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## Patient-centred care in established rheumatoid arthritis



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### ABSTRACT

Review of the evidence on patient-centred care (PCC) in rheumatoid arthritis (RA) shows that involving the patient as an individual – with unique needs, concerns and preferences – has a relevant impact on treatment outcomes (safety, effectiveness and costs). This approach empowers patients to take personal responsibility for their treatment.

Because clinicians are only able to interact personally with their patients just a few hours per year, patients with a chronic condition such as RA should be actively involved in the management of their disease. To stimulate this active role, five different PCC activities can be distinguished: (1) patient education, (2) patient involvement/shared decision-making, (3) patient empowerment/self-management, (4) involvement of family and friends and (5) physical and emotional support. This article reviews the existing knowledge on these five PCC activities in the context of established RA management, especially focused on opportunities to increase medication adherence in established RA.

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## Patient-centred care in established rheumatoid arthritis

In line with rapid changes in our society, health care changes too. Fortunately, the efficacy, efficiency and effectiveness of treatments for chronic diseases more and more result in improvements in the quality of life and survival. Individuals increasingly prefer an active role in shaping their own lives, including how a chronic disease affects them. This process is catalysed by the rapid growth of the Internet, which offers convenient access to a wide range of health information, with interactive communication platforms [1]. Patients increasingly search the Internet for medical information, wish to have open communication channels with their health professionals, and are eager to actively participate in making important medical decisions [2].

## Shift from physician-centred care to patient-centred care

These developments are influencing today's health-care systems. For decades, health-care systems were mainly organised from the biomedical perspective. Consequently, the needs of the clinician and the system took priority in the delivery of care to patients. In this model, the health professional was at the centre of the system – he or she had exclusive access to knowledge – and the patient was expected to comply with the instructions given by health professionals [3].

Further, the view on how to provide high-quality health care has altered [1,2].

Respecting patient's autonomy is not only ethically 'the right thing to do', it is essential, as it is the patient who has to live with the daily discomforts, the challenges of RA and the threat of disability.

High-quality care is now considered to be a collaboration of professionals and patients jointly working on restoring or maintaining the patient's health status [4,5]. Educated and empowered, patients will better manage their disease. Where professionals must stimulate and educate patients, they must feel obligated to work as partners with health professionals to optimise health ('participatory medicine').

In short, health care is changing from physician-centred care to patient-centred care (PCC), in which the health professional and the patient together decide what the best care will be [1].

## Patient as part of the multidisciplinary care team

PCC is defined by the Institute of Medicine (a division of the National Academy of Sciences in the United States) as: '*providing care that is respectful of, and responsive to, individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions*' [6]. PCC places each patient at the centre of the health-care system, and it recognises the patient as a whole person with physical, psychological and social needs. Contrary to common belief, patient-centredness requires more than a respectful attitude towards patients or a personalised style of clinical interviewing. PCC is guiding patients with complete and *unbiased* information based on sharing the best available evidence and considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles. These individual characteristics may shine a different light on risks and benefits. As a consequence, patient's individual vision/experiences and physicians' visions (based on intensive education and experiences with many other patients) should be exchanged and integrated into treatment plans [7].

*Bottom line*; the underlying philosophy of PCC is the overall respect for patients as unique living beings in their specific social world, which implicates that patients should be treated as autonomous individuals who need to be viewed as full members of the multidisciplinary care team in order to assure that their wishes should be respected.

## Patients need knowledge, skills and power

By definition of being the owner of their illness, RA patients typically cope with their illness on their own, in their own environment, most of the time in the absence of a clinician. Consequently,

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