

Possibility of Spreading Person Centered Medicine in India

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A holistic approach in medicine had been proposed by the ancient Greek philosophers and physicians Socrates, Plato and Hippocrates as well as ancient Indian physicians Sushruta and Charaka who had propagated ‘Ayurveda’ (“the science of life”). While Socrates taught, “if the whole is not well, it is impossible for the part to be well”, the ancient Indian physicians advocated the “Guru- Chela” (“teacher- student”) relationship in the medical treatment. From these days, modern medicine has now grown and ramified to an extent where medical care is no longer restricted to the concrete walls of a hospital or to the detection and delivery of a therapeutic agent. An integrated and holistic approach is required in every aspect of health care including prevention, treatment and rehabilitation. Person centered medicine has shifted the focus of health care from the disease to the person. Person has become the center and goal of health care.^{3 4} There is a need for contemporary medicine to shift its focus from disease to patient to person.

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³ Cassell E (2010): The person in medicine. International Journal of Integrated Care. Vol 10. Supplement: 50-51

⁴ The International Journal of Person Centered Medicine 2015 Vol 5 Issue 1 pp 1 – 8 Editorial Introduction Mental Health in Person Centered Medicine Juan E. Mezzich MD PhDa, Michel Botbol MDb, and Ihsan M. Salloum MD MPHc

⁵ It would be hard to give a single definition for person centered care ^{6 7} as several authors have used many other terms such as patient-centered, family-centered, user-centered, individualized or personalised.^{8 9 10 11}. To be person centered does not just mean sharing information with the patients. Rather, involves considering his beliefs, culture, personal preferences, social support and lifestyles. It implies thinking from the patient's point of view, involving him and his kin in decision making and above all, implies flexibility from the healthcare provider to meet the needs of people.

India presents a classic paradox.¹² We have medical services ranging from the most advanced on the one hand to the lack of basic medical services on the other.

⁵ Mezzich JE, Snaedal J, van Weel C, Heath I (2010): Toward Person-centered Medicine: From disease to patient to person. *Mount Sinai Journal of Medicine* 77: 304-306.

⁶ McCance T, McCormack B, Dewing J. An exploration of person-centredness in practice. *Online J Issues Nurs* 2011;16(2):1.

⁷ Kitson A, Marshall A, Bassett K, Zeitz K. What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing. *J Adv Nurs* 2013;69(1):4-15.

⁸ McGilton KS, Heath H, Chu CH, Boström AM, Mueller C, Boscart VM, McKenzie-Green B, Moghabghab R, Bowers B. Moving the agenda forward: a person-centred framework in long-term care. *Int J Older People Nurs* 2012;7(4):303-309.

⁹ Nandini V, Sridhar C, Usharani M, Kumar JP, Salins N. Incorporating person centred care principles into an ongoing comprehensive cancer management program: an experiential account. *Indian J Palliat Care* 2011;17(Suppl):S61-67.

¹⁰ Cloninger CR. Person-centred integrative care. *J Eval Clin Pract* 2011;17(2):371-372.

¹¹ Edvardsson D, Fetherstonhaugh D, Nay R. Promoting a continuation of self and normality: person-centred care as described by people with dementia, their family members and aged care staff. *J Clin Nurs* 2010;19(17-18):2611-2618

¹² Patwardhan, B., Warude, D., Pushpangadan, P. & Bhatt, N. (2005) Ayurvedic and traditional Chinese medicine: a comparative overview. *Evidence-Based Complementary and Alternative Medicine*, 2, 465–473.

The early roots of the concept of person-centered medicine can be found in the ancient medical systems of both Eastern and Western civilizations.^{13 14 15} The traditional Indian system of medicine, Ayurveda has evolved and survived till present day. Traditional Indian system of medicine gave utmost importance to person centered healthcare. With the advent of British rule in India, the traditional system of medicine lost its importance and Indians started preferring modern medicine and modern methods of healthcare. The Indian attitude was to respect and love their physician giving him an exalted place in the social hierarchy. It is unfortunate, allegations of corruption and exploitation of patients are sometimes being heard now.¹⁶ Hence, person centered care has greater relevance today.

The implementation of person centered care faces several challenges in India. Changes need to be made to the primary health care system. Every individual has his or her own way of coping with health problems within their specific life circumstances.¹⁷ It is difficult to deal with health problems in great detail in primary care. People need to be understood as a whole, including their social concerns and realities of the world they live in.¹⁸ Primary care physicians and other medical professionals who work at the grass root level face over crowding. They have to treat large number of patients, often beyond their working hours. Training in person- centered medicine will be very helpful to them.

¹³ Christodoulou GN, editor. Psychosomatic medicine. New York: Plenum Press; 1987.

¹⁴ Mezzich JE, Snaedal J, van Weel C, Botbol M, Salloum I. Person-centered medicine: from concepts to practice. Editorial introduction. J Eval Clin Pract. 2009;15(3):330-332.

¹⁵ Ancient Science of Life, Vol. I, No.1, July1981, pages 1-7 Origin And Development Of Ayurveda (A Brief History)V. Narayanaswamy

¹⁶ Jain A, Nundy S, Abbasi K. Corruption: medicine's dirty open secret. BMJ 2014;348:g4184.

¹⁷ Starfield, B., Shi, L. & Macinko, J. (2005) Contributions of primary care to health systems and 31. health. The Milbank Quarterly, 83, 457–502.

¹⁸ Pongsupap Y, Van Lerberghe W. People-centred medicine and WHO's renewal of primary health care. J Eval Clin Pract. 2009;15(3):339-340.

The inadequate number of primary care professionals is a major concern and serious steps should be taken to correct this, as they form the bridge between the person and health delivery system. People will be more comfortable with a person who understands them, their family, cultural and financial situations, rather than a random consultant or a specialist. Response and effectiveness of the care provided is more if administered like this.¹⁹

It is a challenge to recruit and train physicians especially to work in the rural areas of the country as the pay or infrastructure differs massively from the urban parts of the nation. This is reflected in the fact that the urban density of health workers is four times that in rural areas.^{20 21 22 23}

India has the largest number of medical colleges in the world but have only seven doctors and 17 nursing and midwifery staff per 10,000 population, when the global averages are 14 and 29 respectively.²⁴ The primary health care workers need to be entrusted with a particular set of targets or responsibilities.

India has traditional medical practitioners in many areas. The outright denial of these treatment modalities may not be helpful. Quacks in remote areas can be removed by education and effective communication. A trustworthy and fruitful relationship with the physician promotes person centered care.

¹⁹ Stewart, M. (2001) Towards a global definition of patient centred care. *BMJ*, 322, 444–445.

²⁰ Patwardhan, B., Warude, D., Pushpangadan, P. & Bhatt, N. (2005) Ayurvedic and traditional Chinese medicine: a comparative overview. *Evidence-Based Complementary and Alternative Medicine*, 2, 465–473.

²¹ High Level Expert Group. Report on universal health coverage for India. New Delhi: Planning Commission of India; 2011 Nov.

²² World Health Organization. World health statistics 2014. Geneva: WHO; 2014.

²³ Sengupta A. Universal health care in India: making it public, making it a reality. Municipal Services Project. Occasional Paper No. 19. Cape Town: Municipal Services Project; 2013.

²⁴ High Level Expert Group. Report on universal health coverage for India. New Delhi: Planning Commission of India; 2011 Nov.

India's public expenditure on health is 1.2% of GDP, which is among the lowest in the world. This has led to increased financial burden on patients and has in turn contributed to poverty.^{25 26} Financial constraints do hinder promotion of person centered care. More funds need to be generated and authorities, both national and state have to give more priority to health care. Co-operation with NGOs and others can help to increase the outreach of these programs.

Infrastructure is inadequate for the population needs in India. The third national District Level Household and Facility Survey in 2007-08 showed that out of 4535 community health centers, only 754 were functional as per the Indian Public Health Standards.²⁷

Indian society gives more importance to family ties and relationships. It would be an easy task to involve families in the health care of the person because of this close knit nature of families.

India is fast moving ahead in the world. The new national health policy in India proposes making health a fundamental right with the promise of improved access to treatment. The person centered care is still in its infancy in India. It remains the need of the hour for ensuring proper healthcare for all. This is definitely possible with the active co-operation between people and authorities.

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²⁵ Patwardhan, B., Warude, D., Pushpangadan, P. & Bhatt, N. (2005) Ayurvedic and traditional Chinese medicine: a comparative overview. *Evidence-Based Complementary and Alternative Medicine*, 2, 465–473.

²⁶ High Level Expert Group. Report on universal health coverage for India. New Delhi: Planning Commission of India; 2011 Nov

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