

Chapter 20

The Patient–Centered Medicine as the Theoretical Framework for Patient Engagement

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ABSTRACT

The present contribution will describe the origin, development and main characteristics of the patient-centered medicine; the literature on patient-centeredness, in particular in the field of chronic disorders, will be discussed and the importance of this approach underlined; arguments about the importance of patient-centered medicine as theoretical frame founding and supporting the concept of patient engagement will be highlighted, considering that only within this medical epistemology the patient's engagement can find a full and complete expression.

INTRODUCTION

Engagement is a relatively new concept, as far as the healthcare system is concerned. Its application is very interesting and useful in a variety of different health contexts, not only in regard to patient care, such as the management of chronic diseases, but also as a possible concept at an organizational level. The issue of “patient engagement” is often linked to other concepts as those of patient activation, patient participation, patient's adherence, and patient empowerment. The term is frequently used to convey different meanings and a unique definition is missing. The aim of this chapter is to introduce a theoretical discussion of the concept connecting it, in a pure conceptual view, to the framework of patient-centered medicine (PCM). In our view, a fruitful and actual patient engagement may be better realized within

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the theoretical framework of the PCM. It is difficult to conceive the engagement of a patient without considering the existence of at least two actors playing in a healthcare context, in a communicative and relational exchange. The importance of engaging patient and the ways to reach this involvement could not be seen out of the doctor-patient relationship. To support this view, we will describe the origin of PCM, its conceptual evolution, and the related practice in order to better involve patients in the management of their illness conditions. Patients are increasingly facing with multiple chronic disorders (comorbidity) and more and more aware of their rights; moreover an increased lay health literacy favor a more conscious public of people not passive but actively requiring to the health care system. This (r) evolution in the domain of care concerned all the western healthcare organizations all over the recent years, generating new issues both at the level of doctor-patient relationship and at organizational level (public health systems). We will discuss PCM and patient engagement in this modified environment. But, because the relations between doctor and patient is a core issue in the theoretical framework of PCM, the patient engagement may be reached in a relational view only assuming the PCM as a conceptual setting of the medical practice.

BACKGROUND

Patient centered medicine is above all a revolution in medicine, a method that changes the way of practicing medicine, the way in which physicians communicate and relate with their patients during medical consultations and the role that these two actors play within the visit. It originated and spread from North America and northern Europe during the 1970s.

This way of relating to a patient has its roots on the theoretical thinking of two British psychoanalysts Michael Balint and his wife Edin, who coined the term “patient-centered medicine” in 1969. Balint (1969) wrote “there is another way of medical thinking which we call ‘patient-centered medicine’. Here, in addition to trying to discover a localizable illness or illnesses, the doctor also has to examine the whole person in order to form what we call an ‘overall diagnosis’. This should include everything the doctor knows and understands about his patient; the patient, in fact, has to be understood as a unique human-being. The illness which can be described in terms of a ‘traditional diagnosis’ is either an incident like a broken leg, or a part like accident proneness which makes better sense if understood in terms of the whole” (Balint, 1969).

Balint, as a psychoanalyst, described a form of psycho-therapeutic intervention that general practitioners could use for people who had disorders that were partially or wholly psychosomatic; but the revolution in her thoughts and words went beyond: a new way of understanding the complaints reported by the patients, not in terms of pathology, but in terms of the unique individuality of the patient was described (Balint, 1957). In this sense, the new concept contrasted with the “doctor-centered care”, by allowing patients more control of the medical visit, and from “disease-centered care”, by focusing not only on the disease but also on the patient who suffers (Bensing, 2000).

The development of this method should be viewed in light of a revolution in the model of medicine, an epistemological change shifting the science of medicine from a biological reductionist approach - the biomedical model - to a bio-psychosocial point of view. This shift was theorized by the American psychiatrist George L. Engel, who in 1977 posited a new epistemological paradigm expanding the biomedical model. The bio-psychosocial perspective (Engel, 1977, 1981) constitutes the theoretical frame of patient-centered medicine, presenting it as a broadening of the scope of medicine from organic

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