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Person-centered Diabetes Care

Sanjay Kalra MD¹

¹ *Consultant Endocrinologist, Bharti Hospital; Department of Endocrinology, Karnataka Institute of Endocrinology and Research; and Associate Professor, Department of Endocrinology, IMS & SUM II, India.*

As humankind evolves, so do its health-related challenges and concerns. Similarly, the science of medicine adapts and adjusts so as to manage newer disease and dysfunction. This is a continuous, never-ending process, which requires an understanding of the person seeking health care. Person centered medicine (PCM) is a timeless concept, relevant across all spheres and settings of health care. By keeping the individual's "preferences, needs and values" at the center of decision-making, PCM ensures that their well-being is kept paramount. This well-being is not restricted to current health status; it extends to the foreseeable future as well.

This is especially true in chronic disease care, such as diabetes and obesity management. Chronic metabolic management requires a high degree of person-centricity. One must be "respectful of and responsive to" the person's needs. Ensuring an effective and robust response to obesity, while avoiding bias and stigma, requires perfection in the art of funambulism. Using person-first obesity-friendly health care services, are part of the overall philosophy of PCM.

These suggestions, however, are easier to ideate than to implement. Multiple factors work in tandem to prevent effective delivery of diabetes and obesity care. Another set of challenges impedes acceptance of, and adherence to, such care. The current issue of the International Journal of Person Centered Medicine (IJPCM) addresses such barriers, builds bridges, and uses PCM to help achieve desired outcomes.

Kalra S et al report the results of a mixed methods study designed to assess preferences and challenges related to packaging of tablets. A total of 14,396 health care professionals, and 127 persons living with diabetes were surveyed. Designed strips were thought to be more person-friendly than plain strips. Appropriate packaging helps in easily identification of drugs, avoids mishaps in dispensing and consumption, and allows dissemination of health-related messages.

Sharma S et al provide a scoping review of the effect of PCM in diabetes. They review 31 curated articles, which reveal positive effects of person centered care on self- management behavior, well-being, quality of life and glycemic control. Their findings reinforce the importance of PCM in diabetes care.

From Trinidad and Tobago, Teelucksingh et al review the ongoing obesity epidemic in the Caribbean. Based upon a ten-year review of the pertinent literature, they identify barriers and propose solutions for effective management. The authors suggest person-centered, culturally tailored ways of evaluation, support and treatment, to ensure evaluation, support and treatment, and to promote sustainable policy and behavioral changes.

PCM is not limited only to the psycho-socio-environmental realms of health, as it is also relevant to biophysical and biomedical perspectives as well. Kastelan et al describe how a person centered approach, along with multidisciplinary teamwork, is relevant to diabetic retinopathy management. They offer pragmatic and practical solutions to solve the problems and overcome challenges related to diabetic retinopathy management.

This monographic set ends with a case review by Thatte et al which illustrates the value of shared decision-making for enhancing clinical care through PCM.

Person Centered Medicine thus emerges as a collaborative programmatic movement which can facilitate better health care and promote achievement of optimal outcomes. As the diabetes and obesity epidemics continue to expand, such support will be necessary. Readers are invited to join this endeavor, represented here by a tri-continental monographic issue, through world-wide contributions such as original research articles and systematic literature reviews.