The care of the patient and the soul of the clinic: person-centered medicine as an emergent model of modern clinical practice

Andrew Miles, Juan Mezzich

Abstract

Despite exponential increases in biomedical and technological advance over the 100 years that have radically transformed the scope, possibility and power of clinical practice, there is a growing and pervasive sense of unease within international medicine that all is not entirely well, leading to claims that medicine has entered a time of significant crisis - a crisis of knowledge, care, compassion and costs. As medicine has become more powerful scientifically, it has also become increasingly depersonalised, so that in some areas of clinical practice an over-reliance on science in the care of patients has led to the substitution of scientific medicine with scientific medicine and an accompanying collapse of humanistic values in the profession of medicine. Since medicine has the unalterable imperative to care, comfort and console as well as to ameliorate, attenuate and cure, the perpetuation of a modern myth in medicine - that now that we can cure we have no more responsibility to care - risks the creation of an ethical and moral chaos within clinical practice and the generation of negative outcomes for both patients and clinicians alike. With reference to these observations and concerns, we briefly review salient occurrences in the development of the so-called 'patient as a person' movement. We then comment on the emergence and progress of the separate evidence-based medicine (EBM) and patient-centered care (PCC) movements, noting how these initiatives have developed in parallel, but how rarely they have entered into exchange and dialogue. Contending that both such movements have greatly enriched the understanding of the profession of medicine, we nevertheless argue that each model remains of itself essentially incomplete as a coherent account of the unique undertaking that is clinical medicine and argue for the need for a rational form of integration to take place between them. Such a coalescence would allow the persons of the patient and clinician(s) to engage in a mutual and dialogical process of shared decision-making within a relationship of equality, responsibility and trust while ensuring that clinical practice remained actively informed by accumulating biomedical science. We recommend that such a development should take place as part of a wider shift within health services, assisting 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 values, preferences, stories, cultural context, fears, worries and hopes and which thus recognises and responds to his emotional, spiritual and social necessities in addition to his physical needs. This, we contend, is person-centered medicine, an emergent model of modern clinical practice.

Full Text:

References

annals of family medicine 2, 576 – 582.


The practice of modern medicine is the application of science, the ideal of which has the objective of value-neutral truth. The reality is different: practice varies widely between and within national medical communities. Neither evidence from randomised controlled trials nor observational methods can dictate action in particular circumstances. Their conclusions are applied by value judgments that may be impossible to specify in *focal particulars*. Herein lies the art which is integral to the practice of medicine as applied science. Art of medicine. medical science. empiricism. Patient-centered care is the practice of caring for patients (and their families) in ways that are meaningful and valuable to the individual patient. It includes listening to, informing and involving patients in their care. The IOM (Institute of Medicine) defines patient-centered care 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. 1. Overview of Picker’s Eight Principles of Patient-Centered Care. Using a wide range of focus groups recently discharged patients, fami The review also takes an overview of the current understanding of this syndrome in terms of nosological status as a distinct entity and its "culture-bound" status. The narrative finally attempts to discuss the integrated approach for the treatment of this disorder. © 2015 Journal of Human Reproductive Sciences | Published by Wolters Kluwer - Medknow. The care of the patient and the soul of the clinic: Person-centered medicine as an emergent model of modern clinical practice. Article. Full-text available.