Person-Centred Healthcare: Science, Social Science and Law

Concepts of Person Centred Care (PCC)

- Different understandings of what it means to focus on personhood
- Relationship with Phenomenology & Values-based Practice
- Academic ‘movements’: PCC, EBM, VBP
- ‘Platitude test’ – need for critical analysis
- Dangers of definitive accounts: ‘person’ & ‘centred’ (logical geography)

Relationship with “patient-centred care”?

- Patient expertise (phenomenology)
- Patient empowerment: ‘experts by experience’
- Emphasis on agency:

chronic conditions, multi-morbidity, ageing populations

→ focus on lifestyle & long term well-being

→ ‘health and social care’

→ from “what’s the matter?” to “what matters?”

"The clinical encounter is an interaction between persons" (Henry)

Need to focus on

- The personhood of practitioners
- Implicit knowledge; empathy; values
- The social nature of 'patients as persons' – role of relationships, family, community (VBP – Shared Decision-making)

Conceptions of PCC (Tyreman):

(1) a "humanitarian addition to good medical practice"

(2) a "fundamental theoretical foundation… essential to our understanding of health"

- "compelling" versus "merely desirable" reasons
- shift in our underlying conceptions of human health and healthcare

Alternative conceptions:

(1)‘normal science plus’ – need to ‘integrate’ subjective/personal/social considerations into biomedical/scientific account of clinical reasoning

(2)‘anti-reductionism’ - re-examination of ‘science’ & ‘value’: underlying philosophical questions (epistemological & ontological)

➔Scientific medicine subsumed within broader humanistic account of clinical reason

(1) PCC as "humanising veneer" over illness & medical intervention

- physical-causal framework
- "until there is a cure, then care" (Aoun et al)
- patient input a useful "add on" but "the medical focus is on the workings of the body"
- positive psychological adjunct
- supports self-management
- need to demonstrate causal connections with improved outcomes

"Two feet principle" (Fulford/Peile)

=> evidence/facts & values/preferences

=> EBM/clinical expertise & patient values

Criticisms:

→ links to consumerism (Arnold et al)

→ "big eye surgery" (Aquino)

→ relational model of person (broader social & political concerns)

→ ethical values of practitioners

(2) PCC as requiring more "fundamental" shift in our thinking

Health & illness as 'holistic' phenomena

- Mechanistic v teleological (value-laden) explanations
- Revision of "modern" conceptual framework
- Modern focus on body as mechanism led to great advances, *but*
- "body as machine" metaphor now stands in the way of further progress

Persons as organisms:

- Revival of "pre-modern" ideas (other examples in the history of ideas – atoms)
- purpose as an ineliminable aspect of nature
- "putting the organic horse back in front of the mechanical cart"

Implicit physicalism (machine metaphor)

- Underpinning physical medicine, psychology & sociology:
- “finding the building blocks of life”
- “genes provide a person’s blue-print”
- psychology as “neurophysiological epiphenomenon”
- social behaviour as “applied psychology”

Organisms V mechanisms

- essentially whole at all stages of development (V whole at critical stage of assembly)
- always in transition in response to ever-changing environment

Heidegger: capacities and organs

- mereological fallacy
- “complex adaptive system of dispositional elements performing in context”

Person: unique set of experiences together with a narrative that interprets/gives meaning

- complexity & uniqueness
- focus on whole person, its essence as its internal & external relations
- value of all interventions understood in that context
- rediscover something we've forgotten or sidelined in the modern era

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