Beyond the Disease: Embracing Patient-Centered Care in General Practice

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There have been significant improvements in medicine over time, particularly in the concept of patient-centered care (PCC). This model of care focuses on shared decision-making between the physician and the patient. This plays a role in increasing patients' engagement in their health care delivery process and medical compliance by emphasizing the role of personal beliefs and preferences. Findings from studies conducted to date show that this model's results are associated with higher satisfaction rates, treatment adherence, and general health outcomes [1-4].

Clinical expertise is significant, but to be truly healed, patients must be treated as active members and informed decision-makers in their own health care. For example, a patient's medication adherence issue may arise from financial barriers or difficulty understanding instructions. If these factors are not addressed during consultation, even the most evidence-based treatment plan may be ineffective. Consider Mrs. A, a 58-year-old female patient who has uncontrolled diabetes. Disease-oriented intervention would focus on her HbA1c target and readjust her dose of insulin. Conversely, the patient-centered intervention would involve exploring her daily activities, her access to healthy foods, and what she appreciates about her treatment (*e.g.*, her independence, spending time with her grandchildren, or feeling less tired). Discussing the patient's goals will enable us to shift the focus from controlling the disease to offering value-based, patient-centered care.

Challenges certainly exist. Time limitations in busy clinics can make it difficult to understand a patient's background and priorities in a rushed environment. Healthcare reimbursement systems that reward patient volume rather than the quality of patient care can compromise this approach. Moreover, addressing multiple diseases while providing personalized care can lead to physician burnout or appointment scheduling overlaps [5]. Varying literacy levels and cultural differences among some patients make it difficult for them to understand complex medical information and participate in shared decision-making. Some patients prefer a paternalistic approach, and guiding them toward autonomy can cause anxiety [5]. Physician distraction from the computer, required for the mandatory electronic health record documentation, can make the exchange of information with the patient tedious [1].

These challenges can be addressed through effective communication and specific organizational-level changes. Some of the strategies that will assist in achieving this goal include active listening, empathy, non-verbal communication, use of simple, easy-to-understand language, avoidance of jargon, and the patient's agreement and understanding of the management plan. The teach-back method is a way to confirm the patient's experience: the clinician asks the patient to repeat, in his own words, what the clinician told him. Visual aids, health education materials, and medication labeling have been found to enhance patients' retention of information. The time constraint can be addressed by implementing a team-based model of care; documentation in electronic medical records can be handled by a medical assistant, leaving the physician to focus on the patient [6]. Moreover, formal training in the approach to patient-centered care at the undergraduate and post-graduate levels will likely enhance patient outcomes [7, 8].

In conclusion, patient-centered care must be used to achieve the best health outcomes. There are systemic and communication barriers that can be effectively addressed to achieve a culture change and restore the human relationship between patients and medical facilities.

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