International Journal of Person Centered Medicine Vol 9 No 2 pp 1-5

EDITORIAL INTRODUCTION

LEARNING AND LIVING IN THE LANDSCAPE OF PERSON-CENTRED CARE

James Appleyard, MD, FRCP, FRCPCH[a]
Werdie van Staden, MBChB, MMed(Psych), MD, FCPsych(SA), FTCL, UPLM[b]

ABSTRACT

This issue contributes a further four international articles from the USA, Peru, Germany and Japan on wellbeing, work-life balance and burn-out, which underline the need for a person- and people-centered approach. The first paper explores, documents and discusses the concepts and procedures for positive health, particularly well-being and quality of life, within the framework of person centered medicine and health. The importance ascribed to positive health is growing internationally, with particular focus on Well-being and Quality of Life. The paper identifies some useful and encompassing instruments for assessing these concepts, which have general applicability and are substantially validated internationally.

These instruments and the principles underlying them need to be incorporated into the education of medical students. Our second paper 'on becoming a physician' provides a qualitative analysis of medical students' perspectives on their academic environment, well-being and mental health. Positive human connections during undergraduate years are key to dealing with adversity and helping to shape a healthier generation of practitioners Once in practice as young physicians, our third paper from Japan concludes that in order to continue their careers without burning out and excel in various fields, a health system must be created that allows for efficient learning and work–life balance for both mental and physical well-being. Once in established practice the maintenance of professional relationships

[a] President International Association of Medical Colleges; Board Advisor and Former President, International College of Person Centered Medicine; Former President, World Medical Association; Former Consultant Pediatrician Kent and Canterbury Hospital, Canterbury, Kent, UK.

[b] Professor of Philosophy and Psychiatry, and Director of the Centre for Ethics of Philosophy of Health Sciences, University of Pretoria, South Africa. Board Member of the International College of Person-Centered Medicine.

and the nature of physicians employment within the health system become crucial as is clear from our fourth article from Germany where satisfaction with working conditions and income is high among German self-employed ambulatory doctors and psychotherapists whereas being employed by employers who are increasingly interfering with clinical practice – whether in a hospital or in an ambulatory practice – appears to decrease satisfaction with working conditions among doctors. This group is at higher risk of experiencing burn-out or have their well-being compromised, and a decreased satisfaction with working conditions among doctors.

Keywords: person-centered medicine, wellbeing, quality of life, burnout, academic environment, health system

Correspondence Address: Centre for Ethics and Philosophy of Health Sciences, Faculty of Health Sciences, University of Pretoria, Private Bag X323, Arcadia, Pretoria 0007, South Africa.

E-mail: werdie.vanstaden@up.ac.za

INTRODUCING THE PAPERS IN THIS ISSUE OF THE JOURNAL

From its inception in 1946 the World Health Organization (1946) has consistently referred to Health as being the state of complete physical, emotional and social wellbeing, and not merely the absence of disease or infirmity. Five years ago the United Nations' Sustainable Development Goal on Health was formulated in terms of promoting healthy lives and well-being for all. Indeed, the importance ascribed to positive health is growing internationally, with particular focus on Wellbeing and the Quality of Life. In the first and seminal paper, Mezzich [1] explores, documents and discusses the concepts and procedures for positive health, particularly well-being and quality of life, within the framework of person-centred medicine and health. Positive health refers to a wide and complex conceptual space that encompasses a number of important non-disease domains that include well-being, functioning, quality of life, self-efficacy, resilience and environmental and personal resources. The major positive health developments under the auspices of the International College of Person-Centred Medicine are documented {2,3 4} and then the results of a systematic review of the literature on "Person centred medicine, well-being and quality of life" from 27 papers is tabulated. The design and utilization of important instrumental developments on well-being and quality of life are enhanced within the framework of the person-centred care approach.

In the second paper, Bastos and colleagues from Brazil present a detailed qualitative analysis of medical students' perspectives on their academic environment, well-being and mental health. Exploring the medical students' perception of medical school and their understanding of which factors underly the path from well-being to impaired mental health, five main categories were identified: socioeconomic aspects, university environment (including culture, institutional functioning, and relationships), training issues, career demands, and mental health. Both personal and environmental factors were highlighted as contributors and stressors. An alarming theme raised by participants concerned stressful experiences of prejudice perpetrated either by colleagues, professors, staff or patients. Racism, homophobia, and gender discrimination were reported providing examples in which students feared revealing or they believed they would not be taken seriously. While some did not trust their suggestions or criticisms would be heard through official routes, others argued they lacked information on the institutional pathways by which to access help on this issue.

Medical schools tend to harbour a culture of competitiveness, high responsibility and self-demand within their firmly established hierarchical structures, and a concern with developing skills that would prove sufficient in "real life". Conflicting expectations from family, peers, professors, society, and from the students themselves may contribute to resisting a change in this culture of heroism dominant in the health field where excellence is frequently misconstrued as perfection.

However, it is not possible to practice medicine appropriately without engaging empathetically with the suffering of patients. The ability to estimate what goes on in another person's mind is the basis of a good physician-patient relationship, and no one goes unharmed by the process of developing this capacity as we are called to enter into the most vulnerable moments of other people's lives. Positive human connections during undergraduate years are key to dealing with adversity and helping to shape a healthier generation of practitioners.

In our third paper Anna Nakayasu *gives insights into work life balance of young physicians* in Japan from a cross-national study conducted using a questionnaire that was sent to physician across Japanese Red Cross Hospitals. In a country with the most rapidly aging population, Japan has been facing many structural issues in its healthcare system. Healthcare costs and burden on the young generation in supporting the universal health coverage system are increasing, and geographical maldistribution of physicians is a major issue. There is also a maldistribution of specialties. While more and more physicians are opting to pursue anaesthesiology, radiology, and psychiatry, the number of those choosing surgery, obstetrics, and gynaecology remains flat [Ministry of Health, Labour and Welfare. *Summary of Physicians, Dentists, and Pharmacists Statistics.* 2018; P8. Available from: https://www.mhlw.go.jp/toukei/saikin/hw/ishi/18/dl/gaikyo.pdf/.]

Their results show that those young physicians who view work–life balance as important choose specialties that allow them to control their lifestyles. Young physicians were unsatisfied with the long working hours, preferred to work fewer hours than they currently did, and believed that there was not enough reward for overtime hours. It is questionable whether the current restriction of overtime hours in Japan currently set at 1860 hours per year, is healthy and acceptable for young physicians. To prevent burnout, "karoshi" and work more efficiently even under these policies, it is essential to improve work–life balance. Reforms are needed to give young physicians adequate rest and create systems to work efficiently by sharing tasks with other medical professionals, using IT, and improving operational management.

In the fourth paper from Germany, Dr Hofmeister considers the difference between employed and self-employed doctors as the main key to understanding reasons by which employed doctors are prone to a higher risk of suffering from burn-out than self-employed doctors. This brings into sharp focus the impact of the system of employment on the doctor-physician relationship. It further describes how working conditions are changing from which challenges arise for doctors both in the ambulatory sector and in hospitals. Physicians bear a high individual responsibility for the economic strength of their own practices and at the same time, as part of the self-governance structure for the effectiveness and sustainability of the entire ambulatory sector as a whole. Everyone in Germany can consult a physician or a psychotherapist of their own choice at anytime and anywhere in the country. This system also guarantees high quality in medical care. To prevent doctors in the ambulatory care sector from suffering burn-out, it is important to reinforce the principles of self-employment within owner-run practice structures.

Doctors employed in hospitals do not experience such a degree of self-efficacy and the employed doctors in the ambulatory care sector show significantly lower satisfaction rates with their working conditions. This group is at higher risk of experiencing burn-out or at least limited well-being within their professional lives. Hofmeister concludes that in order to prevent doctors in ambulatory care suffering from burn-out, it is important to encourage in particular young doctors to practice as self-employed in their own private practice. It is also important to improve the efficiency of working hours of doctors by reducing the currently expanding bureaucracy.

REFERENCES

1. Mezzich J. E. Person Centered Medicine, well-being and quality of life. International Journal of Person-Centered Medicine, 2019;9(2):9–27

2. Mezzich JE, Snaedal J, van Weel C, Heath I (eds). Conceptual explorations on Person-centered Medicine. International Journal of Integrated Care, 2010;10(5): None. DOI:http://doi.org/10.5334/ijic.472.
3. Mezzich JE, Kirisci L, Salloum IM, Trivedi JK, Kar SK, Adams N, Wallcraft J. Systematic conceptualization of Person Centered Medicine and development and validation of a Person-centered Care Index. International Journal of Person Centered Medicine, 2016;6:219–247.
4. Mezzich JE. The construction of person-centered medicine and the launching of an International College. International Journal of Person Centered Medicine, 2012;2(1):6–10.
5. Bastos TM, Padoan CS, Monteiro VL, Raymundo MM, Pessi CP, Santos BTMQ, Lago PF, Garcia LF, Bassols AMS, Laskoski PB, Hauck S. Becoming a physician: A qualitative analysis of medical students' perspectives on their academic environment, wellbeing and mental health. International Journal of Person-Centered Medicine, 2019;9(2):29–47
6. Nakayasu A. Work life balance of young physicians in Japan. International Journal of Person-Centered Medicine, 2019;9(2):49–55
7. Hofmeister S. Health systems issues in Germany relevant to well-Being and burn-out. International Journal of Person-Centered Medicine, 2019;9(2):57–63