

# Opinion

## Trust: Will You Muse With Me About It?

Trust is key to a successful patient-physician relationship. Instead of writing physician-patient as is customary, I reversed the order to emphasize that the patient is the one offering trust, the one seeking a therapeutic association, and the one whose needs must come first. What trust does the patient offer to the doctor? The belief that the physician will act in the patient's best interest. Most patients offer this trust from the very first encounter, while some skeptics withhold it for a time, but generally offer trust sooner than they would to a merchant or a politician, or these days, to a banker or broker. (I like to think of trust being offered, rather than possessed by the patient, because it reminds me it is a gift from my patient.)

Magazines aren't so lucky. *EyeNet*, for example, has to earn our readers' trust. We think engendering trust is so important that we put our tagline, "The trusted source for clinical insights," on the front cover. We could have chosen any number of words in place of "trusted." For example, "The believable source . . ." Unfortunately, falsehood presented artfully is believable. "The reliable source . . ." was another option. But something can be reliable, being utterly free of falsehood, yet fail to provide other truths from a countervailing viewpoint. Thus, bias is compatible with reliability, but it is not with trustworthiness. Philosopher Annette Baier summed it up well, saying

that trust can be betrayed, while reliance can only be disappointed.<sup>1</sup>

What are some ways a magazine can betray a reader's trust? I'd like to focus on common practices at some clinical newsmagazines. Their editorial staffs vehemently deny that they engage in these practices, but they obviously do since advertisers often ask *EyeNet* why we can't be cozy with them like our competition. Close scrutiny of typical issues can belie what is going on. Articles are sometimes ghostwritten by industry and placed in magazines, often adjacent to advertising promoting the product that was lauded in the article. In addition, advertisers are reluctant to place advertising in an issue featuring, for example, dry eye, unless they can be promised that the feature article will present their product favorably (or that a competitor's product will not be mentioned prominently).

At *EyeNet* we insist on total editorial control, and we don't allow industry representatives to review our content and suggest edits. To do otherwise would be a betrayal of your trust. We are firm about this policy, since once lost, trust is painfully difficult to regain.

We figure if we consistently deliver on our "trusted source" mantra, readership will follow. Each year, two independent Nielsen surveys (Media-Chek and Focus) rate ophthalmology magazines on several dimensions. This year, the pool included 20 publications—

peer-reviewed and non-peer-reviewed. I am pleased to report that the 2009 results placed *EyeNet* as #1 among all publications for high readership (which means recipients thoroughly read all or almost all issues), and among non-peer-reviewed publications #2 in overall quality and #1 in reader frequency (44 percent of ophthalmologists read every issue of *EyeNet*). These numbers have shown a consistent improvement in the past five years. We're going to continue to earn your trust, and maybe even convince the other 56 percent to get with the program on reader frequency.

<sup>1</sup> Baier A. *Ethics* 1986;96:231–260.



RICHARD P. MILLS, MD, MPH  
CHIEF MEDICAL EDITOR, EYENET