ASSESSING MEDICAL MISTRUST IN TEEN POPULATIONS

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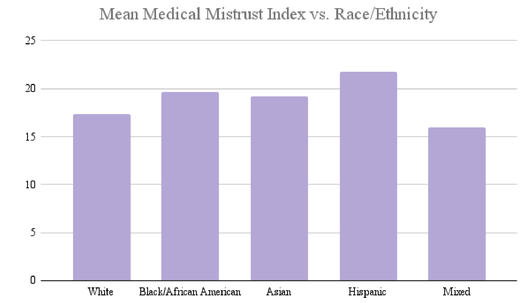
INTRODUCTION

Medical mistrust is a pervasive issue that affects the quality of healthcare patients receive, especially in underserved communities. An analysis of present understandings of the concept defines mistrust as "the belief that the entity that is the object of mistrust is acting against one's best interest or well-being" (Jaiswal & Halkitis, 2019). Applying this definition to medicine, medical mistrust is the belief that medical providers and health institutions provide care that is not for the benefit of their patients. It has long been recognized that African Americans have disproportionately high rates of medical mistrust. This is in part due to a long legacy of the United States testing new treatments on its black population without consent, most infamously in the Tuskegee Experiments. However, this narrative ignores the way that current institutions reinforce mistrust in marginalized communities. Jaiswal acknowledges this by conceptualizing mistrust as "a protective response against the pervasive, interlocking structural inequalities that result in restricted access to resources" (Jaiswal & Halkitis, 2019). Medical mistrust has tangible effects on the health status of patients with "high levels of medical mistrust were associated with low levels in overall QOL among men with prostate cancer" (Kinlock et al., 2017). Another study posits that "more issues may be discussed per consultation when the patient perceives that they have a deep relationship with their GP" (Merriel et al., 2015). The possible impact that trust in the medical system may have on the care that a patient receives makes it imperative that all medical professionals work to better understand and address medical mistrust in the populations they serve.

METHODOLOGY

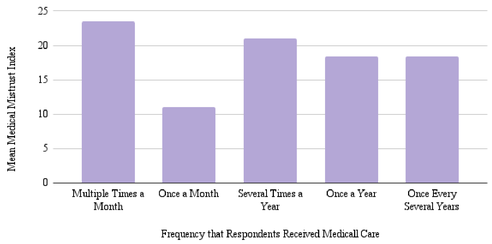
This investigation will be conducted through a survey of 17 questions that will consist of three parts. The first part of the survey asks about demographic information, inquiring the respondents age, race, gender, and disability status. The second part of this study asked about factors outside of the physician's office that may affect one's level of medical mistrust. Respondents were asked how frequently they receive medical care, their reasons for seeking care, and where they receive their medical knowledge from. The final section consisted of a Likert scale in which respondents were given statements about how they feel during appointments and asked to rate how much they resonated with the statement. The scores from the Likert scale were compiled to create an overall mistrust index that could be used to compare medical mistrust across demographics.

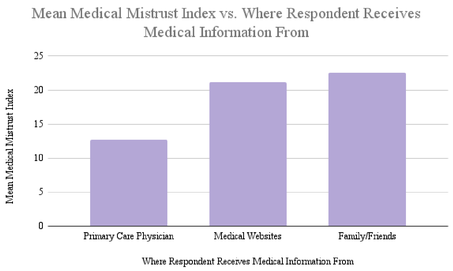
RESULTS



The graph at the left indicates the mean medical mistrust index, which was calculated based on Likert scale responses, of each race/ethnicity group. Hispanic respondents reported the highest levels of medical mistrust while White and mixed race individuals reported the lowest levels.

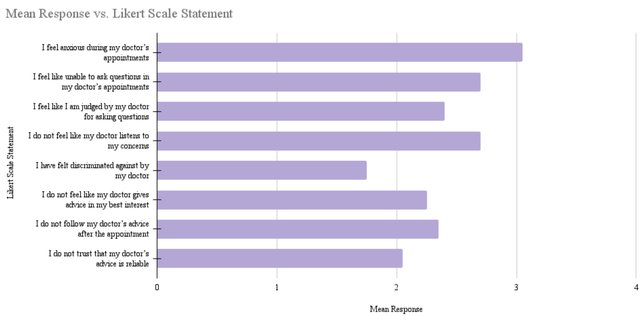
Respondents who sought medical care multiple times a month reported the highest levels of medical mistrust. This could be because these respondents have higher levels of disability or chronic illness, requiring more frequent and complex levels of care, resulting in greater anxiety associated with doctor's appointments.





Higher levels of medical mistrust were reported in respondents who gained their medical knowledge from family, friends, and medical websites. Further research should be done to determine whether this relationship is causal and whether this correlation is due to an increased spread of medical misinformation from unverified sources.

Responses to the Likert scale indicate that medical mistrust in teens most commonly manifested in anxiety during appointments, fear of asking questions, and perceiving that their doctors do not listen to their concerns.



OBJECTIVE

The goal of this study is to quantify the specific manners that medical mistrust manifests in adolescents based on demographic information.

CONCLUSION

The results of this study indicate that medical mistrust in teens is frequently rooted in anxiety and apprehension during doctor's appointments rather than a belief that physician's are working against their best interest. This is particularly true for patients who were Hispanic, frequently received medical care, and got their medical knowledge from the Internet or personal relationships. However, it must be considered that the respondents of this survey were not reflective of the overall teen population. Further research should be done to determine if the relationships seen through this analysis are present in low-income, disabled, uninsured, and male populations. Additionally, future studies should delve into whether the correlative relationships seen through study are also causal, and if so, the root causes of these disparities.

DISCUSSION

Further research should be done to assess whether misinformation spread through the Internet and social groups impact medical mistrust in populations that do not receive medical knowledge from medical professionals.

Primary care physicians should work to empower their teen patients to ask questions while remaining receptive to concerns mentioned during appointments.

Caregivers and medical providers should work to increase teen involvement in their medical decisions. Increased feelings of autonomy may reduce feelings of anxiety as they have the knowledge and experience to advocate for themselves.