

Patient Centred Care: A Humanistic Perspective

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Concept

Globally, the health-care systems and related organizations are looking to improve health system performance and customer friendly care through innovation and implementation of care model. In 1969 Enid Balint conceptualized the two forms of patients' care, 'illness-orientated medicine' and 'patient-centred medicine'¹. Of course this concept was discussed by Carl Rogers in 1951 and explained the techniques of client-centred counselling². Balint explained patient-centred medicine as to understand about the patient as a unique human-being. Many doctors were not convinced that this approach was always suitable. Debate and confusion concentrated in parallelly running 'illness-orientated medicine' with some patients and 'patient-orientated medicine' with others in the same society. Subsequent study observed the effectiveness of patient-centred care to be associated with improved patient outcomes in the West as well as in a non-Western setting³. Researcher observed that this type of care was associated with patients feeling understood, patient-practitioner agreement, symptom resolution and concern resolution. Patients in primary care strongly want a patient centred approach with communication, partnership and health promotion⁴.

At the beginning of present century, the Committee on Quality of Health Care in America of Institute of Medicine worked on 'how patients and their clinicians should relate and how care processes can be designed to optimize responsiveness to patient needs'. The report published in 2001, focused broadly on how the health care delivery system can be designed to innovate and improve care. There, the subject 'patient centred care' came in definite consideration and was defined this as 'providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions'⁵. It was recommended to crossing the quality chasm that the system of care should be designed to meet the most common types of needs, but have the capability to respond to individual patient choices and preferences.

Interest in patient centred care continued to grow. Now a day, the patient centred approach is widely advocated, but implementation in practice is limited and related to characteristics of both doctors and patients. This paper tried to get answer to some questions which are: What is it? Do patients want it? Do doctors practise it? What are its benefits? What is present trend?

Defining Patient Centred Care

The patient is a fellow human being with needs and an ability to notice as well as understand situation clearly. Mutual trust between patient and health care professional is a prerequisite of good relation. Professional knowledge amounts to more authority and therefore more responsibility, and this must be balanced with the patient's right to autonomy. Keeping this moral concept in mind various experts tried to outline central idea patient centred care from their angles.

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Moira Stewart, being a pioneer in this field defined patient centredness more than three decades back. The author opined that to be patient centred, the clinician must be able to empower the patient as well as share the power in relation and renouncing control that traditionally has been in the hand of professional. The clinician has to engage the patient at emotional level and requires balance between the subjective and the objective which will bring the body and mind together⁶. Subsequently the author compiled the expectations of patients on the basis of studies conducted at that time and are:

- Care that explores the patients' main reason for the visit, concerns and need for information
- Care that seeks an integrated understanding of the patients' world (that is, their whole person, emotional needs and life issues)
- Care that finds common ground on what the problem is and mutually agrees on management
- Care that enhances prevention and health promotion, and
- Care that enhances the continuing relationship between the patient and the doctor

Berwick DM explained the Profession of medicine as a work group that reserves to itself the authority to judge the quality of its own work⁷. Society accepts this type of professional with the expectation that:

- Professionals will work in the best interests of those they serve, rather than their own interests
- Professionals are in command of a special body of technical knowledge not readily accessible to non-professionals
- Professionals will police each other

On the contrary, in 'consumerism' the customer, not the producer, has the authority exercised by market place choices and to judge quality. In professions, excellence is in the eye of the professional and in the consumerism

excellence is in the eye of the customer⁷. So, a balance is required regarding the issue between professional authority and exact needs of patient, and emphasized thereby. When and how exactly patient needs and wants the authority need to be considered.

Person focused care is often confused with patient centred care. Person-focused care is based on accumulated knowledge of people, which provides the basis for better recognition of health problems and needs over time and facilitates appropriate care for these. Of course, the patient centred care is the major concern area of person focus care. The term 'Shared Decision Making (SDM)' is used as synonym and is very popular terminology now a day. SDM is a communication process by which patients and clinicians work together to make optimal health care decisions that align with 'what matters most to patients'⁸. Three specially emphasized areas of SDM are:

- Clear, accurate and unbiased medical evidence about the reasonable options and the risks, benefits, and burdens of each alternative
- Clinician expertise in communication and tailoring that evidence for individual patients
- Patient goals, informed preferences and concerns, including treatment burden

Benefit of Patient centre care

Patient centred care entails seeing the human being behind the diagnosis; a thinking, feeling human being with experiences and knowledge, traditions and values. It aids to work according to ethical standpoint, consistently and continuously in all situations enabling patients to actively participate in their care and deciding essential requirements of care. This might be the key drive to the following essential attributes of health care system improvement⁵:

- **Safe:** by avoiding loss of patients from the care that is actually intended to help them
- **Effective:** by providing care based on scientific knowledge to all avoiding underuse and overuse
- **Timely:** by reducing waits and sometimes harmful delays for both those who receive and those who give care

- **Efficient:** by avoiding waste of equipment, supplies, ideas and energy
- **Equitable:** by avoiding variation of quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status

In patient centred care the patient is also aligned with ethical guidelines⁹ to guide and direct the practice of health care practitioners. The mentioned guideline includes:

- **Respect for persons:** Health care practitioners should respect patients as persons, and acknowledge their intrinsic worth, dignity and sense of value
- **Non-maleficence:** Health care practitioners should not harm or act against the best interests of patients, even when the interests of the latter conflict with their own self-interest
- **Beneficence:** Health care practitioners should act in the best interests of patients even when the interests of the latter conflict with their own personal self-interest
- **Autonomy:** Health care practitioners should honour the right of patients to self-determination or to make their own informed choices, and to live their lives by their own beliefs, values and preferences

Trends of the Time

Patient centred care is a way of doing things in health services as equal partners (service providers as well as receiver and their relatives) in planning, developing and monitoring care to make sure it meets their needs. Elaborate definition focuses more on the interpersonal interactions of the healthcare encounter, describing it as an approach to treating patients with respect, recognising their preferences, engaging and involving them and providing them with knowledge about their illness, care and treatment¹⁰. Kokorelias et al. instead of focusing solely on the patient, mentioned that, it views patients and their family members as the care clients and identified core aspects of family-centred care models¹¹. Mariastella and Lawn focus that this would prioritise patients' rights in decision

making, make care more targeted and motivate patients to take control and become experts in managing their conditions¹². Patient centred care was predicted to ensure patients' understanding in the risks and benefits associated with their health choices.

From various researches the key elements of patient centred care identified are¹³:

- Treating patients as an individual
- Having empathy towards their conditions, advocating on their behalf and providing care with flexibility to meet patients' needs, incorporating patients' expectations and preferences
- Attentiveness to patient needs, including physical, religious and social needs
- Attaining adequate competency and expertise by health professionals in protecting patients from harm, reducing hospitalization and costs of care
- Complying with patients' rights
- Effective communication, and
- Empowerment of patients through providing education

Performance of patient centred care results from a wide range of factors, mentionable of them are changes to disease patterns, population growth and the increased demand on health services, cultural factors, lack of financial resources, administrative and organisational reasons, the inaccessibility of medical treatments and healthcare services due to poverty, and in some countries, instability from war¹³.

Medical researchers conducted investigations to observe the ways of making the patient centred care more effective¹⁴, to find out the quality of care provided under the existing patient care guideline¹⁵ and impact of patient centred care on outcome¹⁶. It is observed that patients in primary care strongly want a patient centred approach⁴. Various instruments are developed over time and are review to observe the effectiveness in the measurement of status and outcome of patient centred care^{17,18}.

Because of patient care practices, educational factors and organizational and policy factors it is observed impractical to bring patient centred care under a single guideline¹⁹. Various disciplines are developing guidelines or protocols to improve patient centred care (shared decision making) for particular type of disease care like cardiovascular risk factor management²⁰, tools used in rheumatology²¹ and geriatric patient²².

Patient Centre care in Bangladesh Perspective

Bangladesh is a densely populated country with wide diversity of economic affordability. Atia BA Wahid conducted study to observe the status of patient centred care as a part of study on patient safety status in Bangladesh²³. Talukder et, al. took initiative to observe the scope of fostering patient centred health care in the country through inter-professional education and opined that 'better team work among doctors, nurses and medical technologists will ensure patient centred better health care'²⁴.

Whatever may be the present status in respect to patient centred care, every organization may take initiative in developing guidelines of some specific conditions in an achievable manner.

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