Patient-Centered Care

Is it really disruption?

PETER B. ANGOOD, MD

Editor's Note: *This article is excerpted from Inspiring Growth and Leadership in Medical Careers: Transform Healthcare as a Physician Leader (American Association for Physician Leadership, 2024). Reprinted with permission from The Healthcare Administration Leadership and Management Journal, Volume 2 Issue 4, pages 162-163, American Association for Physician Leadership®, 800-562-8088, www.physicianleaders.org*

Being somewhat of an idealist and altruistic individual, as a surgical trainee in Montreal at McGill University, I was highly influenced by the seemingly omnipresent influence of William Osler. The Osler Library is located at McGill University's Medical School, and the auditorium where our surgical educational sessions were conducted had a large portrait of Osler hanging in constant view. Like many, I endeavored to emulate his teachings and to practice by those ideologies. I just could not shake his stare from that portrait—you know, the type of portrait where the eyes are always following you.

Sir William Osler (1849-1919) was a Canadian physician who created the first residency program for specialty training of physicians, and he brought medical students out of the lecture hall for bedside clinical training. He frequently has been described as the "Father of Modern Medicine," and his career traversed the universities of McGill (1874-1884), Pennsylvania (1884-1889), Johns Hopkins (1889-1905), and Oxford (1905-1919).

A prolific writer, he once wrote, in an essay titled "Books and Men," that "He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all." He also is credited for saying, "Listen to your patient; he is telling you the diagnosis," emphasizing the need to take a good history.

In a similar vein of thought, who in medicine has not heard of Florence Nightingale? Her influence on patient care has been omnipresent in our industry, primarily through her role in founding the modern nursing profession. Nightingale (1820-1910) rose to prominence managing nurses she trained during the Crimean War, where she organized the tending of wounded soldiers and gave nursing a highly favorable reputation. She became the iconic "Lady with the Lamp" while making rounds at night.

An English social reformer and statistician, Nightingale established a nursing school at London's St. Thomas' Hospital in 1860. Now part of King's College London, it was the world's first secular nursing school. Also a prolific writer, she worked to improve healthcare for all sections of British society, and advocated for hunger relief in India, the abolition of prostitution laws that were overly harsh to women, and the expansion of female employment. In partial recognition of her pioneering work, new nurses take the Nightingale Pledge. She helped set an example of compassion and commitment to patient care, as well as diligent and thoughtful hospital administration. Indeed, patient-centered care actually has been a focus for roughly 150 years.

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ties of healthcare delivery systems have escalated logarithmically. We all know, and feel, the diversity of influences (too many to list) that now encroach on the core components of essential patient care—the patient–physician relationship and the patient–nurse relationship in a conducive environment for optimal care.

A portion of what is gradually occurring is the rapid adoption of technologies and the progressive implementation of not only expanded responsibilities for non-physician providers but also an expanded number of non-physician clinicians involved with patient care. Several components of a new paradox gradually are becoming clearer—the paradox between existing delivery systems oriented toward how altruistic physicians prefer to deliver care versus a renewed focus on patient-centered care that is trying to thrive in a highly complex set of evolving systems amid new types of providers not yet fully oriented to patients.

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Disruption of our industry is at the core of this paradox. Learning to manage it effectively will be a challenge for physician leadership and everyone oriented toward truly successful patient-centered care.

Communication, communication, communication … we all know it is an essential component of healthcare. When things go incredibly well, communication, caring, and compassion are most often at the core of success. Equally, however, when things go horribly wrong in healthcare, communication problems usually are at the core.

Among many examples, electronic health records gradually have gained acceptance in healthcare. Cloud-based data warehousing and assertive efforts with data analytics are common practices. Push messaging that results from the analytics is now prevalent. Social media channels are generally accepted, and expected, forms of communication. But what is less clear is the collective and eventual impact on healthcare delivery, especially when patient expectations are higher than provider willingness.

Our personal lives have been pervasively affected—and relatively quickly—by technology as all generations are now seemingly dependent on digital devices for information, and a new form of addictive dependency apparently is evolving. Interpersonal communication and the types of relationships being formed are in unprecedented transition. A new type of patient–physician relationship is developing gradually, but is not yet formalized.

The Internet is propelling clinicians into new ethical and legal territory, raising questions about the accuracy of online information, patients' right to privacy, and doctors' liability regarding their patients' online behavior.

Liliya Gershengoren, a psychiatrist and professor with Weill Cornell Medicine, concluded from a survey she conducted that an overwhelming majority of psychiatrists and residents at one U.S. academic hospital had Googled a patient at some point in their careers. These survey results were presented at an annual meeting of the American Psychiatric Association.[1] Of 48 staff doctors and 34 residents who responded anonymously, 93% of staff and 94% of residents reported researching a patient online at least once. She found that 17% of staff and 40% of residents in the emergency department Googled their patients on a frequent or semi-regular basis (compared with 5% of staff and 15% of residents in inpatient settings).

And then there are external risks—malevolent forces that continually try to create chaos by penetrating our organizational technology with the intention of stealing patient data, holding patient care networks for ransom, or even doing harm to patients.

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As physicians, we must continually seek how to optimize patient-centered care in the face of ever-increasing change and complexity. We must also continue to seek how our role as the natural, intended leaders in the healthcare system (and the dominant focus of patient care) can be further optimized. Increased personal awareness in both of these areas will be essential for achieving improved outcomes on both fronts. Managing any paradox is not about "yes" or "no" decisions—it is a process of finding, then managing, the balance for both the individuals and organizations we influence. Positive outcomes often result from disruption.

I encourage all of us to continue seeking deeper levels of understanding. Proactively helping others, as physician leaders, to better manage the disruptive paradox of true patient-centered care is a critical component of our professional responsibility. **PM**

Reference

[1] Most psychiatric professionals Google their patients, survey finds. Psych Congress Network. www.psychcongress.com/article/most-psychiatric-professionals-google-their-patients-survey-finds

Dr. Angood is President and CEO of the American Association for Physician Leadership.