

# ***Researching Trust and Health***

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## **Foreword**

*by Guido Möllering, Cologne, 02/07/2007*

At the time of writing this foreword, having read a draft of this fine volume, I am following the media coverage of the trial of a nurse in Germany who has killed several patients in the famous Berlin hospital *Charité*. Through her crimes she has not only betrayed most horribly the trust of her victims, but also the trust that their relatives, her colleagues and her employer vested in her. Since she is a representative of her organization, her profession and the health care system, her case stirs the public mood and raises specific questions about the circumstances of these murders as well as more general questions about trust in health care contexts. How could she do it?

Answers to this question have to address different levels of analysis: the nurse's personality, competence, motivation and attitude towards life and death; her social networks consisting of relationships with family, friends, patients, visitors, colleagues, superiors; the organizational and institutional system in which she was working; and her general place in society. When we try to understand what it means to trust and be trusted, all these levels matter, and a particular strength of this volume is that it takes the multilayered nature of trust very seriously.

When we imagine ourselves in the position of the abovementioned nurse's patients, the issue of vulnerability is particularly salient. The concept of health entails the possibility of the loss of good health and the vulnerability of human life, both of which are primordial experiences of human existence. The term vulnerability originates from the Latin word *vulnus*, meaning wound. More abstract uses of the term nowadays still carry this original meaning of externally caused injury.

Yet it is because health and vulnerability are so strongly connected and also emotionally charged that we have to be extra careful when discussing trust in the context of health. We have to

distinguish clearly between the general threat of suffering from an injury or illness for which no-one else is to blame and the harm that can be done by those to whom we entrust the injured and the sick. The murderous nurse was not responsible for her patients' severe condition in the first place, but she outrageously ended their lives instead of helping to save them. This is not a trivial point. When people go to see a dentist, do they fear the pain the treatment normally involves or the pain the dentist might unnecessarily cause them? Only the latter is a question of trust. In other words, trust in health care is not primarily about being cured, but about the competent and benevolent efforts that are made to cure. Trust in health care is broken when such efforts are expected and possible but not forthcoming due to individual, organizational or institutional weaknesses and failures. In this book, the contributors recognize that trust concerns specifically the vulnerability that results from people's dependence on the social world around them. This basic insight gains a certain sense of urgency when health is at stake.

A further clarification concerns an important precondition whereby it only makes sense to speak of trust when it is possible to identify a trustor and a trustee to whom we can attribute agency, i.e. some autonomy and accountability in their placing and honouring of trust (or not). Again, this may seem a trivial point but it promotes the precision and relevance of analyzing trust in the context of health care. For example, unless they are unconscious or totally ignorant, patients themselves decide whether they trust or distrust a doctor, a hospital, a health insurance company and so on even when they have no choice which doctor, hospital or insurance to use. In their trust, they are influenced by their environment in many ways but the trust or distrust is still theirs. In return, the trustees, for example doctors, exercise agency in honouring their patients' trust, but in so doing they also have to operate within limitations that they did not choose themselves and that are therefore not attributable to their own trustworthiness.

In any discussion of trust, we need to specify the trustors and trustees and how much agency they are assumed to have. This is not always easy in the context of health care, which is characterized by a high degree of "systemness" where agency is highly distributed and depersonalized. Did the nurse or "the system" kill the patients in Berlin? And who trusted the nurse (or "the system") too much? The studies in this book do a very good job in connecting the discussion of trust to fairly concrete trustors and trustees who do have agency. And in some cases authors prefer to speak of confidence instead of trust when they refer to expectations towards an abstract system that is not really a trustee in itself.

If trust is about recognizing and accepting human agency, then it is not surprising that breaches of trust often trigger attempts to curb this agency through tighter control. The bureaucratic control reflex that typically follows dramatic cases and scandals such as the recent *Charité* killings in Germany and various well-publicized scandals in the United Kingdom is evidence for the societal suspicion of agency and the institutionalization of distrust in modern societies. One of the remarkable features of this book is that it moves beyond the old trust–control dichotomy and frames trust and control as a duality. This means that policies introducing greater accountability and more standardized performance measures in health care can be understood in their ambivalent effect of potentially promoting and destroying trust. It also implies the realization that control depends on trust so that the introduction of new control measures requires trust in those who design and apply the measures. Therefore, at best, this merely shifts the trust problem to another level—down to users or up to regulators. Human agency, as an opportunity and a threat, cannot be eliminated. This is reflected in the studies in this volume. They recognize that trust-building is about finding ways of positively accepting agency and limiting it without destroying it, even if this leaves room for murderous nurses.

Finally, the agency of trustors and trustees points to the irreducible uncertainty that surrounds our vulnerability. In my own research on trust, I have concluded that trust requires a leap of faith by which this uncertainty is suspended and positive expectations towards the actions and intentions of others become possible. The notion of the leap of faith is superficially accepted in many areas of trust research but at the same time fairly hard to pin down in empirical cases. It is interesting that in the context of health care, vulnerability and uncertainty seem to be so pronounced that leaps of faith are much more evident here.

It remains a methodological challenge to identify concrete instances of suspension, but in many interviews reported in this volume we find accounts of people who look for good reasons and who try to anchor their decisions but who also, at some point, just do it, stop worrying and manage to live as if everything will be fine. In as much as the accounts are about the ways in which people deal with the agency of others in relation to whom they are vulnerable, they offer important insights to trust research. In the context of health care, it appears to be second nature for us to accept that leaps of faith do not eliminate vulnerability and uncertainty but make them tolerable. Some nurses may always be able to kill patients and get away with it, yet trust

emphasizes the fact that almost all nurses will not abuse their agency but use it positively to offer help and support.

The leaps of faith that enable trust are ultimately to be understood as emotional commitments and accomplishments. I trace this back, for example, to the classic works of William James on the will to believe and more recent writings by Jack Barbalet who developed a similar understanding in parallel to my own efforts. It implies that trust is idiosyncratic and resides fundamentally with individuals who cannot be forced to reach the state of trust. All the more, it is important to analyze—as many studies in this volume do—how individuals are not isolated in their trust but deeply embedded in social networks, organizational structures and institutional frameworks.

This edited volume deals with a topic that social scientists have come across before even when they have no specific interest in health care, because many core contributions on the nature of modern societies have used the trust problem in health care to focus or illustrate their points. As examples, I mention Talcott Parsons, Niklas Luhmann and Anthony Giddens all of whom have been concerned with the relationship between lay persons and professional experts; the systems behind these relationships; and the social interaction connecting the interpersonal level and the system level. In the same way that these authors have used the topic of health care to illustrate more general theoretical arguments, this book offers theoretical insights beyond our immediate concerns about trust in concrete contemporary health care contexts and beyond topical scandals, too.

In my own book on trust, I encouraged trust researchers in other disciplines such as management and economics to pay more attention to the research on trust in the sociology of health and medicine. With the publication of this excellent collection of conceptual and empirical contributions, it will now be hard for any trust researcher to ignore this field of inquiry. It is particularly refreshing that the research reported here breaks out of the moulds that have been shaping trust research in other areas. In particular, I am sure that many readers will appreciate the qualitative methods used and the sensitivity to process, richness and reflexivity in this book as much as I do. Of course, those who study trust in health care contexts should also build on the extensive research on trust conducted in other areas, but the exploratory tone of many of the findings presented here, to me, is not at all a signal that research on trust in health care is still at the beginning and trying to catch up, but rather an indication of the cutting-edge quality of the

research using sophisticated concepts and methods instead of crude, simplistic tools that mutilate the phenomenon of trust.

As a final reminder that this book deals with a classic problem of human societies and not some faddish issues that will be gone again tomorrow, I would like to mention the Hippocratic Oath that was established in ancient Greece in the fourth century BC. We can interpret it as a way of dealing with the problem of trust in health care in that it recognises the vulnerability of patients and aims to establish a professional institutional standard while not denying the substantial agency of all the actors involved in health care. Nowadays, we still seem to be dealing with the same problems, but the editors of this volume have to be congratulated on presenting us with an up-to-date set of questions—and with answers—in the light of the truly serious and specific issues we face in our health care systems today.

### **Contributor**

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