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Private obstetric practice in a public hospital: mythical trust in obstetric care

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Abstract

There is evidence to suggest the decline of trusting relationships in modern healthcare systems. The primary aim of this study was to investigate the role of trust in medical transactions in Thailand, using obstetric care as a tracer service. The paper proposes an explanatory framework of trust for further investigation in other healthcare settings.

The study site was a 1300-bed tertiary public hospital in Bangkok which it provides two forms of obstetric care: regular obstetric practice (RP) and private obstetric practice (PP). Forty pregnant women were selected and interviewed using a set of guiding questions. A thematic analysis of the interviews was undertaken to generate understanding and develop an explanatory framework.

It was found that patients' trust in obstetric services was influenced by their perceptions of risk and uncertainty in pregnancy and childbirth, and that these perceptions were linked to their social class. Social class also influenced the accessibility and affordability of care to patients. Middle class pregnant women with relatively high-level concerns about risk and uncertainty preferred using PP service as a means to achieve interpersonal trust. These women thought that an informal payment would provide the basis for interpersonal trust between themselves and the chosen obstetricians.

In practice, however, obstetricians involved in PP rarely acknowledged this reciprocal relationship and hardly expressed the additional courtesy expected by patients. As a result, PP service only created an expensive impersonal trust that was mistaken as interpersonal trust by patients. Negative outcomes from PP often caused disappointment that could eventually lead to medical litigation.

The study suggests that there are some negative impacts of PP within the health system. Negative experiences among PP users may undermine trust not only in the specific doctor but also trust in health professionals and hospitals more generally. Steps need to be undertaken to protect and strengthen existing impersonal trust, which combine institutional trust based on good governance and service quality with trust in the professional standard of practice. The explanatory

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framework developed through this study provides a foundation for further studies of trust in different specialties and care settings.

Keywords: Trust; Relationships; Obstetric care; Private practice; Public hospital; Thailand

Introduction

In modern healthcare systems, the traditional, paternalistic doctor–patient relationship is gradually being transformed to a provider–customer or consumerist doctor–patient relationship (Mechanic, 1998) through the application of new public management and market principles (Hunter, 1996). Medicine has been increasingly commoditized and medical litigation, involving confrontation of providers by patients, is increasing in many countries including Thailand (Mechanic, 1998; Wibulpolprasert, Hempisut & Pittayarungsarit, 2002). The changing nature of healthcare systems may undermine the role of trust within them. Yet without a trusting doctor–patient relationship, the healthcare system cannot achieve its goal of improving health in a holistic sense, considering its physical, mental, social, and spiritual dimensions (Mechanic, 1998).

With regard to healthcare seeking behavior, trust has an important influence over the choice of healthcare provider (Balkrishnan, Dugan, Camacho, & Hall, 2003; Hall, Camacho, Dugan, & Balkrishnan, 2002) and is based on beliefs or expectations about how others will behave in relation to oneself in the future (Gambetta, 2000; Gilson, 2003). In addition to monetary incentive, then, trust can be viewed as an important non-financial incentive affecting care providing behaviour (Franco, Bennett, & Kanfer, 2002). It is therefore crucial for policy makers to understand the roles of trust (and distrust) in shaping patients' experience and their satisfaction.

This study aimed to understand the roles of trust in medical transactions in the Thai healthcare system. It was expected that an analysis of trust (or distrust) in transactions between doctors and patients would provide the basis for developing a conceptual framework to allow better understanding of the roles of trust and other non-financial incentives in healthcare transactions. The conceptual framework developed through this study may be useful for investigating such issues in future studies.

To trust someone is to believe that they are honest, sincere and will not deliberately harm you. In addition to trust, risk and uncertainty also play crucial roles in health care decision-making and medical choices (Kapferer, 1976; Mechanic, 1998). While risk and uncertainty are inherent in sickness and illness, trust can be built and managed by patients and their relatives as well as by providers.

Gilson (2003) categorized trust into interpersonal trust, where two individuals known to each other rely faithfully on each other, while impersonal trust refers to trust in strangers or in a social system. These two forms of trust are dynamic. A stranger may become a known individual, as a result of personal interactions and accessing information by which one can judge how the other will behave in relation to one's interests. The behavioral characteristics that underpin interpersonal trust include technical competence, openness, concern and reliability (Coulson, 1998; Mechanic, 1998). Alternatively trust in strangers can be rooted in institutions that allow delegated or fiduciary trust to develop. However, trust always involves an element of risk derived from uncertainty regarding the motives, incentives and future actions of another on whom one depends (Coulson, 1998; Gambetta, 2000; Kramer, 1999; Lewicki & Bunker, 1996).

This study investigated trust in obstetric care. We selected obstetric care as the focus of inquiry for three reasons. First, it involves a continual contact between patient and doctor over at least six to ten months. It is possible that the same provider will be used for several pregnancies. Past experiences may also lead to selection of a new provider for each pregnancy. Obstetric care, thus, allows opportunities to build up, or break down, patient-provider trust. Secondly, pregnant women and their social networks have a certain degree of health information and know how to negotiate with providers over decision-making around antenatal care and the childbirth process. Thirdly, there are two different ways in which patients pay their providers for obstetric care in Thailand, namely regular and private practice. Difference in payment mechanism provides good grounds for investigating the role of trust in mothers' decision-making and for developing a related explanatory framework. In addition, it will allow some initial assessment of how the existence of private practice in public hospital impacts on trust in doctors and the public obstetric care system.

Private obstetric practice (PP) can be described as an informal relationship between a pregnant woman and an obstetrician in which the pregnant woman voluntarily pays money in exchange for personalised obstetric services. These services include the provision of antenatal care, support for delivery and postpartum care by the doctor him/herself. In contrast, regular obstetric practice (RP) does not involve any such special and