



ICPCM Newsletter

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Implementing person and people centred care through a transdisciplinary approach

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People centred care seems a very straightforward concept defined as care that is focused and organized around the health needs and expectations of people and communities rather than on diseases [1]. The needs of people are identified, and health care and medicine are adapted to meet these needs. Health care providers improve their listening and communication skills and search for common ground. A personal health plan is made, based on the needs or even better, the goals of the person [2] faced with different health challenges, while a care coordinator navigates the person through the needed health and social services [3].

This type of health care sounds as an all-in holiday resort for people with multimorbidity, close to wish fulfilling medicine [4] but far from a global equity focused understanding of the complex nature of health for all. A complexity that can be studied only by academics or high-level professionals, including economist, sociologists and engineers or is it possible that a real participation from the people in society can help unravel this complexity?

Last May 2022 we asked nurses, nursing assistants and nursing students in Sacaba, a municipality in Bolivia, to identify what is needed to improve the health of people with diabetes type 2 and their family in their communities. None of them spoke English or had an academic background. They identified among other interventions *the need to improve the food offered in school shops, the need to limit television commercials on unhealthy foods during times that children look tele and emotional support during the diagnosis and course of their disease*. For me the second sounded strange, but all interventions are among the most cost-effective interventions identified by Van der Vliet et al [5].

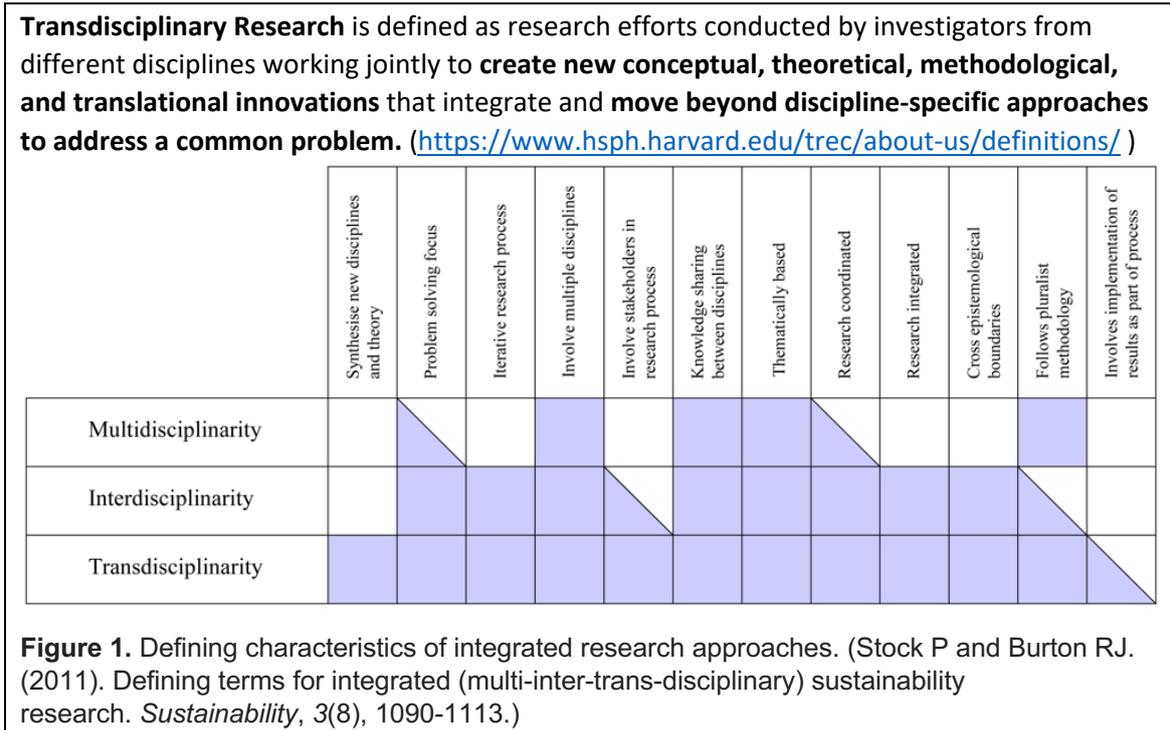
In the same municipality market sellers identified *the need to access a healthy low-cost meal, support to reduce their stress and a periodic preventive health check-up in their markets* where many live from 6 am to 10 pm. They developed a complete health plan including priorities, responsible and authorities or services to approach. Original ideas like *a gym* were transformed by the group to more realistic activities like *Zumba given by a member of their trade union*.

Transdisciplinary research

This approach, where academics and people in society meet, is called transdisciplinary. A complex problem is studied by a transdisciplinary learning community that consists of academics and representatives of societal stakeholders [6] like health care providers, local authorities, community representatives and representatives of patient organizations in the case of health. This community develops, supports the implementation, evaluates, and

remediates the interventions that are identified as needed what corresponds with the actual definition of people centred care where people need to receive the education and support, they need to make decisions and participate in their own care [7]. A dialogue with the people by the people and through the people is promoted, as well as ownership of the codesigned interventions and their impact [8].

Transdisciplinary research, education, policy development and health care are promising to reconnect academics and professionals looking from their ivory tower with the people on the earth. Although, where people interact are conflicts, related to power, personal interests, personalities, etc., and methods must be refined to guarantee equal participation and positive leadership, supporting the development of the team members while keeping the focus on the shared goal.



Transdisciplinary health care

The two examples from Bolivia do not only demonstrate that people in the community can identify what is needed, prioritise it and develop a plan to go from need to intervention. It shows that they are aware or can be made aware of the importance of disease prevention, the importance of mental health, and the need to improve their lifestyle [9]. Person and people centred care does not start with seeing the patient as a person but starts with avoiding that a person becomes a patient. The risk factors like stress, financial hardship, conflicts, sedentarism and adverse eating habits are present well before the disease and can be remediated.

These factors are at one hand described as individual risk factors that need to be changed by the individual based on his willingness to change like described by Transtheoretical Model of Prochaska and DiClemente (precontemplation, contemplation, preparation, action, maintenance) [10]. On the other hand, they are studied collectively, deprived or less deprived neighbourhoods, communities, or countries, when describing them as part of social determinants of health [11]. If people centred care is the desired strategy for universal health coverage and health equity, this complexity must be managed as part of this concept.

Transformative learning

Are health care providers prepared to face complexity in collaboration with all the relevant stakeholders? This question seems probably less relevant for the surgeon, traumatologist, neurologist, ophthalmologist, or internist when faced with a concrete health problem. Notwithstanding, it can be worthwhile to understand the factors that have led to the health problem and share their insights to prevent these problems. This participation can be very cost effective, but not economically beneficial for the physician in health systems with fee for service.

For public health professionals, primary health care providers and mental health care providers, complexity is ever present. Transformative learning, wherein a health care provider passes beyond a professional with social competencies and values to a change agent with well-developed leadership attributes [12] can help shift care from curative, paternalistic or vertical to people centred. More on transformative learning can be read in the newsletter of October 2014.

The International College of Person-centered Medicine included from the start patient organizations and wants to co-create with the society a medicine for the person with the person and by the person. It foments a global discussion to promote the implementation of this medicine not only for the high income but also for the low- and middle-income countries.

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