

## EDITORIAL PREFACE

# Redefining Patient-Centered Care

*Anastasius Moutzoglou, P & A Kyriakou Children's Hospital, Athens, Greece*

Person-centeredness is widely recognized as a multidimensional concept that advocates patients' informed decisions, successful management of their own health and care, and choice when to invite others to act on their behalf (Silva, 2014). It is a conception that comprehends patients as peer partners in planning, developing and assessing care. In other words, person-centered care is about co-production rather than consumerism. Moreover, the Institute of Medicine prioritizes six dimensions of patient-centeredness as decisive to supporting quality healthcare. These are (US Institute of Medicine, 2001):

- Being respectful to patients' values, preferences, and expressed needs;
- Being coordinated and integrated;
- Providing information, communication and education;
- Ensuring physical comfort;
- Providing emotional support and easing fear and anxiety; and
- Involving family and friends.

However, reviewers have argued that the model of person-centered care is somewhat

rhetorical and equates to 'consumer based' model rather than a psychosocial approach. Moreover, they also contend that there is no unopposed definition of person-centered care in the empirical literature (Silva, 2014). As a result, the complexity of the theory raises the need to articulate its shared meaning and explicate how it can be put into use.

Additionally, the term 'patient-centered care' which is more frequently used than person-centered care and tends to describe a much wider range of disease areas has often been analyzed as a multifaceted construct (Ishikawa, Hashimoto, & Kiuchi, 2013) with no single theory that can sufficiently define the whole idea or lacking a unified definition and operationalized measurement (Silva, 2014).

On the other hand, notwithstanding patient-centered care may be considered of modern origin, its essence can unquestionably be found in the Hippocratic Oath. Respect and broad-mindedness to the patient needs, relevant ethics, and concern for community well-being are prominently evident in Hippocrates. However, this inclination to the origins of medicine has been long discontinued. Beneficence as a bioethical teaching has lost part of its radiance,

dominated by the belief of autonomy and by current emphasis on defending the medical commonality. As a consequence, medicine has missed its holistic focal point, which patient-centered philosophy aims to regenerate for patients.

The holistic notion upholds that each aspect of patient's needs including corporeal, social and mental should be taken into account and perceived as a whole.

How exactly, do you do that? What does 'emotional, spiritual and mental needs' look like in a doctor-patient encounter?

The doctor-patient relationship can be seen as a social mechanism with salubrious impact on the patient's well-being (Benedetti, 2011). The important point is to realize why this social interplay is necessary in order to stimulate the endogenous mechanisms that are responsible for expectation and placebo outcomes. However, the reason a social mechanism of that kind surfaced in the course of evolution appears to be considerably reasonable. There are numerous benefits in altruism and social partnership. Suppression of psychological uneasiness by human interactions warrants a robust mechanism to recover, at least in part. In this context, following evolutionary theory, the healthcare system can be more complicated and can acquire the qualities of an actual endogenous system. According to Humphrey (2002), the ability to stimulate expectation in addition to placebo mechanisms following the doctor-patient encounter is an emergent issue and essential feature of the 'natural healthcare service'. Humphrey (2002) claims that patient's body together with brain have a considerable role for healing themselves but that capacity for self-cure is not revealed spontaneously, but can be triggered by the influence of the doctor. Therefore, the pivotal point is to realize why the patient-doctor encounter is needed in order to initiate the self-cure mechanisms.

The conceptualization of an endogenous healthcare system by Humphrey (2002) is extremely useful to know why the doctor-

patient encounter is necessary in order to trigger expectation in addition to placebo mechanisms in the patient's brain. Doctors and health professionals represent environmental variables that act on the patient's brain by inducing expectancies of benefit and hope. Health professionals are crucial actors in this process, as they promise treatment and induce expectations and hope for the patient's future well-being. The patient's own expectations also play a key role. If the patient wants to consult a physician, this is because of his own beliefs about the doctor's healing skills. Therefore, the 'healer' is the environmental variable that triggers endogenous mechanisms of self-cure. From both an evolutionary, neuroscientific and patient-centered care perspective, it is obvious that the therapist belongs to the system and has a pivotal role in triggering all mechanisms that take place in the patient's brain.

Conclusively, patient-centered care should be defined as the symmetry of the artful and the perfunctory element which is represented by the Ancient Greek word 'techne'. As a result, patient-centered care is the competence to produce a preconceived outcome by means of consciously controlled and directed action, which involves:

- The undivided completeness and universality of human health, defined as the state of being free of physical or psychological malfunction;
- The rational and ethical principles used by health professionals to distinguish between different procedures, and observe the correct diagnosis and action in each case;
- The environmental variables that act on the patient's brain by inducing expectancies of benefit and hope.

*Anastasis Moutzoglou*  
*Editor-in-Chief*  
*IJRQEH*

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