



ICPCM Newsletter

March 2019

Overcoming Burn-out and Improving Health Care

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The methods of measuring professional 'burnout' are rather well established. The low sense of personal accomplishment, dehumanization/depersonalization and the resulting emotional exhaustion of health care staff have been well documented in many health care systems, particularly in the US, UK and Europe. In such a toxic environment there is an immediate threat to patient safety and a wasteful over use of scarce health related resources. Yet there seems to be no serious systematic attempt *to* try to resolve the underlying causes. Our upcoming 12th Geneva Conference on Person Centered Medicine will explore these issues in detail which will point to practical steps that should be taken to create a positive and healthy way forward, work that will have in its base the ICPCM's Declaration of Geneva in 2014.

When doctors and nurses were talking about their professional burnout at a recent meeting in the United Kingdom organized by their local professional bodies, the raw anguish was palpable and unconstrained. Their anger and anguish related to their subjective feelings that they were unable to fulfil their professional roles and duty to their patients.

Though the National Health Service in the UK was founded on the principles of beneficence, justice and equity (principles that are aligned to the values that underpin medical and nursing professionalism and their duty to the individual patient), modern management is primarily about money and the fulfilment of arbitrary targets that usually have no immediate relevance to an individual patients' needs. Medicine is represented purely as an evidence-based science; physicians are in modern management terms 'RMUs' - replaceable medical units. This has resulted in the de-personalization of clinical care leading to the

incremental degradation of the doctor-patient relationship. Where this professional space has been taken over by third party 'providers' whose primary purpose is profit, the independent spirit of enquiry that drives individualized care and advances in medicine becomes distorted.

Medicine has the ethical imperative to care, comfort and console *as well as* to ameliorate, attenuate and cure. The ability successfully to integrate these functions is precisely that which distinguishes medicine, nursing and other health professions from all of the other professions – the ability to *care* for the patient who attends with worries, fears, anxieties, hopes, aspirations, stories, values, preferences and psychology, emotionality and spirituality while applying scientific knowledge and technical expertise in attending to the biomedical dysfunction of illness. From the standpoint of shared decision making, the patient is empowered and supported in their own self-care.

The person-centered approach within clinical practice is the essence of medical practice and a core component of medical professionalism. The patient physician dialogue should lead to shared decision making not the 'mindless enactment' of a patient's desires or the preferred management patient pathway. There is accumulating health economic data which indicate that person centered approaches will reduce healthcare resource utilisation, while maintaining patients' quality of life and clinician satisfaction with care.

Most physicians are not comfortable within a vertically controlled management system. However, within a complex adaptive integrative system it is the patients' needs identified with the physician that 'lead' the system, supported by a multi professional network. Each member of the Team needs to have a clear idea of and commitment to the 'mission' of the whole, and each member should be the 'lead' in their area of expertise. A similar system worked well for over 25 years both in our local Child Development Centre and the Neonatal Unit. There will be many clinical units in the Government provided and insurance driven health systems that are still struggling to maintain their professional space in a mainly alien management environment. (A recent study in Peru of three hospitals clearly showed that the person centered approach was consistent with improved services).

A person-and people centered approach is also more effective in public health than that which is vertically controlled and/or market-driven. Market-driven approaches to public health are often excessively costly and ineffective in promoting health. Sir Nigel Edwards, CE of the Nuffield Trusts has written that the regime of targets and upward reporting mixed with intrusive regulation seems to have long ago reached a point where costs outweigh benefits!

Person-centered approaches can improve economic productivity, social trust, and health because they are realistic and sustainable ways to manage the complex interactions of people co-existing and developing under diverse conditions. You may have examples of best practice that can be shared with us at the end of March (25th -27th) in Geneva. Come and join us!!