PERSON-CENTERED CARE IN CHRONIC DISEASE - A REVIEW OF CONCEPTS

Boryana Levterova
Medical University - Plovdiv, Plovdiv, Bulgaria, Boryana.Levterova@mu-plovdiv.bg

Abstract: The concept of health as a balance between a person and the environment, the unity of soul and body, and the natural origin of disease, was the backbone of the perception of health in ancient Greece. Similar concepts existed in ancient Indian and Chinese medicine. This is also reflected in the World Health Organization's definition of health as „a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". All modern concepts of health recognize health as more than the absence of disease, implying a maximum capacity of the individual for self-realization and self-fulfilment. Person-centred practice in medicine may provide solutions to several pressing problems in health care, including the cost of services and poor outcomes in chronic care. However, patient- or person-centred care is not well researched because of a lack of conceptual and definitional clarity. The aim of this review was to analyse essential elements and the practical application of person-centred practice described in clinician- and researcher-defined conceptual frameworks, terms, and practices. A search of review articles on patient- and person-centred care in medicine was conducted using Medline and Google Scholar. In result several conceptual frameworks were identified in terms of their practical application of the ethical principles of beneficence and autonomy. In conclusion core ideas in existing conceptual frameworks of patient or person centredness can guide teaching and research.
Keywords: person-centered care, chronic disease, concepts

1. INTRODUCTION

Chronic diseases are accelerating globally, advancing across all regions, and pervading all socioeconomic classes. Unhealthy diet and poor nutrition, physical inactivity, tobacco use, excessive use of alcohol and psychosocial stress are the most important risk factors. In its report on the global status of the challenges presented by chronic diseases, WHO noted that non-communicable conditions—including cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases—accounted for nearly two-thirds of deaths worldwide (WHO, 2005).

The concept of health as a balance between a person and the environment, the unity of soul and body, and the natural origin of disease, was the backbone of the perception of health in ancient Greece. Similar concepts existed in ancient Indian and Chinese medicine. This is also reflected in the World Health Organization's definition of health as „a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO,1948). Throughout its history, medicine has struggled with the ambiguity between that which human beings hold in common and that which is unique to each particular individual; between that which is shared by all those with a named disease and that which is unique about each person's illness experience. All modern concepts of health recognize health as more than the absence of disease, implying a maximum capacity of the individual for self-realization and self-fulfilment.

In recent years, patient-centeredness has gained in importance. Patient-centred care has been originally depicted by Edith Balint in 1969 as "understanding the patient as a unique human being (Balint, 1969). Stewart described patient-centered care as care that: 1) explores the patients' reason for the visit and concerns; 2) seeks a holistic understanding of the patients' world; 3) finds common ground about the problem in question and agrees on management; 4) enhances prevention and health promotion, and 5) enhances a continuing relationship between the patient and the health care professional (Stewart, 2001).

The traditions focus on the patient's total health rather than simply on disease and attempt to articulate a comprehensive and harmonious understanding of health while promoting a highly personalized approach to the treatment of specific diseases and to the enhancement of well-being (Zautra, 2010). However, already in 1997, Lambert et al. pointed out that patient-centered care might not be enough, and that a person-centered approach was needed (Lambert et al., 1997).

In last years, the concept of person-centered care has been launched, as a development of patient-centered care. The concept of person originates from philosophy and denotes what is most important about humans that distinguish them from everything else. This practice in medicine provide many potential benefits especially in care for person with chronic diseases (Bakova et al., 2016). Person-centred care can improve health outcomes and reduce the cost of health care services (Oates et al., 2000; McMillan et al., 2013; Olsson et al., 2013). It is also important for the development of patient capability and increases satisfaction (Morgan et al., 2012; Entwistle & Watt, 2013; Aleksandrova-Yankulovska, 2014).

While there is no universally agreed-upon definition of person-centred practice, an abundance of terms are used in the medical and health care literature to describe its intent, including person-centred medicine, person-centred care, patient centredness, individualised medicine, personalised medicine etc. (Scholl et al., 2014). The multiplicity of terms and the absence of a singular definition reflect the complexity as well as the state of flux of person centredness as a practice. However, patient- or person-centred care is not well researched because of a lack of conceptual and definitional clarity. Therefore, the aim of the present study was to provide a synthesis of the already synthesized literature on person-centered care and different conceptual frameworks.

2. MATERIALS AND METHODS

Searches were conducted on the databases (PubMed, Scopus, Web of Science) to identify relevant studies: 1) terms 'person-centered' or 'person-centeredness' in the title; 2) systematic review and peer reviewed in full text; 4) in English language; 5) published January 2010–March 2020 (n = 225). Through a review of titles, articles with a disease or age specific focus were excluded. Similarly, articles describing person or patient centredness in terms of a specific service such as rehabilitation were excluded. All duplicates were removed, and selection process resulted in 21 articles for inclusion in the analysis. Ten of these articles were clearly focus on the topic of interest.

3. RESULTS

In the early 1960s, psychologist Carl Rogers was the first to use the term 'person-centred', in relation to psychotherapy. Although different in many ways from today's meaning of 'person-centred care', a key element that both approaches share is empathy – the professional's willingness to suspend judgement and appreciate the service user's perspective (Joseph, 2014). In the late 1970s, American psychiatrist George Engel promoted the move from a medical to a biopsychosocial model of health – a model that is now commonly used to explain the shift required to deliver person-centred care. These ideas began to become aligned within health care in the 1990s in the US, when the Chronic Care Model was developed to address perceived deficiencies in how people with long-term conditions were supported. And in 2001, the highly influential Institute of Medicine included 'patient-centredness' as one of its six aims of health care quality (Corrigan, 2005).

Miles and Mezzich describe person-centred medicine as 'the rational integration' of the thinking behind two social movements in medical care namely patient-centred care and evidence-based medicine. According to Miles and Mezzich person-centred medicine is: '*a move away from impersonal, fragmented and decontextualised systems of healthcare towards personalised, integrated and contextualised models of clinical practice, so that affordable biomedical and technological advance can be delivered to patients within a humanistic framework of care which recognises the importance of applying science in a manner which respects the patient as a person and takes full account of his [or her] values, preferences, stories, cultural context, fears, worries and hopes and which thus recognises and responds to his [or her] emotional, spiritual and social necessities in addition to his [or her] physical needs*.' (Miles & Mezzich, 2011).

The Health Foundation in the United Kingdom describes a person-centred health system as a that *'supports people to make informed decisions about, and to successfully manage, their own health and care, [to be] able to make informed decisions and choose when to invite others to act on their behalf.*' Thus, the health care service should 'work in partnership to deliver care responsive to people's individual abilities, preferences, lifestyles and goals'.17 They define person-centred care as '*a philosophy that sees patients as equal partners in planning, developing and accessing care to make sure it is most appropriate for their needs'* (de Silva, 2011).

The term 'person-centred care' is used to refer to many different principles and activities, and there is no single agreed definition of the concept. This is partly because person-centred care is still an emerging and evolving area. It is also because, if care is to be person centred, then what it looks like will depend on the needs, circumstances and preferences of the individual receiving care. What is important to one person in their health care may be unnecessary, or even undesirable, to another. It may also change over time, as the individual's needs change.

Collins's has identified a framework that comprises four principles of person-centred care:

- Affording people dignity, compassion, and respect.
- Offering coordinated care, support, or treatment.
- Offering personalised care, support, or treatment.
- Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life. (Collins, 2014).

The person-centred practice is guided by four principles, namely personalised, coordinated, enabling and compassionate practice, which supports self-management, shared decision-making and collaborative care and planning (Ahmad, 2014). Similarly, Morgan and Yoder describe what they call defining attributes of person-centred care – namely holistic, individualised, respectful, and empowering (Morgan & Yoder, 2012).

Person-centred practice in medicine provide many potential benefits for people with chronic conditions. Some people want to play a more active role in their health care. There is growing evidence that approaches to person-centred care such as shared decision making and self-management support can improve a range of important factors, including patient experience, and care quality. Supporting patients with chronic diseases to manage their health and care can improve clinical outcomes (Ekman et al., 2011, Dimcheva et al, 2018). When people play a more collaborative role in managing their health and care, they are less likely to use emergency hospital services. They are also more likely to stick to their treatment plans and take their medicine correctly (Care, 2018). Patients who have the opportunity and support to make decisions about their care and treatment in partnership with health professionals are more satisfied with their care, are more likely to choose treatments based on their values and preferences. Individuals who have more knowledge, skills, and confidence to manage their health and health care are more likely to engage in positive health behaviours and to have better health outcomes (Morgan & Yoder, 2012). Person-centred approaches such as collaborative care and support planning and self-management support can also help services respond to the needs of the growing number of people living with chronic conditions.

4. DISCUSSIONS

The terms ‘person centredness’ and ‘patient centredness’ are often used interchangeably in the medical literature. (McCance et al, 2011). The term ‘patient centred’ is often used to refer to the clinical consultation and the direct relationship between the patient and the health care provider. By replacing the notion of ‘patient’ with that of ‘person’, it reminds medicine of its epicentre: the person of the patient as well as the people who are significant to that person. The term ‘person’ is also suggestive of a sense of equality with the health care provider. Using the word ‘person’ underline a holistic approach to care that takes into account the whole person – not a focus on their condition but also their preferences. Person-centered care is a different concept and developed to put less focus on the sick-role and more on the unique individual with an illness or impairment (Lambert et al., 1997).

Person-centred care is the result of shared decision-making between two people, the person of the patient and the person of the clinician ‘focussed on the patient’s best interests, in a caring atmosphere, within a relationship of engagement, responsibility and trust’(Miles & Mezzich, 2011).

Person-centred approach is a way of supporting people with chronic conditions and disabilities to work together with their health care professionals to plan their care (Kireva et al., 2014; Assenova et al., 2018). The process involves exploring what matters to the person and identifying the best treatment, care, support. Supporting them to set goals and think about actions they can take to reach them. There is no single, off-the-shelf solution to measuring whether care is person centred. Because person-centred care comprises a combination of activities that depend on the patient and situation in question, measuring the degree to which it is happening can be challenging. A person-centred approach means focusing on the elements of care, support and treatment that matter most to the patient and their family. Individuals’ personal characteristics can affect the extent to which they want or are able to engage in their health and care. These characteristics include their social and cultural background, their health status or condition and their beliefs and preferences (Beresford, 2011).

Notwithstanding the multiplicity of definitions and terms used to describe person- or patient-centred practice, conceptually there is notional convergence around a few core principles and dimensions of practice. These include a holistic perspective of patients and their illness experience, a therapeutic alliance between the patient and clinician as well as respectful, enabling collaboration with the patient. Executed as well-intended, skilful collaboration, such practice can uphold and balance the ethical principles of autonomy and beneficence in the medical consultation. It is important to take into account these factors when designing interventions and approaches.

5. CONCLUSIONS

Medicine is practised based on ethical values within a contract between society and health care providers. Person-centred practice can be viewed as the practical manifestation of these values, focusing particularly on the importance of patient autonomy and the practice of beneficence. Person-centred care can be used to improve any aspect of health care. A greater educational focus on person-centered care will make tomorrow’s physicians the best possible healers and help them more easily achieve the noble goals of their profession. There is therefore a need to identify and evaluate training interventions of person-centred practice, or at least some of the key dimensions to both substantiate and improve student and health care practitioner learning of person-centred practice.

ACKNOWLEDGEMENTS

The study is part of the implemented activities on the National Program "Young Scientists and Postdoctoral candidates", Funded by the Bulgarian Ministry of Education and Science, 2020.

REFERENCES

Ahmad, N., Ellins, J., Krelle, H., & Lawrie, M. (2014). Person-centred care: from ideas to action. Health Foundation.

Aleksandrova-Yankulovska, S. (2014). The voice of the patient in the focus of clinical ethics consultation. General Medicine 16(4), 36-42.

Assenova, R., Kireva, L., & Foreva, G. (2018). Preliminary assessment of gps'knowledge and attitude about person centred care. Knowledge International Journal, 28(2), 567-570.

Bakova, D., Tornova, B., & Dragusheva, S. (2016). Social support for patients with chronic diseases and people with disabilities. Academy of Labour and Social Affairs, 51-54.

Balint, E. (1969). The possibilities of patient-centered medicine. The Journal of the Royal College of General Practitioners, 17(82), 269.

Beresford, P. (2011). Supporting people: Towards a person-centred approach. Policy Press.

Care, P. C. (2018). Person Centred Care.).

Collins, A. (2014). Measuring what really matters. Towards a coherent measurement system to support personcentred care. London: The Health Foundation, 1-20.

Corrigan, J. M. (2005). Crossing the quality chasm. Building a better delivery system.

de Silva, D. (2011). Evidence: helping people help themselves. The Health Foundation.

Dimcheva, T., Mateva, N., Assenova, R., Foreva, G., Yaneva, A., & Peychev, Z. (2018). Chronic disease–aspects affecting the organization of medical care. Knowledge International Journal, 22(5), 1159-1163.

Joseph, S. (2014). The person-centred approach to coaching. The complete handbook of coaching, 68-79.

Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., Brink, E., ... & Lidén, E. (2011). Person-centered care—ready for prime time. European journal of cardiovascular nursing, 10(4), 248-251.

Entwistle, V. A., & Watt, I. S. (2013). Treating patients as persons: a capabilities approach to support delivery of person-centered care. The American Journal of Bioethics, 13(8), 29-39.

Kireva L., Foreva G. & Asenova R. (2014). Person-centred care in general practice. General Medicine 16 (1), 32-34.

Lambert, B. L., Street, R. L., Cegala, D. J., Smith, D. H., Kurtz, S., & Schofield, T. (1997). Provider-patient communication, patient-centered care, and the mangle of practice. Health communication, 9(1), 27-43.

McMillan, S. S., Kendall, E., Sav, A., King, M. A., Whitty, J. A., Kelly, F., & Wheeler, A. J. (2013). Patient-centered approaches to health care: a systematic review of randomized controlled trials. Medical Care Research and Review, 70(6), 567-596.

Miles, A., & Mezzich, J. (2011). The care of the patient and the soul of the clinic: person-centered medicine as an emergent model of modern clinical practice. International Journal of Person Centered Medicine, 1(2), 207-222.

Morgan, S., & Yoder, L. H. (2012). A concept analysis of person-centered care. Journal of holistic nursing, 30(1), 6-15.

Oates, J., Weston, W. W., & Jordan, J. (2000). The impact of patient-centered care on outcomes. Fam Pract, 49(9), 796-804.).

Olsson, L. E., Jakobsson Ung, E., Swedberg, K., & Ekman, I. (2013). Efficacy of person-centred care as an intervention in controlled trials–a systematic review. Journal of clinical nursing, 22(3-4), 456-465.

Scholl, I., Zill, J. M., Härter, M., & Dirmaier, J. (2014). An integrative model of patient-centeredness–a systematic review and concept analysis. PloS one, 9(9).

Stewart, M. (2001). Towards a global definition of patient centred care: the patient should be the judge of patient centred care.

World Health Organization. (1948). Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 1946.

World Health Organization. (2005). Preventing chronic diseases: a vital investment: WHO global report. World Health Organization.

Zautra, A. J., Hall, J. S., & Murray, K. E. (2010). Resilience: A new definition of health for people and communities.