

Are you certain? The role of trust in the use of patient centered technology

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Trust is a very basic human notion. It is characterized through a trustor who, concerning a future outcome, relies on a trustee and abandons control, accepting the uncertainty implied through the trustee's decisions or actions. Trust is related to the balance of strength and frailty: the weaker and more at risk an individual the higher the wish and need to trust others. For generations the relationship between a patient and his physician has been a paradigmatic example of trust.

User centered health technology services are also meant for individuals with medical needs, with conditions potentially escalating and the need then becoming vital. Do mechanisms of trust transfer to the situation where technology steps in for human service providers? In absence of a comprehensive theory we offer some spotlights from a broad variety of contexts.

Large population surveys demonstrate that roughly 50% seek health related information for own or relations' problems and to an increasing amount believe and trust without understanding. A vast majority of elderly citizens accept wide ranging surveillance and sacrifices privacy to an enormous extent for the sake of a longer span of life "at home". So trust manifests itself, but what does it build upon and does it carry? Not always, as in-depths interviews with pediatric patients and their parents demonstrate: a clear majority is not confident enough towards information technology and wants trusted human companions in the loop to keep track of the flow of information. So what helps to build trust into technology?

The natural counterpart to the physician's authority would be approved quality and effectiveness of a technically mediated service. Respective trials exist in the scholarly sphere, mostly unintelligible to the lay citizen. Proxy signatures of trustworthiness are manifold: deliberate suggestive orchestrations (e.g. through testimonies), authoritative renowned providers (e.g. NLM, Wikipedia), anthropomorphic, avatar like appeal; rhetoric, including bullying or healer like aura. None of these actually guarantees trustworthiness. Trustmarks, with HON's 20 years of operation being the best sustained example, are fully devoted to the aim of establishing trustworthiness. Upon application the HONcode evaluation committee grants the HON trustmark to providers that satisfy various criteria of structure and process quality. A step into the right direction. If it were perfect it could offer the citizen the unmistakable clue for trustworthiness. However, HON conformance cannot guarantee quality. Hence the gap between the patients' inherent desire to trust in situations of existential need and the capability to establish trustworthiness still persists asking for further research into both, patient qualification to check and provider responsibility to honestly demonstrate trustworthiness.

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