



Patient-centered medicine: The use of expert patients in medical education

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ABSTRACT

Patient-centered medicine (PCM) involves looking at more than just a disease and how to treat it. It has evolved from the realization that all the patients are different physiologically, psychologically, emotionally, and socially, and therefore, it encompasses all of these domains in its application.

The mainstay of this approach is the promotion of a mutual relationship between patient and doctor, which involves creating a secure environment to allow for open dialogue. By learning to listen to patients and exploring other causes of disease other than physiological ones, doctors are able to provide a holistic approach to treatment. Patients are also actively encouraged to participate in the decision-making process by adding their ideas, concerns, and expectations. This negotiation allows for flexibility and individualization of each treatment plan that is tailored to suit each individual patient. In essence, PCM encourages concordance: the agreement between doctor and patient on how to proceed toward a common goal.

It is, therefore, important to teach the medical students about PCM as early on in their medical education as possible. This will give them time to hone the skills in communication so that they can better understand and explore their patient's circumstances as well be aware of other domains that may require support.

However, how can medical schools effectively teach their students PCM? Here, we suggest the use of expert patients as a beneficial method for promoting PCM in medical school curriculums as students have the opportunity to gain first-hand knowledge of what a patient with a specific disease actually feels, what impact it has on their lives and those around them, and what support they find lacking or useful.

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Short report

Patient-centered medicine (PCM) is an approach to treat patients, which contrasts with the traditional doctor-centered consultation. It is based on a mutual relationship between a doctor and their patient rather than the traditional paternalistic, if not, authoritarian stance where the patient is expected to follow whatever the doctor advises [1]. As its title implies, the focus of PCM is on treating the patient as an individual, not just a disease or condition. PCM involves an open dialogue between a patient and their doctor, and this is important when it comes to elicit the patient's ideas, concerns, and expectations about their condition and their

views on how to proceed. It allows rapport to be built within the relationship as it not only encourages the patient to feel that they are being listened to and are being taken seriously but also that they have some degree of control of their situation.

PCM involves looking at not only the pathophysiological entity of disease but also what has come to be called the bio-psycho-social model approach. It attempts to incorporate the main factors that can contribute to disease and symptoms (biological, psychological, and social) [2]. By exploring all of these possible causes within a primary care setting, it attempts to minimize the number of referrals needed to eventually arrive at the correct treatment

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plan. This awareness of other possible causes of disease can be particularly useful for patients with medically unexplained symptoms.

PCM builds on the NHS idea of “the expert patient” which recognizes that some patients have intimate knowledge of his or her own body and disease. The wealth of accessible information that is now available in the modern world means that patients today are much well informed about diseases, prognosis, and treatments compared to those in the past. Many of these patients may already have an idea about which treatments that they would like to try, and hence, by encouraging dialogue and negotiation, both doctor and patient are able to come to an agreement on a treatment plan that is acceptable to both parties. For example, a treatment plan is whereby the doctor is able to administer an effective treatment to gain the desired effect, and the patient receives the treatment that they are comfortable with taking. This mutual agreement has been shown to increase the patient concordance and, therefore, beneficial outcomes for both parties [3].

It is important for medical students to be taught PCM as early on in their medical training as possible. It trains the future doctors to be aware of the multiple factors of disease that has an impact on their patients’ lives. It is all too easy for medical students to get bogged down in studying the finite details of disease pathophysiology, and the cardinal signs and symptoms can be checked off like a list that they can forget that they are treating human beings. Teaching PCM alongside the clinical sciences gives a broader understanding of the patients that we treat as well as the realization that effective communication skills can improve the patient outcomes [4].

It is important to show the medical students that their decisions on treating their patients have a much broader impact on the patients’ life than just simply addressing the disease. Take side effects of medication; for example, each patient has a different tolerance to side effects. These side effects may affect the activities of daily living, prevent them from doing something that they enjoy, or be extremely distressing. These reactions in themselves can lead to further problems psychologically, socially, and emotionally. However, if these concerns were fully explored within the PCM approach, these situations might be avoided.

The use of expert patients is one method that has been used to teach PCM, and it has many benefits.

It is where a patient with a specific disease or condition talks or teaches the medical students about what it is like to live with a certain condition. Based on the experience, this builds upon the “expert patient” idea as the in-depth knowledge of pathophysiology is complemented with real social, psychological, emotional, and physical accounts of those living with such diseases. It is also an opportunity to discover what support is currently in place for those with certain diseases, as well as what needs to be improved or provided. Patients are also able to comment on their previous and current care, and both good and bad aspects that they may feel are relevant to inform medical students. In this way, medical students are able to gain the knowledge of helpful and not so helpful practices, as well as find out firsthand what patients with these diseases are seeking in terms of support and treatment, what sacrifices they have made, and the different methods of how they cope. It creates a safe environment for medical students to explore and refine their skills in communication, history taking, and empathy with actual patients. Finally, the feedback received from the medical students when we are using expert patients to complement the teaching is extremely positive.

Conclusively, a balance is required to optimize the patient concordance with treatment needs and costs to health services. It is the awareness of this need for balance that has been implemented in some medical curriculums. A handful of universities have realized the importance and benefits for educating their medical students about PCM. The use of expert patients can effectively contribute to promote PCM in medical education by broadening a medical student’s awareness of the multiple factors that can influence a patients’ condition.

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Conflict of interest

None.

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