

# Trust and accountability

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# Plan

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- What do 'trust' and 'accountability' mean?
- The pros and cons of different approaches
- Factors influencing the balance
- Thoughts for the future

# Accountability in clinical practice

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## Implicit

reputation, qualifications,  
experience



Trust me, I'm a doctor

## Semi-implicit

market, legislation



The market will deliver

## Explicit

performance data, accreditation  
and certification



In God we trust. All others  
bring data

# The pendulum swings...

Guidelines  
Quality Indicators  
Targets  
Regulatory Bodies  
Revalidation

Self-regulation  
Peer review  
Confidential audit  
Individual learning

Scrutiny

Trust

*External controls*

*Internal controls*



# What does 'being accountable' mean?

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*“Willingness to explain or justify actions”*

## **To whom?**

- Patients/public/society
- Government/regulators/  
funding bodies
- Professional bodies
- Media

## **For what?**

- Clinical standards
- Patient centeredness
- Probity
- Professional ethics
- Organisational governance
- Societal responsibilities

# Implications if failure to provide acceptable account

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- None?
- Review?
- Reputation?
- Financial?
- License to practice?
- Legal action?

# The role of trust

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*“Collective set of expectations”*

- Based largely on personal experience
- Particularly important in areas of uncertainty – trust v confidence

# The strange properties of trust

- Trust as a *lubricant*
  - reducing transaction costs and making economic otherwise uneconomic exchanges;
- Trust as a *glue*
  - binding parties into mutually rewarding relationships;
- Trust as a *stimulant*
  - fostering organisational learning and promoting improvements in performance.



**The foundations of  
trust**

# Trusting v checking

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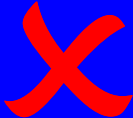


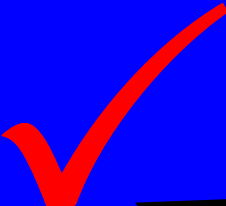
## The advantages of relying on trust:

- Easy, cheap, 'social capital'
- Does anyone really want the data?



**“Are you a 3 star hospital?”**

# Evidence: the use of published data

- Do consumers/users use these data? 
- Do purchasers/commissioners use these data? 
- Do referring physicians use these data? 
- Do provider organisations - where doctors work - use these data? 



# Trusting v checking

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## **The advantages of relying on trust:**

- Easy, cheap, 'social capital'
- Does anyone really want the data?
- Deficiencies of data – 'illusory methods of accounting'

# Data extraction from medical records

“Occasional, constant, infrequent headaches.”

“On the second day the knee was better and on the third day it had completely disappeared.”

“The patient has no past history of suicides.”

“She has had no rigors or shaking chills, but her husband states she was very hot in bed last night.”

# Conceptual slippage in measurement

*“When we can’t measure what we want to measure, we usually measure something else.”*

*“The danger is that this new measure – which is in fact only a surrogate – will **in practice** be treated as though it were indeed what we had initially set out to measure...”*

**Do our indicators measure *quality*?**

# Trusting v checking

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## The advantages of relying on trust:

- Easy, cheap, 'social capital'
- Does anyone really want the data?
- Deficiencies of data – 'illusory methods of accounting'
- Who holds the regulator to account – the accountability vortex
- Impact on staff morale, internal motivation
- Fewer unintended and dysfunctional consequences

# Unintended consequences of checking

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- Gaming and fraud
- People become blinkered
- People forget issues that are not being checked
- People become short-sighted

# Trusting v checking

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## **The advantages of relying on checking:**

- Trust has failed to address unacceptable variation – shielding the incompetent
- Trust takes a lot of time and energy to develop
- Trust is easily abused

# UK in 1990s: A Decade of “Scandals”

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*'A series of well-publicised lapses in quality have prompted doubts in the minds of patients about the overall standard of care they may receive...'*

UK Department of Health, 1998

## “Lapses in quality”

Harold Shipman: *serial killer GP*

Rodney Ledward:

*'fastest gynaecologist in the West'*

Bristol Royal Infirmary:

*'blood of our children on your hands'*

# The response of the media

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*'The NHS is an antique machine, rusted by a corrosive complacency and fossilised by a Mafia-like closing of the ranks' (The Guardian)*



*'The scandals implicate our entire health service' (The Mirror)*

*'[The medical profession]... a privileged elite, which has always regarded itself as above criticism' (The Sun)*

# Factors influencing the balance between trusting and checking

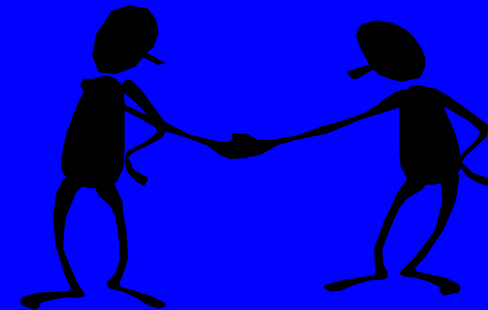
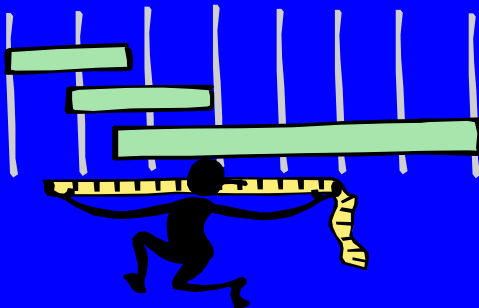
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- National culture – the role of professionalism, deference
- Political drivers – justifying public funding, political power
- Societal expectations, consumerism
- Historical events - the use and abuse of scandals

# Does measurement damage trust?

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- **Potential unintended consequences:** *systems that don't trust people beget people that cannot be trusted...*
- **Displacement of intrinsic motivations** – potentially damaging to discretionary components...



## **Moral motivation:**

*A force that encourages us to behave in ways which have no obvious advantages and may even prove contrary to our interests*

Frank, 1989

## **Examples:**

- Tipping in restaurants
- Anonymous charitable donations
- Insurance sellers 'moral code'
- Doctors who 'go the extra mile'

## **Implications:**

- Core of professionalism
- Resource implications
- Recruitment and retention

*Marshall MN, Harrison S. QSHC 2005*

# The future

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- Need for flexible or ‘situational’ accountability
- Need for greater openness about uncertainty in clinical practice
- The role of personal relationships in medical care
- Greater emphasis on learning and improvement rather than on absolute standards
- Need to value different types of data

**It is an equal failing to trust everybody,  
and to trust nobody**

*18<sup>th</sup> Century English proverb*

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