Patient - Centered Medicine

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- Patients generally want to feel understood and valued and to be involved in making sense of their health problem.

- In addition many of them want to be involved in decisions about management.

- A model of medicine will need to integrate the conventional understanding of disease with each patient's unique experience of illness.

- The patient – centered model presented in this book is an attempt to meet this need (Levenstein, 1984).

The Patient Centered Clinical Method

- The term "patient – centered medicine" was introduced by Balint and colleagues (Balint, Hunt, Joyce, Marinker, & Woodcock, 1970). Who contrasted it with "illness-centered medicine"

Table I: The patient – Centered Clinical Method

The six interactive components of the patient – centered process:

1

Exploring both the disease and the illness experience:

a. Differential diagnosis

b. Dimensions of illness (ideas, feelings, expectations, and effects on function

2. Understanding the whole person.

a. The “person” (life history and personal and developmental issues).

b. The context (the family and anyone else involved in or affected by the patient’s illness; the physical environment)

3. Finding common ground regarding management.

a. Problems and priorities

b. Goals of treatment

c. Roles of doctor and patient in management

4. Incorporating prevention and health promotion.

a. Health enhancement

b. Risk reduction

c. Early detection and disease

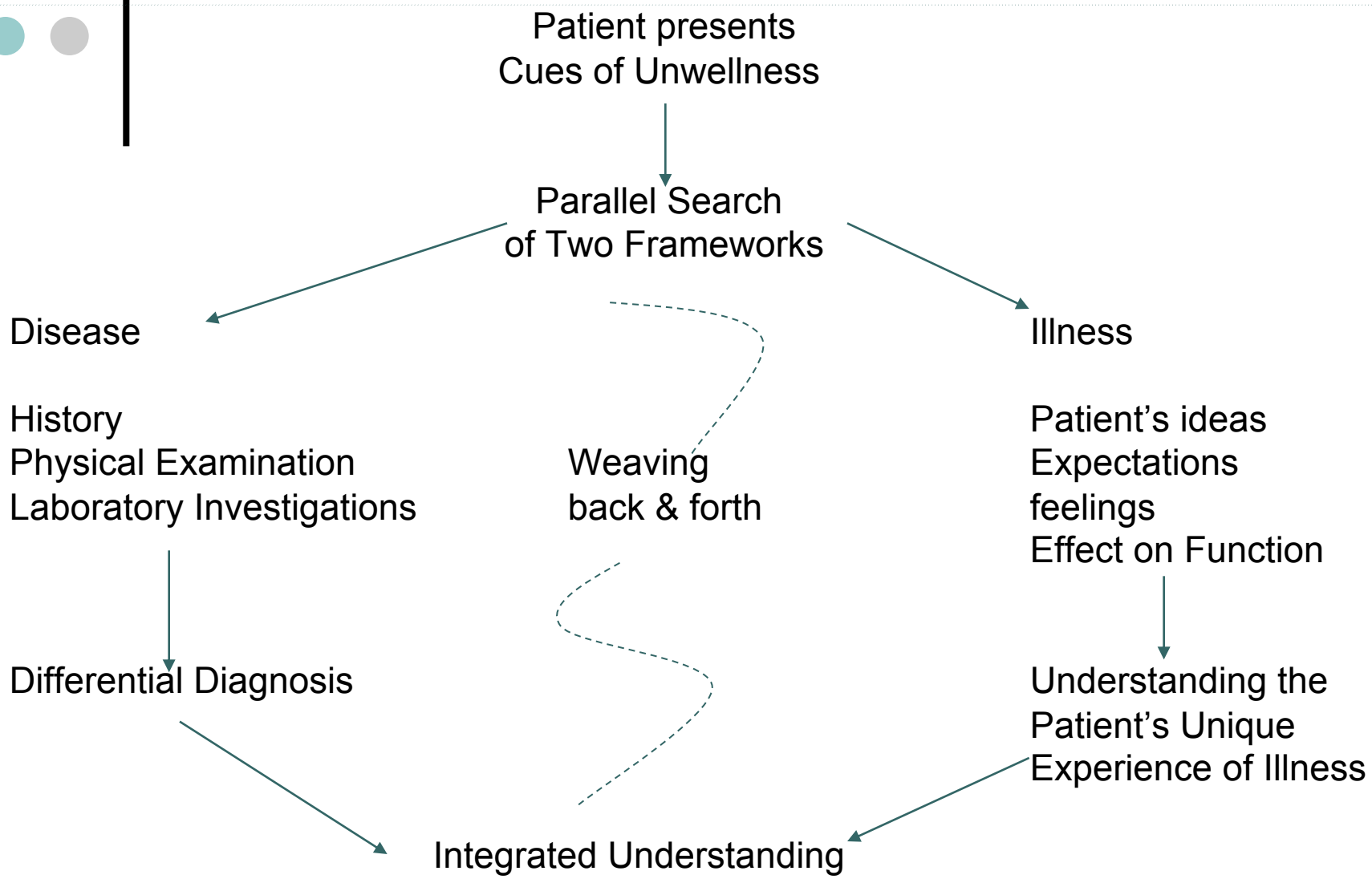
d. Ameliorating effects of disease

:3

5. **Enhancing the patient – doctor relationship.**
   a. Characteristics of the therapeutic relationship
   b. Sharing power
   c. Caring and healing relationship
   d. Self-awareness
   e. Transference and countertransference
6. **Being realistic**
   a. Time
   b. Resources
   c. Team building

- *The following examples of patient doctor dialogue contain specific questions that physicians might ask to elicit this information.*

The disease and the Illness Experience



- To the doctor's question, "what brings you in today?" a patient responds, "I've had these severe headaches for the last few weeks. I am wondering if there is something I can do about them. "To examine the patient's ideas about the headaches, the physician might ask (waiting after each question for the patient's reply): "what do you think is causing the headaches?" "Have you any ideas or theories about why you might be having them?" " do you think there is any relationship between the headaches and current events in your life?"

- The patient's feelings about the headaches can be elicited by such questions as, "what are your concerns about the headache?" "Do you think something sinister is causing them?" "Is something particularly worrisome for you about the headaches?"

- To determine how the headaches may be impeding the patient's function, the doctor might ask, "how are your headaches affecting your day – to day living?" "are they stopping you from participating in any activities?" "Is there any connection between the headaches and the way your life is going?"

- Finally, to identify the patient's expectations of the physician at this visit, the doctor might inquire, "What do you think would help you deal with these headaches?" "Is there some specific management that you want for your headaches?" "In what way may I help you?" "Have you a particular test in mind?" "What do you think would reassure you about these headaches?"

The person and the Family Life Cycle

The additional burden of illness, either acute or chronic, may cause severe disruption to an already overtaxed family system (Mailick, 1979, Rolland, 1989).

2

How families have coped previously will influence how they negotiate the impact of the illness on their family roles, rules, patterns of communication, and structures.

3

At what point is the family in the family life cycle (e.g., starting a family, retirement)? Where is each member in the life cycle (e.g., adolescence, middle age? What are the developmental tasks for each individual and for the family as a whole?.

case example 1

A 32 year old male patient presented for the third time in 4 months with knee pain as a result of a basketball injury received 5 months earlier. He complained that his knee continued to cause him extreme discomfort and that he could see no significant improvement.

He had discontinued his physiotherapy treatments and now was requesting medication for the pain. Exploration of his current life circumstances revealed that he was at risk of being laid off from his job as a carpet layer an occupation that clearly exacerbated his symptoms . Because of the threat of layoff, he could not request time off from work and had terminated his physiotherapy because it conflicted with his work schedule.

3

Further inquiry uncovered that he was several months behind in his rent payments and had been served an eviction notice. With few family members or friends in the community, the patient was at a loss about where to locate shelter for his wife and infant son. The perils of unemployment, homelessness, and failure to fulfill adequately his roles as a husband and a father all affected his ability to recover from his knee injury.

Culture

- Cultural norms and values influence how patients experience illness, seek care, and accept medical interventions.Age,social class, occupation,gender, education,religion.sexual performance

Defining the Goals 1

- 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:

1

The patient has a sore throat and expects to receive penicillin but instead is urged to gargle with salt water.

2

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.

3

The patient demands muscle relaxants for chronic muscular pains, but the doctor wants to use “talking” therapy to resolve the “underlying” problems.

The foundations of Health Promotion and Disease Prevention

A. Risk avoidance

B. Risk reduction

C. Early identification

A. Risk avoidance

Aims at ensuring that people at low risk for health problems remain at low risk by finding ways to avoid disease.

B. Risk reduction

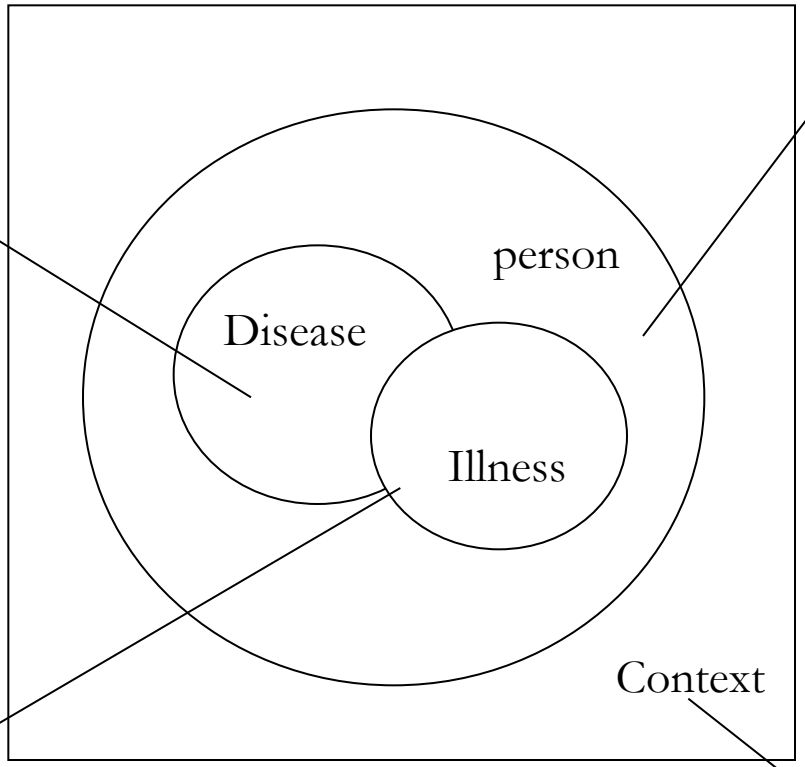
Addresses moderate or high risk characteristics among individuals or segments of the population by finding ways to cure or control the prevalence of disease.

c. 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.

Patient Centered Medicine

*Signs
*Symptoms
Investigations



e.g *stage in life cycle
* Family of origin

e.g. -Four dimensions of illness:
- Feelings
- Ideas
- Function
- Expectations

Understanding the whole person

e.g.- family system
- culture
- work
- school
- health care system

1 Interview with patients

a. Would you say that your main problem(s) was discussed

1. Completely
2. A lot
3. A little
4. Not at all

b. Would you say that your doctor know that this was one of your reasons for coming in today?

1. Yes
2. Probably
3. Unsure
4. No

c. How well did the doctor understand the importance of your reason for coming in today?

1. Very well
2. Well
3. Somewhat
4. Not at all

2

D. How satisfied were you with the discussion of your problem?

1. Very
2. Satisfied
3. Somewhat
4. Not at all

E. What did the doctor say _____

D. Did you agree with his opinion

1. Completely
2. Mostly
3. A little
4. Not at all

3

G. How well understood did you feel by this doctor today?

1. Very well
2. Understood
3. Somewhat
4. Not at all

H. How much would you say that this doctor cares about you as a person?

1. Very much
2. A fair amount
3. A little
4. Not at all

I. Overall, do you feel the same, better, or worse after seeing the doctor today?

1. Better
2. Same
3. Worse


Thank you