PATIENT CENTERED MEDICINE

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 The concept of <u>"patient-centered medicine</u>" is relatively new, it was introduced in 1970 by Balint and her colleagues.

• They came out with this new concept and compared it to <u>"illness- centered medicine".</u> • <u>"patient-centered medicine</u>" is the type of medicine that tries to merge the conventional understanding and facts about a specific disease with the patient's own experience.

• It will guarantee better and more satisfactory outcomes; since patients will be involved in making sense of their health problem as well as making decisions about their management, which will make them feel valued and understood.

The interactive components of the patient centered medicine:

1. Exploring both the disease and the illness experience. This involves:

- Differential diagnosis
- Dimensions of illness

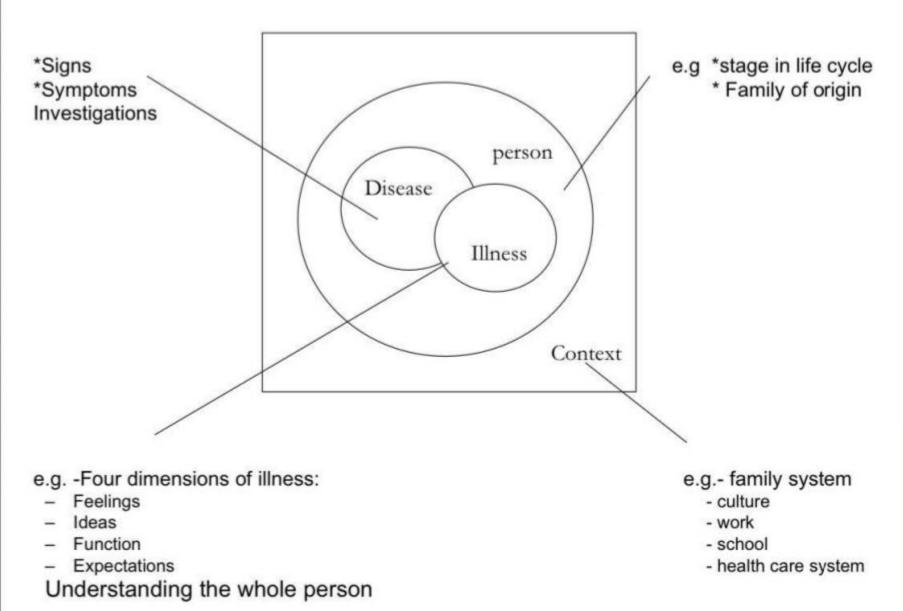
(ideas, feelings, expectations, and effects on function)

"Disease, then, is something an organ has; illness is something a man has." - Eric J. Cassell, 1978

2. Understanding the whole person. This includes:

- The "person" (life history and personal and developmental issues).
- The context (the family and anyone else involved in or affected by the patient's illness; the physical environment)

Patient Centered Medicine



3. Finding common ground regarding management.

The patient and the doctor should discuss together the goals of treatment, problems and priorities, the role of each of them in the management.

4. Incorporating prevention and health promotion.

It focuses on health enhancement, risk reduction, early detection of the disease, improving the effect of a disease.

5. Enhancing the patient - doctor relationship.

It aims to establish Caring and healing relationship, sharing power between the patient and doctor, self-awareness, Transference and countertransference, Characteristics of the therapeutic relationship

6. Being realistic regarding: time, resources, team building.

 Patient-centered care is based on the idea that <u>patients</u> are active participants in developing a health strategy for themselves.

 In order to ensure the patient's involvement, the physician must ask <u>questions -> Open ended questions</u>.
(What brings you today? What do you think causing it?)

 This would improve the patient's experience by making sure that they don't leave the doctor's office disappointed or feeling like their needs have not been met.

CE: IDEAS

Ms. Lama, 34 year old, complains of knee pain:

- She may think it could be a result of lifting heavy objects.
- She may think it is from walking long distances.
- She may think it is from her thigh fracture 2 years ago.
- She may think it is from a fall 2 days ago.

ICE: CONCERNS

Ms. Lama, 34 year old, complains of knee pain:

- Her main concern could be her daily workout.
- Her main concern could be looking after her children.
- Her main concern could be her gait appearance.
- Her main concern could be her work.

ICE: EXPECTATIONS & EFFECT

Ms. Lama, 34 year old, complains of knee pain:

Expectations:

- She may expect to have analgesic
- She my expect X-Ray
- She may expect having steroids.

Effect of the problem:

- It may affect going stairs
- It may affect her prays
- It may affect her ability to go out
- It may cause her depression or anxiety.

Questions should address patients :

Anxiety Beliefs Concerns Function Expectations Feelings Ideas

The Person and The Family Life Cycle

- The family life cycle is the emotional and intellectual stages a person passes through from childhood to retirement years as a member of a family.
- In each stage, the person might face challenges that make passing through the stage less smooth, such as financial problems or illnesses.
- The burden of illnesses might cause severe disruption to the family life cycle.
- When a member of the family is faced with an illness, the redistribution of the roles, patterns of communication, and structure of the family will be influenced by how the family had previously coped with similar challenges.

The Person and The Family Life Cycle

- The physician must understand at what point the patient's family is in the life cycle and what stage each member has reached.
- Certain challenges to the family system can exacerbate symptoms and hinder a patient's recovery, or limit patients options of management.
- Example 1: A myocardial infarction for a 30 year old male patient, who has a child may have a great impact on his job, financial status, fear of death so his child becomes an orphan...
- Example 2: a hip fracture for a 67 year old female patient, who lives alone, may have an effect on her daily habits (eating, going to bathroom..), her ability to attend to the clinic...

Culture

- The physician must always take the patient's culture into consideration, as the cultural norms and values influence how the patient experiences illness, seeks care, and accepts medical interventions.
- People in some cultures believe illness is the will of a higher power and may be more reluctant to receive health care.
- Culture also influences the beliefs on etiology and cure for diseases. For example, some cultures believe that epilepsy and hysteria are due to ghosts and spirits and will seek help from exorcists rather than doctors.

 When it comes to accepting a diagosis, people from different cultures will react differently. For example, when it comes to mental illnesses, Chinese patients refuse to discuss them as they indicate lack of self control in their culture. Patients in India and Pakistan would refuse a diagnosis of mental illness because it reduces the chances of other family members of getting married.

Goals of a doctor visit

When a doctor and a patient meet, each has expectations and feelings about the encounter; if these are at odds or inappropriate, difficulties may arise.

For example:

The patient has a sore throat and expects to receive penicillin but instead is urged to gargle with salt water. The patient is concerned about innocent palpitations but is found to have high blood pressure. The doctor launches into a treatment of the hypertension without explaining to the patient the benign nature of the cardiac symptoms.

Health promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health

For example:

- Helping people who quit smoking.
- Increasing access to healthy foods and physical activity.
- Preventing excessive alcohol use.
- Promoting lifestyle change and disease management.
- Promoting women's reproductive health.
- Promoting clinical preventive services.

As a result of health promotion, and disease prevention can be met.

The foundations of Health Promotion and Disease Prevention

.Risk avoidance: aims at ensuring that people at low risk for health problems remain at low risk by finding ways to avoid disease. Like education about healthy and safe habits (e.g. Eating well, exercising regularly, not smoking)

2.Risk reduction addresses moderate or high-risk characteristics among individuals or segments of the population by finding ways to cure or control the prevalence of disease. Immunization against infectious diseases such as covid19 vaccine

3.Early identification aims at increasing the awareness of early signs of health problems and screening people at risk in order to detect the early onset of health problems. Like breast cancer screening.

Interview with patients

- 1. Would you say that your main problem(s) was discussed?
- 2. Would you say that your doctor know that this was one of your reasons for coming in today?
- 3. How well did the doctor understand the importance of your reason for coming in today?
- 4. How satisfied were you with the discussion of your problem?
- 5. What did the doctor say
- 6. Did you agree with his opinion
- 7. How well understood did you feel by this doctor today?
- 8. How much would you say that this doctor cares about you as a person?
- 9. Overall, do you feel the same, better, or worse after seeing the doctor today?