

POLICY FORUM

Trust is a Leap of Faith

Introduction

Trust begins at the front door, with the first sentence of a speech or announcement, the first image on social media, or the first comment of a friend, neighbor, priest, or professional. Up front, trust is a leap of faith. With no history or experience, we enter into a space or find ourselves face to face with a stranger who, in the health professions, is wearing scrubs, a white coat, a stethoscope draped over their shoulders like a scarf, a photo ID. They also wear expectations, expertise, respect, and an invitation. They symbolize care but also connection via an exchange of private and personal events, signs, and symptoms. These are often shared through a prism of previous encounters with different strangers claiming a right to know and to declare a condition, a diagnosis, and a plan.

The average clinical encounter is 12 minutes; 12 minutes to describe pain, discomfort, fear, and the unknown, and to translate your words and experience into a diagnosis. The average clinician interrupts your story within 18 seconds with a question, a clarification, a dismissal, or a recognition that seeks to place your story—and you—into a category.^a

The average news sound bite is nine seconds.^b A radio or TV rattles on in the background of swooshing tires, running water, clattering plates, or the din and hum of a busy household. With luck, some things get through; with even more, those things are accurate and build trust rather than diminishing it. It is nothing short of miraculous when clinicians and public health professionals do succeed in initiating relationships that encourage the sharing of personal experiences, and when patients feel comfortable sharing personal experiences, feel seen and heard, and are willing to accept a prescription, a referral, and more than a bit of hope that the plan will work. NCMJ

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^a Groopman J. *How Doctors Think*. Houghton Mifflin; 2007.

^b Montange R. The Incredible Shrinking Soundbite. NPR, Morning Edition, Jan. 5, 2011.