



RESEARCH CHAIR

VALUES OF PATIENT-CENTERED CARE

Healthcare systems efficiency, ethical and policy issues



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The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

Francis W. Peabody, « The Care of the Patient »,
The Journal of the American Medical Association,
88, 1927, p. 877-882

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Our Work

The question of **value** is at the center of all the attempts of **understanding the sick person** in its complexity, from **Georges Canguilhem's theory of vital norms**, to the **narrative-based medicine** and the **value-based medicine**, including the **client-centered therapy** and the **biopsychosocial model**.

According to these orientations, from a normative point of view, care should aim at forming an independent judgement, at prioritizing functional coordination over social coordination, at leaving room for a reflection over technical options. A healthcare system constitutes the concrete interface between care, policy and politics. It implies a strong ethical concern, even more when centered on the patient. It cannot be summarized in a simple addition of interpersonal relations, nor can it be subsumed in a global policy.

The Chair "Values of Patient-Centered Care" has the ambition of reformulating issues beyond a neoclassical economical perspective. It aims at putting

into perspective, by adopting a critical approach, the concepts of evaluation, efficiency and value, which means taking into account the necessity of inscribing "value" in the very measures of evaluation. Our goal is to assess the validity of the models of care.

Involving an interdisciplinary team – philosophers, economists, political scientists, sociologists, management specialists, clinicians, and various health stakeholders – the Chair aims at provoking a collective discussion around the meaning and value of patient-centricity in health systems. Hosted at the Lyon 3 University, its objective is to create new international and cross-fertilizing collaborations to engage change at the local and national levels.

For Healthcare To Be Effectively Patient-Centered

How could medicine not include the patient as a major partner of their own care?

The origin of the medical art lies in the subjective experience of pain. In this perspective, the patient is at once an object of care and an invisible subject of its cognitive, technical and social development. Considering the person as a whole and creating the conditions to make them a visible and proactive subject in the care journey : this is our understanding of an efficient and ethical patient-centered healthcare system.

Since WWI, both patients and caregivers have gradually drawn attention to the slow disappearance of the patient-subject from medical discourse, and even from the organization of the health systems. Standardization and new technologies simultaneously open the possibilities of universalizing the access to an efficient and affordable and of fragmenting the patient's experience of disease. Fragmentation, along with an objectivist biomedical perspective, reinforces neoclassical economics and institutional priorities as the basis of healthcare systems management. This is detrimental to the patient.

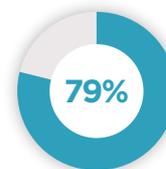
The latest medical innovations only partially address this issue. From an epistemological standpoint, the most advanced types of medicine - like personalized medicine or P4 medicine (predictive, personalized, preventive and participative) - focus on the treatment of disease in the sick person. The path from genomics to public health is here made of aggregated personal data. Healthcare is a particularly relevant field to study the uses and impact of "big data." Who owns health data? What are the consequences of prediction at the individual level? Does a medicalized existence guarantee a better health?

Studies have shown that medical visits that are centered on the patient produced, on average a **79% therapeutic observance**, against 55% for a non patient-centered one.

Under which conditions could we then imagine a care system really built around the patient?

What does "patient-centered" mean? Since the 1960s, the idea of a medicine taking into account the individual as biological, psychological and social entity had been inspiring nurses and clinicians all around the world. "Patient-centered" care had been formalized some decades later in manuals and readers and, in 2001, it was included by the Institute of Medicine (IOM) as a main objective of health reforms, and notably in the US. As a result, "patient-centered care" has been so much used that it lost its meaning. More importantly, it failed to be translated into long-lasting organizational change.

THERAPEUTIC OBSERVANCE



Medical visit
patient-centered



Medical visit non
patient-centered



Our Goals

Our **research program** lasts **nine academic years**, starting from **Oct. 2016**.

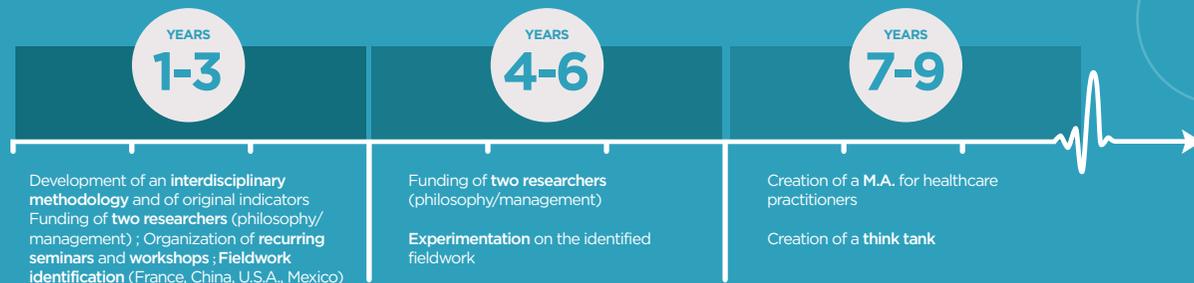
During these years, crucial issues will be reformulated, concepts redesigned, instruments re-elaborated, and solutions offered. We will focus on new fieldworks (France, U.S.A., China, Mexico). We are working on elaborating new methodological tools to investigate patient centrality on the ground.

“Value” is our central question. Using this notion as a starting point means certainly asking what could be the efficiency of patient-centered care, which can be measured through new indicators, that still have to be elaborated and tested.

This chair is based at the Lyon 3 University, co-directed by Jean-Philippe Pierron (Full Professor of Philosophy) and Didier Vinot (Full Professor of Management) and constructed in partnership with the École normale supérieure in Paris (chair “Philosophy at the hospital”), with the Centre Georges Canguilhem of Paris VII University (project “The Person in Medicine”).

It is a continuation of a project “Values of Individualized Care”, which obtained, in March 2016, a university starting grant. This project proposes a first experimental approach on four fieldworks: France and three institutions aligning themselves with the patient-centered approach in the United States (Cleveland Clinic), Mexico (Mexico City) and China (Delta West Clinic).

It also means proposing an understanding of how the real centrality of the patient within healthcare systems may make room for the patient to build on their own values, and what could be the values that a new patient-centered health care system could endorse. Our goal is to promote a type of healthcare system whose structure is not only submitted to technical and economical interests. If disease harms our capacities, constrains and alienates us, today’s challenge is to conceive a healthcare system able to consider the values of the patient as an autonomous subject.



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Inspired by patients.
Driven by science.



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