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Considerations on the Crisis of the Doctor-Patient Trustworthy Relationship, Vaccine Hesitancy, and Local Healthcare Continuity

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In Italy, both vaccine hesitancy and the active resistance to vaccination which were carried out by some groups of patients, as well as the birth of movements and political parties opposing to any form of vaccination, greatly involved healthcare operators carrying out different functions within the Primary Healthcare system.

Although there is no doubt that several motivations exist beneath such resistance, and further studies would be needed to shed light on all the specific aspects related to this phenomenon, the present contribution aims at analyzing the evolution of the relationship patients have both with their family doctor and the local healthcare system.

The quarantines and the mass diagnostic and vaccination campaigns entailed by the COVID pandemic dramatically worsened the existing problems related to the doctor-patient relationship. The crisis of patients' trust in the professionals and healthcare institutions contributed to make the management of the pandemic and the guarantee of a suitable medical support more complicated, and also resulted in an increased "vaccination hesitation".

Before the pandemic, the doctor-patient trustworthy relationship was a reference point, which contributed to generate trust in the National Healthcare System, and ensured such a suitable "compliance" which could ensure both good medical practices and excellent outcomes on health. Nevertheless, we are now living in a completely new world and the doctor-patient relationship in the Italian region of Friuli-Venezia Giulia is becoming more and more difficult.

As a consequence, aggressive behaviours and episodes of dissatisfaction towards the local healthcare system are increasing. The traditional trustworthy relationship with the family doctor weavers. Furthermore, improper requests for health services perceived as subjectively urgent have replaced the patient-doctor exchange and the "therapeutic agreement", resulting the typical tensions which generate in the increasingly crowded Emergency Rooms.

The feeling is that the interconnection based on the doctorpatient relationship is being replaced by one based on the supply of healthcare services, which may be requested politely or demanded arrogantly, and which do not consider the doctor-patient relationship, their exchange, the visit and the correct diagnosis anymore. In such a situation, the confidence in the healthcare professional and in the diagnostic-therapeutic process the doctor has identified is replaced by the research of anyone who may be able to provide the service the patient requires. This inevitably entails the impoverishment of the role carried out by doctors. As a matter of fact, they are deprived of their status of experts having an irreplaceable specific and scientific know-how, and they become mere "service providers", who are asked to fulfil the desires of those patients who often trust Dr. Google more than modern medicine. Furthermore, the transformation of the doctor-patient relationship into a medical service-based one, represents one of the factors contributing to many young doctors' decision to avoid undertaking the profession of family doctor. As a consequence, several municipalities in Friuli-Venezia Giulia are experimenting the lack of family doctors, and such an unprecedented problem is leaving thousands of patients without a doctor they can rely on.

Doctors are usually forced to work under strong pressure, and are sometimes afraid of being verbally or physically attacked. If

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doctors perceive that people do not "consider them as suitable to treat patients" and, sometimes feel they are in danger, they rapidly lose both trust in patients and their self-confidence. Such situation may result in healthcare operators behaving more aggressively or being less sympathetic towards their patients, and this may lead to an increased use of the so-called "Defensive Medicine", which subsequently results in a rise in the expenses of the Healthcare system.

In fact, if everything is urgent, and any demand becomes licit, there will be no further need for a family doctor. The trusted doctor can be replaced by a doctor on call, by those operating in Emergency Rooms, or even by a Private Specialist. Anyone can be reached by a patient willing to have what they think they need immediately, but this also results in the early end of any relationship which is not a simple "counter" one, like those involving a user and an employee who has to release a document. In this way, also the relationship existing between a patient and a healthcare professional, who must feel free to propose the right treatment, will disappear.

Consequently, it is possible to understand the problems Primary Healthcare professionals encounter while practicing a real "Medicine of Initiative", which has to be based on any type of preventive action, including vaccinations, and on the necessary trust in both the doctors' and health institutions decisions.

To present day, most of the international studies which have been carried out have only considered the patient's trust in the doctor in the attempt to both fulfil the patients' "demands" and improve some aspects including service accessibility and healthcare operators' availability.

I personally think the moment has come to consider the doctor's fundamental needs as essential. These include safety, serenity in carrying out their job, the possibility to rest and have adequate time off, a decent amount of time for private life, as well as the needed social and financial recognition. A need has emerged for a deeper reflection, an adequate psychologic assistance for healthcare operators in general, and the protection from governments and Healthcare institutions both form the contractual and the political point of view. If doctors are increasingly stressed, tired, and deceived by the life they lead, they will be more and more nervous and less and less well-disposed and trustful towards their patients, with all the consequences this entails.