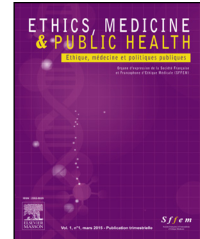
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Ethics, Medicine and Public Health 19 (2021) 100701

Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



LETTER TO THE EDITOR

Patient trust amidst the COVID-19 pandemic: A Greek experience

Keywords COVID-19; Orthopedics; Patients; Torticollis; Trust

Dear sir,

A young man presents in the emergency department with a wryneck. Wryneck, or torticollis, consists of a benign yet burdenful musculoskeletal condition of the neck. The physician on call provided the man with a reliever and referred him to the outpatient clinic. The man sighed complaining that he has been visiting emergency departments for weeks unable to get proper treatment, due to the suspension of more than 80% of outpatient clinics' capacity during the COVID-19 pandemic. The physician explained the situation to the man, but was unable to inform him whether he would be able to reserve a consultation [1]. The incident happened in Greece, a member state of the European Union (EU) with one of the highest numbers of doctors per capita in the western world.

The experience of this man reflects an emerging gap in doctor—patient trust during the COVID-19 pandemic. Patient satisfaction has reached unprecedented lows in many countries. According to a recent study, the liability charges in the UK have exceeded £78 billion during 2020 [2]. This is an indirect yet quantitative metric of the mistrust ravaging doctor—patient trust. Trust matters right now because patients are an essential part of COVID-19 response. Their adherence to protective measures and vaccination campaigns is essential to mitigate the forthcoming waves of the pandemic, and obviously, adherence is a matter of trust [3]. Therefore, bridging this gap is crucial for the COVID-19 response. To rebuild doctor—patient trust amid the pandemic, three steps are necessary under the European ''act-react-impact'' strategy [4]. So far, the EU has deployed such strategies, in order to address severe issues such as the so-called democratic deficit within the EU administration [5]. Can this strategy be adapted to doctor—patients trust? Act pertains to action for non-COVID-19 patients, with limited access to healthcare. Globally, patients with cancer have experienced delays in screening, follow-up or treatment. Patients with cardiovascular disease were unable to reach a doctor despite the deterioration of their symptoms, patients with low back pain endured pain and move limitation on their own. Doctors were not (able to be) there in the time of need, and this absence has alienated the patients from them [1]. Maintaining non-COVID departments and providing adequate and timely care to patients with recurrent chronic conditions is a prerequisite for trust. Additional personnel and resources are required. Using public buildings as outpatient clinics in a safe distance from COVID-19 wards-and staffing them with healthcare workers of all specialities, is equally important to manning COVID-19 departments. This is not a comparison between diseases but a way to increase patients' safety. The reaction consists of adaptation to the pandemic. Telehealth has thrived during the last months, and in many cases, it has achieved comparable results to physical consultations. Although the man with the wryneck would most likely need a physical outpatient consultation, he would be more than happy if he managed to have a video call with a doctor and an online prescription of appropriate examinations and drugs. A caring voice on the other side of the phone would inspire more trust rather than self-rushing to and waiting in an emergency department close to potential COVID-19 cases. The infrastructure for telehealth is already here grace to contemporary telecommunications. However, confidentiality and safety issues still need to be addressed by stakeholders and policymakers. Solutions include but are not limited to revamping the general data protection regulation (GDPR) in a health context or employing disruptive encryption technology such as blockchain [6]. The latter would help to rebuild trust in telecommunications and social media encryption methods, although this issue is beyond treating the wryneck and the twisted doctor—patient faith. Impact pertains to health promotion. There are multiple prevention strategies for life threatening and debilitating diseases, such as hypertension, coronary artery disease, musculoskeletal injury and cancer, among others [7]. In a population with a lower prevalence of preventable diseases, the wryneck patient would not have to wait for so long to reserve a consultation even during the pandemic. Having familiarized the population with health promotion strategies, more individuals would adhere to COVID-19 measures, decreasing the burden of hospitalization and enabling the healthcare system to keep treating all conditions including wryneck. Overall, doctor—patient trust has been shaken during the COVID-19 pandemic. Neglected conditions have raised dissatisfaction among patients, while doctors have been overwhelmed with the surge of COVID-19 cases. A three-level approach ensuring that no-one is left behind in the short-term and that people will be healthier in the long-term can open a new chapter in doctor—patient trust.

Human and animal rights

The authors declare that the work described has not involved experimentation on humans or animals.

Informed consent and patient details

The authors declare that the work described does not involve patients or volunteers.

Funding

This work did not receive any grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author contributions

All authors attest that they meet the current International Committee of Medical Journal Editors (ICMJE) criteria for Authorship.

Disclosure of interest

The authors declare that they have no competing interest.

References

[1] Gomes VTS, Rodrigues RO, Gomes RNS, Gomes MS, Viana LVM, Silva FS. The doctor—patient relationship in the context of the COVID-19 pandemic [Internet]. Rev Assoc Med Bras 2020;66:7—9, http://dx.doi.org/10.1590/1806-9282.66.S2.7.
[2] Has the COVID-19 pandemic changed the doctor—patient relationship forever? The BMJ [Internet]. [Cited 2021 Feb 1. Available from: https://blogs.bmj.com/bmj/2020/06/08/has-the-covid-19-pandemic-changed-the-doctor-patient-relationship-forever/].
[3] Vallelonga F, Elia F. Doctor—patient relationship at the time of COVID-19: travel notes. Intens Care Med Springer 2020;46:1802, http://dx.doi.org/10.1007/s00134-020-06152-w.
[4] Act React Impact. News. European Parliament [Internet]. [Cited 2021 Feb 2. Available from: https://www.europarl.europa.eu/news/en/headlines/eu-affairs/20130905STO18724/act-react-impact].
[5] Lange S. Delegated act or implementing act: clearly delineated? [Internet]. European Institute of Public Administration; 2020 [Cited 2021 Feb 2. Available from: https://www.eipa.eu/delegated-act-or-implementing-act/].
[6] Alkhatib S, Waycott J, Buchanan G, Bosua R. Privacy and the internet of things (iot) monitoring solutions for older adults: a review. Studies Health Technol Inform 2018;252:8—14.
[7] Hämäläinen R-M. Health promotion [Internet]. World Health Organization; 2020 [Cited 2021 Feb 1. Available from: https://www.who.int/westernpacific/about/how-we-work/programmes/health-promotion].

C. Tsagkaris[a,*], D.V. Moysidis[b], A. Loudovikou[c], A.S. Papazoglou[b]
[a] *University of Crete, Faculty of Medicine, Heraklion, 71003 Crete, Greece*
[b] *AHEPA University Hospital, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Thessaloniki, Greece*
[c] *Faculty of Philosophy, Aristotle University of Thessaloniki, Thessaloniki, Greece*

* Corresponding author.
E-mail address: chriss20x@gmail.com (C. Tsagkaris)

Available online 2 July 2021

Received 22 June 2021; accepted 28 June 2021

https://doi.org/10.1016/j.jemep.2021.100701
2352-5525/© 2021 Elsevier Masson SAS. All rights reserved.