

Person-Centred Medicine: Towards a Definition

Paolo Roberti di Sarsina^a Ilaria Iseppato^b

^a Italian High Council of Health, Ministry of Health, Rome,

^b University of Bologna, Italy

The history of the relationship between Complementary and Alternative Medicine (CAM) and mainstream health care has shifted from the early days of pluralism, through hostility and exclusion, to one of grudging acceptance. The current situation is characterised by a tacit acknowledgement and in some cases opens endorsement by biomedicine for a number of forms of CAM practice, largely driven by the popularity of CAM to consumers in our increasingly market-driven health care system both on the practice of CAM and biomedicine, and on the health care choices available to consumers [1].

Person-centred medicine lies at the interface of biomedicine and traditional, complementary and alternative medicine (TM/CAM) or non-conventional medicine (NCM). Concepts like health care strictly connected with that of health genesis are introduced together with data concerning CAM/NCM in the Western world [2]. The term ‘person-centred medicine’ in terms of sustainability clearly includes the sense of NCM/CAM as a synergistic and harmonious blend of conventional and complementary medicine, but looks open to future developments. The results of numerous surveys on health care quality carried out in the USA and in Europe show that, if a patient is asked to assess the quality of the medical treatments, his/her priorities are: humanization, tailoring of the treatments, the need of attention from public institutions and adequate information in a comfortable environment for a free choice of the individual health programme. However, despite WHO’s definition of health, the attitudes and practice of much of modern medicine have become profoundly disease focused and organ specific with ever increasing specialization. The limitations of disease-specific approaches in the context of the growing prevalence of co-morbidity are becoming more obvious. Humanistic behaviour is considered an essential component of professional medical care. However, the evidence shows that it is often neglected. Many barriers to the expression of sensitivity to the patient’s concerns, empathy, and compassion in the clinical encounter can be identified. Time constraints, poor continuity of care, appearance of al-

ienating factors between patients and physicians, and the ‘hidden curriculum’ are just a few in a long list [3].

Person-centred medicine is a humanistic and at the same time evidence-based approach. For all human beings the essence of diagnosis and therapy is that they be tailored to the intrinsic unity of man’s physical and mental nature. This is fundamental to the healing process. Person-centred medicine allows for that individual psycho-physical equilibrium which is, and will be, the basis for any sustainable equilibrium in society at present or in the future. Person-centred medicine calls for wider medical knowledge and practice, not only of how to treat pathology but how to generate health (health-genesis). It is a systemic approach, not mechanistic or reductive. It typically adopts a unitary view of sentient being and the world; it values the complexity of natural phenomena; it studies the relations of man to his environment, how body and psyche interact, what spiritual integrity means in a human being; and stresses active patient responsibility for keeping healthy or being healed.

In the middle of the doctor-patient relationship under this person-centred approach lies the patient’s own ‘narration’. This narration is part and parcel of how the patient ‘makes sense’ across the spectrum of his/her bio-psycho-spiritual existence. Person-centred medicine entails total a priori acknowledgement of and respect for each individual’s dignity – hence physical, psychological, and spiritual suffering. Person-centred medicine at this point becomes anthropological medicine. The development of appropriate and effective therapeutic strategies entails a negotiated understanding between the culture of biomedicine, within which health care providers work, and the patient’s cultural experience of illness.

At a time of increasing emphasis on regulating health care and restraining expenditures, this person-centred approach would better equip patients to make informed decisions. For discretionary tests and procedures, complete information about expected benefits and risks may lead many individuals to choose alternative strategies or to be more confident in the

recommended choice. A system committed to providing better information to patients sends a message that the decisions are truly owned by the patients [4].

An Italian study published in the international magazine «European Journal of Internal Medicine» [5] calls on doctors to give more attention to patients. Have a pain in the knee, go to 10 doctors and receive at least 7 different diagnoses seems to be the now well established. If this happens more and more often, the authors of the study warn, the guilt and the distance between what physicians read in the literature and the old practice based on direct relationship with the patient will grow. But person-centred medicine has become a desideratum of health care reform, not only in Italy [6]. The Institute of Medicine defined patient centeredness 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. The IOM and others indicate that care should be evidence based, encouraging dialogue between physicians and patients in the decision-making process.

In conclusion, medicine 'focused on the person' results from the need of every patient and client and by providing a psycho-physical balance to the individual, it is the stepping-stone of any sustainable social balance for current and future societies. Person-centred medicine and non-conventional medicines represent a development of medical knowledge and practice. In this sense, according with national and international laws, a non-profit association called 'Association for

Person-Centred Medicine' ('Associazione per la Medicina Centrata sulla Persona – Onlus', in Italian) was founded in Bologna (Italy) on December 1, 2007 by 26 authorities (doctors, sociologists, pharmacists, journalists, philosophers) working in the field of NCM in Italy, with the aim of promoting people's health in a global sense, mainly using holistic and non-conventional therapies, organizing social and health information and education campaigns, raising awareness of the right to health as well as providing free care to needy.

We call upon other scientific societies, academic institutions, and public organizations in the medical and health care field, for support and collaboration in building a person-centred medicine dedicated to the promotion of health as a state of physical, mental, social and spiritual wellbeing as well as to the reduction of disease, and founded on mutual respect for the dignity and responsibility of each individual person. We are keen to extend the focus of medicine from disease to patient to person by articulating science and humanism and gaining better insight into how the different dimensions of the person-centred approach affect the process and outcome of care, and working respectfully with our patients towards every person's greater health and life's fulfilment.

Disclosure Statement

None to declare.

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