

States compared to ten other countries. *Health Aff (Millwood)* 2013;32:2205-15.

2. Davis K, Stremikis K, Squires D, Schoen C. *Mirror, mirror on the wall, 2014 update: how the performance of the U.S. health care system compares internationally*. New York: Commonwealth Fund, June 16, 2014 (<http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>).

3. Davis K, Guterman S, Collins SR, Stremikis K, Rustgi S, Nuzum R. Starting on the path to a high performance health system: analysis of the payment and system reform provisions in the Patient Protection and Affordable Care Act of 2010. New York: Commonwealth Fund, 2010 (<http://www.commonwealthfund.org/-/media/files/publications/fund-report/2010/sep/1442>

[_davis_payment-and-system-reform_923v2.pdf](#)).

4. Baron RJ, Davis K. Accelerating the adoption of high-value primary care — a new provider type under Medicare? *N Engl J Med* 2014;370:99-101.

DOI: 10.1056/NEJMp1406707

Copyright © 2014 Massachusetts Medical Society.

Public Trust in Physicians — U.S. Medicine in International Perspective

Robert J. Blendon, Sc.D., John M. Benson, M.A., and Joachim O. Hero, M.P.H.

The U.S. health care reform process is entering a new phase, its emphasis shifting from expanding health coverage to improving our systems for delivering patient care. One emerging question is what role the medical profession and its leaders will play in shaping future national health care policies that affect decision making about patient care.

Research suggests that for physicians to play a substantial role in such decision making, there has to be a relatively high level of public trust in the profession's views and leadership. But an examination of U.S. public-opinion data over time and of recent comparative data on public trust in physicians as a group in 29 industrialized countries raises a note of caution about physicians' potential role and influence with the U.S. public.

In a project supported by the Robert Wood Johnson Foundation and the National Institute of Mental Health, we reviewed historical polling data on public trust in U.S. physicians and medical leaders from 1966 through 2014, as well as a 29-country survey conducted from March 2011 through April 2013 as part of the International

Social Survey Programme (ISSP), a cross-national collaboration among universities and independent research institutions (ISSP 2011–2013) (see box for poll information). We found that, as has been previously reported, public trust in the leaders of the U.S. medical profession has declined sharply over the past half century. In 1966, nearly three fourths (73%) of Americans said they had great confidence in the leaders of the medical profession. In 2012, only 34% expressed this view (Harris 1966–2012). But simultaneously, trust in physicians' integrity has remained high. More than two thirds of the public (69%) rate the honesty and ethical standards of physicians as a group as "very high" or "high" (Gallup 2013). Our review of numerous analyses of public-opinion data about public trust in institutions and professions suggests that the decline in trust is probably attributable to broad cultural changes in the United States, as well as rising concerns about medical leaders' responses to major national problems affecting the U.S. health care system.^{1,2} Today, public confidence in the U.S. health care system is low, with only 23% expressing a great

deal or quite a lot of confidence in the system (Gallup 2014). We believe that the medical profession and its leaders are seen as a contributing factor.

This phenomenon does not affect physicians in many other countries. Indeed, the level of public trust in physicians as a group in the United States ranks near the bottom of trust levels in the 29 industrialized countries surveyed by the ISSP. Yet closer examination of these comparisons reveals findings similar to those of previous U.S. surveys: individual patients' satisfaction with the medical care they received during their most recent physician visit does not reflect the decline in overall trust. Rather, the United States ranks high on this measure of satisfaction. Indeed, the United States is unique among the surveyed countries in that it ranks near the bottom in the public's trust in the country's physicians but near the top in patients' satisfaction with their own medical treatment.

The United States is tied for 24th place in terms of the proportion of adults who agree with the statement, "All things considered, doctors in [your country] can be trusted." About 6 in

10 U.S. adults (58%) agree with this statement, as compared with more than three fourths in Switzerland (83%), Denmark (79%), the Netherlands (78%), and Britain (76%) (ISSP 2011–2013) (see table).

Part of the difference may be related to the lack of a universal health care system in the United States. However, the countries near the top of the international trust rankings and those near the bottom have varied coverage systems, so the absence of a universal system seems unlikely to be the dominant factor.

By contrast, the United States ranks third in terms of the proportion of adults who say they were completely or very satisfied

with the medical treatment they received at their last physician visit (56%). Of the 10 countries that rank lowest in public trust in their countries' physicians, all but the United States also rank 19th or lower in patients' satisfaction with their own medical care.

The United States also differs from most other countries in that U.S. adults from low-income families (defined as families with incomes in the lowest third in each country, which meant having an annual income of less than \$30,000 in the United States) are significantly less trusting of physicians and less satisfied with their own medical care than adults not from low-income families. Less than half (47%) of low-income Americans surveyed agreed that U.S. doctors can be trusted — significantly less than the 63% of non-low-income Americans who expressed that view. Low-income Americans were also less likely than non-low-income Americans (48% vs. 59%) to be completely or very satisfied with their treatment at their last physician visit (ISSP 2011–2013) (see the Supplementary Appendix, available with the full text of this article at NEJM.org).

Although non-low-income Americans expressed greater trust in physicians than their low-income counterparts did, when responses were analyzed by income group, the United States still ranked 22nd in trust among the 29 countries. On the flip side, although low-income Americans were less likely than non-low-income Americans to report being completely or very satisfied with their own care, the United States still ranked seventh in satisfaction among low-income adults (ISSP 2011–2013).

The same pattern is seen in subpopulations defined by age or sex. Americans 65 years of age or older were significantly more likely than younger Americans to agree that U.S. physicians can be trusted (69% vs. 55%), and U.S. men were significantly more likely than U.S. women to think so (63% vs. 54%). However, the United States ranked lower in terms of trust in the profession than most other countries among both men (21st) and people 65 years of age or older (22nd) (ISSP 2011–2013).

In drawing lessons from these international comparisons, it's important to recognize that the structures in which physicians can influence health policy vary among countries. We believe that the U.S. political process, with its extensive media coverage, tends to make physician advocacy seem more contentious than it seems in many other countries. Moreover, the U.S. medical profession, unlike many of its counterparts, does not share in the management of the health system with government officials but instead must exert its influence from outside government through various private medical organizations. Some other countries' systems have more formal structures through which physician leaders may bargain and negotiate with the government over such issues as payment, professional autonomy, and quality of care.³ Moreover, in terms of health policy recommendations, the U.S. medical profession is split among multiple specialty organizations, which may endorse competing policies.

Nevertheless, because the United States is such an outlier, with high patient satisfaction and low overall trust, we believe that the

Opinion Polls on Public Trust in Physicians.

Gallup polls

December 5–8, 2013 (<http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx>)
June 5–8, 2014 (<http://www.gallup.com/poll/171710/public-faith-congress-falls-again-hits-historic-low.aspx>)

Harris Interactive polls

1966 through April 9–17, 2012 (<http://www.harrisinteractive.com/NewsRoom/HarrisPolls/tabid/447/mid/1508/articleId/1068/ctl/ReadCustom%20Default/Default.aspx>)

International Social Survey Programme survey (ISSP)

March 2011 through April 2013 (International Social Survey Programme Research Group. Health and Health Care — ISSP 2011. Cologne, Germany: GESIS Data Archive, 2013. ZA5800 Data file version 2.0.0. DOI: 10.4232/1.11759.)

National Public Radio/Robert Wood Johnson Foundation/Harvard School of Public Health (NPR/RWJF/HSPH)

March 5–25, 2012 (http://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2012/rwjf72963)

Robert Wood Johnson Foundation/Harvard School of Public Health poll (RWJF/HSPH)

September 19–October 2, 2011 (http://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2011/rwjf71511)

Attitudes about Doctors, by Country.*

Country	All Things Considered, Doctors in Your Country Can Be Trusted (Strongly Agree or Agree)		Satisfaction with the Treatment You Received When You Last Visited a Doctor (Completely or Very Satisfied)	
	rank	% (95% CI)	rank	% (95% CI)
Switzerland	1	83 (81–85)	1	64 (61–67)
Denmark	2	79 (77–81)	2	61 (59–64)
Netherlands	3	78 (75–80)	11	47 (44–50)
Britain	4	76 (73–79)	7	51 (48–55)
Finland	5	75 (73–78)	9	49 (46–52)
France	5	75 (73–77)	18	38 (36–40)
Turkey	5	75 (73–77)	15	41 (38–43)
Belgium	8	74 (73–76)	5	54 (52–56)
Sweden	8	74 (71–76)	10	48 (45–51)
Australia	10	73 (71–76)	4	55 (52–58)
Czech Republic	10	73 (71–75)	16	39 (36–41)
Norway	12	72 (70–74)	5	54 (51–56)
Taiwan	12	72 (70–74)	27	17 (15–18)
Slovenia	14	70 (68–73)	14	44 (41–47)
South Africa	14	70 (68–72)	7	51 (49–54)
Portugal	16	69 (66–72)	23	26 (23–29)
Philippines	17	68 (65–71)	16	39 (36–42)
Israel	18	67 (64–70)	12	46 (43–49)
Germany	19	66 (64–68)	12	46 (44–48)
Slovakia	20	62 (59–66)	22	28 (24–31)
South Korea	20	62 (60–65)	24	25 (23–28)
Lithuania	22	61 (58–64)	28	13 (11–15)
Japan	23	60 (57–63)	20	30 (27–33)
Croatia	24	58 (56–61)	19	31 (28–34)
United States	24	58 (55–61)	3	56 (54–59)
Chile	26	56 (52–59)	25	23 (20–26)
Bulgaria	27	46 (43–49)	20	30 (27–33)
Russia	28	45 (42–48)	29	11 (9–13)
Poland	29	43 (40–46)	25	23 (21–26)

* Respondents who answered the satisfaction question “does not apply” were not included in the denominator. Countries are rank-ordered according to the percentage of respondents who said they strongly agreed or agreed that “All things considered, doctors in [your country] can be trusted.” Countries with the same rank were tied on that measure. CI denotes confidence interval. Data are from the International Social Survey Programme, 2011–2013.

American public’s trust in physicians as a group can be increased if the medical profession and its leaders deliberately take visible stands favoring policies that would

improve the nation’s health and health care, even if doing so might be disadvantageous to some physicians.^{4,5} In particular, polls show that Americans see high costs as

the most important problem with the U.S. health care system (RWJF/HSPH 2011), and nearly two thirds of the public (65%) believes these costs are a very serious problem for the country (NPR/RWJF/HSPH 2012). To regain public trust, we believe that physician groups will have to take firm positions on the best way to solve this problem. In addition, to improve trust among low-income Americans, physician leaders could become more visibly associated with efforts to improve the health and financial and care arrangements for low-income people. If the medical profession and its leaders cannot raise the level of public trust, they’re likely to find that many policy decisions affecting patient care will be made by others, without consideration of their perspective.

The views expressed are solely those of the authors, and no official endorsement by the sponsors is intended or implied.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

From the Department of Health Policy and Management, Harvard School of Public Health, Boston (R.J.B., J.M.B.); and the Program in Health Policy, Harvard University, Cambridge, MA (J.O.H.).

1. Buhr T, Blendon RJ. Trust in government and health care institutions. In: Blendon RJ, Brodie M, Benson JM, Altman DE, eds. American public opinion and health care. Washington, DC: CQ Press, 2011:15–38.
2. Hetherington MJ. Why trust matters: declining political trust and the demise of American liberalism. Princeton, NJ: Princeton University Press, 2005.
3. Glaser WA. Doctors and public authorities: the trend toward collaboration. *J Health Polit Policy Law* 1994;19:705–27.
4. Schlesinger M. A loss of faith: the sources of reduced political legitimacy for the American medical profession. *Milbank Q* 2002;80:185–235.
5. Melhado EM. Health planning in the United States and the decline of public-interest policymaking. *Milbank Q* 2006;84:359–440.

DOI: 10.1056/NEJMp1407373

Copyright © 2014 Massachusetts Medical Society.