



Trust Between Chronic Back Pain Patients and Physicians

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INTRODUCTION

- A patient's comfort with his or her physician is important to establishing and maintaining a relationship with him or her. The comfort the patient has for the physician is manifested in making and keeping appointments, discussing concerns regarding delicate topics, and their trust in the treatment plan designed by the physician.
- Patients want competent doctors. In the public's perception, the physician should be respectful, honest and able to form strong relationships with patients and their coworkers.
- Professionalism should be standard amongst doctors. Often, patients associate poor professionalism with undesirable health care outcomes.
- Effective health care often rests on effective communication practices between the physician and the patient. Shared decision making between the two parties greatly influences the patient's satisfaction with care and compliance with treatment plans.

RESEARCH QUESTIONS

In patients with chronic back pain syndromes, who trusts physicians most with their health care, and how does trust influence the patient's outcome?

In addition, what traits factor into the physician trust of the patient?

MATERIALS and METHODS

In eight Texas family medicine residency programs, medical students identified and surveyed 223 family medicine patients with chronic low back pain (3 months or longer) during a routine office visit. Surveys addressed characteristics of the pain (severity, cause, duration); characteristics of the patient (age, gender, ethnic background, occupation); mediators of pain (trust in the doctor, length of the doctor-patient relationship, treatments for pain, and social support) and issues that exacerbate pain (depression, anxiety, substance abuse, adverse childhood experiences, co-morbidities, and social stress). Outcome measures included health and functional status, measured by the MOS Short-Form-36. After the visit, students surveyed subjects' doctors, using data sheets that addressed characteristics of the back pain, patients' use of and requests for medicines, and doctors' levels of trust of their patients.

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RESULTS

TABLE 1: Patient Demographics

Characteristic (n=223)	
Age	
Mean	51.95
Range	19-92
Ethnicity	
Hispanic	77 (35.3%)
White	104 (47.7%)
African American	37 (17%)
Gender	
Female	149 (66.8%)
Male	74 (33.2%)
Duration of Pain	
Mean	10.63 years
Range	3 months-54 years
Use addictive medications	151 (70.6%)
Use non-addictive medications	154 (74%)
Employment	
Full time	34 (15.2%)
Part time	12 (5.4%)
Unemployed	177 (79.4%)
On disability	86 (38.6%)
Applying for disability	28 (12.6%)
Sick leave	2 (0.9%)
Homemaker	20 (9.0%)
Retired	34 (15.2%)
Student	5 (2.2%)

TABLE 2: Variables Associated with Patient Trust of the Physician

Univariate analysis showed the following to be significant characteristics in the patient's trust of the physician:

- Duration of pain
- Number of physicians seen for pain medications
- Age
- Gender
- Ethnic background
- Marital status
- Number of times seen by current physician
- Length of relationship with physician
- Number of years seen at the health clinic
- Number of health co-morbidities
- Number of people who act as stressor in the patient's life

Multivariate analysis of the above characteristics narrowed the list to show the following to be significant:
 $r^2 = 0.199$

Variable	B Value	P Value
Number of Visits to the Physician	0.120	0.000
Age	0.007	0.009
Gender	0.207	0.014
Marital Status	-0.082	0.005
Ethnic Background	0.166	0.044

TABLE 3: Variables Associated with Physician Trust of the Patient

Univariate analysis showed the following to be significant characteristics in the physician's trust of the patient:

- Continuity
- Patient asked for an opioid medicine
- Patient asked for an opioid medicine by name
- Continuation of addictive medicines
- Belief that patient does not exaggerate pain
- Belief that patient takes more medicine than necessary to control pain
- Concern about the patient's history of legal problems or arrest
- Suspicion that patient sees more than one physician for addictive medications
- Knowledge of a pharmacist reporting concerns about a patient's prescriptions for pain medications

Multivariate analysis of the above characteristics narrowed the list to show the following to be significant:
 $r^2 = 0.166$

Variable	B Value	P Value
Continuity patient	-0.209	0.026
Patient asked for an opioid medicine by name	0.359	0.002
Concern about the patient's history of legal problems or arrest	0.463	0.000

CONCLUSIONS

- A patient's trust of the physician is based on the number of visits to see the doctor, not the number of years the patient has seen his or her doctor.
- Female patients are more trusting than males.
- Widowed patients have a higher trust of physicians than those who are never married.
- The Hispanic patients are less trusting of their physician than African American and White patients.
- Patient continuity increases physician trust of the patient.
- Patients that ask for an opioid medicine by name are trusted by physicians. A shared decision making process lends to more effective patient treatment.
- When physicians have a high trust of a patient, they have less concern over a patient's legal problems or arrests.

REFERENCES

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