A Matter of Trust

Here's a podiatrist's guide to patient trust, compliance, and misinformation/disinformation.

BY MARK TERRY

Having the trust of your patients is key to a successful podiatric medical practice. A 2024 study published in *The Lancet* noted that from 1966 to 2012, public trust of medical professionals in the U.S. dropped from 73% to 34%. And the COVID-19 pandemic accelerated this trend, with trust in physicians and hospitals dropping from 71.5% in 2020 to 40.1% in 2024. Another way of saying it is that a full two-thirds of the American public don't trust medical professionals. Hal Ornstein, DPM, Hackensack Meridian Health (Howell, NJ), says, "I think that the trust and respect that doctors used to have, you know, the *Marcus Welby* doctors, has really significantly changed."

In fact, all the podiatric physicians interviewed for this article expressed that some level of distrust is common. They also pointed out that there are ways to improve that trust.

Building Trust

Customer Service

Some of the approaches to building trust fall under the standard of customer service. Ornstein says it's "getting back to basics." That includes things like:

- Answering the phone within three or four rings.
- Having a human being answering the phone.
- Limiting the amount of time patients are left on hold.
- Getting fast service at the front desk.
- Smiling, eye contact, speaking slowly and answering questions clearly.
- Taking time to really listen to what the patient is saying. Use active listening cues, like nodding your head, saying "Okay," or "I see," or "Yes."

Dr. Ornstein

Communication

Melissa Lockwood, DPM, Heartland Foot and Ankle (Bloomington, IL), says lack of trust can be "incredibly common. But as a clinician and provider, going into a conversation with a patient knowing that you have to establish trust will negate about 90% of the problem. If you accept that there's some inherent cautiousness on the part of patients on just accepting what you say, then how we use words helps garner their trust."

Continued on page 66

Having the trust of your patients is key to a successful podiatric medical practice.

Trust (from page 65)

Lockwood says it's a lot like learning how to give a persuasive speech as if you were participating in Toastmasters. "You have to practice and script those things so that you say the same thing consistently with the right tone and the right modulation to gain that trust."


Dr. Lockwood

She adds that one of the best bits of advice she received years ago was to record herself in how she speaks to patients about the most common complaints. She describes it as "very cringy" to watch. Then you have to consider what you could do differently. "Use decisive language. Saying things like, 'It's critical that we address the biomechanical issue. That's the problem here.' And that statement works across pretty much everything we do in podiatry. We have to fix the biomechanics. And then I'll say, 'It's essential that we calm this down first.'"

"It's important to manage expectations—to set the tone—from the very beginning."—Kelly

She then takes the patient through that journey and manages expectations from the very first visit. In addition, part of developing trust is communicating the broader goal of the treatment plan. For example, Patients may say that "They can't play with their grandkids because they have plantar fasciitis, or they're worried about going on a trip because they have an ingrown toenail. Whatever that is, repeating that back to them, saying, 'I understand you,' is a way of developing that trust."


Dr. Kelly

Set the Tone/Establish a Partnership

It's important to manage expectations—to set the tone—from the very beginning. Pardis Kelly, DPM, Las Vegas Footcare, emphasizes the need to understand and present the fact that you're the expert. "I know my stuff," Kelly says. "I'm an expert in my field and I make sure they understand that I'm the expert in the field. At the same time, I also stay in my lane and don't claim to know everything. I typically welcome second opinions. I make sure that they understand that their care is a partnership."

With humor, Kelly notes that sometimes it's "not a democracy, it's a dictatorship, therefore they are going to do what I ask unless they want to find someone else. Patients don't necessarily understand why I insist on a treat-

Continued on page 67

Trust (from page 66)

ment. If they could lose a limb, if they want to go that route, I will make sure that I'm no longer part of that."

But she emphasizes that about 90% of podiatry is a partnership. "It's more of a collaboration with patients for their care and not necessarily just me telling them what to do. And I always offer an explanation, the 'why.' I always let them know that we can treat symptoms, but my job is to find the 'why' behind the symptoms and address 'why' we are alleviating them."

This is echoed by James Yakel, DPM, Colorado Center for Podiatric Sports Medicine (Longmont, CO). "You need to build that relationship that sometimes they have to trust you because of your experience and expertise."

Leadership

Leadership is a broad topic in this context. Lockwood, for example, says that leadership also applies to the language the physician uses—not just with patients, but with your staff. She provides the example of describing the treatment plan to the patient and saying, at the end, "'Any questions for me now? I know I went through a lot with you.' And most patients usually say, 'No, I don't have anything.' They're almost always overwhelmed." So she repeats it, then tells them they can call or text the practice at any time. And she assures them that she has a medical assistant who can answer questions as well.


Dr. Yakel

Patient compliance is not an exact overlap with patient trust, but trust is required for compliance.—Yakel

"When you leave the room as the clinician, what you don't recognize all the time is that some of that trust and the credibility relies heavily on what the medical assistant is aware of. Patients will turn to the medical assistants (Mas) and say, 'Do I really need all this stuff?' And the MA needs to have an answer. They're physician extenders. They need to have scripted language that they can utilize. We have to work on that language on a very consistent basis."

It's not just language, but an attitude. Ornstein says, "It trickles down. People don't understand just how important the office team is in this whole scenario." Ornstein says that they have office meetings once a month. A clipboard is put on the wall for topics, and staff write down what they want to talk about in the meeting. Sometimes they have "office huddles" for five minutes at the beginning of the day to look at the schedule and talk about any patients who might be difficult. "Just going through different things in the office,"

Continued on page 68

Trust (from page 67)

he said. "It definitely makes the office team feel like they're involved. And that leads to an overall sense of trust that the patients can sense."

Clinical Trust Versus Financial Trust

Most of the discussion to this point has been through the lens of clinical trust. But financial distrust is possibly even more common. Kelly, who has practiced in the San Francisco Bay Area and now Las Vegas, thinks some of the distrust might be demographic and regional. "Definitely the way medicine is being offered to patients is different." One example Kelly provides is if a patient comes in with foot pain, they've already been seen at the ER a few days prior, and they have a high deductible. When they arrive, they bring a CD of x-rays of their foot and object to new x-rays being taken.

"In podiatry, we do about 99% of our x-rays weight-bearing because it gives us more information about the biomechanics of the foot. If you're sitting (not standing) and have an x-ray of your foot taken, it skews the information for what we're looking for," Kelly said. The patients, however, may object to paying for the additional x-rays.

"I feel very confident that I stated to the patient that the long-term medicine needed to be taken every single day. But that's not what the patient heard."—Lockwood

Another example, and this is probably quite common, is the podiatrist recommending pre-fabricated orthotics, but the patients saying they can go to Amazon for pre-fab orthotics instead because it's cheaper. Kelly says, "I say it's absolutely their choice, but the price difference isn't going to be that much and the ones she's offering are medical-grade inserts specifically chosen to be appropriate for their foot problem. That seems to suit their sensibilities and generally they accept my explanation."

Patient Compliance

Patient compliance is not an exact overlap with patient trust, but trust is required for compliance. Yakel notes, "That's a never-ending struggle, because patients in general may listen, but they don't always hear you." They may nod and say "Yes" but when they walk out of the office, they disregard all your guidelines or recommendations.

In general, improved compliance depends upon:

- Establishing trust and rapport
- Communicating clearly
- Involving patients in decision-making, i.e., patient-physician partnership
- Making it easy: offer printouts and reminders, and simplifying the treatment regimens, if possible; using telehealth if appropriate
- Consider compliance barriers,

Continued on page 69

5 Elements of Building Trust

Building Trust (www.buildingtrust.org) is an initiative of the ABIM Foundation that is focused on ways of building trust in healthcare. Broadly, the initiative lays out five dimensions of trust. They are:

1. **Competency**—Not only should the physician be competent, but the initiative focuses on ways to improve different aspects of the patient experience.
2. **Caring**—Not only should the physician demonstrate that he or she cares about the patient's health, concerns and life, but this caring should be demonstrated toward the community.
3. **Communication**—Of note, Building Trust launched the First 5 Minutes program, which helps physicians develop trust, noting that the first five minutes with a patient are critical to establishing trust.
4. **Comfort**—Of course, the patient's physical comfort in treating symptoms and the root cause of their disease is important, but this also applies to financial aspects of patient care with affordability, accessibility and transparency.
5. **Cost**—As mentioned under Comfort, costs and financial issues are also a potential problem in developing and maintaining patient trust.

As Building Trust notes, "The patient-physician relationship depends upon patients' trust that physicians have their best interest at heart, especially during times when patients are particularly vulnerable." PM

Trust (from page 68)

such as literacy, patient transportation, and cost

Lockwood provides an example. She had a patient being treated for gout. Lockwood spent a significant amount of time explaining to the patient what to do to avoid it and how to address it with some medication, in this case, a steroid. She also indicated to the patient they needed to establish a long-term treatment plan which would include a different long-term medication.

"I feel very confident that I stated to the patient that the long-term medicine needed to be taken every single day. But that's not what the patient heard. So when they reached out later to say they were having another gout attack, it was because the patient had stopped taking the medication, thinking it was 'as needed.' The success of my language and the success of my treatment plans all depend upon what the person hears and the actions they take beyond that."

In addition to addressing it, she then cut and pasted the events into the patient note so her staff would be aware in the future that this could be an issue. Lockwood also notes that following up can help with compliance and building trust. Following up can take the form of phone calls, texts, or emails.

Misinformation/Disinformation

Maybe it has been around for much longer, but medical misinformation (*accidentally* inaccurate information) and medical disinformation (*intentionally* inaccurate information) have grown significantly with the widespread use of the Internet. And it seemed to grow even more of a problem during and after the COVID-19 pandemic.

"So many people go to Doctor Google, who is the most famous doctor in the country," said Yakel. "They tend to believe what they read on the Internet more than your medical advice, so that can sometimes get frustrating."

It's seemingly inevitable that a patient will bring in an opinion from someone on the Internet, whether it's something a politician, celebrity, or health influencer said in a video or podcast, or what someone said in a disease-related discussion board, or a Google search that brings up hundreds of online sources (including AI summaries) that have little, if any, validity.

How to deal with this?

Yakel says he has a conversation with them "about where they're getting their information. You need to build that relationship—sometimes they just have to trust you because of your experience. You can give them the pros and cons of following the Doctor Google advice or your advice, about what can happen. Just be honest and tell them that what they're reading is not accurate but couch it in a way that suggests that what you're seeing in the literature and with patients is different than what they're reading about online." He also suggests you have to give the patient the choice. "They don't have to believe you. I don't know that there's much more you can do other than being honest with them."

Lockwood says she tries to spin it in a positive way. "I'll tell patients all the time, 'I'm so glad you had the opportunity to look into this problem.' That automatically helps. I want a patient that wants to be educated. The fact they at least took the time to look online is wonderful. We just need to make sure the information they received and where they got it from is a credible source."

Nine times out of ten, Lockwood says, it's the Mayo Clinic or the Cleveland Clinic, and she confirms that's a credible source. Sadly, she notes that as of March 2025, not all the formerly credible sources are as credible as they used to be; for example, the CDC halted updating its website. However, she said after acknowledging the patient's thoughts, she then progresses to talking about "what we need to do to go forward from here."

Ornstein suggests it goes back to working with the patient in a partnership, recognizing that knowledge is power. "So I'll say, 'That's great you've looked up the information. Unfortunately, on the Internet, there's a lot of misinformation, so we're going to be sure today to give you the facts and get right to what's important.' If you say, 'thanks for doing it' right away, it turns a negative into a positive."

One Ray of Light

One positive thing of note. In *The Lancet* study on trust, cited at the beginning of this article, and in a 2021 study commissioned by the American Board of Internal Medicine Foundation (ABIM), both found that the U.S. public's trust in physicians was greater than their trust in the healthcare system.

"I provide reasons why my patients should follow my treatment directives."—Kelly

The studies, as well as input on ABIM Foundation's Building Trust initiative (see sidebar), suggest that physicians can build patient trust, and that some techniques and approaches can and should be followed to build that trust.

The keys are communication and developing a patient-physician relationship. And that relationship as a healthcare partnership is essential. Kelly says, "I provide reasons why my patients should follow my treatment directives. Ultimately, it's their choice. If they're accepting the risks by not following instructions, then I'm okay with it. I can't care for their feet more than they care for their feet." **PM**

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