**Presentation title**

Mutual trust in general practice: a qualitative study

**Explain why your paper is relevant, important and of interest to GP22 participants**

The study findings may inform interventions to improve mutual trust between Australian general practitioners and patients.

**Take home message**

* Mutual trust between Australian general practitioners and patients was perceived to be of critical significance in the therapeutic relationship.
* General practitioners described two different general care philosophies which impacted their trust in patients.
* The general practitioner’s understanding of the patient’s social context and available health system resources were also important.

**Background**

Mutual trust is an essential component of the patient-doctor relationship. However, there are few studies exploring the physicians’ trust in patients.1,2

**Aim / Hypothesis**

We examined: (1) the patient, physician and health system factors that can lead to higher levels of general practitioners’ trust in their patients; (2) how these factors impacted on patient care and (3) acceptable methods for building mutual trust in the context of colorectal cancer shared care.

**Methods**

General practitioner (GP) participants were recruited through purposeful sampling. A semi-structured interview guide was developed with input from practising general practitioners (KV and KU) and qualitative researchers (MA and AH). Interviews were conducted over the phone or Microsoft Teams, audio-recorded and professionally transcribed verbatim. Participant recruitment and data collection continued until data saturation was reached. Preliminary content analysis using a sample of five rich transcripts was performed by AH and FY to produce a coding framework for thematic analysis.

**Results**

25 interviews were analysed. Participants described two general care philosophies: the necessity of unconditional trust from the GP towards the patient, regardless of their behaviour; and an implied trust, which is reciprocated by the GP, but could be eroded. Whilst GPs were optimistic about a prospective colorectal cancer shared care program, various important health system changes were suggested, such as improved health system communication, external support through nurse coordinators, and the involvement of GPs in team care discussions.

**Discussion**

While the GP’s trust in patient honesty and capacity were discussed at length, the physician’s understanding of the patient’s social context and available health system resources were also important. Patient inequities in socio-economic resources, health literacy and GP workload should be addressed to improve patient access to existing and prospective health services.

**Conclusion**

These findings may inform interventions to improve mutual trust between Australian general practitioners and patients.

**References**

1. Thom DH, Wong ST, Guzman D, et al. Physician trust in the patient: development and validation of a new measure. *Ann Fam Med*. Mar-Apr 2011;9(2):148-154. doi:10.1370/afm.1224

2. Goold SD. Trust, distrust and trustworthiness. *J Gen Intern Med*. 2002;17(1):79-81. doi:10.1046/j.1525-1497.2002.11132.x