EDITORIAL

Moving Towards Person-Centered Care

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Until towards the end of the twentieth century, it was the physician-centered care that dominated the decision-making of patient management. Physician-centered care was based on the assumption that the doctor knows best and he/she will act in the best interest of the patient, and should thus dominate the doctor-patient relationship.[1] Physician-centered care was also called medical paternalism. The physician was not only dominant in decision-making in patient care, but also played a pivotal role in health administration and leading health care teams.[2] However, it became more important to consider patients' wishes and their points of view also in the decision-making of the medical treatments. This also follows the ethical principle of patient autonomy. Therefore, the concept of patient-centered care was considered a better approach compared to the physician-centered care.

A patient is a person who receives treatment for an illness, a situation that is characterized by vulnerability and dependence. Patient-centered care is a concept that emphasizes the involvement of patients and their families in the decision-making of medical treatments. This concept seemed to be more appropriate compared to physician-centered care, as the patient gets the opportunity to decide what they want to achieve by receiving health care.

Person-centered health care is another step forward in the positive direction and is now considered a better approach than patient-centered care.[3] However, it is still not uncommon to believe that the concepts of patient-centered care and person-centered care are equal. The main difference between these two concepts is that the whole person in a wider context is considered in person-centered care, compared to only the person's role as a patient being considered in patient-centered care.

The main goal of person-centered care is for the person to live a meaningful life. Here, the person is kept at the heart of their care. It is critical in the provision of quality, holistic care. This concept has a more holistic focus on the person's uniqueness in disregard of the sickness.[4] It focuses on the individual values, preferences, and needs and considers patients as equal partners in decision making.[4] There are four major components of (4Cs) of person-centered care: culture, care,

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communication, and collaboration. It involves respecting their dignity, listening to their concerns, and empowering them to make informed decisions. This approach goes beyond a pure medical model, considering emotional, social, and financial factors that influence a person's well-being.

The key aspects of person-centered care include flexibility in treating each person as an individual with unique needs and preferences in a respectful and dignified manner, empowering them by providing necessary knowledge to make informed decisions and to actively participate and be responsible in all aspects of their care. Such an approach enables personalizing, coordinating, and integrating all aspects of care to the individual's specific circumstances, values, and needs to align with his/her goals, ensuring physical as well as emotional, psychological, and social well-being. Person-centered care builds relationships to foster mutual respect and trust between health care providers and the individuals.[5]

In conclusion, the benefits of person-centered care include happiness, confidence, and improved satisfaction of the individuals who are less anxious and feel respected and valued. Additionally, they will also have the feeling of independence and be in control of their health. The health outcomes will be better as the individuals are more likely to adhere to lifestyle modifications and treatments because of their active participation and responsibility in care. Apart from promoting the mutual respect and trust between patients and healthcare providers, person-centered care also reduces healthcare costs by reducing unnecessary hospital admissions, costly investigations, and unwarranted treatments.

References

1. Coulter A. Patient engagement – what works? *J Ambul Care Manage* 2012; **35**: 80-9.
2. Mulley AT, Trimble C, Elwyn G. Patients' preferences matter: stop the silent misdiagnosis. London: The King's Fund, 2012. Health Foundation Person-centred care made simple. London: Health Foundation; 2014.
3. Coulter A, Roberts S, Dixon A. Delivering better services for people with long-term conditions. Building the house of care. London: The King's Fund, 2013.
4. Coulter A, Entwistle VA, Eccles A, et al. Personalised care planning for adults with chronic or long-term health conditions. *Cochrane Database Syst Rev* 2015; (3): CD010523.