

COVID-19: The Threat to Trust in Medical Services and Interpersonal Trust



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The cost of the COVID-19 pandemic both to the world economy and human life is staggering (United Nations, 2020). The pandemic poses a major threat to trust in contemporary society and this itself contributes to the negative consequences. Several authors have advocated that trust is fundamental to interpersonal functioning and the success of medical services (i.e., medical systems, medical professionals, and medical treatment programs) (Chaitin et al., 2003; Rotter, 1980). The Basis, Domain, Target (BDT) Interpersonal Trust Framework (Rotenberg, 2019) provides a way to understand how the COVID-19 pandemic could aversively affect trust and consequently affect mental health (e.g., depression, suicide, and loneliness) and the quality of life. According to the BDT, trust beliefs comprise individuals' expectations that others demonstrate honesty (e.g., tell the truth vs lying), reliability (e.g., fulfilment of promises), and

emotional trustworthiness (e.g., refraining from emotional harm such as maintain confidentiality of personal disclosure).

COVID-19 and Trust in Medical Services

The effectiveness of any medical treatment depends on individuals believing that medical services will fulfil promises of treatment success, accurate information about the medical treatment, and assurances of the confidentiality of an individual's medical condition and treatment (Rotenberg, 2019; Rotenberg, & Petrocchi, 2018). Those beliefs guide individuals' decisions about adopting prescribed medical regimes (e.g., taking medications) and behaving in a trustworthy fashion during medical treatment (e.g., telling doctors honestly about their health).

The effectiveness of social distancing (lockdown, quarantine) as recommended by medical professionals (typically via the government) for COVID-19 depends on individuals' beliefs that the medical recommendations are honest and promised success is forthcoming. Doubts about the veracity of the recommendations will result in reduced adherence. Similarly, reduced adherence will occur if individuals do not believe that they will receive the needed medical treatment if they contract the virus. This is a fundamental promise in countries with socialized medicine but also made in various ways in other countries (e.g., where provided through private insurance with employers). The effectiveness of testing for COVID-19 also relies on trust beliefs. These include individuals' trust beliefs that they will have a reasonable opportunity to get the (promised) testing, the accuracy of the testing, and how their test results are used. Regarding the latter, individual have concerns over whether the information will be made available to their employer (with or without their approval) and whether the results might affect their job and income. Trust beliefs in medical services also affect the success of a vaccine for COVID-19. Research has documented the growing number of individuals who are

unwilling to have their children vaccinated for various illnesses (measles, mumps, and rubella). It has been found that those actions not only adversely affect their children's health but, because vaccines are not 100% effective, adversely affect the health of others (see Eisenstein, 2014; May, 2017). The public's willingness to believe the promise that the COVID-19 vaccine will work without adverse side effects will determine the success of the vaccination. Finally, it has been assumed that the government's recommendations on the abandonment of social distancing (lockdown, quarantine) will result in throngs of people embracing freedom and simply returning to their normal lives. However, this process will take some time because: (a) individuals may not completely believe that such practices will result in their safety and (b) if trust in medical services is broken then it is not easily repaired (see Rotenberg, 2019).

There are many consequences to the potential failure of trust in medical services. Perceived failures of trust could extend the COVID-19 virus pandemic (primarily by lack of adherence) and thus further its adverse consequences on the world economy and human life. Further, perceived failure of trust will undermine mental health by fuelling anxiety, stress, and anger, which are predicted to increase during the pandemic (Holmes, et al, 2020).

COVID-19 and Interpersonal Trust

The COVID-19 pandemic not only threatens trust in medical services but exacerbates tendencies to distrust in contemporary society. There are prevailing tendencies for individuals to hold lower trust beliefs in persons in their outgroups (other nationalities, other races, and other religions) than persons in their ingroup (see Rotenberg, 2019). It has been alleged that China covered up the COVID-19 outbreak. These allegations foster low cross-national trust; in this case, low trust beliefs in Chinese by other nationalities. The low cross-cultural trust may well contribute to an unwillingness to contribute to international agencies dedicated to combatting the spread of COVID-19, such as World Health Organization (Al Jazeera, April 15, 2020).

The COVID-19 pandemic also threatens basic forms of interpersonal trust. The lack of social contact as a result of lockdowns and other restrictions offers individuals little opportunity to establish or renew their trust in others, fulfil promises with others, draw upon trusted persons to provide social support, assess the honesty of others' communications, and disclose personal information to others (and know if it has remained confidential). Research shows that low trust beliefs in others has a multitude of effects on mental health, such as depression, loneliness, and suicidality (Qualter et al. 2013; Rotenberg et al. 2010; Venta, Sharp, Hatkevich, & Rotenberg, 2017). In the case of COVID-19, the low opportunities for trust combine with prescribed practices of social isolation to substantially promote poor mental health. In that vein, survey evidence suggests that mental health (depression, loneliness, and suicidality) may have worsened during the COVID-19 pandemic (Coe & Enomoto, 2020; also see Holmes et al., 2020).

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