

Pragmatic person centred care

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Abstract

This conceptual paper defines and describes pragmatic person centred care as an enhanced and expanded version of the construct of person centred care (PCC). Pragmatic person centred care is defined as health care that is respectful of, and responsive to the person's preferences, needs and values, while being reflective of available resource, reserves, and restrictions, regulating and balancing all aspects and facets of care in a rational, realistic and renewable manner, so as to ensure optimal relief and results.

Pragmatic person centred care is dependent upon four 'pillars': the person and their care givers, the public and peers, the health care profession and their ecosystem, as well as policymakers and planners. This comprehensive description makes the practice of PCC acceptable, practical and efficient. This concept should be integrated in all health care services, including primary care.

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Introduction

Person-centred care has been praised and prioritized in various parts of the world, by experts from a wide variety of health professions. While there are many descriptions of person-centred care, the Institute of Medicine (IOM) (Washington DC, USA) offers a definition that has stood the test of time. Patient-centred care, as per IOM, is providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.¹

Responsible Care

This definition has been discussed and debated in

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multiple contexts, The concept of responsible patient-centred care (RPCC), proposed by South Asian researchers, is an improvement on the original definition. In RPCC, "the physician or health care team take on the responsibility of ensuring that the person (with diabetes) is offered all relevant information, in an understandable manner, so that he or she can take part in a shared decision-making process, which offers the potential for achieving optimal therapeutic outcomes, without ignoring his or her biopsychosocial context."²

While the IOM highlights the approach a health care professional should take (respect and responsiveness to individual values), RPCC focuses on tactics, strategies as well as outcomes. Responsibility, information sharing, decision making, bio-psychosocial context, and outcomes: all are given equal importance in RPCC. Critics, however, feel that such an approach unnecessarily burdens already-overstretched health care system. Primary health care systems in developing countries, they feel, may not be able to cope with the requirements of PCC and RPCC. This is incorrect. Integrating PCC into one's practice improves not only patient satisfaction and outcomes, but also develops the health care professional's psyche and personality.³

Another challenge to universal adoption is the perceived complexity and difficulty of the concept. The multifaceted character of PCC, as evident from the multi-item patient centred care index,⁴ may instill reluctance in novice learners and potential practitioners. Even the most enthusiastic and apt of physicians may feel that they are unable to practice PCC in the absence of a supportive ecosystem.

Pragmatic Care

To make the concepts of PCC and RPCC acceptable to health policy makers and planners, as well as administrators and auditors, we propose a novel framework: pragmatic person centred care. Pragmatic person centred care (PPCC) is defined as health care that is respectful of, and responsive to the person's preferences, needs and values, while being reflective of available resources, reserves, and restrictions, regulating and balancing all aspects and facets of care in a rational, realistic and renewable manner, so as to ensure optimal relief and results.

Table: The Pillars of Pragmatic Person Centred Care.

The Person and caregivers	
	<ul style="list-style-type: none">• Enthusiasm/engagement level• Education• Energy/motivation for health
The Public and peer	
	<ul style="list-style-type: none">• Perspectives related to health and disease• Psychosocial environment• Physical environment
The Professional health care ecosystem	
	<ul style="list-style-type: none">• Manpower• Material resources• Monetary aspects
The Policymakers and planners	
	<ul style="list-style-type: none">• Rules and regulation• Laws and litigation• Schemes for support

PPCC has four pillars, which are all iteratively listed in Table. These are the persons living with disease or disability and his/her caregivers, the public and peers, the professional ecosystem of health care, and the policymakers and planners. All have an important role to play in the adoption and success of PPCC.

Strength And Scope

PPCC goes beyond rubrics such as relationship-based patient centred care and family centred care.^{5,6} It includes all contributors and determinants of health outcomes: the person him/herself, the public at large, the professional of health care, and policy makers/planners. It also brings a practical element to the work that health care professionals do, understanding that they need to address external determinants of PCC as well.

PPCC utilizes available resources (strengths), acknowledges limitations and weaknesses, scouts for opportunities for improvement, addresses challenges and obstacles that may arise, creates tangible as well as intangible resources and continually strives for optimization of outcomes, in a spirit of coexistence and partnership, with the world at large.

PPCC, therefore, incorporates most of the characteristics of RPCC. It is also concordant with the principles of Atreya’s Quadruple, which is perhaps the first rubric of PCC in the world, and with the modern Quintessential Quincunx.^{3,7} In both these models, caregivers and drugs are given equal importance as patients and physicians, in the process of health care.

PPCC is a concept which all stakeholders understand, and relate to. It also allows fluidity and flexibility in managing people and their health; encourages sensitivity to not only person specific, but also family, community and environmental concerns and challenges; and facilitates a ‘polylogue’, rather than mere ‘duologue’, to help improve health.

Summary

PPCC must be promoted at all levels of health education and delivery, and internalized by all participants in the health care process. PPCC motivates us to utilize our resources and strengths in a practical and pragmatic manner, and allows us to stop thinking in resource limited or defeatist terms.

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