of quality care." Should AI change the obligations of the profession to steward knowledge? Or, as Dr. Wachter puts it, what does it mean to be a doctor when you have a tool in your pocket that's smarter than you are?[21]

19 Rich Daly. Physicians increasingly targeted for unionization. HFMA. March 3, 2026. https://www.hfma.org/fast-finance/physician-unionization-healthcare-2025/.

20 Hayden Rook-Ley, Barak Richman, Daniel S. Bowling, et al. Unionization Efforts by Physicians Between 2000 and 2024. JAMA. 2025;333(4):347-348. doi:10.1001/jama.2024.23721.

21 Health & Veritas with Howard P. Forman and Harlan M. Krumholz. Robert Wachter: AI Is Already Remaking Healthcare. Yale Insights. February 3, 2026. https://insights.som.yale.edu/podcasts/health-veritas/robert-wachter-ai-is-already-remaking-healthcare.

He still advocates for the importance of mastering clinical knowledge, in part to be able to evaluate AI outputs and recognize errors, and particularly clinical reasoning. "We're in this era now where these [AI] tools are good enough to be useful…but not perfect, and in order to make them most useful, you [have] to know a fair amount of stuff." Recognizing the inevitability of de-skilling, he has called for a focused approach that accepts that some skills may simply be less important in this era while ensuring that physicians retain "legacy skills" that will be needed to address urgent needs when technology fails.[22]

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>
> *– Bob Wachter, MD*

Overall, Dr. Wachter has provided an optimistic perspective on AI's impact on care and physicians, suggesting that it could increase physician agency, at least in the short term. He has said the next 10 to 15 years could be "something of a golden era in medicine," with physicians able to rely on AI to perform documentation and administrative work tasks "that don't involve practicing at the top of our license."[23] "I think care will get better, safer, more convenient, more satisfying; I think clinicians will be happier in their work," he said.

Institutional Accountability: Ensuring institutional accountability could take a variety of forms, from advocating for transparency around the financial incentives used by hospitals and health systems to proposing to put in place reporting standards that would highlight system performance.

Taking a broader look at what supports institutional accountability in arenas besides health care may shed light on the health context. Margaret Levi, PhD, a political science professor at Stanford University and at the University of Washington, has studied how governments derive legitimacy and why citizens comply with the demands of governments and other organizations. Her theories are highly relevant to the factors that influence whether people trust authority in other sectors, including health.

Dr. Levi's ideas explain how political order emerges through institutional legitimacy, fairness, and credible government behavior—not coercion. Trust and trustworthiness play a central role in her thinking; she notes how governments that "demonstrate competence in actually delivering what [they're] supposed to deliver" and operate fairly and predictably demonstrate their trustworthiness, thereby generating citizen trust. She notes several factors that can undermine trust: perceived unfairness in burden-sharing, elite privilege or impunity, incompetence, and a failure to enforce rules evenly. She traces the appeal of more disruptive political figures and ideologies over the last decade in part to the failure of government to demonstrate trustworthiness by delivering results and demonstrating fairness; "if you see that the rules are being enforced for some people and not for others…that undermine[s] trust in government."[24]

While expertise is essential to governing modern complex societies, Dr. Levi notes that public trust in experts also depends upon institutional trustworthiness. In other words, experts need to work within institutions that are perceived as legitimate in order for their knowledge to be trusted. She has also stressed the need to find the proper balance between challenging and deferring to expert opinion: "When a policy depends on the most up-to-date science, military intelligence, or other expertise, too much trust of experts can lead to tragic mistakes—a la the war in Iraq or the deadline for the withdrawal in Afghanistan—and too little trust can lead to populations resisting what might save their lives—a la vaccines for COVID."[25]

22 Robert Wachter. Deskilling and Healthcare AI. Substack. August 21, 2025. https://substack.com/home/post/p-171551451.

23 Larry Beresford. Does AI Portend Sudden Transformations for Hospitalists? The Hospitalist. February, 3, 2025. https://www.the-hospitalist.org/hospitalist/article/38530/technology/does-ai-portend-sudden-transformations-for-hospitalists/.

24 How citizen disaffection can drive changes in government | Interview with Dr. Margaret Levi. Academic Influence. July 28, 2023. https://academicinfluence.com/interviews/political-science/margaret-levi.

25 Margaret Levi. The obligations of government & the responsibilities of the governed. Daedalus. Fall 2022;15(4):215-233. https://www.amacad.org/sites/default/files/publication/downloads/Fa22-Daed_12_Levi.pdf.

Her thinking is also highly relevant to concepts of solidarity. Her concept of the "expanded community of fate," in which people see their own futures as intertwined with that of a larger community, creates the conditions for people to act collectively. She posits "care and caregiving"—in the broader sense of caring for "children, the frail elderly, the sick, the mentally or physically challenged"—as the basis for an expanded and inclusive community of fate in which organizations use their power "on behalf of distant others who are unlikely to reciprocate directly."[26]

Protecting Relationships: The increasing concentration of the business of health care, including the consolidation of ownership structures and the growth of corporate and private equity investment, poses particular challenges for individuals seeking to exercise agency and build trust.

Large health systems and other health care organizations shape the environments in which most clinicians practice, in ways that can either aid or inhibit them from meeting their own professional obligations. Physicians find themselves caught between institutional profit motives and patient needs, with the "commodification of medical care creat[ing] distance between physicians and patients while undermining both groups' interests."[27] (Given the increasing power of organizations in the health care system, applying professionalism principles to them has taken on added urgency. Some have suggested that the profession propose and advocate for organizational professionalism standards, such as incorporating physician input in decision-making, instituting scheduling and productivity policies to protect the physician-patient relationship, and adopting resource allocations that prioritize quality of care over volume.)

Preserving enough time for patient encounters to enable trustworthy relationships in this environment is central to professionalism. These relationships can also develop outside of the exam room, through programs that bring clinicians into communities. Panagis Galiatsatos, MD, MHS, a physician in pulmonary and critical care medicine at the Johns Hopkins School of Medicine, founded Medicine for the Greater Good (MGG) in Baltimore in 2013. MGG teaches physicians the science of community engagement while also training community health workers and lay health educators to promote health equity strategies. Among other things, MGG elevates physicians' sense of agency by enabling them to see how they can make a difference in the lives of community members. "Of course, it's incredibly rewarding to be a clinician, but when you participate in these community engagement efforts, you realize the impact you can have just spending a few hours working on a project the community has asked us to dive into," Galiatsatos said.[28]

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Strengthening Public Trust and Collaboration: The end goal for the Foundation's work is to strengthen the public's trust in health care by enhancing the trustworthiness of the profession and the health care system. But many of the drivers of mistrust cannot be solved by clinicians working within the health care system. Collaboration with other professions and engagement by clinicians in the policy process can both serve as paths to build public trust.

26 Margaret Levi. Expanding the community of fate by expanding the community of care. Daedalus. Winter 2025;154(1):240-250.

27 Annie Koempel, Frederick Chen, Bradley Barth, et al. Reclaiming Medical Professionalism in an Era of Corporate Healthcare. Health Affairs Forefront. September 3, 2025. https://www.healthaffairs.org/content/forefront/reclaiming-medical-professionalism-era-corporate-healthcare.

28 Breakthrough. Johns Hopkins. https://www.hopkinscim.org/wp-content/uploads/2024/05/jhu_cim_fall_24sm.pdf

At the Forum, we will hear from Keegan Warren, JD, LLM, the executive director of the Institute for Healthcare Access at Texas A&M University. Ms. Warren is a leading expert on medical collaborations with other professions, having worked extensively on medical-legal partnerships, which embed lawyers within health care teams to help patients address legal problems that can affect their health. These partnerships can enable patients to, for example, obtain access to benefits or address unsafe housing conditions.

We will also hear from Natalie Davis, MA, the CEO and co-founder of the United States of Care, which works to promote policy solutions for the health care system's affordability issues. This is another area where collaboration is required to achieve outcomes that can build public trust. However, clinicians can play a role in addressing policy concerns. At last year's Forum, we heard from Lilia Cervantes, MD, about her successful advocacy for expanding Medicaid access to dialysis for undocumented residents in Colorado. The ABIM Foundation has since funded a project led by Dr. Cervantes to study advocacy and provide resources to help interested clinicians engage.

CONCLUSION

This meeting is grounded in the belief that a roadmap is needed to ensure that professionalism is more than words on a page—that it is a pathway for it to motivate action. The footholds we will explore are intended to serve as the scaffolding to help clinicians exercise agency, strengthen relationships, and build trust within real constraints. Together, we hope they can form the basis of a broader effort to build capacity across the field, equipping individuals and teams with the tools, language, and shared commitments needed to act. Over time, the Foundation's work aims to support a more sustained, collective movement – one that enables professionals not only to navigate today's pressures, but to reclaim and renew the trust placed in them by the public.

RELEVANT ARTICLES AND SELECTED READINGS

President's Lecture | Professionalism When Trust is Fragile

- Rachael Bedard. This Is How Kennedy Loses the MAHA Moms. The New York Times. April 16, 2026.
- Rachael Bedard. I Went to an Anti-Vaccine Conference. Medicine Is in Trouble. The New York Times. November 25, 2025.
- The Gilded Age of Medicine With Dhruv Khullar, MD. The Nocturnists. January 23, 2025.
- Rachael Bedard. How to Handle Kennedy as America's Top Health Official. The New York Times. November 15, 2024.
- Dhruv Khullar. The Gilded Age of Medicine is Here. The New Yorker. December 12, 2024.

Hard Truths on the Path to Rebuilding Trust

- Aaron Everit. I'm a MAHA activist. I went into the public health lion's den—and it changed how I think. STAT. April 10, 2026.
- Brinda Adhikari and Tom W. Johnson. What Happened When a MAHA Activist and a Yale Scientist Worked Together. The New York Times. March 17, 2026.
- Monica L. Wang. What Public Health Can Learn from the MAHA Movement. STAT. April 10, 2026.
- Public Health Is Outgunned: A Conversation w Science Communicators Katelyn Jetelina and Jessica Steier. Why Should I Trust You? October 9, 2025.
- Special: A Talk w Gen Z: Voices From MAHA, Public Health, Conservative, Liberal, Independent – On a Path Forward for Health in America. Why Should I Trust You? September 26, 2025. (featuring Brinda Adhikari and Mackenzie Isaac)
- Kristen Panthagani, Edward R. Melnick, Katelyn Jetelina, et al. Training Health Communicators – The Need for a New Approach. The New England Journal of Medicine. August 2025.
- MacKenzie Isaac and Daphne Berryhill. From Civil Rights Hubs to Pharmacy Deserts: What Pharmacy Closures Mean—And How You Can Take Action. Those Nerdy Girls. November 21, 2025.

Fireside Chat | Institutional Legitimacy and Trust

- Margaret Levi. Expanding the Community of Fate by Expanding the Community of Care. Daedalus. Winter 2025.
- Kim Ji-hye. 'AI is a tool, not a co-author'—JAMA Editors Say Honesty Is the Only Way Over the Bar. Korea Biomedical Review. July 3, 2025.
- Margaret Levi and Jed Macosko. How Citizen Disaffection Can Drive Changes in Government | Interview with Dr. Margaret Levi. Academic Influence. July 28, 2023.
- Margaret Levi. Trustworthy Government: The Obligations of Government & the Responsibilities of the Governed. Daedalus. Fall 2022.
- JAMA's Editor: Rebuilding Trust & Reaching More Readers—Featuring Kirsten Bibbins-Domingo. Conversations on Health Care. July 25, 2024.

Fireside Chat | Advancing Professional Agency: Accountability, Clinical Judgment, and Information Environments

- How AI Is Transforming Health Care and What It Means for the Future. CBS. March 23, 2026. (featuring Robert Wachter)
- AI in Health Care: Will It Actually Fix the System? Health Affairs. February 3, 2026. (featuring Robert Wachter)
- Robert Wachter: AI Is Already Remaking Healthcare. Yale Insights. February 3, 2026. (featuring Robert Wachter)
- Robert Wachter and Thomas H. Lee. Beyond the Hype: How AI Is Finally Delivering on Digital Health's Promise. The New England Journal of Medicine Catalyst. February 4, 2026.
- Drishti Pillai, Samantha Artiga, and Nambi Ndugga. The Growing Use of Artificial Intelligence in Health Care and Implications for Disparities. KFF. April 30, 2026.
- Robert Wachter. A Giant Leap: How AI is Transforming Healthcare and What That Means for Our Future. 2026.
- Robert Wachter. Deskilling and Healthcare AI. Substack. August 21, 2025.
- Larry Beresford. Does AI Portend Sudden Transformations for Hospitalists? The Hospitalist. February 3, 2025.

Lightning Talks | Footholds to Advance Trust: What will we do together?

- Panagis Galiatsatos. Medicine for the Greater Good: Achieving the Promise of Medicine Through Community Engagement. 2026.
- William M. Sage and Keegan D. Warren. Health Truth to Power: Professional Collaboration to Bolster Trust Against Misinformation. Houston Journal of Health Law & Policy. January 2025.
- Natalie Davis. Why People Don't Trust The Health Care System—And What We Can Do. Forbes. January 2026.
- The Broken US Safety Net. American Compassion. September 2024. (featuring Pritesh Gandhi)
- Pulse Check: Trust in Health Care. United States of Care. September 2025.
- Monthly Monday: June 2024 with Keegan Warren. Texas Primary Care Consortium. June 2024.

Closing Reflections

- Paul Starr. Escaping Policy Traps: Strategic Options for Overcoming Entrenchment. Journal of Health Politics, Policy and Law. April 2023.
- Paul Starr. Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform. 2013.

Other Recommended Readings

- ABIM Foundation, American College of Physicians, European Federation of Internal Medicine. Medical Professionalism in the New Millennium: A Physician Charter. Annals of Internal Medicine. February 2002.
- ABMS Position Statement on Promoting Professionalism. American Board of Medical Specialties (ABMS). March 4, 2024.
- Stark Divide: Americans More Confident in Career Scientists at U.S. Health Agencies Than Leaders. Annenberg Public Policy Center. March 5, 2026.
- Annie Koempel, Frederick Chen, Bradley Barth, et al. Reclaiming Medical Professionalism in an Era of Corporate Healthcare. Health Affairs. September 3, 2025.

- Loren Adler. Regulating Corporate Control in the U.S. Health Care System. The New England Journal of Medicine. June 2026.
- David Wallace-Wells. The MAHA Coalition Is Falling Apart. The New York Times. February 18, 2026.
- Renée DiResta. Misinformation Studies Meets the Raw Milk Renaissance. Lawfare. January 23, 2026.
- Audrey Kearney, Isabelle Valdes, Alex Montero, et al. Survey of Parents: Polling Insights on the MAHA Movement. KFF/The Washington Post. October 15, 2025.
- Apoorva Mandavilli. In Talking to Parents About Vaccines, Pediatricians Navigate a Sea of Misinformation. The New York Times. March 18, 2026.
- Sheryl Gay Stolberg. Eyeing the Midterms, Kennedy Pivots Toward Food and Away From Vaccines. The New York Times. February 11, 2026.
- Daniel T. Kim and Bharat Ranganathan. Why should one care? An Ethics of Solidarity in the Patient-Physician Relationship. Discover Med. 2024.
- CMSS Ethics Statement. CMSS. November 21, 2018.
- Megan Brenan. Nurses Continue to Lead in Honesty and Ethics Ratings. Gallup. 2025.
- Rich Daly. Physicians Increasingly Targeted for Unionization. March 3, 2026.
- Hayden Rooke-Ley, Barak Richman, Daniel S. Bowling, et al. Unionization Efforts by Physicians Between 2000 and 2024. JAMA. December 2024.
- Audrey Kearney, Grace Sparks, Liz Hamel, et al. KFF Tracking Poll on Health Information and Trust. KFF. January 28, 2025.
- Lunna Lopes, Audrey Kearney, Irving Washington, et al. KFF Health Misinformation Tracking Poll Pilot. KFF. August 22, 2023.
- Survey Reveals Only 12 Percent of Physicians Likely to Recommend Medicine as a Career, Citing Misinformation and Lack of Trust. The Doctors Company. June 24, 2025.
- Rachel E. Gross. The Unbearable Vagueness of Medical Professionalism. The New York Times. March 19, 2024.
- Dave Muoio. Nearly 80% of Docs Employed by Hospitals, Corporate Entities in Continued Shift Away from Independent Practice. Fierce Healthcare. April 12, 2024.