

Section on International Organization Perspectives on Person-centered Medicine

World Medical Association perspectives on person-centered medicine

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In countries with well established health systems, the acute service is by and large acceptable with fairly good access to acute medical transportation and emergency service. Acute surgical and medical intervention is provided for in a timely fashion. The service is based on a system which is technically well equipped and provides health care personal around the clock, all days of the year. The service is task oriented and its professionals are well trained in sorting out the health problems. As a result the right type of service is delivered to the right patient by doctors and other health professionals specifically trained for each particular task.

However, the most common tasks of modern health services are the chronic conditions and they are not dealt with inside the acute service. To meet that challenge, various systems for services have been established in a task oriented manner such as outpatient clinics for diabetics, hypertension, psychiatric disorders and many others. These systems have been established using the same principles as in the acute service by sorting out the patients in order to deliver the right type of service to the right type of patient. The service for chronic conditions is basically planned and provided for during office hours with some exceptions. The challenges are however very different from those in the acute service and this has only partly been recognized.

The major challenges for delivery of service for chronic conditions are to provide for long time commitment on behalf of the doctor and to use a holistic approach to the patient and his problems. These different challenges are closely linked. Long time commitment of a doctor to a patient's chronic condition is one of the most valued forms of health service. The cornerstone of this is the doctor-patient relationship based on trust and mutual understanding of their roles. This is therefore not only a matter of how the work is organized as it has its basis in the ideology of providing the service in a personalized way. It can be argued that today this ideology has not been valued as before. Health services are organized by schedules that do not take into account the importance of this personal commitment and the patient attending the service has limited choice of a doctor. It is one of the major challenges inside our health care systems to change this and for that we need to begin within our mind and to change our attitude.

The other aspect, the holistic approach is in a way linked to the former aspect. By establishing a long standing relationship by the commitment of the doctor, he will come to know the patient more as a person than as 'a case' as is usually done in the acute service. The classical example of this is the family doctor. In some settings their service has however been changed and the system in which they work does not take into account the importance of the personal commitment.

Another way of delivering long time service is by using the team work approach. A team is traditionally lead by a doctor but the role of other team members might differ. They attend to other parts of the patient's problem than the doctor and when a team is effective, a holistic picture not only of the patient but also of his family and social situation is made. The team approach has been established in some disciplines more than in others, notably in rehabilitation and in geriatrics.

There are however great differences in how teams are functioning. In an interdisciplinary team every member of the team collects his type of information and the team chaired by a doctor comes to a mutual conclusion of the nature of the problems and how to deal with them. In a multidisciplinary team the members are more independent. Each

and every member of the team acts independently taking into account the information received from other team members. These teams are only loosely chaired and the team is usually not coming to a mutual conclusion. It is therefore important not only to advocate team work in the services for chronic conditions but it is also important to realize what kind of team is to be formed.

The World Medical Association (WMA) has addressed the person-centered medicine to some extent but to be honest, this has not received too much attention of the profession and in the association. One of the most important declarations of the WMA is the Declaration of Lisbon on the Rights of the Patient, first accepted in 1981 and last amended in 2005¹. It is of interest to see that the person-centered medicine is not very obvious in this declaration. Only two paragraphs directly related to this issue can be found in the Declaration of Lisbon:

- 1f. The patient has the right of continuity of health care.
- 2a. The patient has the right to choose freely and change his/her physician etc.

These are however very important parts of the right of the patient and are directly related to the need of long-term commitment as well as the need for personalized care.

In another paragraph (1c), it is stated that the patient shall always be treated in accordance with his/her best interest but it is not stated that this should be done in a personalized way. It can be argued that in most instances this means that the best interest of the patient is to be able to have access to his own doctor that knows his problems and to which the patient has the greatest confidence in.

The Declaration of Ottawa on the Right of the Child to Health Care², accepted in 1998, is to great extent based on the Lisbon declaration and in this statement there is also a paragraph on the right of the child to continuity and quality of care. This declaration is now up for major revision inside the WMA and it will be interesting to learn to which extent the person-centered care will be visible in the document. This is of importance as this declaration like many others of the WMA is considered a basic document for all doctors to adhere to.

A few years ago there was an initiative of the WMA to focus on the personal care of the doctors of the world called “The most caring physicians of the world” [1]. The WMA stressed that the prerequisites to be chosen in this initiative were the virtues of doctors treating and caring for patients but not for research, teaching or leadership. This initiative was very well received in all parts of the world and it was a difficult task to choose the doctors to be presented in the book that was published as a result of the initiative.

Person-centered medicine is therefore a timely issue to be discussed and to be taken into account by health professionals as well as those organizing the health services throughout the world.

Reference

1. Nigel Duncan, editor. *Caring physicians of the world*. Ferney-Voltaire (France): World Medical Association; 2005.

¹Available from: <http://www.wma.net/en/30publications/10policies/index.html>

²Available from: <http://www.wma.net/en/30publications/10policies/index.html>