

Trust and the dentist-patient relationship

Johan Hartshorne¹

Keywords: Trust, compassion, communication, competence, confidentiality, autonomy, advocacy, dentist-patient relationship, ethics, moral obligations

Summary

Rationale

- Trust is the foundation of a successful patient-dentist relationship and serves the patient in conditions of vulnerability, risk and uncertainty.
- Trust is a complex and dynamic relationship between patient and dentist that is continuously being challenged by changing demands in society, availability of information through the internet, rapid advances in technology, and changes in health care systems and institutions.
- This narrative review considers the changing dynamics and challenges threatening the trust-based relationship, the ethical and moral foundations, definition, and the essential elements of trust.

Key points

- Patients today are better educated, more demanding, and critical to the care they receive.
- The ethical foundation of a trust-based relationship is based on the fundamental ethical principles of beneficence, non-maleficence, autonomy and justice.
- The moral foundations of the trust-based relationship rests in patient expectations, a mutual relationship, and the dentists' fiduciary obligation to promote and protect the patients best interest.
- The critical elements of a trust-based relationship are beneficence, communication, competence, compassion, advocacy, confidentiality and autonomy.

Practice implications

- Building trust is a mutual relationship between patient and dentist that must be earned and continuously maintained by the dentist.
- Dentists must practice dentistry with an understanding of economic constraints and incentives that guide them and neither encourage under- nor overutilization of services, and that is consistent with needs to maintain patient trust.

Introduction

Trust, described as the scarcest and most hard-earned of all medical commodities¹, is the foundation of a successful patient-doctor relationship, as with all other relationships, and something that involves both confidence and reliance over time.²⁻⁵ It affects almost every personal, clinical and administrative aspect of dentist-patient interaction, from first contact to post-operative follow-up.

Trust pushes a prospective new patient across the line to call your practice for his or her first appointment not knowing what he/she is going to experience. Trust retains patients and decreases attrition, and prompts current patients to recommend your practice to their extended family members, neighbours, co-workers and friends. Theoretically, patient trust should serve to reinforce the functioning of the clinical relationship as a health partnership, thereby increasing the probability of patient satisfaction, treatment

¹ Johan Hartshorne
B.Sc, B.Ch.D, M.Ch.D., M.P.A.,
PhD (Stell), FFPH.RCP(U.K.)
General Dental Practitioner
Intercare Medical and Dental
Centre, Tyger Valley, Bellville,
7530 South Africa

Email:
jhartshorne@kanonberg.co.za

adherence, and improved health status, while decreasing the likelihood of leaving the physician's practice or withdrawing from a health plan.⁶

Interpersonal trust relationships are typically found where there are conditions of risk and uncertainty, or where the patient is placed, sometimes unwillingly, in a position of vulnerability.⁷ It also serves the patient's needs especially well during periods of greatest vulnerability.⁸ Furthermore, the patient grants, sometimes reluctantly, discretionary power to the dentist to achieve something he/she desires, needs or wants, usually removal of pain and discomfort, better aesthetics, improved function and well-being, or preservation or replacement of teeth. However, trust is a complex and dynamic relationship built up over time through a consistent and mutual relationship between the patient and the dentists' team members, and constantly being challenged by changing interpersonal, social and institutional dynamics.

This article considers the changing dynamics, emerging points of weaknesses, and challenges threatening the trust-based relationship between dentist and patient, the ethical and moral foundations, definition, and essential elements of trust. Finally, some practical tips are provided on how to build a trusting relationship in dental practice.

Changing dynamics and challenges threatening the trust-based relationship between dentist and patient

Over the years, trust and the dentist-patient relationship has been increasingly challenged due to changing patterns and demands in society, rapid advances in technology and biomaterials, and easy access to medical and dental information. Patients today are better educated, more informed, and increasingly aware of medical uncertainties and variabilities in practice. They are accordingly more demanding and more critical. Increasingly sensitive to issues of personal autonomy, they are less likely to accept paternalistic behaviour that was common and unremarkable just a few decades ago. Patients now seek more control over their options and how they receive their care.⁸

The introduction of internet has, to a great extent, empowered patients with information and influenced their decision-making regarding health care.⁹ Patients now have easy access to latest developments and various treatment modalities available for any condition. The new generation, also referred to as "millennials", also makes up the impatient patient.¹⁰ They are used to cell phones, ATMs, broadband access, internet banking and are used to the fast pace, and "at the click of the mouse", the convenient, personalized services associated with everyday life. They want quick, convenient and personalized approach to their health problems too.

Patients now approach the doctor with preconceived

notions based on the Internet information. The immediate fallout is the replacement of trust by skepticism and weariness. "Blind trust" is now replaced by "Informed trust".¹⁰ Consider that patients today come into the examination room pre-armed with internet searches and self-diagnoses.¹¹ There has been a tremendous resistance from the health care professional to the changing dynamics of the doctor-patient relationship in this information age. The main concerns being the variable and unreliable nature of medical information on the net, the lost human touch and also the perception of the informed patient as the problem patient. The introduction of so-called tele-dentistry has also placed the distance between doctor and patient wider and the dentist-patient relationship to one that is impersonal and remote.

People today are more discerning about which businesses they choose and support. They not only care about the quality of the products and services that are provided, but they also care about the business's transparency, integrity, accessibility, charity efforts and customer experience.

Although evidence shows that the majority of patients continue to trust health care providers to act in their best interest, concern is growing that the rapid and far-reaching changes in all the facets of the healthcare system, have placed great pressure on that trust and may be undermining it.^{4,8,12,13} Increasing demand for aesthetic, essential and critical care, the diversity of dental practices that vary greatly in their structure and competitiveness, together with the impending health care structure and financing transformation and information legislation in South Africa, and the increasing cost of health care, have resulted in new challenging ethical dilemmas for health care providers and their patients that is likely to affect trust and the provider-patient relationship. Furthermore the belief is taking hold that unless the health care practitioner looks out for his/her own interest, the professional will be crushed by the forces of commercialization, competition, government regulations, malpractice, advertising, public and media hostility and a host of other harmful socio-economic forces.¹⁴ These new concerns about patient trust have triggered recognition of the need for a better understanding of the role of trust in the patient-doctor relationship.

• Ethical foundations of a trust-based relationship

Ethical practice has long been recognized as pivotal in the practice of dentistry.¹⁵ Ethical codes have encouraged health care practitioners to be trustworthy by discouraging exploitation of patients' vulnerability. Until the mid-20th century, Western Codes of Medical Ethics were largely derived from the Hippocratic Oath that explicitly valued paternalistic medicine in which the health care practitioner's primary responsibility is to direct treatment decisions and to distribute resources in the patients' best interest, was valued

above the rights of the patient to participate in decision-making.¹⁶ The Hippocratic Oath was refined through the centuries to provide a moral framework for medical decision-making.

In the early 1960s, in response to paternalism in traditional Western Codes of Medical Ethics and the need for a practical code of ethics to make increasingly difficult real-life decisions, professional ethicists proposed a new method of ethical deliberation.⁷

Most prominent is Beauchamp and Childress' Principles of Biomedical Ethics¹⁷ which describes the four fundamental principles: beneficence, non-maleficence, autonomy, and justice.

The first two principles, beneficence and non-maleficence, reaffirm the ancient ethical tenets to act in the patients' best interest and to do no harm. The last two principles, autonomy and justice reflect modern theories of moral obligations not found in the Hippocratic tradition. The principle of autonomy requires that dentists recognise the right of individual patients to participate in treatment strategies and to make their own health care decisions.^{15,18,19}

The fourth principle, justice (fairness), has received increased attention owing to rising costs and the growing proportion of uninsured individuals. The progress of medical and dental science and the reliance on the market to allocate health care resources has placed issues of distributive justice in the spotlight of modern ethical thought.⁷

The moral foundation of a trust-based relationship

Moral obligations of the dentist stem from the establishment of a trust-based relationship. Thus, a better understanding of the moral foundations of the trust-based relationship can serve as a practical guide for behaviour in practice.

- **Patient expectations**

When a patient presents with an oral health problem, either emergently or electively, he/she seeks the skills and advice of an expert who possesses the knowledge and clinical skills. The patient trusts the dentist with his/her life, well-being and private information. Once trust has been established, patients hold several expectations, namely that of (i) beneficence that the dentist will act to pursue their best interests, (ii) communicate all relevant information and allow them to participate in decisions regarding their treatment (iii) advocacy – that the dentist will advocate with third parties such as medical aids and dental laboratories to pursue the patients' good, (iv) competency - that treatment outcome will lead to their own good because the dentist is knowledgeable and skillful, (v) protect confidentiality of personal information, and lastly, (vi) they expect honesty and openness when communicating treatment related information.

- **Fiduciary responsibility**

Trust is related to the concept of fiduciary responsibility, thus someone that holds a legal or ethical relationship with another person (e.g., a patient). This fiduciary responsibility is defined morally and legally as a duty to "put aside self-interest, focus primarily on the interests of the patient for whom the practitioner serves as fiduciary, act to protect and promote that individual's best interests, and so earn the trust and confidence of that individual."²⁰ The trust relationship has a moral content – fidelity to trust (virtue of trustworthiness).⁷ Therefore, on acceptance (implicitly or explicitly) of a patient's trust, the dentist incurs a moral obligation to strengthen and deserve that trust.

The essential elements of trust

- **What is Trust?**

Trust in the doctor-patient relationship is a social, complex and multi-dimensional phenomenon.²¹ Trust, itself, is a multidimensional concept and its aspects may vary in importance and salience as circumstances change. In general, to trust means to believe that someone is honest, nice or good, and will not harm you. In the medical field for some patients, it can be their belief or expectation for the doctor to behave in a certain way.^{22,23} Patients might expect their health care provider to be competent, compassionate, honest, empathic, dependable and interested in their good will and expect a good outcome of their visit.^{6,24} Others have stressed a more affective nature of trust, identifying patient trust as a reassuring feeling of confidence or reliance in the practitioners and his intent.²⁵

Trust is strongest when patients make their own care choices and are not restricted by either employer decisions or health plan constraints.⁸ Yet trust is an essential "glue" that holds communities together and allows us to pursue our affairs without excessive suspicion, policing, and regulation. The erosion of trust, therefore, damages the effectiveness of medical interventions, and invites legislative and regulatory micromanagement of health affairs.⁸

Patient trust in the dentist-patient relationship can be enhanced through individual (interpersonal trust) (e.g., compassion, honesty, integrity), institutional (e.g., trust in the dental profession, academic credentialing), and systems factors (e.g. health care system, financing, technology and research)^{21,26}

- **Interpersonal trust versus social trust**

One key distinction in the conceptualization of trust that has been influential in writings on patient-doctor relationships is the difference between interpersonal trust and social trust.^{4,12} Interpersonal trust refers to the trust built through repeated interactions through which expectations about a person's trustworthy behaviour can be tested over time.⁴ Social

trust on the other hand, is trust in collective institutions, such as government, academic, health care system, health care financing, health regulatory bodies, research, advances in technology and biomaterials. Social trust is generally seen as influenced broadly by the media (public and scientific), health institutions, government, and by general social confidence in particular institutions. Any consideration of patients' interpersonal trust in health care providers must take into account the general atmosphere of social trust in health care institutions.

Among the most commonly described interpersonal elements on which patients are believed to base their trust relating to the dentist-patient relationship include:

1. Expectations about dentists' competence and professionalism,^{4,12,13,22,25}
2. Compassion and the extent to which dentists are concerned with their patients' welfare,^{4,12,22,23}
3. Mutual relationship between doctor and patient in treatment decision making,
4. Management of confidential information,^{4,22}
5. Dentists' openness and honesty in providing and receiving information,^{25,27}
6. Reliability and dependability.^{22,25,27} Changes in health care practice raise important issues in each of these areas.⁸

• **Competence**

Dentists increase their trustworthiness through education, clinical skills development and peer review with emphasis on improving competency (through continuing professional development) Knowledge, competence and skill are the most frequent cited synonyms for professionalism.²⁸

Most patients have at least some opportunity to choose a doctor. They typically seek the suggestions of relatives, friends, neighbours, and health professionals they know, and such recommendations have high credibility. Early in their encounters with new clinicians, patients also actively seek cues that affirm the dentists' competence. The patient may be sensitive to how the dentist takes a medical and dental history, carries out a clinical examination, and communicates important medical and dental information. Those more knowledgeable and inquisitive compare and contrast what they are told with what they already know, or seek further information that tests the validity of the information provided.⁸ Competence includes more than knowledge, judgment, and skill in technical functions. It also includes interpersonal skills such as the ability to help the patient feel at ease; interviewing sensitively and effectively to elicit not only relevant symptoms but the patient's concerns; conveying a sense of listening carefully; and providing responsive and meaningful feedback. Patients are sensitive to these aspects of the interaction and poor interpersonal communication may undermine the patient's trust in the health care providers

overall competence, resulting in an unwillingness to follow medical advice, and lead to a change in doctors.⁸ Even the highest reputation is not necessarily predictive of how a treatment episode will unfold. In hundreds of millions of transactions, errors and negligence occur with some frequency.⁸

• **Compassion**

Virtues such as compassion, integrity, fidelity, prudence, discretion, benevolence, and humility are essential for professional development and to maintain professional character.^{29,30} Virtues, also referred to as normative behavioural standards, such as compassion, honesty, integrity, and placing the patients' best interest first are very important for enhancing trust in the dentist-patient relationship. Acts of compassion and effective, open communication both justify and enhance patient trust in his/her dentist.

Compassion or competent handling of previous dental problems can strengthen the dentist-patient relationship over time. Compassion strengthens expectations of goodwill, while arrogance may lead patients to doubt whether the power they have granted the health care provider will be used on their behalf, or whether the information they receive about risks and benefits is overly optimistic.⁷

• **Communication**

The way a doctor communicates with his or her patient (openness and honesty), is as important as the information he/she is conveying to the patient.³¹ The current literature illustrates the importance of trust and communication in a doctor-patient relationship for a better and effective treatment given to the patients. Trust is something that must be built and gained and having good communication skills, assists in building this trust between a doctor and patient.² Studies have shown that trust is closely related and somewhat influenced by the health care providers' communication skills.^{3,24,32,33} There has been a shift from the problem-focused communication to solution-focused communication which is evident to the lay people as well.³⁴

Effective communication between dentist and patient is a central clinical function that cannot be delegated. Most of the essential diagnostic information arises from the interview, and the dentist's interpersonal skills also largely determine the patient's satisfaction and positively influence health outcomes. Such skills, including active listening, are qualities of a dentist most desired by patients. When a patient sees a dentist, he has some expectations and hopes. He/she expects the dentist to be interested in him as an individual. He/she wants to be listened to, so that their fears can be expressed and their burdens shared. To be able to meet these expectations the dentist must develop certain skills. He should have the patience to listen to the patient's complaints

and try to understand what is trying to convey. The bond of trust between the patient and the dentist is vital to the diagnostic and therapeutic process and forms the basis for the dentist-patient relationship. In order for the dentist to make an accurate diagnosis and provide optimal treatment recommendations, the patient must be able to communicate all relevant information about his/her problem or condition. Dentists are obliged to refrain from divulging confidential information. This duty is based on accepted codes of professional ethics which recognize the special nature of these medical relationships.

In health care settings, trust and communication are labelled as key elements for better patient care and patient satisfaction.² Barriers to good communication in dental practice can be (i) dentist related (e.g., authoritarian or dismissive approach, burden of work, hurried approach, use of jargon, inability to speak first language of the patient, and no experience or insight of patients cultural background) or (ii) patient related (e.g., anxiety and fear, reluctance to discuss sensitive or trivial issues, misconceptions, unrealistic expectations, conducting sources of information, cognitive impairment, hearing, speech and visual impairment).²

Furthermore, the quality of communication between the dentist and patient may affect perceptions of compassion, competence, beneficence and openness so the patient can believe that the dentist knows what he is doing. Communication skills are of critical importance for establishing and maintain trust. The current evidence suggests that patient-centered approach with effective communications skills and trust leads to better management and improved patient satisfaction. This is associated to better adherence to the treatment, better health outcomes and better perceived quality of healthcare services.²

There is a large body of useful knowledge on the credibility of communication and on the social psychology of interaction and persuasion. Very simple efforts like giving patients time to tell their stories, listening intently without distractions, eliciting questions and providing feedback, maintaining eye contact with the patient and providing appropriate non-verbal cues all contribute to developing a foundation for trust. Doctors and dentists are increasingly being trained to elicit the patient's perspective, to seek empathic opportunities, to provide appropriate information, and to involve patients in decision making.⁸

• *Mutual relationship between doctor and patient in treatment decision making*

Dentist behaviour and interpersonal skills are universally believed to be important in determining patient trust.⁶ A relationship of mutuality is characterized by the active involvement of patients as more equal partners in the consultation and has been described as a 'meeting between experts', in which both parties participate as a joint

venture and engage in an exchange of ideas and sharing of belief systems. The doctor brings his or her clinical skills and knowledge to the consultation in terms of diagnostic techniques, knowledge of the causes of disease, prognosis, treatment options and preventive strategies, and patients bring their own expertise in terms of their experiences and explanations of their illness, and knowledge of their particular social circumstances, attitudes to risk, values and preferences.

A consumerist relationship describes a situation in which power relationships are reversed; with the patient taking the active role and the dentist adopting a fairly passive role, acceding to the patient's requests for a second opinion, referral to hospital, a sick note, and so on. Different types of relationship, and particularly those characterized by paternalism and mutuality, can be viewed as appropriate to different conditions and stages of illness. For example, in emergency situations it is generally necessary for the dentist to be dominant, whereas in other situations patients can be more actively involved in treatment choices and other decisions regarding their care.

Today however there is a new alliance between the dentist and patient, based on co-operation rather than confrontation, in which the dentist must "understand the patient as a unique human being". Thus patient-centered care has replaced a one-sided, doctor-dominated relationship in which the exercise of power distorts the decision-making process for both parties.⁸ The primary objective of the dentist is to listen to the patient in order to identify what is the 'real' problem actually is instead of simply eliciting symptoms and signs. Shared decision making between the dentist and the patient will determine the most appropriate and best course of action for an individual patient. The dentist in this patient-centered model is ideally placed to bridge the gap between the world of dentistry/medicine and the personal experiences and needs of his patients. In selecting a dentist we take it for granted that the clinician has access to the means needed to maintain our health, to the extent that dental/medical knowledge realistically allows.

• *Confidentiality and disclosure*

It has long been accepted in custom and in law that doctor-patient communication is privileged, and that patients could trust that anything they told their doctors would be protected and only revealed with the patients' explicit permission.⁸ There are exceptions where physicians have been required by law to report certain infectious diseases, the physical abuse of minors, and threats to persons in imminent danger. But these are clear exceptions that reinforce the greater principle.

Patients have a right to expect that their dentists will share with them the information necessary to make informed

decisions about their treatment options. Dentists may at various times withhold or pace the provision of information to maintain patient morale, but increasingly, in practice as well as in law, doctors are expected to ensure that patients are properly informed.⁸ Directives not to discuss treatment options with patients cut to the core of doctor-patient relationships, and violate the physician's responsibility to appropriately inform the patient about treatment benefits and risks.⁴

- **Advocacy**

Patients place high priority on the belief that the doctor is their agent and not simply a neutral decision maker. Particularly when their oral health is seriously compromised or experiencing pain, patients are highly dependent and rely on the dentist as their agent that will represent their interests effectively. The notion of doctor agency has an honourable history in medical philosophy and ethics, and the public legitimacy of the medical profession rests substantially on the perception of doctors as dedicated patient advocates.⁸

From a trust perspective, the key issue is whether patients believe that their dentist have control over the dental resources necessary for their care. However, much as it may be believed that my doctor to be competent agents, he/she has less value to the patient if they cannot command the authority to mobilize needed resources on the patients behalf.⁸ There is some likelihood, however, that when the interests of medical aid plans and dentists become intermeshed, the types of conflicts of interest that arise will erode trust in the dentist.⁴ It seems prudent to keep a reasonable distance between insurance and benefit management on the one hand and clinical decision making on the other. Benefit management, however, should not undermine health care provider control over clinical decision making.

- **Public relations and Practice presence**

Finally, inconsequential actions, including public relationship effort (calling the patient after a procedure to establish how the patient is doing), the quality of the dentist's dress and mannerisms, and the appearance of the dentist's office/surgery, often result in lighter levels of trust, but do not necessary warrant it.⁷

Practices develop reputations with the public by the way they organize their affairs, their responsiveness to their needs and patient concerns, and by demonstrating a high level of expertise and credentialling.⁸

Patients want their physicians to be highly competent. However, patients, unable to assess competence directly, depend on such proxies as reputation, affiliations, and interpersonal cues. Academic and postgraduate continuing education institutions provide credentialing that certify a dentists' competence to perform specific or more advanced

procedures. This credentialing process strengthens the patient's confidence and thus trust in the dentist. Efforts to build such reputations are pursued through a wide range of marketing strategies and practice innovations.

Clinical advances achieved through innovative research efforts, and use of state-of-the-art technology (e.g., digital workflow, digital imaging) should, and do enhance patient trust and confidence.⁷ However, it is important to emphasize that an increased focus on technological procedures over interpersonal relations can result in decreasing the levels of trust from patients.⁷

Practical tips to build a trusting relationship with your patient

- **Introduce yourself**

But taking the time to introduce yourself and having a quick chat with each patient can help them feel more comfortable and more trusting of you. Thus, your first communication with them won't be to give them bad news and ask for money. They'll have already met you on even ground first.

- **Teamwork**

Every team member, has a stake in the success of the practice. The dentist cannot do everything without his/her team, including, his chairside assistants, administrative staff, oral hygienist, laboratory technician and referral specialists. The dentists has to infer trust on all his team members to earn their trust. The dentists cannot fake passion, love and fun, the patient will pick this up immediately. When patients see this great trust between the dentist and the team members, it's so much easier for them to respond with trust.

- **Create a vision for your practice**

Beyond trusting team members, one of the biggest things a dentist can do to build trust with patients is to create a vision for the practice. That vision ought to paint a picture of the practice as a place patients can feel comfortable in a safe environment where the patients' best interest is considered the most important.

- **Treat every patient as a unique individual**

Each patient is a unique individual with his/her own set of needs, desires, fears and concerns. To win them over, you need to consider them as a single patient and adapt your behaviour and approach to them. A professional attitude, coupled with warmth and openness, can do much to alleviate anxiety and to encourage patients to share all aspects of their dental history. Empathy and compassion are the essential features of a caring dentist. The ideal patient-dentist relationship is based on thorough knowledge of the patient, mutual trust, and the ability to communicate.

- ***Pay attention to little or un-consequential things***

The practices that'll always thrive are the ones that differentiate themselves from everybody else by paying attention to detail and small un-consequential things. Simple trust builders include paying personal attention to patient names, birthdays, patient follow-up and answering the phone.

- ***Don't sell, educate***

Dentists, naturopaths, dermatologists, plastic surgeons, and concierge physicians all make the mistake of selling to their patients. Selling erodes the precious patient-dentist trust at precisely the wrong moment.¹¹ Rather share as much information as you can when the patient asks for it. We never have to sell it, just share essential information with the information with the patient. The patient will respond by saying: "Okay, well I need that, how do I get that done?"

- ***Communicate with respect and compassion***

Most often, patients come into a dentist's office for an examination and/or to get their teeth cleaned. They don't want to think about any additional expense in terms of money, time, or stress. It's very difficult for a dentist or a doctor to overcome that mindset. The way through is again to educate. And when we do that, the way we go about it is critical. The way that you talk to the patient is key. The way you look at them, the way you sit next to them, the way you speak to them by name. Look in their eyes when you talk to them? What tone do you use? Allow the patient to actually say what their issue is?" Patients have more confidence in dentists who have the ability to communicate care and compassion.³⁵ This confidence helps reduce patient anxiety and fear of dental procedures.³⁶

- ***Build awareness***

Sometimes building dentist patient trust is all about how a dentist builds awareness with a patient. Listen to what the patient has to say about his problem, needs and concerns and discuss these with the patient. Show the patient his problem clinically, or with a photography and/or an x-ray.

- ***Be there for patients in a time of need to fight negative reviews***

Going the extra mile means sacrificing a little time and money up front to save ten times that much in negative publicity down the road.

- ***Work according to the patients income level***

One gigantic way for dentists to build trust with patients is to understand not only their medical concerns but also their financial situations. A dentist can build a lifelong bond with a patient by simply taking the time to know where he or she is

coming from economically. It's not about how much money we're going to make. We focus on how many lives we can change. Dentists should limit the effect of economic forces on the patient-dentist relationship by minimizing the unavoidable conflict of interest present in reimbursement mechanisms, and by acting as consistent patient advocates.

Always discuss financial implications of procedures and always provide the patient with a quote for a specified treatment plan, and indicate clearly the potential indications for deviating from the treatment plan and the cost implications thereof.

- ***Show patients their teeth***

One of the reasons many patients struggle to believe they need dental work is because they can't see anything wrong with their teeth.

Things that a dental professional can spot from a quick oral examination are invisible for most people without trained eyes. That's why it's so important to show patients their teeth and point out the problem areas. If an X-ray has shown that a patient has problems with their teeth, show them the X-ray. Point out the problem areas and what they mean. Bring out an X-ray of healthy teeth and compare them so the patient can see the difference. When they can see the problem areas in front of their own eyes, they're more inclined to agree to the treatment offered.

- ***Explain everything***

Another reason patients sometimes don't trust dental professionals is because they don't fully understand the gravity of their problem or the treatment being offered.³⁷ It's the dentists' responsibility to make sure the patient is totally informed about the effects of their treatment decisions. In clear, easy-to-understand language, explain what will happen if the problem goes untreated. Dental issues rarely clear up on their own and it's likely your patient will have to return to your practice for more invasive, lengthy and expensive treatment if they don't get their problem solved now. Thereafter, spell out how the treatment you're proposing will help solve the patient's problem. Clarify each individual procedure and illustrate how it will help them. When a patient has all the information, they're in a much better position to understand the reasoning behind your choices and make a logical, educated decision.

- ***Market yourself appropriately***

People today are more discerning about which businesses they choose and support. They not only care about the quality of the products and services that are provided, but they also care about the business's transparency, integrity, accessibility, charity efforts and customer experience.³⁷

Consumers, and your perspective new patients, are

becoming smarter and much more savvy. They do their own research and they're much less likely to trust traditional mass advertising messages, including those things that you're publishing on your website.

Instead, when making a decision as important as choosing a dentist, they look for input from their own trusted friends, family and other local residents through social media and reviews. They look for "social proof" based on the choices and behaviours of members in their trusted social circles — that their decision is the correct one.

What others are saying online about your practice has an enormous influence on the level of trust you inspire in existing patients and prospective new patients.

Learn to steer online conversations about your practice, and you'll show that you're truly a business worthy of patients' trust. Check each of your practice's social media pages every day for new reviews and respond to them, thanking patients for positive reviews and addressing any complaints that arise.

- **Turn patients into advocates**

Your practice's best, most effective marketing content actually isn't created by you. It's created when a patient posts about you on their own page, and mentions or tags your practice. When a patient posts, it introduces your practice to their entire network of family and friends who trust their recommendations. How do you actually get a patient to post? It starts by creating an in-practice experience so remarkable that they can't help but share.³⁷

- **Act as an advocate for the patients**

By acting as an advocate for patients, such as for motivating treatment plans with medical aids, enhances trust and strengthens the clinical relationship with the patient. Successful advocacy enhances the dentist's power in the patient's eyes, even unsuccessful advocacy shows the patient that the dentist is working for him/her.

- **Involve the patient in the decision-making process**

The most pressing issue that dentists should attend to is the issue of patient involvement in the decision-making process. First of all, offering longer and more thorough consultations will likely lead to a greater willingness to participate, while informing patients of their rights and of the circumstances surrounding their case may encourage more active debate.¹⁸ The "paternalistic" model should be discarded in favour of creating an egalitarian relationship in which both parties can contribute to the decision-making process and in which the patient retains the final say.

For a consultation based upon mutual trust and communication, both parties must accommodate each other's needs and demands for equal roles in the entire

process. Dentists should be the ones to relinquish more control and take an active role in understanding and valuing their patients as individuals.

The current practice environment, in which dentists see an increasing volume of patients, contributes to the problem by allowing patient communication to fall victim to economic pressures. Reports of greed, fraud, and abuse within the dental profession taint all of our relationships with patients, even though this may represent the actions of very small percentage of the dental community.

Conclusions

Trust is the foundation of a successful patient-doctor relationship and serves the patient in conditions of vulnerability, risk and uncertainty. Trust-based is a complex and dynamic relationship between patient and dentist that is continuously being challenged by changing demands in society, availability of information through the internet, rapid advances in technology, and changes in health care systems and institutions. Patients today have access to any information, are better educated, more demanding and critical to the care they receive.

During times of great personal stress and turmoil, such as experienced during the COVID-19 pandemic, patients are in vital need of a strong trust relationship with their dentist. We therefore have an ethical and moral obligation to ourselves, our patients and the dental profession to strengthen and merit the trust that our patients have placed in us.

Excellent communication skills, strong clinical and technical abilities, and sound ethical judgements, compassion and being the patients' 'agent or advocate' are the crucial elements in facilitating trust in the dentist-patient relationship. Maintaining trust also implies adhering to certain normative behavioural standards or virtues, such as honesty and openness, acting with integrity, never discriminating unfairly against patients and colleagues, and never abuse your patients trust.

Dentists that attend to the wishes and preferences of their patients and demonstrate to their patients a commitment to improving their quality of health and life, rather than merely to achieve technical success are more likely to enhance trust in the dentist-patient relationship. The famous Canadian physician, Sir William Osler known for teaching at bedside, stated, "A good physician treats the disease and a great physician treats the patient who has the disease."³⁸

References

1. Illingworth P. Trust: The Scarcest of Medical Resources. *J. Med Philos* 2002; 27: 31-46.
2. Chandra S, Mohammadnezhad M, Ward P. Trust and Communication in a Doctor-Patient Relationship: A Literature Review. *J Health Commun* 2018; 3(3): 36 [https://doi://doi:10.4172/2472-](https://doi.org/10.4172/2472-)

1654.100146

3. Mckinstry B, Ashcroft R, Car J, et al. (2006) Interventions for improving patients' trust in doctors and groups of doctors. *Cochrane Database Syst Rev* 3: CD004134.
4. Mechanic D, Schlesinger M. The impact of managed care on patients' trust in medical care and their physicians. *JAMA*. 1996; 275:1693-7.
5. Kao AC, Green DC, Zaslavsky AM, et al. The relationship between method of physician payment and patient trust. *JAMA*. 1998; 280:1708-14.
6. Pearson SD, Raeke LH. Patients' trust in physicians : many theories, few measures and little data. *J Gen Intern Med* 2000; 15: 509-513.
7. Axelrod DA, Goold SD. Maintaining trust in the surgeon-patient relationship. Challenges for the new millennium. *Arch Surg*. 2000; 135: 55-61.
8. Mechanic D. Changing medical organization and the erosion of trust. *Milbank Q*. 1996; 74:171-89.
9. Akerkar SM, Bichile LS. Doctor patient relationship: Changing dynamics in the information age. *J Postgrad Med*. 2004; 50: 120-122.
10. Fox S, Rainie L. Vital decisions. A Pew Internet Health Report. Pew Research Center, Washington, D.C., May 22, 2002. <https://www.pewresearch.org/internet/2002/05/22/vital-decisions-a-pew-internet-health-report/>
11. Brenner B. Dentist – 12 ways to build your practice. *MedPro Disposal*. 2017; 11 June. Accessed on the Internet at: <https://www.medprodisposal.com/practice-management/12-guaranteed-ways-to-build-dentist-patient-trust/>
12. Emanuel EJ, Dubler NN. Preserving the physician-patient relationship in the era of managed care. *JAMA*. 1995; 273: 323-9.
13. Gray BH. Trust and trustworthy care in the managed care era. *Health Aff (Millwood)* 1997; 16: 34-49.
14. Pellegrino ED. Character, Virtue and Self-Interest in the Ethics of the Professions, 5J. *Contemp. Health Law Policy* 1989; 5(1): Article 7. Available at: <https://scholarship.law.edu/jchlp/vol5/iss1/7>
15. Schouten BC, et al. (2003). Patient participation during dental consultations: the influence of patients' characteristics and dentists' behavior. *Community Dent Oral Epidemiol*. 2003; 31:368-377.
16. Hanlon CR. Ethics in surgery *J Amer Coll Surg*. 1998; 186: 41-49.
17. Beauchamp TL, Childress JF. Principles of biomedical ethics . New York: Oxford University Press. 1983
18. Chapple H, et al. (2003). Exploring dental patients' preferred roles in treatment decision-making - a novel approach. *Br Dent J*. 1999; 194: 321-7.
19. McCann S, Weinman J. (1996). Empowering the patient in the consultation: a pilot study. *Patient Educ Couns*.1996; 27:227-34.
20. McCullough LB, Jones JW, Brody BA, eds. *Surgical Ethics*. New York, NY: oxford University Press Inc. 1998.
21. Krot K, Rudawska I. The Role of Trust in Doctor-Patient Relationship: Qualitative Evaluation of Online Feedback from Polish Patients, *Economics and Sociology*, 2016; 9(3): 76-88. <https://doi:10.14254/2071-789X.2016/9-3/7>
22. Anderson LA, Dedrick RF. Development of the Trust in Physician Scale: a measure to assess interpersonal trust in patient-physician relationships. *Psychol Rep*. 1990; 67:1091-100.
23. Thom DH, Campbell B. Patient-physician trust: an exploratory study. *J Fam Pract*. 1997; 44:169-76.
24. Goold SD. Trust, distrust and trustworthiness. *J Gen Intern Med* 2002; 17: 79-81.
25. Caterinicchio RP. Testing plausible path models of interpersonal trust in patient-physician treatment relationships. *Soc Sci Med*. 1979; 13A:81-99.
26. Heer FW. The place of trust in our changing surgical environment. *Arch Surg*. 1997; 134: 809-814.
27. Mechanic D. The functions and limitations of trust in the provision of medical care. *J Health Politics, Policy and Law* 1998; 23(4): 661-686.
28. Svensson LG. New professionalism, trust and competence. *Curr Sociology* 2006; 54(4): 579-593.
29. May WF. The virtues in a professional setting. *Soundings* 1984; 67: 245-266.
30. Jordan AE Meara NM. Ethics and the professional practice of psychologists: The role of virtues and principles. *Professional Psychology: Research and Practice* 1990; 21 (2): 107-114.
31. Travaline JM, Ruchinskas R, D'Alonzo GE. Patient-physician communication: Why and how. *J Am Osteopath Assoc* 2005; 105: 13-18.
32. Meyer S, Ward P, Coveney J, Rogers W. Trust in the health system: An analysis and extension of the social theories of Giddens and Luhmann. *Health Social Rev* 2008; 17: 177-186.
33. Ong LM, de Haes JC, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med* 1995; 40: 903-918.
34. Chin JJ. Doctor-patient relationship: a covenant of trust. *Singapore Med J*. 2001; 42: 579-581.
35. Epstein RM. Virtual physicians, health systems, and the healing relationship. *J Gen Intern Med*. 2003; 18:404-6.
36. Awad MA, et al. Determinants of patients' treatment preferences in a clinical trial. *Community Dent Oral Epidemiol*. 2000; 28:119-25.
37. Hadley J. Building trust in your dental practice through social proof. *Oral Health Group Weekly* 2018; 30 July. Accessed on the Internet at: <https://www.oralhealthgroup.com/blogs/building-trust-dental-practice-social-proof/>
38. Centor RM. To be a great physician, you must understand the whole story. *Med Gen Med* 2007; 9: 59.