

CORRESPONDENCE

When Patients Look Elsewhere: Mistrust Is a Symptom

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My father grew up in rural eastern Kentucky, where access to medical care was limited and home remedies were often the only option. My grandmother did what she could with what she had. When one of her children had an infection, she would have them eat moldy bread—a practice that, unknowingly, sometimes worked. We now understand why. Certain molds produce antibiotic compounds that can inhibit bacterial growth. But many do not. What helped in one instance could harm in another.

My father watched neighbors suffer and die from illnesses that would later become treatable. Those experiences shaped his decision to become a physician—not out of a rejection of what his mother had done, but out of recognition of its limits.

People have always sought care where they can find it. Today, clinicians are encountering a different version of this dynamic. Patients are increasingly influenced by health information shared outside traditional medical settings. This is often framed as a problem of misinformation. But misinformation does not gain traction in a vacuum.

It is more accurately a problem of trust. When care is difficult to access, hard to navigate, or inconsistent in its delivery, people adapt. They look for clarity and coherence wherever they can find it. Influencer-driven health narratives, for all their variability, often provide a clear story, a sense of agency, and the feeling of being heard.

This does not make them more accurate, but it does make them more accessible. Modern medicine has achieved extraordinary advances, yet the experience of care can still feel fragmented—spread across multiple providers, shaped by time constraints, and communicated in ways that are not always easy to understand. Guidance changes as evidence evolves, but without context, those changes can feel arbitrary. Trust erodes in that gap. When patients cannot make sense of their care, they begin to question the system itself.

Mistrust is not the diagnosis. It is the symptom. Patients are not simply choosing different information. They are choosing experiences that feel more coherent. When the system becomes difficult to understand or rely on, people

look elsewhere. My father chose medicine because he saw the limits of what came before. That choice changed what was possible. The task now is to make the system worthy of that trust again.

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Conflicts of Interest

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