



Toward a patient-centred health care system

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The patient-centred approach is not new in family medicine. It is 1 of the 6 core procedure skills in the residency curriculum.¹ Twenty years after groundbreaking work by the late Dr Ian McWhinney,² patient-centred medicine is once again at the forefront. The Institute of Medicine has made it a measure of the quality of health care, along with safety, efficacy, accessibility, efficiency, and equity.³ Countless position papers have stated the need for a truly patient-centred health care system, and the position paper of the College of Family Physicians of Canada (CFPC) is no exception. The CFPC position paper entitled *A Vision for Canada. Family Practice: The Patient's Medical Home*⁴ reiterates our commitment to this core principle and makes it the thrust of this vision. How do we make this vision a reality? A colleague offered this interesting analogy: "When you visit Disney World, you instantly know you are in a kid-centred environment. Clinics and hospitals should instantly feel like that for patients. Sadly, that's not always the case."

More than a clinical method

Originally, the patient-centred approach was considered a new clinical method by which the physician attempted to see the world through the patient's eyes.⁵ This approach not only reassured the patient, it informed the entire therapeutic process, from diagnosis to treatment. According to the Institute of Medicine, the 4 attributes of patient-centred care are comprehensiveness of care, coordination and communication, support for the patient and his or her empowerment, and timely access.³ In its "Declaration on Patient-Centred Healthcare," the International Alliance of Patients' Organizations states that the essence of patient-centred health care is that the system is designed and delivered to address the health care needs and preferences of patients so that health care is appropriate and cost effective.⁶ Health care consumers are rarely consulted on care delivery; more often than not, care delivery is designed to meet organizational imperatives, not patient needs. Can we create the Disney World effect in our clinics? As professionals, can we collaborate in a way that makes sense to patients and that takes their preferences into account? We need to answer these questions before we can design and teach patient-centred care.

Developing new partnerships with our patients and communities

Seeing health care through the eyes of our patients and their families, as Ian McWhinney put it, is nothing short of a paradigm shift. This new vision would have many advantages: sharing useful information, deepening our understanding of our respective needs, and using common language to talk about the things that concern us.

At the CFPC, we believe that this is the way of the future. In our position statement, we talk about involving our patients in the planning and ongoing evaluation of service delivery (goal 1.7).⁴ We talk about giving patients the opportunity to participate, along with their physicians and the family medicine team, in planning and evaluating service quality (goal 4.4).⁴ Easier said than done! At the CFPC, we will start this process with a Patient's Medical Home steering committee created by our Board of Directors, which will be supported by a patient advisory committee. That's a good start.

During my time as President, I would like to use the opportunities afforded me by my meetings with you to learn about the initiatives you have taken and to talk about how we can pursue the patient-centred approach. We have played a leadership role in this approach in the past. Together with our clinicians, our researchers, and our educators, let's continue to blaze a trail toward a patient-centred health care system. 🌱

References

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