

Person Centered Care: Empowering Patients and Delivering Holistic Patient Care

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Patients are an important stakeholder in the healthcare programs and it is imperative to listen to and address their concerns if we want to make a robust healthcare system.^{1,2} This has been recognized with the advent of patient/person centered care. The Picker's eight-point model provides a framework to ensure this provision. Person-centered care is a multifaceted team-based approach that helps healthcare professionals avoid making assumptions or relying on old paternalistic attitudes of physicians; in which the patient remained passive and the major decisions were made by the medical team. The advantage of this framework is that instead of making decisions for patients, it gives patients the power to express what they need and what they are capable of. With this shared decision-making the patients take more responsibility and are then largely compliant with their medication plans. It also encourages health-care workers to think about their actions, become more self-aware, and grow both personally and professionally.

The Picker's Eight Principles of Person Centered Care were detailed by Harvard Medical School on behalf of Picker Institute. Employing focus group discussions to gather data of this qualitative research, initially seven points were presented with the later addition of the eighth point about access to care. This also signifies the importance of qualitative research in healthcare; apart from quantitative research to gather systematic, rigorous scientific inquiry. Patients, family members, physicians, para medical and auxiliary hospital staff participated in the focus group discussions which lead to the formulation of this eight-point model. The composition of focus groups ensured that patients

and their families voices were heard and acknowledged.

1. **Respect for Patient's Preferences:** There need to be deference for patients' values, preferences and articulated requests. For example, there can be patients who would like to be examined by physicians of same gender, having preferences how they are addressed, examined, counselled, and how much they want to be involved in their management plan decisions. Irrespective of their educational, ethnic or socio-economic background all patients need to be treated with dignity and accommodations need to be made as far as possible.
2. **Coordination and Integration of Care:** This includes coordinated clinical care from outpatient department/emergency department to various wards and departments, ensuring that the patients feel empowered and things run smoothly. There also need to be harmonization with support and ancillary staff. Their services complement the work of clinicians.
3. **Information and Education:** These contribute significantly in positive patient experiences. The clinical team needs to ensure that in how much detail the patient would like to know their condition, treatment options, prognosis and rehabilitation etc. A detailed information about the processes of care, during and after discharge from the hospital shall enable the patients to be proactively involved in the management plans.
4. **Physical Comfort:** If the patients are physically comfortable then their levels of satisfaction is significantly high. Effective pain alleviation is

extremely important, along with adequate assistance in their daily activities. Similarly, the physical environment and the surroundings play a significant role in patient's perception/experiences.

5. **Emotional Support:** Patients can be very distressed and anxious about their illnesses; which can negatively impact the healing process. With the right emotional support patients would willingly partake in self-administered medication and self-care. Clinicians need to be cognizant with patients' feelings regarding the impact of the disease on themselves and their families. Economics/costly treatment might be burdening them.
6. **Involvement of Family and Friends:** The role of family and friends cannot be over-emphasized, yet the central person/s involved in patient care should be identified and included in sessions while the patient is informed and educated about their illnesses. In cases of chronic illnesses, praising the role of family members provides them the necessary emotional support.
7. **Continuity and Transition:** At times patients are hesitant to leave the hospital as they or their family feels the level of care at home wouldn't be of the same level and they fear the patient's condition will deteriorate at home. It is important to acknowledge their fears, yet to make the transition smooth and providing the options to continue therapies at home.
8. **Access to Care:** Comprehensive information needs to be provided about follow-up appointments. Similarly, the provision to re-adjust

their appointment, if need be. The patients and families should be informed about ambulance services available and also about the emergency department of the hospital if the patient needs to access care.

The physicians need to be cognizant with the emerging attitudes of patients and their desire to be involved in shared decision making and devising plans according to their preferences, perspectives, resources and managing care coordination.⁴ The personalised care plans are based on individual patient's needs and lifestyles. It is high time to have the culture change to make person-centred care the standard.

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