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Towards a person-centered medical education: challenges and imperatives (I)

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Abstract It is increasingly claimed that modern medicine has entered into crisis —a crisis of knowledge (uncertainty over what counts as "evidence" for decision-making and what does not), care (a deficit in sympathy, empathy, compassion, dignity, autonomy), patient safety (neglect, iatrogenic injury, malpractice, excess deaths), economic costs (which threaten to bankrupt health systems worldwide) and clinical and institutional governance (a failure of basic and advanced management, inspirational and transformational leadership). We believe such a contention to be essentially correct. In the current article, we ask how the delineated components of the crisis can be individually understood in order to allow them to be collectively addressed. We ask how a transition can be effected away from impersonal, decontextualized and fragmented services in the direction of newer models of service provision that are personalized, contextualized and integrated. How, we ask, can we improve healthcare outcomes while simultaneously containing or lowering their costs? In initial answer to such questions —which are of considerable political as well as clinical significance— we assert that a new approach has become necessary, particularly in the context of the current epidemic of multi-morbid and socially complex long term illness. This new approach, we argue, is represented by the development and application of the concepts and methods of person-centered healthcare (PCH), a philosophy and technique in the care of the sick that enables clinicians and health systems to re-introduce humanistic ideals into clinical practice alongside continuing scientific advance, thereby restoring to medicine the humanism it has lost in over a century of empiricism. But the delivery of a person-centered healthcare within health systems requires a person-centered education and training. In this article we consider, then, why person-centered teaching innovations in the undergraduate medical curriculum are necessary, as a first step, to achieving real progress in the integrity of modern undergraduate medical education. Without such innovations, we do not believe that suitable foundations for subsequent innovations in postgraduate training can

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be laid and, with them, a continuing professional education in PCH that spans entire medical careers. We first review the historical perspectives of relevance to our arguments and then advocate a radical re-think of what we believe to be the urgent imperatives for a modern medical undergraduate and postgraduate training.

PALABRAS CLAVE
Compasión;
Empatía;
Medicina basada en la evidencia;
Educación médica;
Cuidados sanitarios centrados en la persona;
Medicina centrada en la persona

Hacia una educación médica centrada en la persona: retos y exigencias (I)

Resumen Se afirma, cada vez con más fuerza, que la medicina moderna ha entrado en crisis —una crisis de conocimientos (incertidumbre sobre qué cuenta como "evidencia" para la toma de decisiones y qué no), de la atención (un déficit en la simpatía, empatía, compasión, dignidad y autonomía), de la seguridad del paciente (negligencia, daño iatrogénico, mala praxis, exceso de mortalidad), de los costes económicos (que amenazan con la quiebra de los sistemas de salud a nivel mundial) y de la gestión clínica e institucional (un fracaso tanto en la gestión básica y avanzada como de liderazgo inspiracional y transformativo). Creemos que tal aseveración es esencialmente correcta. En el presente artículo nos preguntamos cómo podemos comprender individualmente cada componente de esta crisis con el fin de poder abordar el problema en su conjunto, cómo podemos efectuar la transición desde unos servicios impersonales, contextualizados y fragmentados hacia nuevos modelos de prestación de servicios centrados en la personalización, contextualización e integración, y cómo podemos mejorar los resultados de la atención sanitaria a la vez que se contienen o reducen sus costes. Como respuesta inicial a este tipo de cuestiones (que son de alcance clínico y político) afirmamos que es completamente necesario un nuevo enfoque asistencial, especialmente en el contexto epidémico actual de enfermedades crónicas, comórbidas y socialmente complejas propio de las sociedades desarrolladas. Se argumenta cómo este nuevo enfoque puede estar representado por el desarrollo y aplicación de nuevos conceptos y métodos de una asistencia sanitaria centrada en la persona, una filosofía y técnica del cuidado de los enfermos que permite a los médicos y a los sistemas de salud integrar la rehumanización en la práctica clínica junto al continuo avance científico, reinstaurando así en la medicina el humanismo perdido tras un siglo de empirismo. Pero la aplicación de los cuidados sanitarios centrados en la persona dentro de los sistemas de salud requiere también de una educación y formación centradas en la persona. En este artículo se discute la necesidad de innovar los planes de estudio con contenidos sobre la asistencia sanitaria centrada en la persona, como un primer paso para lograr el progreso real hacia una enseñanza médica moderna e integral. Sin este tipo de innovación del Grado no se introducirán las bases adecuadas para una posterior innovación efectiva de la enseñanza de posgrado y de la formación continuada sobre asistencia sanitaria centrada en la persona, mantenida a lo largo de toda la carrera profesional del médico. En primer lugar, revisamos las perspectivas históricas relevantes para nuestros argumentos y abogamos por un replanteamiento radical de lo que creemos son las exigencias más urgentes para la formación del estudiante de grado y posgrado en medicina.

Introduction

It is increasingly claimed that modern medicine has entered into crisis[1,2]. Such a claim, on first examination, appears somewhat exaggerated, if not astonishing, and rightly generates many questions. It will be asked, entirely understandably, "Crisis? What crisis?" "Has not medicine witnessed an unprecedented level of progress over the last 100 years, with therapeutic nihilism giving way to therapeutic optimism and an inexorable move to the provision of universal healthcare for all?" "Do not the most recent advances in genomic and translational medicine and 'smart' technology for patients demonstrate that, far from being in crisis, medicine and healthcare more generally should engage in the celebration of their successes, not talk of crisis or diminution?"[2].

Such questions are, as Miles and Asbridge have recently pointed out, powerfully rhetorical[2]. But these authors, with a growing number of others[3], are clear that as medicine has become more powerfully scientific, it has also become increasingly depersonalized. They argue that recent decades have seen a shift of the clinical and institutional "gaze" away from the patient as a person, towards a vision of practice that focuses more on the technical application of government and payer-approved guidelines, than on the specific needs of the individual patient. This shift of "gaze" has resulted, it is contended, in a wide range of unintended