# Epistemic Trust and Combating Misinformation

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In the March edition of the *Rhode Island Medical Journal*, William Binder, MD, writes persuasively about the importance of trust in the treatment relationship, and the erosion of authority as a source of trust in the current social and political environment.[1] The question of how we as physicians establish trust with patients in this climate is an important one. Psychoanalytic theory offers some suggestions. An important concept in contemporary psychoanalytic psychotherapy is *epistemic trust*, defined as "trust in the authenticity and personal relevance of interpersonally transmitted knowledge."[2] Put simply, epistemic trust is a willingness to take in and consider information which may be new or different from our pre-existing beliefs. Epistemic trust can be generated by authority, and historically physicians have made use of authoritative symbols—white coats, stethoscopes, walls of diplomas—to induce epistemic trust in the treatment relationship. This strategy may be losing its effectiveness today.[3] But psychotherapists have long known that many patients are mistrustful of authority, and so other means of creating epistemic trust must be employed if treatment is to be successful.

There is increasing evidence that feeling understood by another person is a potent generator of epistemic trust. When the patient's subjective experience has been understood by the physician, who communicates this understanding in a way that resonates with the patient, an evolutionary learning channel is unlocked that allows for the consideration of novel or discrepant ideas.[4] As the psychoanalyst Peter Fonagy writes, "the experience of being thought about in therapy makes us feel safe enough to think about ourselves in relation to our world and learn something new about that world and how we operate in it."[2] A patient seeking ivermectin treatment for COVID-19 may be unpersuaded by our authoritative evidence recommending against its use. But if the same patient is certain that the physician understands the depth of her fear of disability from long COVID, the strength of her determination to do anything to avoid transmitting COVID-19 to an ill loved one, or her history of negative healthcare experiences that have shown her she must advocate for herself unrelentingly in order not to be ignored, she is more likely to consider our perspective and recommendation, even if they differ from what she has previously heard or thought.

The problem, of course, is that this kind of relational practice takes time. It is thus more important than ever that we defend the value of the physician's clinical time against encroachment from administrative, regulatory, and productivity burdens. We must continue to insist that physicians be trained as healers who treat patients, not algorithmic providers of protocol-driven interventions. Without the time and skill to demonstrate to patients that we have understood them, we are at the mercy of misinformation, propaganda, and social media. The future practice of medicine is likely to rely less on authority and even more on the relationship of mutual understanding between doctor and patient. Through this process, we may rediscover a trust that nowadays so often seems lost. ❖

## References


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