knit

High-Tech Healthcare: Breaking and Building Patient Trust

How U.S. patients build, question, and rebuild confidence in high-stakes, technology-enabled healthcare decisions.



Healthcare increasingly asks patients to say yes to things they can't fully evaluate. Implanted devices, connected therapies, and minimally invasive procedures carry long-term consequences and rely on technical details few patients have the education to judge. In these moments, the healthcare system asks patients to trust in three things at once: their relationship with their doctor, their own sense if a decision is right, and their trust in the company behind the technology.

Most existing research on the subject asks whether people trust their doctors, institutions, or brands, especially in our era when healthcare misinformation abounds. This question is useful, but it stops short of what healthcare marketers, medical affairs teams, and creative partners crave knowing.

A patient can have absolute trust in their physician but still leave an appointment feeling unsure.

Conversely, they can distrust **"the system"** and still feel confident in a specific choice. The more actionable question is what turns trust into confidence, and what breaks that conversion.

To understand this breaking point, we surveyed **1,002 U.S. adults (including 178 AI-moderated interviews)** and asked them to recollect real healthcare decisions they had recently faced.

1002 U.S ADULTS

178 AI-MODERATED INTERVIEWS

We also had them react to randomized hypothetical recommendations across four levels of treatment complexity to answer **six core questions:**

1. What closes the gap between trusting a doctor and feeling confident in a specific healthcare decision?
2. Where does patient deference break down as treatments become more complex, from lifestyle change to implanted device?
3. Does manufacturer or brand reputation act as a decision shortcut when patients can't evaluate technical details themselves?
4. Which provider behaviors and proof points increase comfort when patients have doubts?
5. Is declining trust tied to perceived information asymmetry, and does it cut across political lines?
6. What would rebuild trust, and what makes healthcare communications feel credible?



As one Gen Z respondent put it, ***"I still trust doctors, but I'm more likely to ask questions, do my own research, and seek a second opinion."***

Confidence Breaks At The Device, Not At The Doctor

Trust is necessary but not sufficient — clarity, choice, and proof close the gap.

77% → 46%

WILLINGNESS TO FOLLOW

Low vs. device scenario

89%

WANT DOCTORS TO EXPLAIN OPTIONS

Top provider lever

62%

WANT THE MANUFACTURER DISCLOSED

Before agreeing

57%

TRANSPARENCY REBUILDS TRUST

Top rebuild lever



About This Study

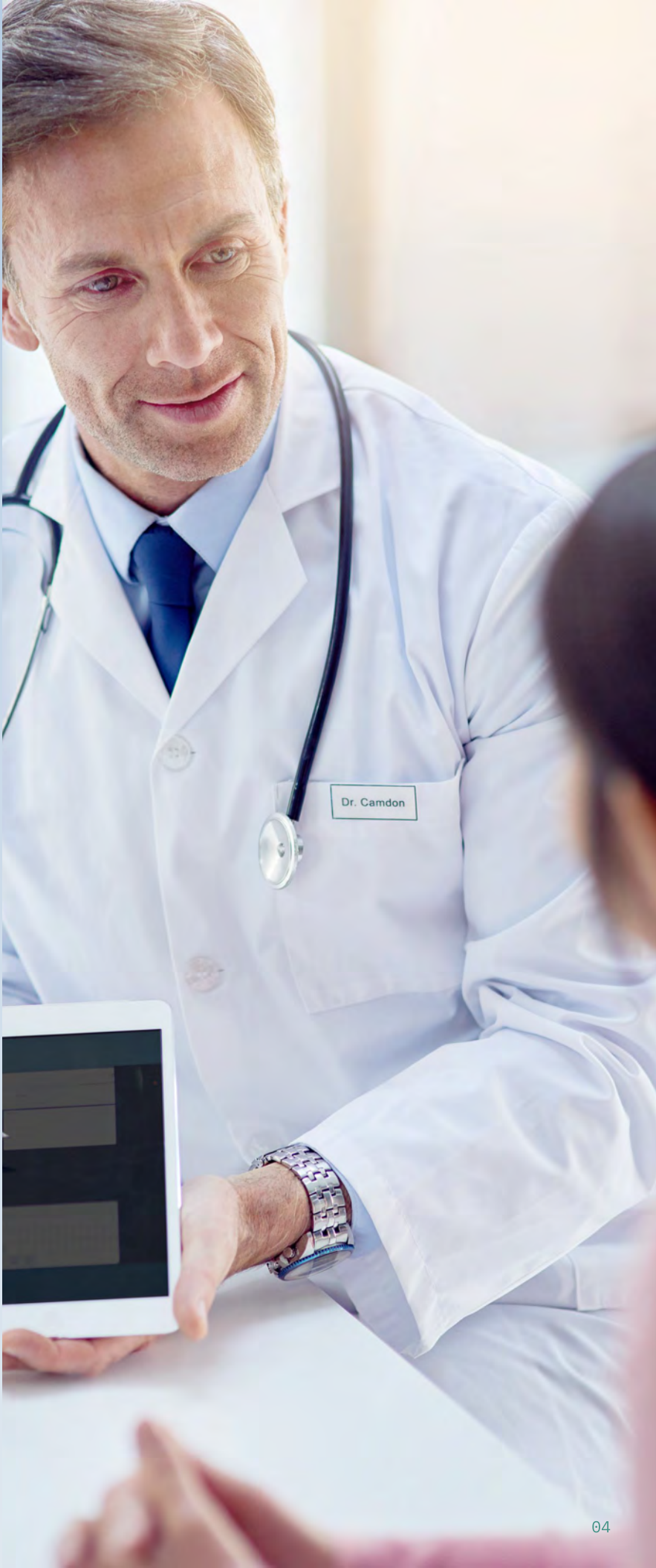
Knit surveyed **1,002 U.S. adults** aged 18 and older nationwide in the fall of 2026. The study paired a quantitative survey with **AI- moderated video questions placed at six key moments:**

1. Reflecting on a past decision,
2. Rebuilding trust,
3. Deciding on a device,
4. How trust has changed over time,
5. Trusting a manufacturer, and
6. What makes communications meaningful.

The design had two complementary parts:

Real-decision reconstruction.
Of the 864 respondents who had seen a doctor in the past 12 months, 641 walked back through a recent recommendation: how confident they felt at the time, whether they sought more information, what they ultimately did, and whether they felt they had made the right call. Most of these real-world recommendations were long-term medication (34%) or diet, exercise, and lifestyle changes (28%).

The complexity ladder.
Every respondent was randomly assigned to one hypothetical recommendation of rising complexity: a diet or exercise change (n=244), a long-term medication (n=245), an outpatient procedure (n=251), or an implanted medical device (n=262). Each group answered identical questions about willingness, confidence, and reassurance-seeking, which allows a clean comparison of how behavior shifts as stakes rise.



Four Scenarios, One Rising Line Of Complexity

Each respondent evaluated one randomized recommendation — from lifestyle change to implanted device.



Scenario 1 - Low (n=244)

- Diet or exercise change
- Behavior-based, low consequence



Scenario 2 - Moderate (n=245)

- Long-term medication
- Ongoing commitment



Scenario 3 - Higher (n=251)

- Outpatient procedure
- Invasive but time-limited



Scenario 4 - Device (n=262)

- Implanted medical device
- Technology-enabled, long-term

The sample skews slightly older **(24% aged 18-34, 36% aged 35-54, 40% aged 55+),** is **65% women,** and is politically balanced: **40% center or moderate, 28% left or liberal, 28% right or conservative, and 4% preferring not to say.** The study also identified a small group of **"True Rejectors": 24 people** who had not seen a doctor in the past year and cited distrust of the medical system or a preference for other approaches. Their results are reported as directional.

Finding 1: Trust Is Not the Same as Confidence

In real healthcare decisions, trust in the recommending doctor and confidence in the decision are closely linked, but they are not interchangeable. When we mapped the 641 real-decision respondents by both measures, four distinct states emerged:

65% **High trust, high confidence:** the healthy state, where the relationship and the decision both feel solid.

16% **Low trust, low confidence**: the most fragile state.

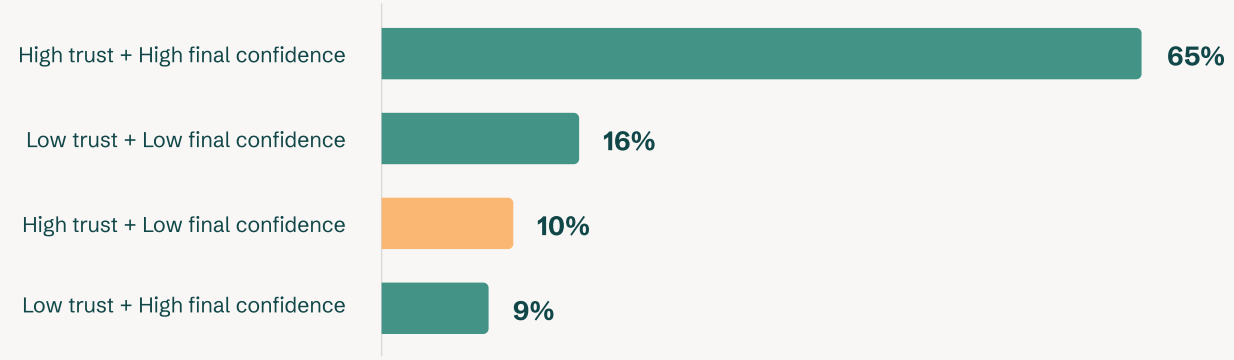
10% **High trust, low confidence:** the relationship is intact, but the decision still feels unresolved.

9% **Low trust, high confidence:** patients who found enough reassurance elsewhere to feel good about the decision despite weaker trust in the provider.

1 In 10 Trust Their Doctor Yet Stay Unconfident

Confidence is a conversion problem: relational trust must become decision confidence.

Trust x Confidence typology (real-decision respondent; n=641)



The conversion gap

65% land in the healthy trust + confidence state

10% trust the provider but the decision still fells unresolved

Info-seeking rises once trust or confidence weakens **(44% → 59%)**

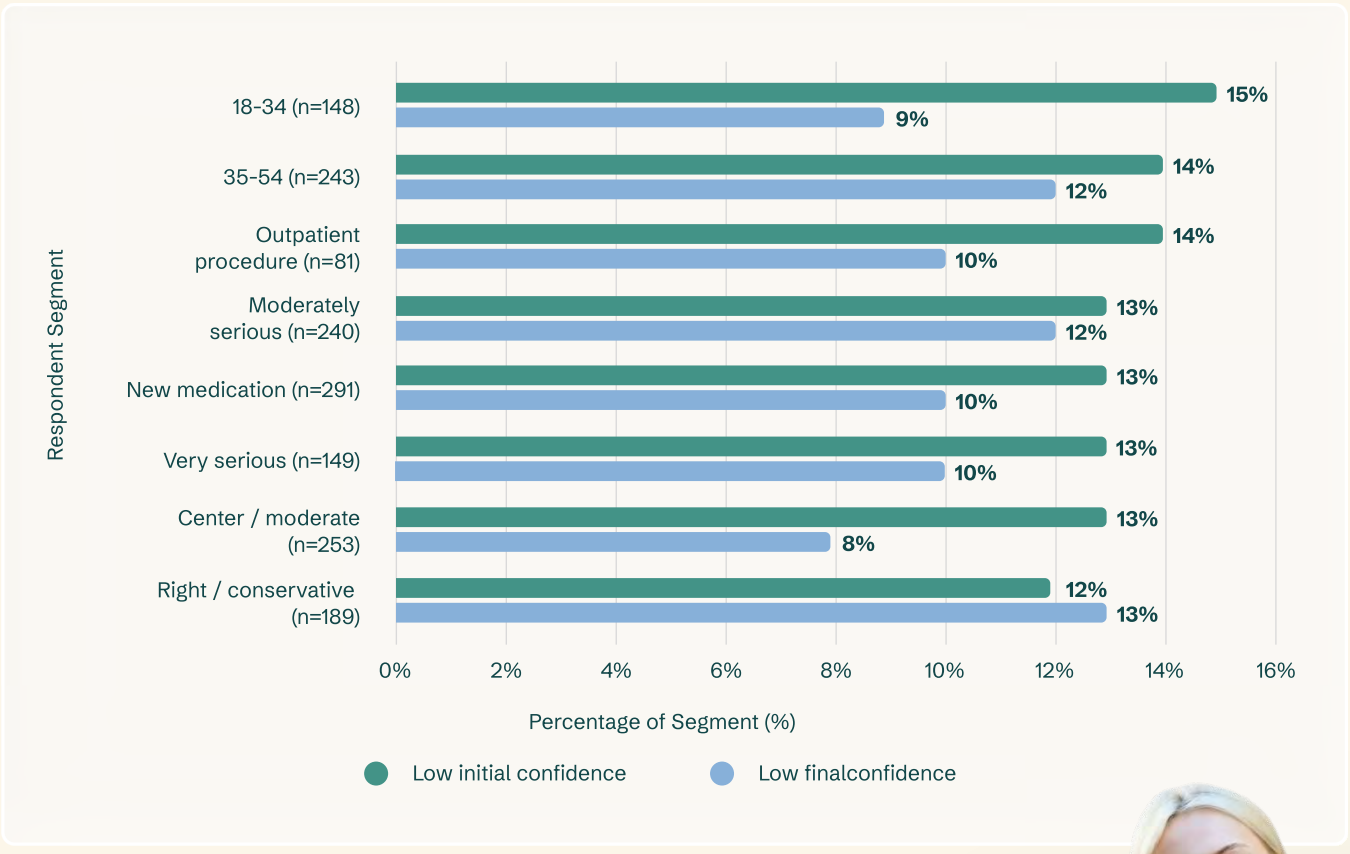
The "high trust, low confidence" group is the most revealing. These patients have an explanation problem rather than a relationship issue with their physicians. Even among respondents who trusted their doctor completely, **32%** said they initially only felt **"confident"** rather than **"extremely confident."** Trust lays the foundation, but confidence requires additional explanation, proof, and decision support.

This gap isn't limited to one kind of patient, either. It was most visible among adults aged **18-34 (15%) and 35-54 (14%), among people recommended an outpatient procedure (14%), and among those facing moderately or very serious health issues (13% each). Comparatively, only 8% of adults 55 and older fell into this group.**



Segments with High Doctor Trust but Low Confidence

Percentage of respondents reporting high trust (a lot/completely) alongside low confidence.



Part of the explanation is agency. Only about half of patients **(52%) said they had a choice among multiple treatment options**, while **42% said their doctor only presented one.** Older patients were the least likely to report having options **(44% of those 55+ vs. 57% of those 18-34).** When patients unsure about their decision described what they wished they had known, the most common answers were clearer clinical explanations and a fuller picture of their options.

> "I think I wish I had known before deciding the course of action would've been all of the different choices and what the pros and cons were of each medication."
>
> — Gen X, Woman

> "If I had known more of my situation, then I think I would've been able to be more prepared when I went to that doctor's visit and maybe not be so stunned about what he told me."
>
> — Millennial, Woman



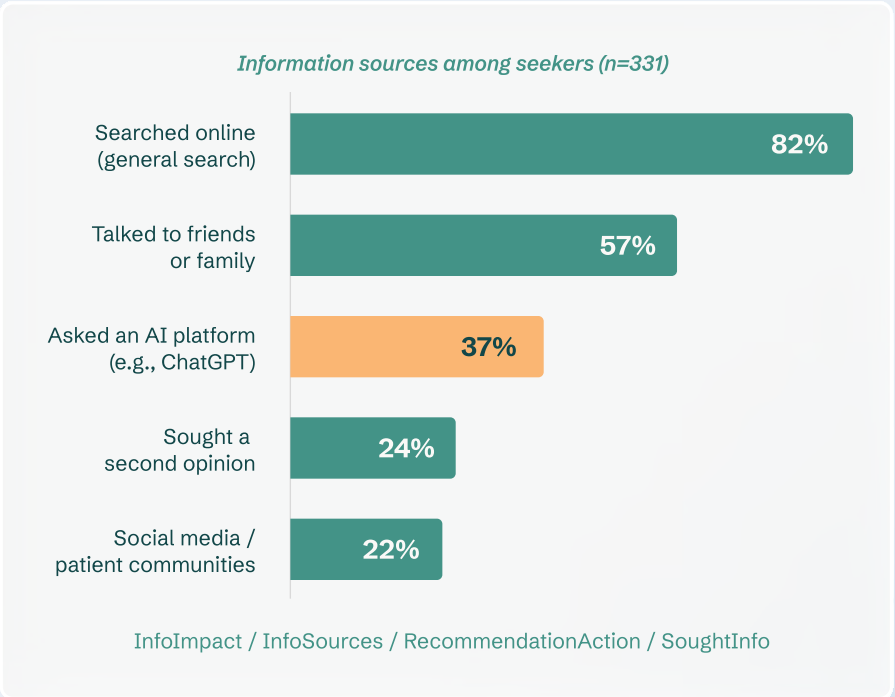


Finding 2: Verification Mostly Reassures Patients

Looking beyond the doctor has become a normal part of the patient journey. Nearly half of real-decision respondents (49%) sought more information after receiving a recommendation. Among those who did, general online search was by far the most common source (82%), followed by friends and family (57%) and AI platforms such as ChatGPT (37%). Fewer sought a formal second opinion from another doctor (24%) or turned to social media and online patient communities (22%).

Nearly Half Look Beyond The Doctor - And Get Reassured

Outside information mostly reinforces the recommendation; second opinions destabilize least often.



39% vs. 5%

REINFORCED VS. CHALLENGED
Original recommendation

86%

FOLLOWED THE DOCTOR'S ORIGINAL RECOMMENDATION

It would be easy to read this as patients second-guessing their doctors, but the data says otherwise:

39% Reinforce the original recommendation

vs.

5% challenge it



37% asked Ai for information



said it didn't change their thinking



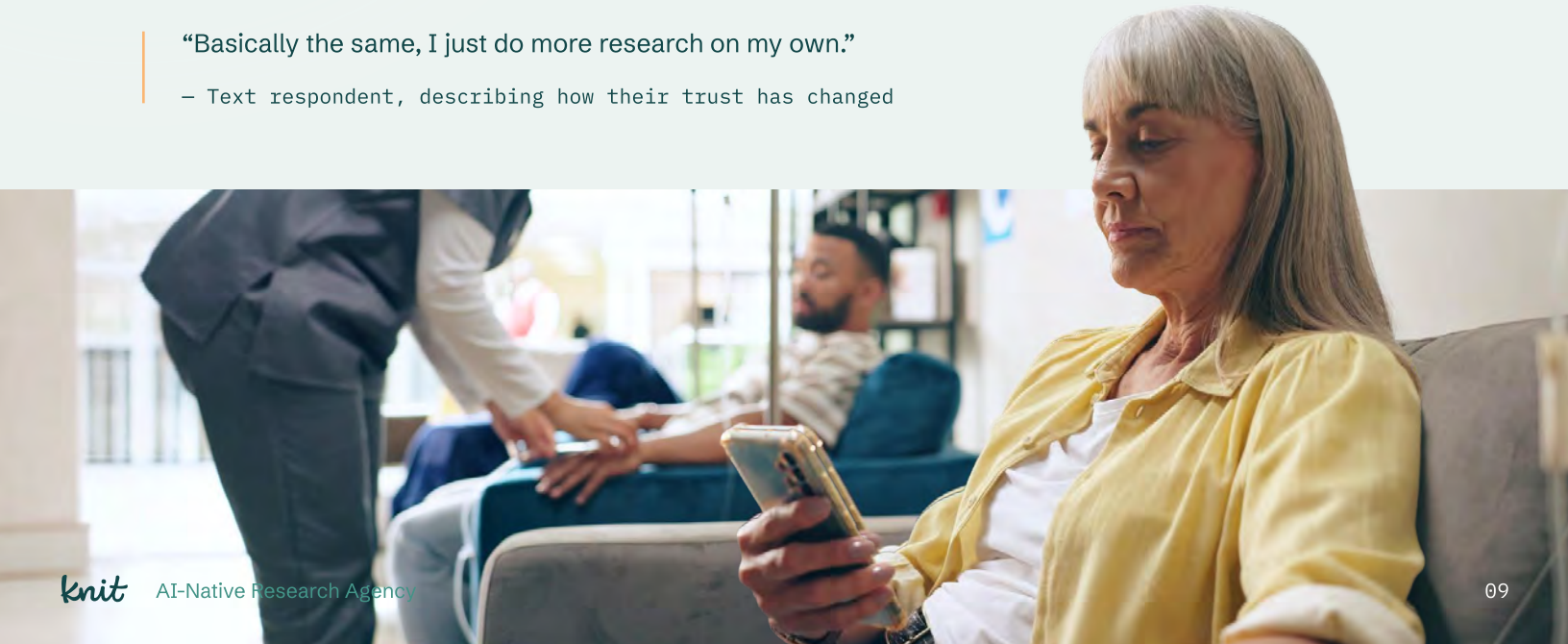
said it was mixed

86% followed their doctor's original recommendation

Every major information source leaned reassuring. Among people who used each source, online search had a net stability score of **+45 points** (the share saying it reinforced the recommendation minus the share saying it challenged it). AI platforms came in at **+43**, social media and patient communities at **+40,** and friends and family at **+40**. Second opinions were the least stabilizing channel, at **+36.**

Verification also rises as the trust-and-confidence state weakens. Among high-trust, high-confidence patients, 44% sought more information. That climbed to 59% among those low on both. For healthcare marketers, the conclusion is that independent validation isn't a threat to physician influence. It's an opportunity to make sure that when patients go looking, they find clear, consistent, credible information.

> "Basically the same, I just do more research on my own."
>
> — Text respondent, describing how their trust has changed



Finding 3: The Device Cliff

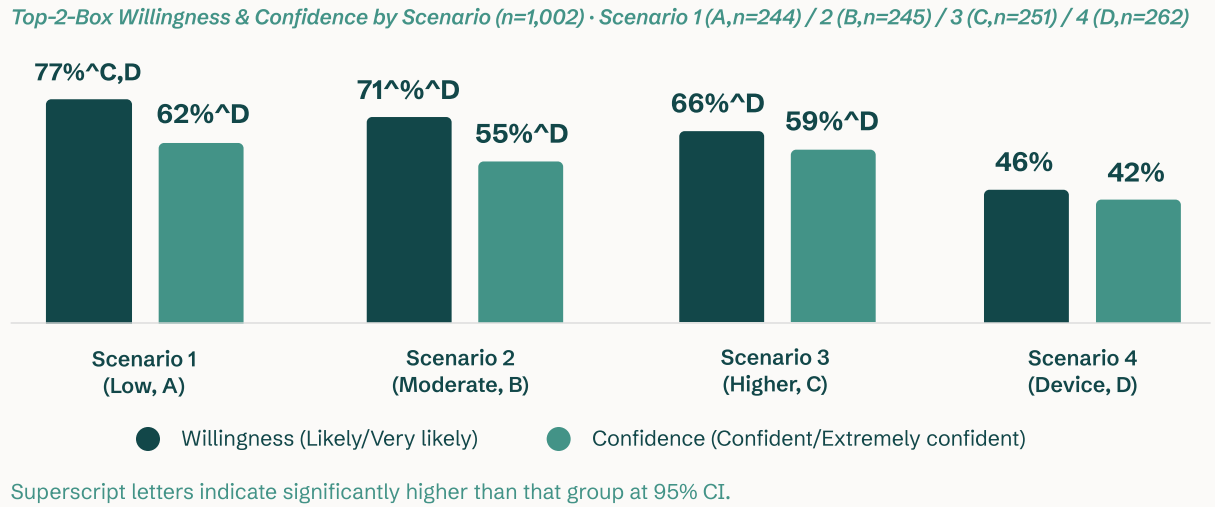
The complexity ladder shows our study's clearest pattern. Across three of the four scenarios — a diet or exercise change, a long-term medication, and an outpatient procedure — patients remain broadly willing to follow their doctor's lead. When implanted devices enter the picture, willingness falls off a cliff.

Top-2-Box	Diet / exercise	Long-term medication	Outpatient procedure	Implanted device
1 Likely to follow	77%	71%	66%	**46%**
2 Confident in the decision	62%	55%	59%	**42%**
3 Want more information	69%	87%	84%	**89%**
4 Would seek a second opinion	24%	56%	47%	**73%**
5 Would talk to someone who's been through it	66%	86%	82%	**85%**

The device scenario was significantly lower than every other scenario on both willingness and confidence. Average willingness scores tell the same story: 3.88, 3.89, and 3.80 on a five-point scale for the first three scenarios, then 3.24 for the device. Patients don't become a little more cautious as complexity rises; **they become materially less ready to act once a recommendation involves an implanted, technology-enabled treatment.**

Top-Box Willingness Nearly Halves for the Device

Only 46% would readily follow an implanted-device recommendation vs. 77% for lifestyle change

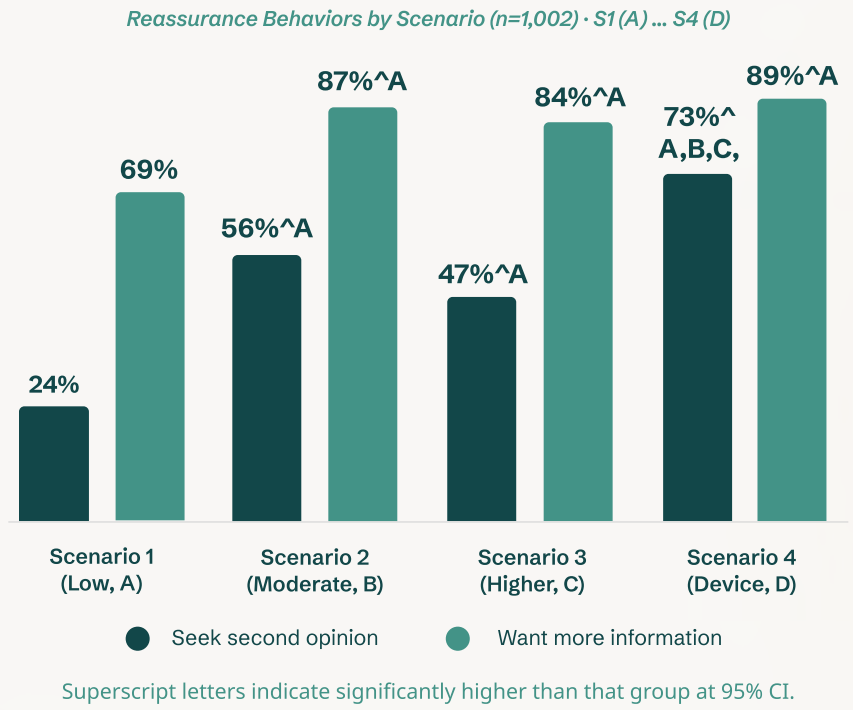


Superscript letters indicate significantly higher than that group at 95% CI.

Reassurance-seeking rises as confidence falls. Second opinion demand oughly triples from the lowest-complexity scenario to the device (24% to 73%), and the share wanting more information climbs from 69% to 89%. Online research is high everywhere, ranging from 81% to 94% across scenarios. Interestingly, AI use stays flat across the ladder at 43% to 48%. Asking an AI tool has become a steady habit, not a reaction to complexity.

Second-Opinion Seeking Triples for the Device

As complexity rises, patients demand more information and more validation before saying yes



Verification rises

- Online research stays high everywhere **(81-94%)**
- AI use is a steady habit, not complexity-driven **(~45%)**
- Younger adults & softening-trust patients verify most

Younger and midlife adults are the most active validators. Adults 18–34 and 35–54 were significantly more likely than those 55+ to seek a second opinion (57% and 54% vs. 43%) and to ask AI (50% and 52% vs. 37%). Content and physician handoffs should assume many of these patients will check a recommendation independently before deciding.

So what does it take to say yes to a device? In video interviews, patients described four thresholds above all others:

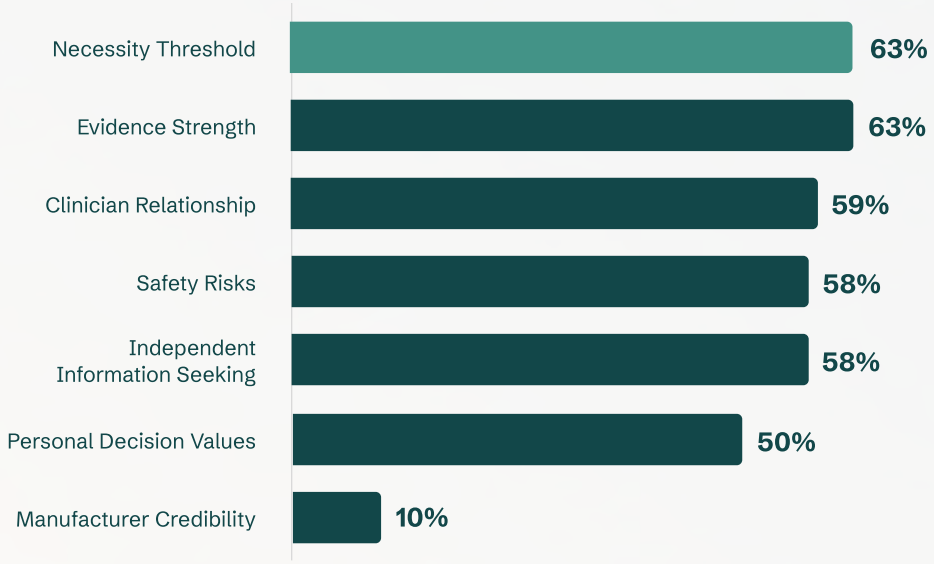
1 Proof the device is **necessary** (63%),	3 A solid **relationship with their clinician** (59%), and
2 **Evidence** that it works (63%),	4 A clear understanding of **safety risks (58%).**

Manufacturer credibility came up for only about one in ten.

Device Consent Hinges on Necessity, Evidence, Safety

In their own words, patients need proof it's necessary and safe before agreeing

Device Consent Themes, video (coded video respondents; n=179)



DeviceDecisionOE. ${e://Field/DisplayAssignedScenario} Walk us through how you'd actually decide whether to move forward with this device. What would you need to feel comfortable saying yes? Please do not share specific personal health details, diagnoses, or medical information in your response.

Brand is a minor gate

- Manufacturer credibility surfaces for only **~10%**
- Necessity, proof, and safety dominate the **"yes"**



"I would want to know that it was absolutely necessary if I was gonna get a device implanted in me for my health."

— Gen Z, Man



"I would also find out the success rate of the device that has been documented, and I would feel comfortable saying yes to the device as long as all the information I received back was true and indeed helpful for my health."

— Millennial, Woman

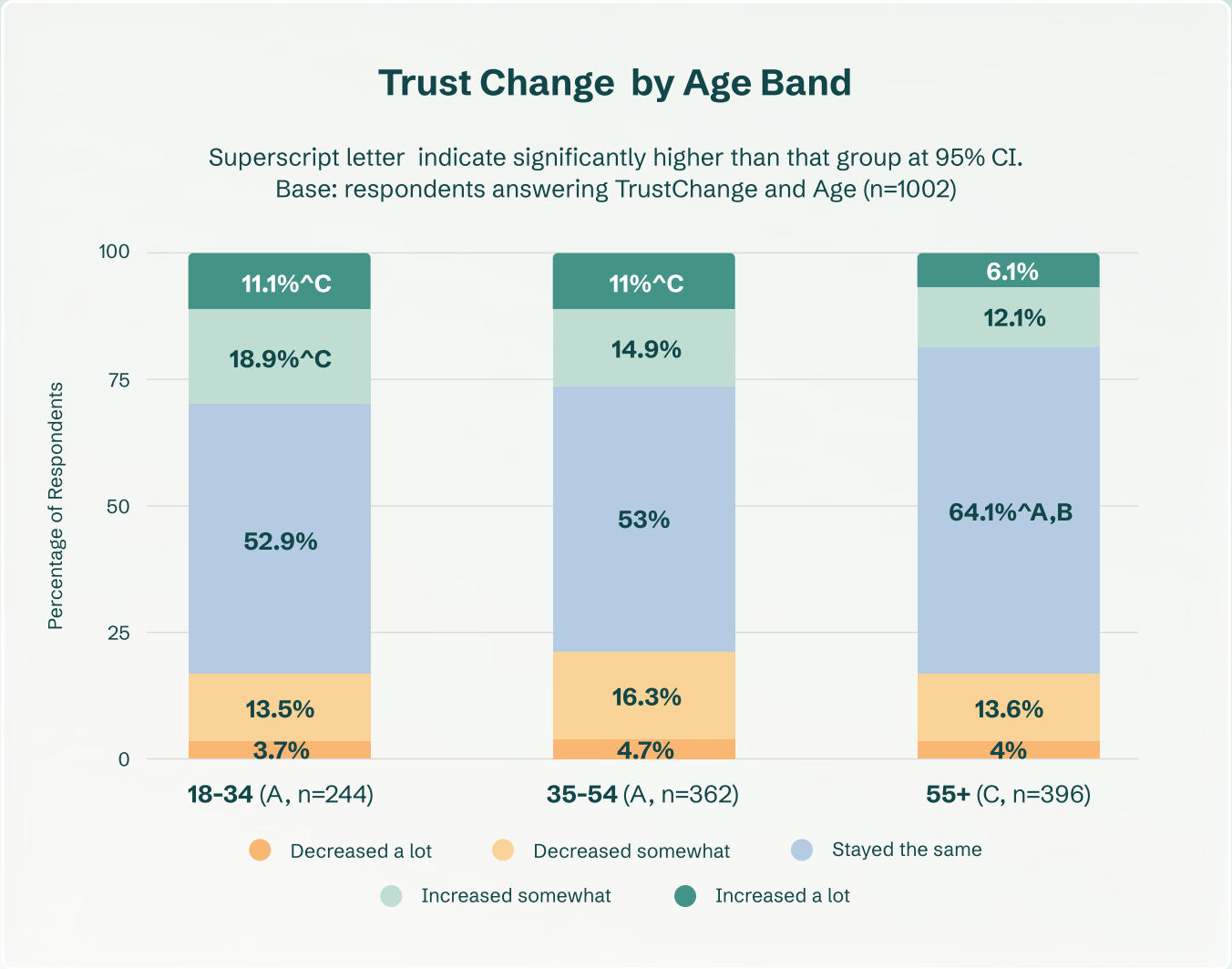


"I would wanna know how well it works, if they have any regrets, and if it causes any complications or just generally how they're, you know, living with the device."

— Gen X, Woman

Finding 4: Trust Erosion is Real — But Experiential, Not Partisan

Headlines about collapsing trust in medicine don't match what patients report about their own doctors. Most respondents (57%) said their trust in doctors and medical professionals has stayed the same over the past few years. Nearly a quarter (24%) said it increased, and fewer than one in five (19%) said it decreased.



Among those whose trust declined, the causes were mostly personal. The leading driver was a negative experience with a doctor or medical system (60%), followed by a general distrust of large institutions (43%) and hearing about someone else's bad experience (43%). Experiences during COVID-19 and having more access to health information (38% each) also played a role. One Millennial woman explains,

> *"...Personal things that I've gone through where I felt like the doctor was mean, not attentive or rushing me off, or just telling me what I wanted to hear versus what I needed to know."*

Notably, declining trust does not follow political lines. The share whose trust "decreased somewhat" was statistically the same among moderates (14%), liberals (13%), and conservatives (17%), and trust decline also showed no significant age differences.

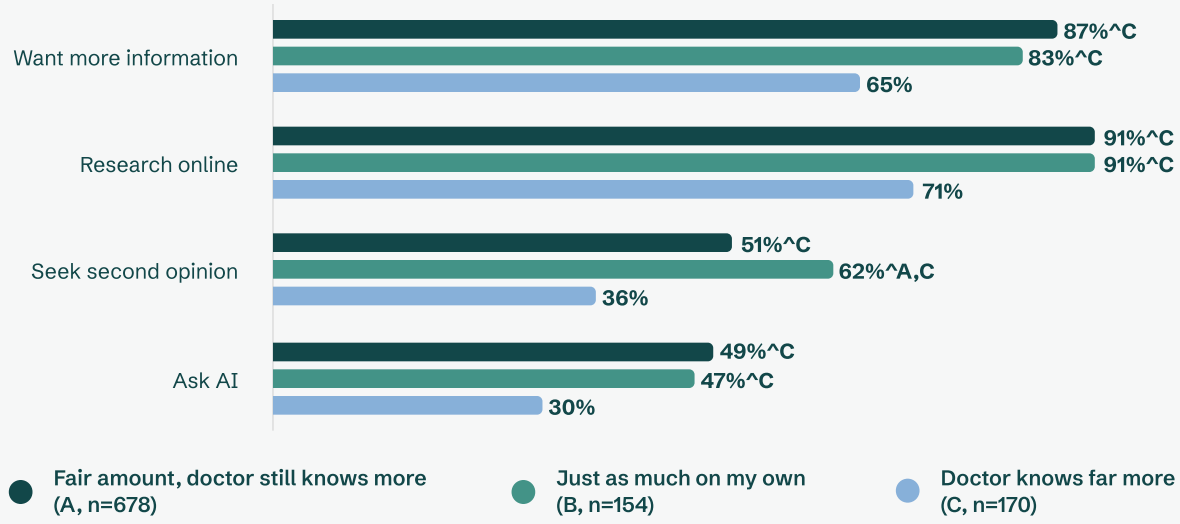
A more powerful lens is **perceived information asymmetry:** how much patients believe they can learn on their own compared with their doctor. Among people who say their doctor knows far more than they could ever find out, 71% trust the medical system a lot or completely. Among those who believe they can find out just as much on their own, that drops to 30%.

Self-Informers Verify More And Defer Less

Believing you can learn as much as your doctor predicts second opinions, research, and AI use

System-trust T2B: 30% (self-informers) vs 71% (defer to doctor)

Validation Behaviors by Information Asymmetry (n=1,002). Fair amount (A, n=678) / Just as much (B, n=154) / Doctor far more (C, n=170)



Superscript letters indicate significantly higher than that group at 95 % CI.

AskAI / InformationAsymmetry / ResearchOnline / SecondOpinion / SystemTrust / TrustChange / WantMoreInfo

Self-informers are not disengaged, though: they're actually more active. They're far more likely than doctor-deferential patients to seek a second opinion (62% vs. 36%), research online (91% vs. 71%), and ask AI (47% vs. 30%). Reaching them is less about asserting authority and more about supplying transparent, credible, searchable information that holds up when they check it.



> "21 years ago, I had a health scare that was significant and I had to consult with three different types of doctors in three different facilities, and I found that they were not communicating well with each other, and so I had to do a lot of the legwork for getting my answers on my own."
>
> — Baby Boomer, Woman

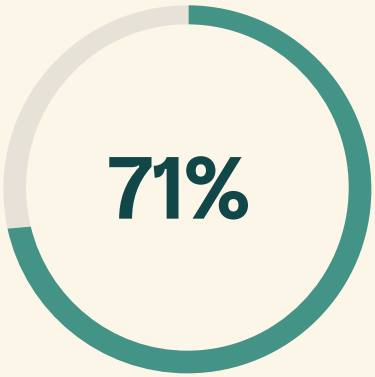


"I would ask my doctor before the procedure what who the manufacturer is, and then I would want them to provide me with brochures regarding the device directly from the manufacturer, and I would be able to then do some of my own research before having the procedure completed knowing information related to the manufacturer"

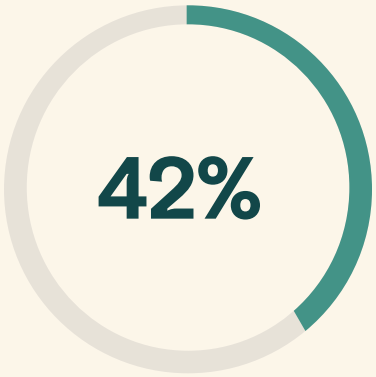
— Baby Boomer, Woman

The True Rejectors

A small group of respondents (24 people) had not seen a doctor in the past year and pointed to distrust or a preference for other approaches rather than cost or access. The base is too small for firm conclusions, but the signal is distinct:



said they prefer other approaches to managing their health



said they don't trust doctors or the medical system



and a third said they trust the system **"not at all."**

72% | **Across all non-visitors,** managing health on one's own was the dominant alternative



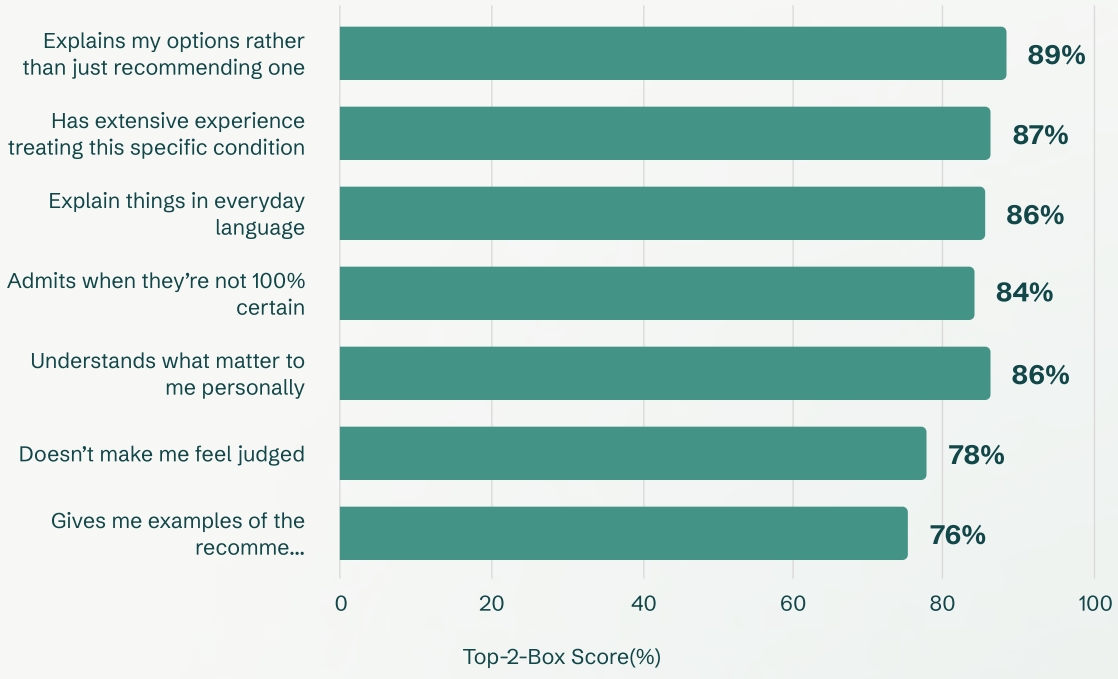
Finding 5: How Doctors Explain Decisions Is What Closes the Gap

If trust alone doesn't produce confidence, what does? We asked respondents how important various provider behaviors would be in making them comfortable saying yes to a recommendation they had doubts about. Every behavior tested mattered to at least three in four people, but the ranking is telling:

1. Explains my options rather than just recommending one: **89%**
2. Has extensive experience treating this specific condition: **87%**
3. Explains things in everyday language: **86%**
4. Understands what matters to me personally: **86%**
5. Admits when they're not 100% certain: **84%**
6. Doesn't make me feel judged: 78%
7. Gives me examples of the recommendation working for other patients: 76%

Top Provider Communication Behaviors

Top-2-Box Importance (%) / Base: respondents answering ProviderPlaybook (n=1002)



The top of the list is about how a decision is set up, not bedside manner. Patients most want to see their options, hear them in plain language, and know the person recommending one has deep, condition-specific experience. **Candor ranks high as well: 84% say it matters that a doctor admits when they aren't certain. Being honest about uncertainty adds to a doctor's credibility.**

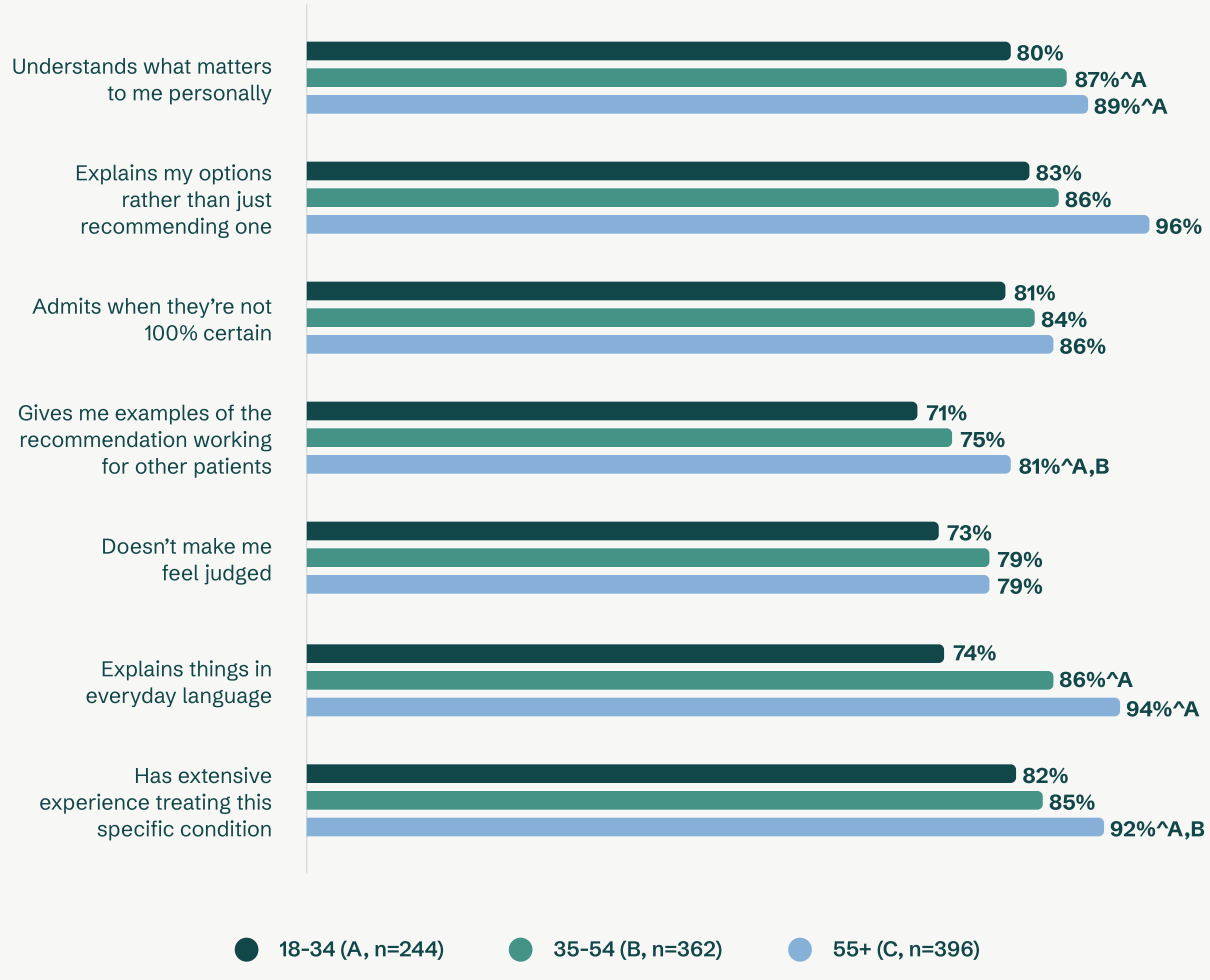
These expectations intensify with age. **Among adults 55 and older, 96% said explaining options was important and 94% said the same about everyday language.**

Older Patients Demand More Explanation And Proof

Plain language, option framing, and patient examples rises steeply whit age.

Info-seekers value patient examples most (84% vs. 72%)*

Provider Behavior Importance, T2B by Age (n=1002) 18-34 (A, n=244) / 35-54 (B, n=362) / 55+(C, n=396)



Superscript letters indicate higher than that group at 95% CI. "Note: analyzed by age and information-seeking, not the full requested segment set (initial confidence, doctor trust, recommendation type, political leaning).

Patients who were offered only one treatment path want a stronger version of the same playbook, not an entirely different one. They still value having alternatives explained (90%), but they place more significance on their provider's condition-specific expertise than patients who had a choice. When options are limited, credibility has to be concretely demonstrable.

> "[My doctor] explains things to me in a language that I can understand... She answers my questions. She listens to my concerns. She really just takes her time."
>
> — Video respondent

Finding 6: Reputation Is a Credibility Cue, Not a Shortcut

One hypothesis behind this study was that when patients can't evaluate technical details, they lean on the reputation of the company that makes a device. However, our data supports a more nuanced picture: reputation matters, but it ranks behind concrete proof, and it doesn't automatically reassure uncertain patients.

When asked what would matter in deciding whether to proceed with a recommended medical device, respondents ranked:

Device trust factor	Important / Critically important
1 Understanding what happens if something goes wrong	89%
2 How long the device has been in use / its track record	83%
3 FDA (or relevant regulatory) approval	78%
4 Experiences of other patients who've used it	78%
5 Independent medical information (not from the manufacturer)	76%
6 The device manufacturer's reputation	76%
7 The brand name is one I recognize, even if I don't know the technical details	**46%**

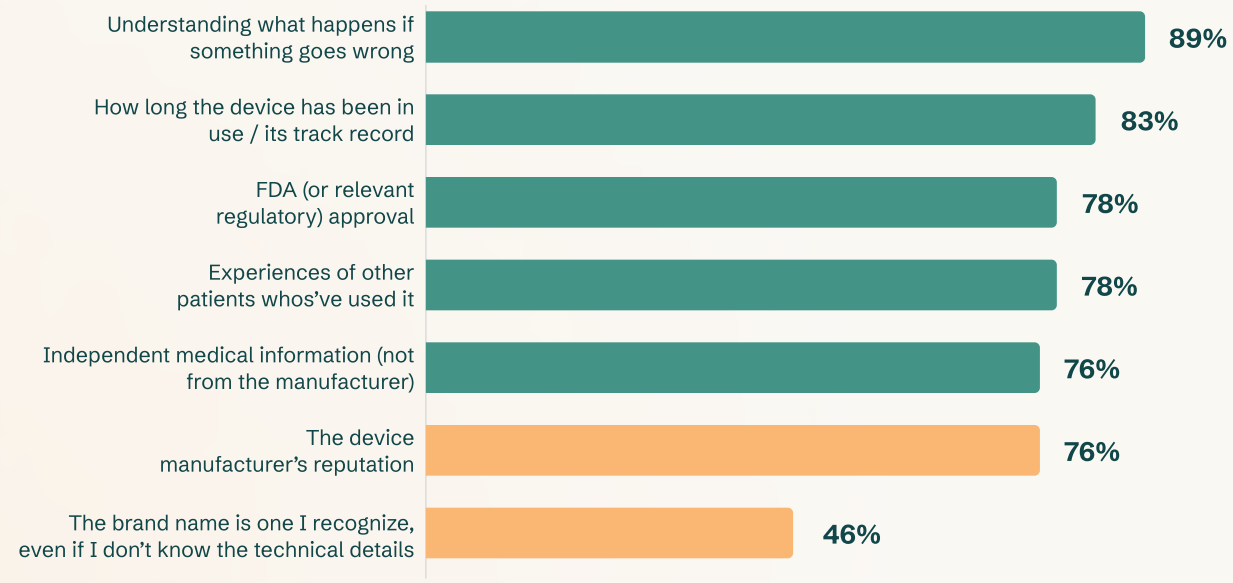




Proof and Risk

Reputation matters, but understanding failure protocols and track record matters far more.

Device Trust Factors, Top-2-Box importance (U.S adults 18+, n=1002)



Validator, not lead

- Reputation ranks **6th of 7** - a validator, not a lead
- Brand family alone convinces fewer the half **(46%)**
- Reputation works when it *signals* safety and track record

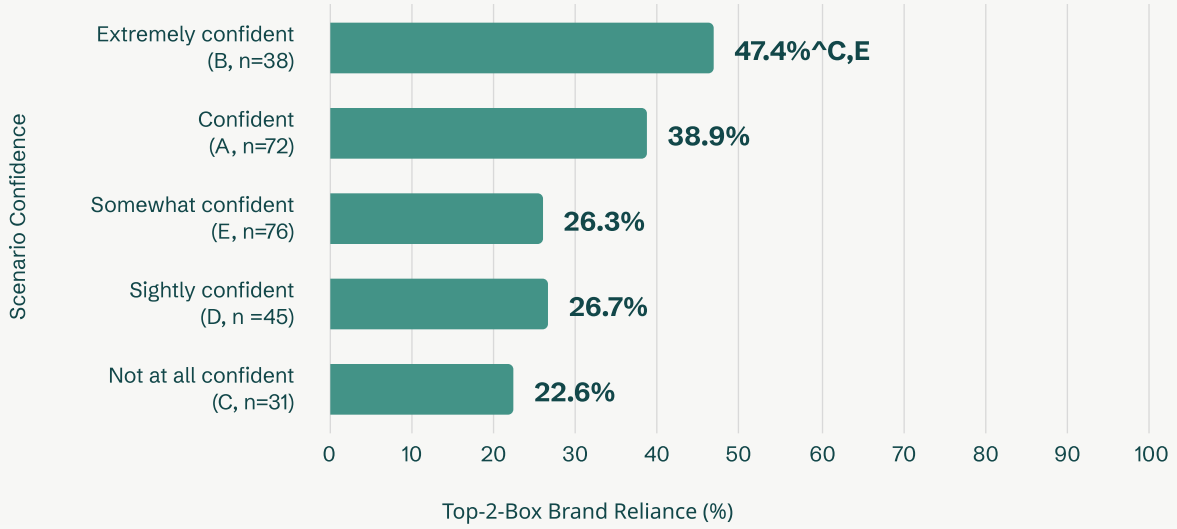
Manufacturer reputation ranks sixth of seven, and name recognition alone ranks last by a wide margin. Patients look for evidence that a device is proven, monitored, and supported if something goes wrong; not a specific logo.

Among respondents in the device scenario, **about a third (32%**) said the manufacturer's reputation would influence their decision a lot or a great deal. The **largest group (39%)** said a moderate amount. That reliance did not differ meaningfully based on how equipped patients felt to evaluate medical information on their own.

The most surprising pattern is where brand reliance is highest: among the most confident patients. **Nearly half (47%)** of those extremely confident in the device decision said reputation would weigh heavily, compared with **23% of those not at all confident**. Reputation amplifies confidence that already exists. It does not create confidence from scratch.

Top-2-Box Brand Reliance by Scenario Confidence

Superscript letters indicate significantly higher than that group at 95% CI.
Base: respondents answering BrandRelianceLadder (n=262)

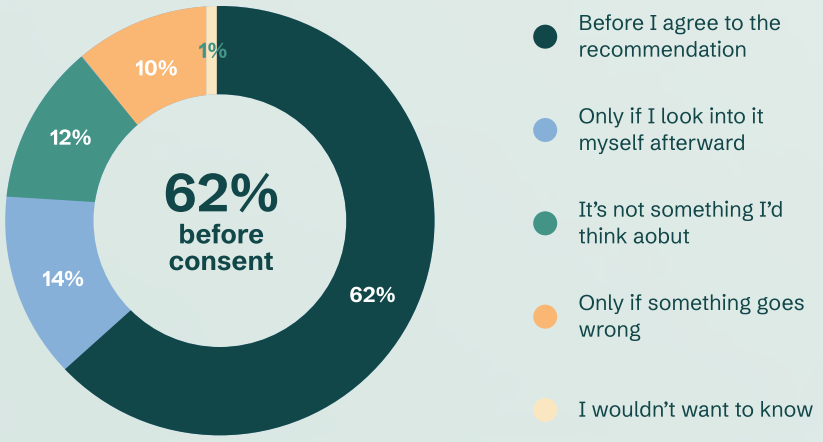


Patients also have clear expectations about when they should learn who makes a device. **A strong majority (62%) want to know before they agree to the recommendation. Only 14% would be fine finding out on their own afterward, 10% only if something went wrong, and just 1% wouldn't want to know at all.** For many patients, learning the manufacturer's name is the cue to start their own research, so it needs to come early.

Patients Want the Maker Disclosed Before They Agree

Early transparency is the dominant expectation — delayed or no disclosure is a minority view

Preferred Disclosure Timing (U.S adults 18+, n=102)



Due-diligence trigger

- Manufacturer identify is a d**ue-diligence trigger,** not fine print
- Only **1%** wouldn't want to know at all
- Disclose early — then supply the proof patients use to evaluate it

In their own words, patients said they build trust in device companies through evidence of device performance, early disclosure, and transparency. In video interviews, disclosure timing came up for 84% of respondents.



"I would want to know who makes the device at the very beginning so I can look into it myself and do my own research on it instead of a recommendation of what somebody else says."

— Gen Z, Man



"I would like to see their licensing from independent medical agencies and see the reviews from the same place and see a track record of their device and the testing that it went through before it hit the market."

— Millennial, Man



"What would make me trust a medical device company versus feel skeptical of one is one that is very upfront with information and has clear instructions and signage."

— Millennial, Woman

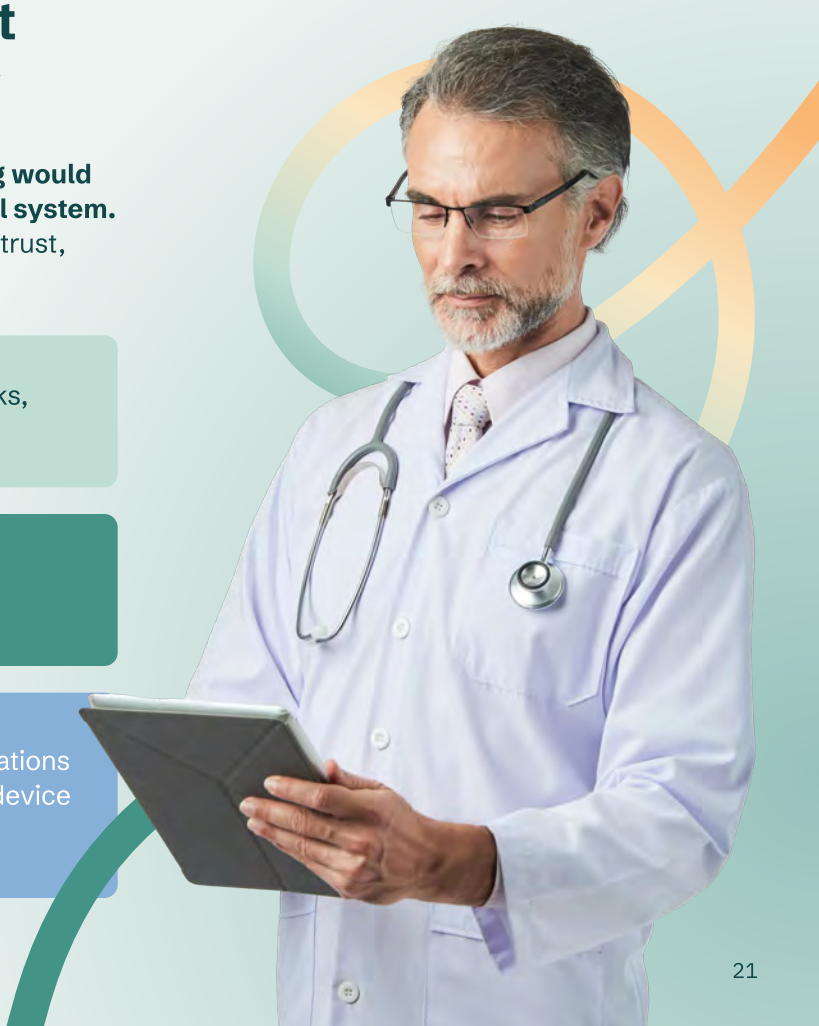
Finding 7: Rebuilding Trust Starts With Transparency

Most patients are not closed off. **Only 7% said nothing would change how they feel about doctors and the medical system.** When asked what would do the most to increase their trust, respondents agreed on three priorities:

57% | More transparency about risks, side effects, or uncertainty

46% | Doctors spending more time listening

42% | Confidence that recommendations aren't influenced by drug or device company incentives

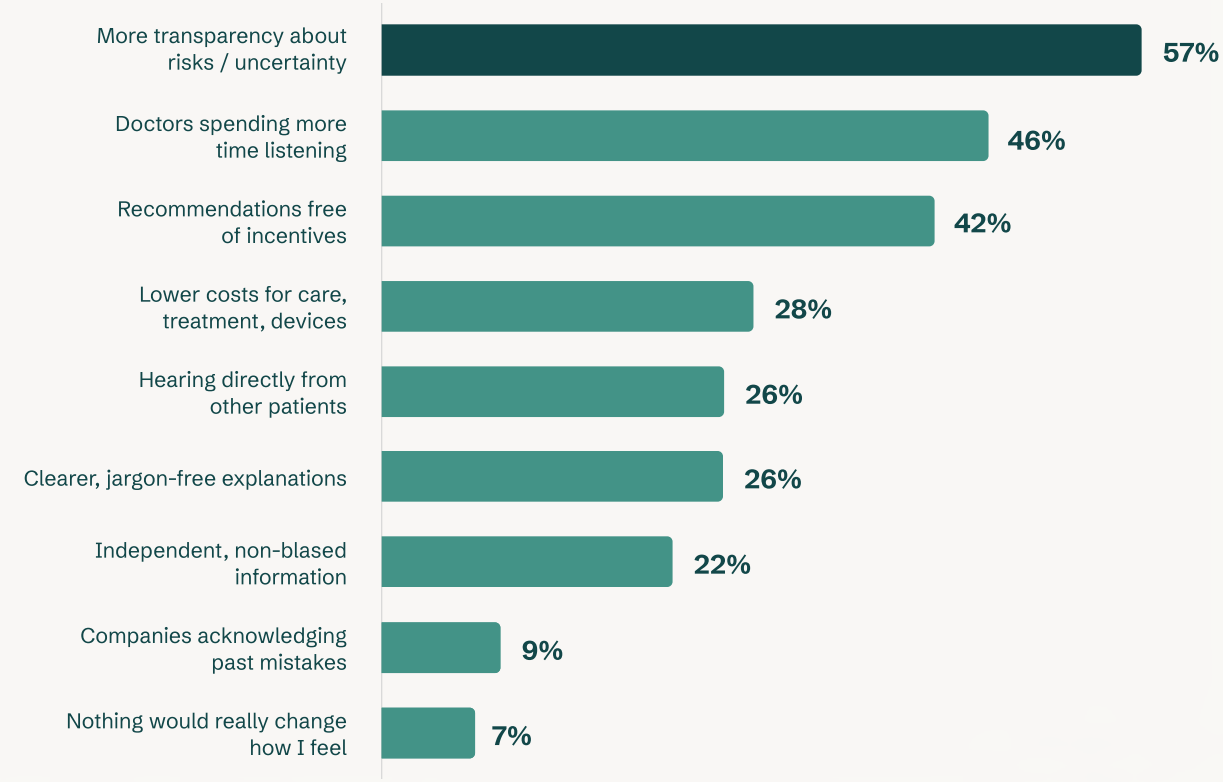


Further down the list were lower costs (28%), hearing directly from other patients (26%), clearer jargon-free explanations (26%), independent sources of information (22%), and acknowledgment of past mistakes (9%).

Transparency and Listening Are Universal Levers

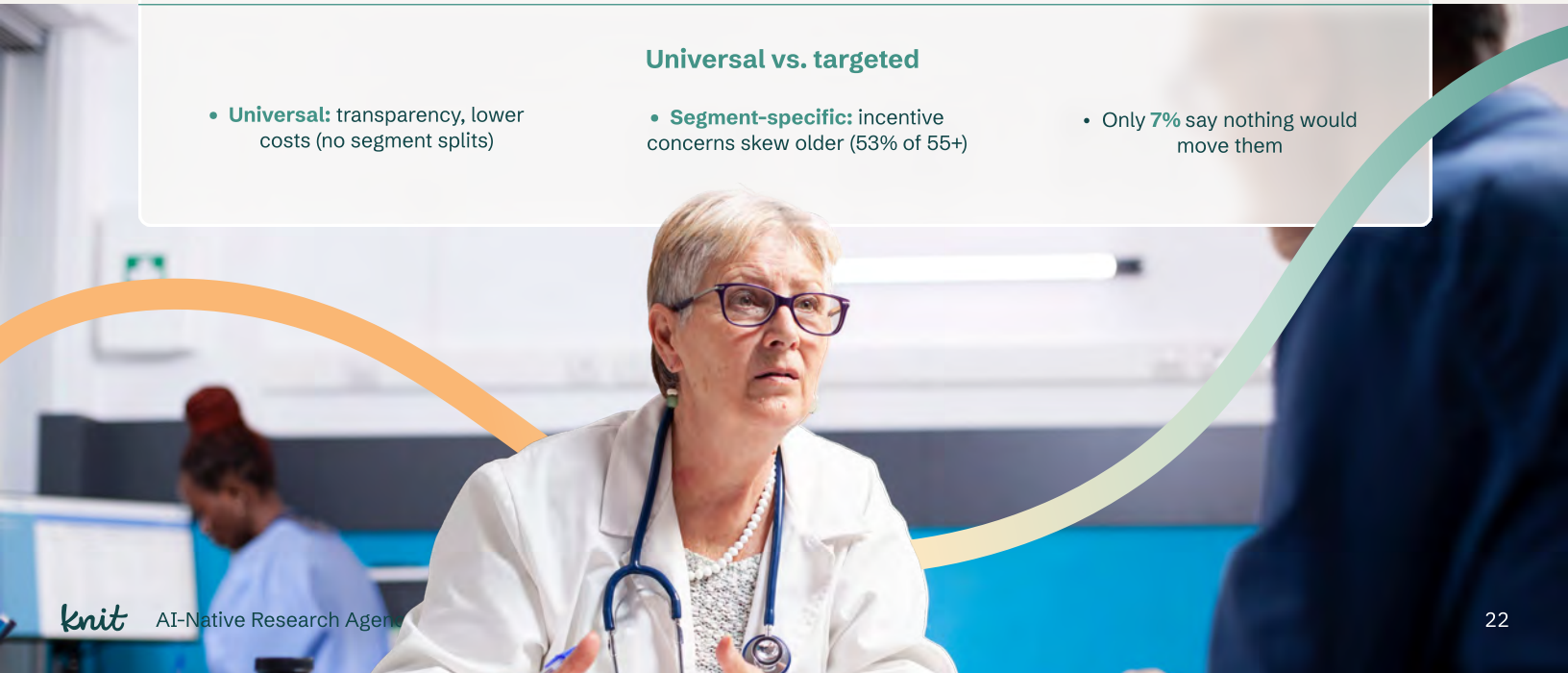
Transparency ranks firt with no segment splits; other levers are segment-specific

Trust Rebuild Factors, multi-select (U.S. adults 18+, n=1002)



Universal vs. targeted

- **Universal:** transparency, lower costs (no segment splits)
- **Segment-specific:** incentive concerns skew older (53% of 55+)
- Only **7%** say nothing would move them



Transparency stands apart because it is universal. It ranked first overall and showed no significant differences by age, political leaning, or trust trajectory. Other levers need more tailoring:

1. **Incentive concerns skew older.**
   53% of adults 55+ chose this, compared with 37% of 35–54s and 32% of 18–34s.

2. **Listening matters most in midlife.**
   51% of adults 35–54 selected it, significantly more than those 55+ (42%).

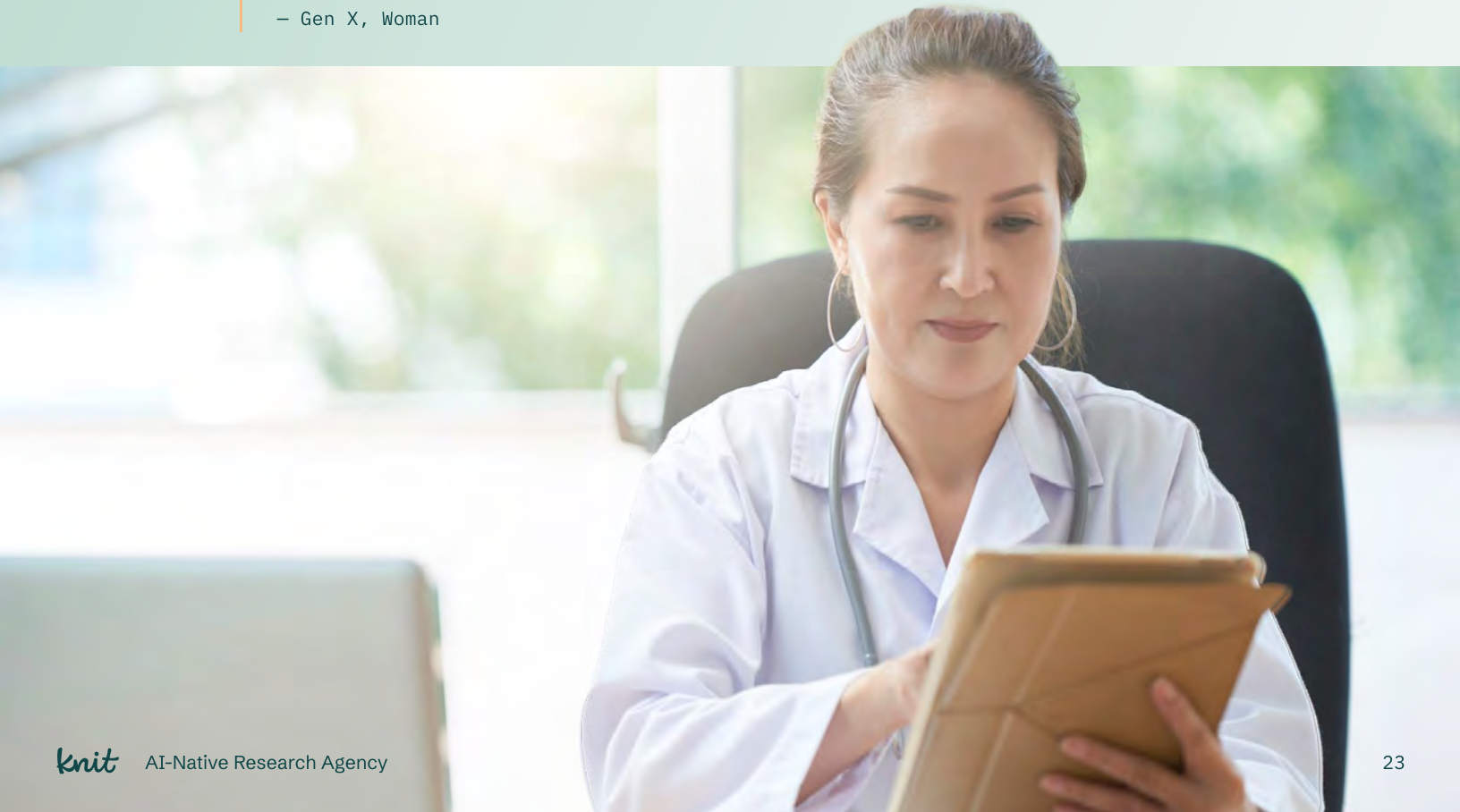
3. **Acknowledging mistakes matters to the most disillusioned.**
   Only 9% overall chose it, but that rises to 29% among people whose trust has decreased a lot.



> "If doctors or the medical system would ever admit that they made a mistake or didn't know what they were doing, or that they gave bad advice, that would go a long way towards restoring trust."
>
> — Millennial, Man



> "I would like for the doctor to actually take my appointment to see me and to listen to my concerns, to take me seriously, and to establish an effective treatment plan or solution to resolve my problem."
>
> — Gen X, Woman

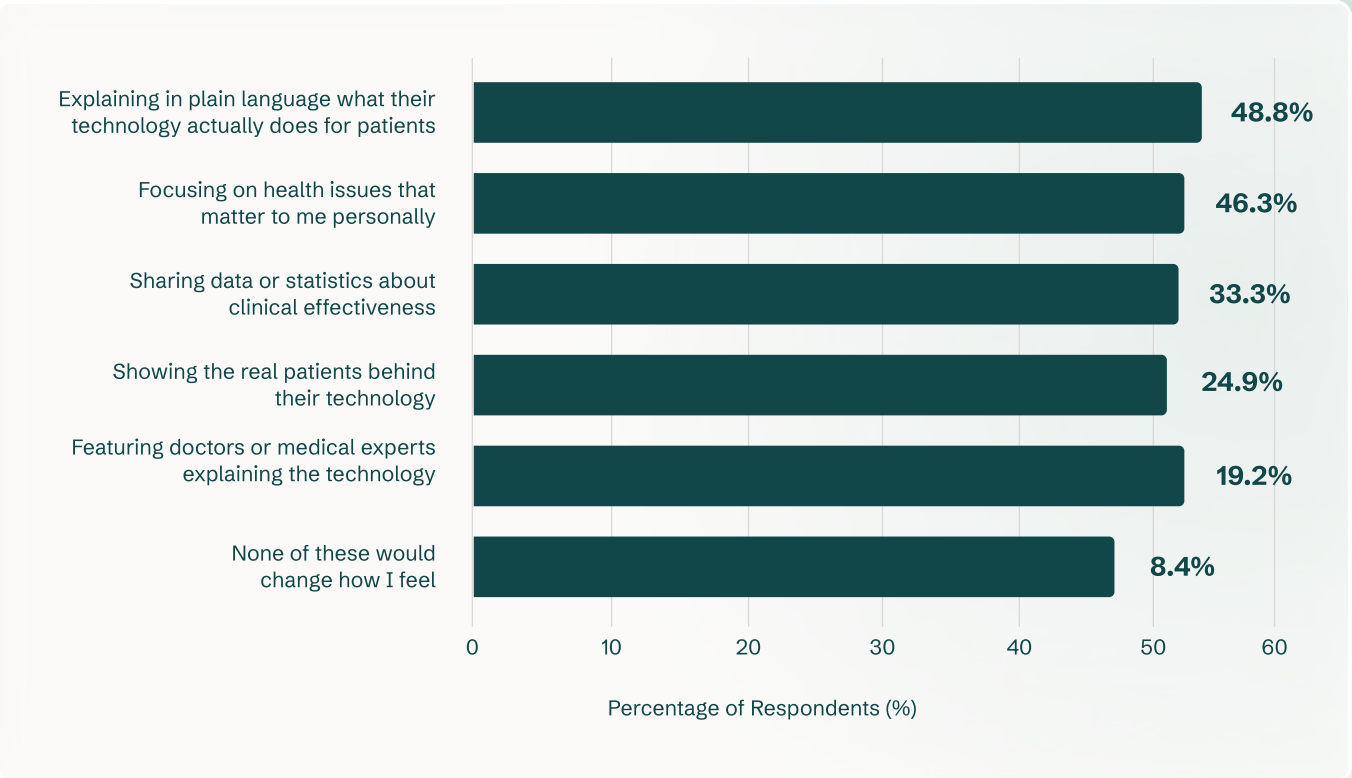


Finding 8: Patients Trust Candid, Not Polished, Communications

What makes a healthcare or medical technology company's communications feel trustworthy? Not slick production, and not data alone. Patients most want companies to explain in plain language what their technology actually does (49%) and to focus on health issues that matter to them personally (46%). Clinical effectiveness data is a meaningful but secondary proof point (33%), followed by showing real patients (25%) and featuring doctors or experts (19%).

Top-Of-Funnel Communication Preferences

Base: respondents answering CommsApproachPreference (n=1002)



When patients described trustworthy communication in their own words, the themes were consistent: transparency, clear communication, and evidence. In video interviews, where respondents could explain at length, these themes became even more pronounced. Truthful transparency came up for 52% of video respondents, and patient empowerment and clear, accessible communication for 44% each.

As two text respondents say:

> "Be up front, honest, and genuine about things, and for the love of god find a better way to get your disclaimer in rather than the last 2 seconds of a commercial."
>
> "Real clear language in simple terms with extensive detail of risks and how the device would improve my quality of life."

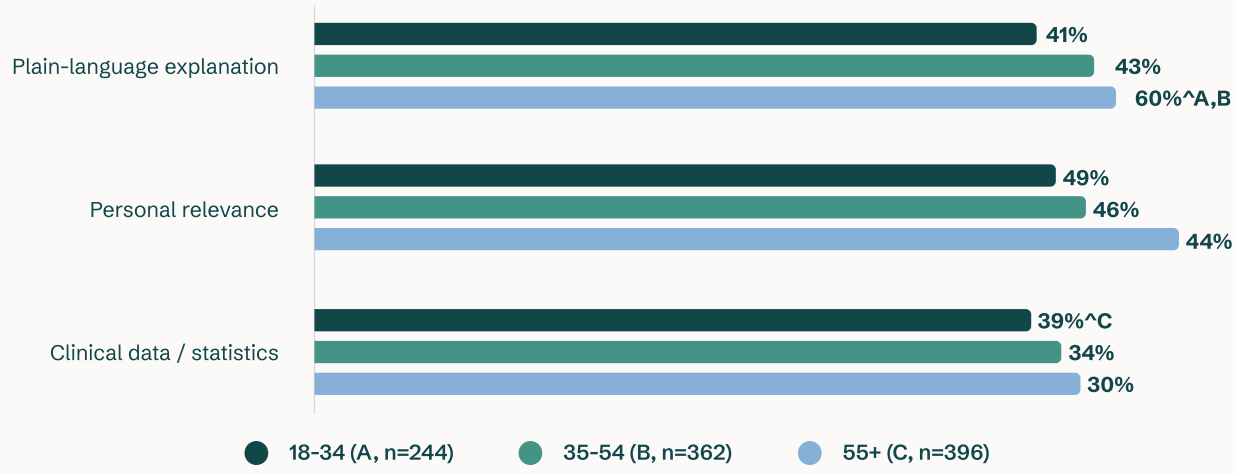
Preferences shift across audiences, which points to a common core message with tailored proof:

1. **Older adults want plainer language.** 60% of those 55+ chose plain-language explanation, versus 41% of 18-34s.
2. **Younger adults want more data.** 39% of 18-34s chose clinical effectiveness data, versus 30% of those 55+.
3. **Midlife adults respond most to real patients** (30% of 35-54s).
4. **Some audiences are harder to move.** 21% of people whose trust declined sharply, and 17% of those who believe they can learn as much as their doctor, said none of the tested approaches would change how they feel.

Tailor Format By Age And Trust Orientation

Plain language for older patients; clinical data skews younger; steep decliners are hardest to move

Comms Preference by Age (n=1,002) · 18-34 (A,n=244) / 35-54 (B,n=362) / 55+ (C,n=396)



Superscript letters indicate significantly higher than that group at 95% CI.

Segment nuance

- True Rejectors respond to **personal relevance** (54% vs 32%)
- Steep trust-decliners: **21% say nothing would move them**
- Self-informers reject all formats more (17% "none")



"A healthcare or medical technology company's communications would feel more meaningful or trustworthy to me if they were very open and honest and spoke to me as a human being."

— Gen X, Woman

What This Means for Healthcare and Medtech Brands

Clarity, choice, transparency, and proof are consistent themes that surface across provider behaviors, device evaluation, trust rebuilding, and communications. Here are a few recommendations for implementing them:

Design For The Device Cliff

Patient confidence doesn't erode steadily. Instead, it drops suddenly when a physician recommends an implanted, technology-enabled device. Reassurance needs to come first, before the patient leaves the exam room, not after hesitation sets in.

Equip Physicians To Turn Trust Into Confidence

Providers can teach and support the behaviors that patients value most: explaining options (89%), using everyday language (86%), demonstrating condition-specific expertise (87%), and admitting uncertainty (84%). Physician-facing materials should help clinicians explain not just what they recommend, but why it is the right path compared with alternatives, and why they are qualified to recommend it. This matters most when only one option is on the table.

Build Patient Content As A Staged Confidence Journey

Structure content in the order patients make decisions:

1. **Hear it:** Lead with a plain-language explanation of what the technology does and why it's relevant to this patient.
2. **Validate it:** Provide proof: track record, regulatory approval, other patients' experiences, and independent information.
3. **Consent:** Explain clearly what happens if something goes wrong, and disclose the manufacturer before the patient agrees.
4. **Reassure:** Offer real support and clear next steps after the decision.



Build Content as a Confidence Journey

Relevance and comprehension first, then proof and risk clarity, then early disclosure

Hear it: relevance & clarity

- Plain-language benefit (49%)
- Personal relevance (46%)

Validate it: proof

- Track record, FDA, patient experience
- Independent, non-manufacturer information

Consent: risk & disclosure

- What happens if something goes wrong (89%)
- Disclose the manufacturer before agreement (62%)

Reassure: after the decision

- Frame reputation as earned credibility, not fame
- Provide real support and clear next steps



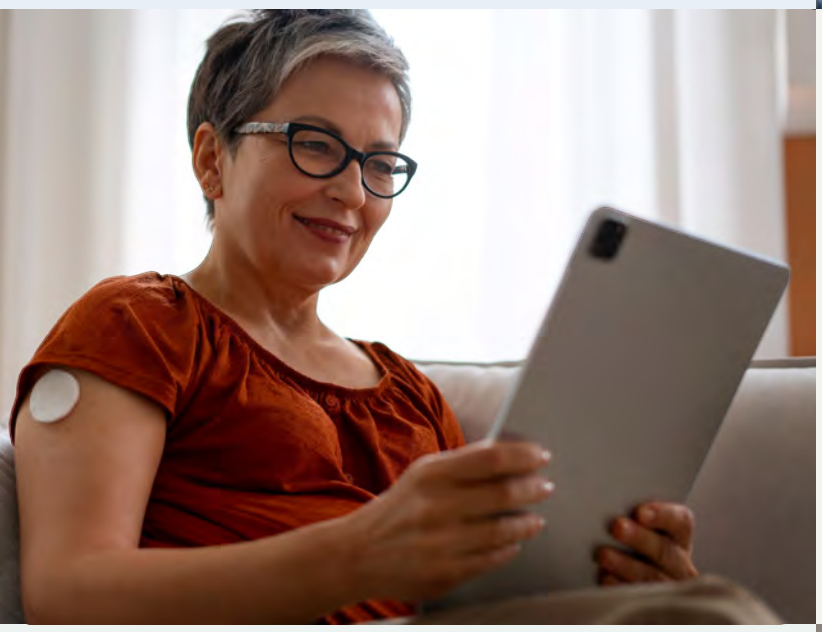
Make “what happens if something goes wrong” a headline, not a footnote

This question is the single most important device trust factor (89%), and safety risk is one of the four thresholds patients name for saying yes. Burying contingency plans in an FAQ or fine print works against the one thing patients most want to know.

Treat reputation as earned credibility

Disclose the manufacturer early and immediately back it up with track record, regulatory status, safety protocols, and patient evidence. Reputation works when it shows proof and accountability, but name recognition alone persuades fewer than half of patients, and it won't win over patients who are still unsure.





Support the validation journey, don't fight it

Assume patients will search (88% across scenarios), talk to people who've been through it (80%), and ask AI (45%). Since outside information usually reinforces a sound recommendation, the goal is to make sure what patients find is credible, plain-spoken, and consistent. Content should be easy for search engines and AI tools to surface accurately.

Lead trust-building with transparency, then tailor

Transparency about risks, side effects, and uncertainty is the one lever that resonates across age, politics, and trust trajectory. Build on it with tailored proof: plain language and reassurance about independence from industry incentives for older audiences, clinical data for younger ones, real-patient stories for midlife adults, and independent corroboration for self-directed patients.



Conclusion

Patients still trust their doctors. What has changed is that trust now starts the decision, not ends it. As treatments get more complex, patients want to understand their options, see proof, know what happens if things go wrong, and check the answers for themselves. The healthcare organizations that win their confidence will be the ones that make each step easier.

The goal is to move patients from **“I trust you”** to **“I understand why this is right for me.”**

> *“I would want them to have a twenty-four-seven phone line where somebody could talk to a real person, not just a chatbot or AI, if they had a problem.”*
>
> — Video respondent



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