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Slow Medicine at a Person Centered Pace

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Time is precious in life in general as well as, more specifically, in healthcare. Patients need time to accept their medical diagnosis, they need time to make a well-informed decision and they need time to recover. Treatments need time to be discovered and time to become effective. And healthcare professionals need (to make) time to inform and support a patient. Especially when treatment decisions need to be made with life altering consequences, a patient needs sufficient time to make up his/her mind and to find the right information to guide such a decision. Yet, sufficient time is not always available, not always possible or not always granted or used in the right way (Van Dulmen & Van Bijnen, 2011). This may jeopardize a patient's quality of life and cause serious decision regrets (Brehaut, 2003). These consequences are serious enough to try to prevent. The right place to do so is during medical consultations between a patient and a healthcare provider. However, most medical consultations last no longer than a few minutes. In these short visits, information needs to be exchanged, treatment and follow-up decisions need to be made and effort needs to be put in securing the therapeutic provider-patient relationship. It seems hardly possible to guarantee high quality medical encounters within this restricted context. Different person-centered solutions can be offered to solve this dilemma of time. In this issue of the ICPCM's Newsletter, several of these clinically supportive solutions will be briefly introduced.

1. **Preparatory interventions**. Patients can prepare their visit to their healthcare provider, by listing any questions or concerns they might have before the visit or by following an (offline or online) course which helps them to overcome communication barriers and to get the most out of the (short) healthcare visit. An example of an online, preparatory person centered communication training for patients with malignant lymphoma is PatientTIME (Van Bruinessen et al, 2013; Van Bruinessen et al, 2014). PatientTIME offers patients the possibility to watch good video-recorded examples of medical visits in which a patient talks to his/her healthcare provider in such a way as to overcome a communication barrier experienced by the patient. PatientTIME can be considered as a true person centered intervention as its content is tailored to the communication barriers reported by the patient upon attending the healthcare provider.

2. **Nonverbal communication**. Even during short visits, healthcare providers can communicate empathy or interest in a patient in a nonverbal way. Research has shown that such interest can be effective in less than a minute (Fogarty et al, 1999). By patient-directed gaze, nodding, an attentive bodily posture and a warm voice of tone, a healthcare provider can easily strengthen the power of his/her words, advice or message. Likewise, framing an advice in a positive way, appears to generate much more positive (health) outcomes than a negatively framed message (Mistiaen et al, 2016). Nonverbal communication is therefore not only valuable as an inherent person centered approach, but also serves a therapeutic aim.

3. **Information recall**. No one can grasp complex information at once. In one of our studies we showed that older patients with cancer recalled only 22% of the advices given during a nursing encounter preceding chemotherapy. During these visits, 82 different bids of information were given, many of which concerned highly emotional issues (Jansen et al, 2008). Ways to increase patients' information recall are: have patients prepare their visit (see 1.), (let patients) repeat

important information, highlight relevant parts (the most important information can be presented first to take advantage of the primacy effect, or last, to take advantage of the recency effect) and spread information over several consultations (Van der Meulen et al, 2008). But, even more important, provide information in an empathic way and make sure it is personally relevant for the individual patient. This takes off the emotional load and creates room to absorb and recall new information (Van Osch et al, 2014).

4. **Slow medicine**. "Slow medicine is a philosophy and a set of principles and practices meant to help elders, families, friends, and caregivers face aging and decline in late life" (McCullough et al, 2012). With slow medicine, one invests time - now - in making important life altering decisions and thereby prevent decision regret in the future. The Radboud University Medical Center recently started financing double consultation time to take advantage of extra time in making a decision. It is expected that making a decision this way results in choosing fewer invasive and expensive treatments that only marginally prolong life but has serious implications for the quality of life. The first results are promising.

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