LETTER FROM THE EDITOR-IN-CHIEF

We Must Meet Our Patients Where They Are

In this issue of *JUCM*, you will find an original research article exploring parental vaccine hesitancy. Vaccine hesitancy is a challenging issue because it frequently triggers charged emotions in patients and clinicians alike. While there have always been strong opinions regarding vaccines, from the clinician perspective, the degree amplified significantly during the COVID-19 pandemic. I will never forget reading about front-line physicians who regularly experienced severe compassion fatigue while treating patients with serious cases of COVID-19 who chose not to receive a vaccine.[1]

Six years later, vaccine uncertainty remains at the forefront of many patients' minds. Childhood vaccination rates are continuing to decline across the United States despite the daily reports highlighting a sharp rise in measles—a vaccine-preventable disease—and the possibility of the country losing its decades-long measles elimination status.[2,3] Many adults have come across false claims about vaccines. In a recent national survey, 66% of adults report they have heard the inaccurate claim that the measles, mumps, and rubella (MMR) vaccine causes autism in children.[4] While less than 1 in 10 believe these false claims about the MMR vaccine are true, that small number is still a meaningful proportion of the communities who come to our urgent care centers every day.[4]

"So, the question facing us clinicians is, 'Who do our patients trust?'"

Not infrequently, our patients fail to follow recommended medical advice or interventions. For example, patients don't always get their cancer screenings, and who can blame them for avoiding screening tests that are quite unpleasant experiences. Patients don't always stop smoking even after many bouts of chronic obstructive pulmonary disease exacerbations that prevent them from attending work or family events. Patients don't always agree to a viral respiratory diagnostic test or an x-ray in urgent care that might help determine a clear diagnosis. Certainly, there are many reasons patients decline recommendations, however, when it is a patient's ideological hesitation, clinicians wish for a better way to influence their patient.

Building Trust With Our Patients

One of the key factors that appears to impact vaccine-related beliefs in adults is having a relationship with a trusted healthcare clinician, according to the national survey. If a relationship is established, patients are less likely to believe false claims regarding vaccines.[4] To build trust, patients must believe that their clinician has good intentions and is operating from a place of beneficence.[5] However, adults who use social media and artificial intelligence chatbots for health information are more likely to believe the myths about vaccines.[4] And parents make decisions for their children based on their own beliefs. So, the question facing us clinicians is, "Who do our patients trust?"

Most clinicians will agree that we were called to this profession to serve. And to serve, we must effectively and authentically become a trusted healthcare resource. While we all may not be administering MMR vaccines in urgent care, trust is critical in any patient-clinician interaction. We can build trust quickly with our first encounter, and we can gain more trust over time as patients return to our centers after that initial positive experience. And what is the first and most critical step? Meet the patient where they are.

Foundation of Trust

"Seek first to understand, then to be understood," a concept popularized by author Stephen R. Covey, but widely attributed to the Prayer of St. Francis, is the foundation of trust between us and our patients.[6] Lean into the patient and their understanding—what they believe, why they believe it, who they heard it from, what they are afraid of, and what causes them the most concern. Be curious. If you actually stop, listen, reflect back what you are hearing, and seek to understand, you can build that trust.

To cultivate a trusting relationship in a new patient urgent care encounter, lean toward the patient while they speak, make eye contact, tune in with 100% focus, and tune out everything else. Be fully present. When you completely understand the patient, only then seek to be understood in the context of high-quality care. Not with disregard to what the patient just said. Not from your high horse as the clinician. Not from your position of power and authority. Not with defensiveness or condescension. Instead, seek to be understood as a partner, coming from a place of wanting to do good.

Describe how you want to help. Express your caring. Provide a clear and concise explanation for your recommendation—why it matters, what the evidence demonstrates, and the positive impact it will have on them. Be simple, direct, kind, and supportive.

Our patients need us now more than ever. Let us meet them where they are and walk together with them. ■

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