

PERSON-CENTERED MEDICINE AND GOOD CLINICAL PRACTICE: DISEASE HAS TO BE CURED, BUT THE PATIENT HAS TO BE HEALED

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SUMMARY

Contemporary medicine has been in the process of a paradigm shift. Instead of relatively broad pathological entities, population-based risk assessments, and non-specific „one-size-fits-all“ therapies, a new paradigm of predictive, individualized and personalized care and targeted therapy is rolling on the horizon. Person-centered medicine is a term with different meanings which competes in some way to other terms like medicine of the person, patient-centered medicine, personalized and individualized medicine, integrative and holistic medicine. Clear definition of theoretical framework and clinical practice of person-centered medicine is urgent to prevent dangerous increasing confusion.

Key words: person-centered medicine - personalized medicine - medicine of the person

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“The good physician will treat the disease, but the great physician will treat the patient”

William Osler

Contemporary medicine has already been in the process of a paradigm shift for a some time. The huge scientific progress and technological advances over many diseases and specific body systems resulted in increasingly subspecialization, fragmentation and impersonalization of medical care, and commoditization and commercialization of health care. Instead of relatively broad pathological entities, population-based risk assessments, and non-specific „one-size-fits-all“ therapies, a new paradigm of person-centered medicine and targeted therapy is rolling on the horizon. Person-centered medicine is a term with different meanings which competes in some way to other terms like medicine of the person, patient-centered medicine, personalized and individualized medicine, integrative and holistic medicine. It seems that the concept of person-centered medicine „is in need of a strong theoretical framework not only to explain what is it but to prevent dangerous confusion of terminology or reductive oversimplification of its true scope“ (di Sarsina & Tassinari 2015).

Person-centered medicine and similar concepts

“It is more important to know what kind of a patient has a disease than what kind of disease a patient has”

William Osler

Medicine of the person', established by Paul Tournier in 1940, emphasizes an approach in the medical care of the whole person to the biological, psychological, social and spiritual aspects of health problems (Pfeifer & Cox 2007). “Objectives of Paul Tournier's Medicine of the Whole Person are, among others: to help patients find the meaning of their

sickness and their life; to deal with the problem of death; to discover a specific ethical approach to their environment; to open sources of love for themselves and for their fellow-men; to sense the meaning of suffering ... to find strength through the community for a new responsibility towards themselves and their fellow-men» (see Pfeifer & Cox 2007). The 'person' in medicine of the person includes both the person of the doctor (or of the health professional) and that of the patient, as well as their personal relationship illuminated equally by faith and by science, that healing body, mind and spirit. Tournier stressed that an integration of body, mind and spirit is necessary for health and wholeness (Pfeifer & Cox 2007).

The complementary and alternative medicine refers to a system of health care not generally recognized as part of mainstream medical practice, but promotes individualized and personalized approach. The concepts of holistic and integrative medicine lack precise meaning. The terms holistic and integrative are contrasting to fragmentary and partial approach. Holistic medicine is a system of health care which looks at the whole person leading towards optimal attainment of the physical, mental, social and spiritual aspects of health. Holistic medicine practitioners believe that the whole person is an integrated physical, psychological, social and spiritual being and if one part is not functioning properly, all the other parts will be affected. Physical, emotional, social or spiritual imbalance negatively affects overall health so the primary goal of holistic medicine practice is gaining proper balance in life. Holistic medicine is based on next principles: 1. all people have innate healing powers; 2. the patient is a person, not a disease; 3. a person is ultimately responsible for his or her health and well-being; 4. unconditional love and support is the most powerful healer; 5. healing takes a team approach involving the patient and physician; 6. healing addresses

all aspects of a person's life using a variety of health care practices; and 7. treatment is the cause oriented, not just alleviating the symptoms.

Integrative medicine is a system of health care that emphasizes the combination of both conventional and alternative approaches to address biological, psychological, social and spiritual aspects of health and disease (see Lake 2007). It is based on the respect for the human innate capacity for healing, the importance of the therapeutic relationship between the physician and the patient, a collaborative team approach to patient care among practitioners, and the practice of conventional, complementary, and alternative health care that is evidence-based.

Personalized medicine is a broad and rapidly advancing field of health care that is informed by each person's unique clinical, genetic, genomic and environmental information (Chan & Ginsburg 2011). The clinical nature of diseases (onset, course and outcome) is as individual as the patients who suffer from them. According to Topol (2014) the term "personalized medicine" has been used for many years with considerable confusion: "while 'person' refers to a human being, 'personalized' can mean anything from having monogrammed stationary or luggage to ascribing personal qualities". The American National Academy of Sciences proposed the term "precision medicine" as defined by "tailoring of medical treatment to the individual characteristics of each patient" (Disease 2011, according Topol 2014). As the definition of individual is a single human being Topol (2014) proposed individualized medicine as the preferred term which "relates not only to medicine that is particularized to a human being, but also the future impact of digital technology on individual's driving their health care". Some authors see personalized medicine and person-centered medicine as a sophism, while the majority view them as different concepts (Bras et al. 2011). According to Mezzich et al. (2011) person-centered medicine may be defined by its placing the whole person at the center of health and health care: medicine of the person, for the person, by the person, and with person.

Personhood in health and disease: Each patient is a unique, responsive and responsible subject

*"Sow a thought and you reap an act;
Sow an act and you reap a habit;
Sow a habit and you reap a character;
Sow a character and you reap a destiny".*

Anonymus (see Kennedy & Black 1994)

Famous sentence of Heraclitus "A man's character is his fate" suggests the importance of personhood in health and disease that has been recognized from ancient times. Patient-centered medicine is based on the fact that the patient is a person and that their mind, soul, culture, family, environment, financial status, and some

other factors all have important roles to play in health and disease. In other words it means that a good clinical practice today requires a full attention to be given to the person of the patient and to establishing a genuinely human and therapeutic relationship between physician and patient. This implies a consideration of the patient as a person with his or her life story, human rights, needs, beliefs, values, faiths and spiritual understandings, as an ethical and professional obligation for the physician. Health can be altered by what a patient «has» (disease), how a patient suffers (illness), how a patient is defined by diagnosis and how community respond to his behavior (sickness, stigma, social role), what a patient «is» (personality, narrative self, human being in the world), what a patient «does» (behaviors, morality), what a patient believes in (life philosophy, spirituality), what a patient feels (life satisfaction, well-being), what a patient «encounters» (life stories or script) and what a patient tends to be (life management, life mission, self-actualization). An useful distinction between disease and illness is relevant for our understanding of the person centered medicine. Disease is a disruption of biological structure or function, e.g. brain or heart, its treatment mitigates or eradicates the symptoms and signs and does not demand attention to the whole person. Illness is a subjective experience, cultural and interpersonal manifestation of a disease. Illness is a problem of the whole person, not of a single organ or organ system. The goals of integrative and holistic well-being oriented treatment are not only to reduce, eliminate or prevent distressing and disabling symptoms of diseases, but also to improve overall well-being and help patients to learn new ways of thinking, feeling and behavior, to recover and achieve a meaningful, satisfying and valued life.

The ancient Greek philosophers and physicians taught that «if the whole is not well it is impossible for the part to be well» (Christodoulou et al. 2008). In medicine of the person patients are not only carrier of symptoms, disease and illness, they are primarily human beings, persons and personalities with their power, autonomy, history, context, needs, values, purpose and sense of life and life project in addition to disease experience (Jakovljević 2007, Christodoulou et al. 2008). Disease has to be cured, but the person of the suffering patient has also to be met, helped and healed. Nowadays, 'medicine of the person' represents an important paradigmatic shift in contemporary health care systems. Conventional health care paradigms focusing just on a disease perspective and a «one fits all» treatment are often regarded as inadequate and disjunctive (Jakovljević 2007, Ruedi 2007, Mezzich & Salloum 2008). Simply treating a diagnosis or a disease as only a somatic disorder without treating the whole person, is commonly very detrimental. Good news is that there is a trend of developing a personalized, complex systems approaches which integrate many diverse inputs and perspectives into a unique network

(see Jakovljević 2013). As more perspectives are integrated, the structure of the system network is refined and becomes more complete, enabling the development of new diagnostic and therapeutic tools. When applied to the disease perspective, the person-centered perspective is mindful of the patient's personality strengths and weaknesses, vulnerability and resilience, opportunities and threatens as the patient encounters the limitations imposed by the disease or post-treatment condition. The person-centered perspective is focused on helping the patient to use personality resources and potentials for personal growth to respond to the demands and challenges of the actual life situation and increase her or his well-being. The behavior perspective is complementary to the disease perspective for cases in which a specific behavior pattern is associated with the disease process or condition. When the behavior perspective is the primary perspective, the focus is on stopping unwanted or starting wanted behaviors to overcome a disease..

Person centered medicine always includes an individualized approach because each patient is a unique individual comprised of body, mind and spirit. Responsivity and sensitivity to different medications varies from one individual to another. When starting with pharmacotherapy, it is important to choose medications that 1. treat all important symptoms/syndromes, 2. treat comorbid conditions present, 3. have no a particular side-effect, 4. do not complicate a medical condition, 5. have no a negative interaction with another medications, 6. have side-effects that may be to the patient's benefit, 7. are preferred and acceptable by the patient, 8. have been effective in a close relatives of the patient, 9. are affordable for the patient (Doran 2003). Each patient should get highly specific and individually adjusted treatment in given circumstances.

Partnership involving mutual respect, trust, responsiveness instead of paternalism

“Coming together is a beginning, keeping together is progress, working together is success”

Henry Ford

Patient-centered medicine is a metaphor contrasting with “doctor-centered” and replaces classical paternalistic approach in contemporary medicine (Bardes 2012). Once the patients were subjects whose role was to obey physicians, today they are supposed to be both active participants in their health care and consumers of health services. When the patients are reconceived as consumers, new priorities take center stage like customer satisfaction, comparison shopping, broad ranges of alternatives, choice, and unimpeded access to goods and services, informed decisions in a free health market, marketing, branding, estimations of value (Bardes 2012). When the patients are reconceived as active participants, alliance is much more important than

compliance and the patients are treated as equal partners in their own healthcare. Creative and therapeutic communication is a key of treatment success. Active participation of patients in their treatment is an essential part of person-centered medicine. Patients are not only carrier of symptoms, disease or illness, they are primarily human beings, persons and personalities with their power, autonomy, needs, values, desires and life goals. Shared decisions and shared vision of therapeutic goals made in collaboration and alliance when patients assume that they are respected and valued as a person will facilitate patients' commitment to treatment goals and continued improvement. The active role of patients in their healthcare asserts life, frees the human spirit, improves self-esteem, motivation, self-actualization and achievement and so helps conquer diseases. In cases of terminal diseases, the physician must respect the patient's right to withdraw from treatment if the benefits do not clearly outweigh the cost to the patient's human rights.

Conclusions

Modern medicine is still too much characterized by impersonal activities, excessively legalistic ethics, fragmented care, subspecialisation in specific area of science and clinical practice and hyperbolic dependence on technology. Physicians are ultimately supposed to serve the patients' best interests respecting their goals, values and unique characteristics. However, in the quest to conquer disease, the fact that the patient is a unique, responsive and responsible person can often be overlooked, as well as in treating the patient as a person can be forgotten to treat the person as a patient. The good news is that the concept of patient-centered medicine is a growing trend in many countries all over the world. Disease has to be cured, but the patient has to be healed so the focus should be on both the disease and the person of the patient. Person-centered medicine is personalized and individualized taking into account the patient's unique circumstances, needs, values and preferences and it can significantly improve effectiveness and efficiency of disease-based medicine.

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