

# Achieving patient centered care: Communication and cultural competence

Sir,

The editorial on patient-centered approach in endocrinology made interesting reading, and is apt according to the need of the hour.<sup>[1]</sup>

An old saying quotes, “Salus populi suprema lex esto”, i.e., Let the welfare of the people be the supreme law. Analogous to this stands the concept of patient-centered approach where the welfare of the patient is of prime importance. For this to be achieved, patient-centered approach has to be adopted. This has been put up in simple words appropriately by McWhinney as one where “the physician tries to enter the patient’s world, to see the illness through the patient’s eyes”.<sup>[2]</sup> The editorial presents a relatively complete and better acronym CARES (C-Compassionate competence, A-Authentic accessibility, R-Reciprocal respect, E-Expressive empathy and S-Straightforward simplicity) for patient-centered care.<sup>[3]</sup>

To establish good patient centered care, we must break down critical barriers between clinicians and patients. Two important barriers of patient-centered approach include communication skills and cultural competence of the treating doctor.

Patient-Practitioner relationship must be strengthened to eliminate the communication gap between them. The accessibility of the doctor, work hours, and more importantly his or her behavior, play a significant role in this. Patients should also be emotionally supported and empowered so that they can express their values and preferences and ask questions without any inhibitions from their clinicians. Patients should be educated about the essential role they play in decision-making and be given effective tools to help them understand their options and the consequences of their decisions.<sup>[4]</sup>

Interviewing the patient in detail followed by psychosocial motivation can result into better compliance and improved satisfaction levels amongst patients. This term has been defined as “Motivational Interview” by clinical psychologists worldwide. It comprises of the ability to ask open-ended questions, the ability to provide affirmations, the capacity

for reflective listening, and the ability to periodically provide summary statements to the patient.<sup>[5]</sup> This helps the patient in making optimal decisions and having a better health. To further improve communication, as suggested in earlier studies, it should be made a mutual dialogue by convincing all patients to provide feedback (e.g., Participate in surveys and focus groups) and improve the design of their treatment protocol as per their needs and preferences.<sup>[6]</sup>

Cultural competence is another necessity of good patient-centered treatment. Health care specialists face cultural and linguistic barriers between themselves and patients which interfere with the effective delivery of health services.<sup>[6]</sup> Moreover, in a country like India, with numerous languages, cultures and religions, it becomes even more challenging for the treating clinician to be culturally competent and understand the patient well. Trans-cultural health care training which involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire in the clinician can be used to strengthen the patient-practitioner bond.<sup>[7]</sup>

Patient-centered care has already become ubiquitous in modern healthcare. Call for patient-centered management in chronic diseases especially diabetes have already been made.<sup>[8]</sup> The time has come when we as clinicians, need to think above the rhetoric of guidelines and evidence-based treatment plans, and focus on the “voice of our patients.”

Francis Weld Peabody, in 1927, said, “The treatment of a disease may be entirely impersonal; the care of a patient must be completely personal.”<sup>[9]</sup> Similarly, we do not need just doctors with the best of degrees and treating capabilities, but what our patients need, compassionate empathetic clinicians who believe in the intent to heal.

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	<b>DOI:</b> 10.4103/2230-8210.107886