

EDITORIAL INTRODUCTION

PERSON CENTERED MEDICINE AND DEMENTIA CARE

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Dementia is a condition in which the person slowly descends behind the curtains of the disorder. At the beginning of this process, the personality is generally intact; however, subsequently and slowly, over the course of several years, the person will disappear and the symptoms of dementia will take over. Some decades ago, cognitive impairment was most often in the stage of dementia when brought to the attention of the health service, generally by the initiative of a close relative. At that time, research focused on the disorder itself, its clinical presentation, symptoms, and biological changes, as well as medical treatment. The individuals were rarely asked for their opinion as they were considered incapable of logical thinking, and it was even common not to reveal the diagnosis directly to them. In recent decades, individuals experiencing cognitive decline have come earlier to the attention of physicians and other health care workers, and this is changing attitudes. An individual diagnosed today with Alzheimer's disease or another form of disease affecting cognition is informed of the outcome of the evaluation and diagnosis.

The International College of Person Centered Medicine has been at the forefront of bringing the person into focus in every aspect of health services. Even though person-centeredness has been increasing in dementia care and service, it has mostly been prevalent in the caring sector, providing person-centered service to individuals at the stages of moderate and serious dementia. Full inclusion in discussions of patients diagnosed with an illness leading to an increasing cognitive decline on options of service and treatment is a relatively recent phenomenon.

In this Issue of the International Journal of Person Centered Medicine, four papers from four different societies are looking at different angles of this topic, from research on individuals diagnosed with Alzheimer's disease, through person-centered service in a general hospital, to the ideology and history of person-centered service and how this has been incorporated in national guidelines. An editorial with comments by an eminent professor in the field captures the whole picture.

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