

## Person Centred Primary Care Diabetes

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### Abstract

This opinion piece highlights the importance of person centred philosophy in primary care. The authors define, describe and detail the concepts of person centred and responsible person centred care. They call for equal emphasis on evidence-based treatment, empathic delivery, experiential learning, ethical guidelines and environmental constraints.

**Keywords:** Diabetes, person centred care, psychological aspects, primary care, responsible person centred care..

**DOI:** <https://doi.org/10.47391/JPMA.26-19>

### Introduction

As diabetes becomes a public health problem, it becomes imperative for preventive and therapeutic care to be offered at primary care level. Managing chronic disease, however, requires much more than mere biomedical knowledge. An understanding of the psychosocial and environmental determinants of diabetes, as well as the nuances of counselling and education, is necessary.<sup>1</sup> Not only that, the primary care physician should be well versed with the concept of person centred care.<sup>2</sup>

### Person At The Centre

Person centred care (PCC) is a frequently used phrase, which conveys varied meanings according to content and context. As per the Institute of Medicine, Washington D.C, USA, person centred care is defined as that which is respectful of, and responsive to, the individual's needs, preferences and values, and ensuring that all decisions are guided by the individual's value system.<sup>3</sup>

Responsible person centred care (RPCC) defines PCC from a resource- challenged, or health literacy-challenged perspective. RPCC can be described as that in which the physician or health-care team take on the responsibility of

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ensuring that the person with diabetes is offered all relevant information, in an understandable manner, so that he or she can take part in a shared decision-making process, which offers the potential for achieving optimal therapeutic outcomes, without ignoring his or her biopsychosocial context". RPCC encourages shared responsibility between all stakeholders, including medical and nursing personnel, family members, policy makers, and civil society.<sup>4</sup>

### Pragmatic Issues

Practicing RPCC in South Asian settings may be challenging. Lack of awareness, poor literacy and numeracy, financial and logistic constraints, and systemic barriers: all these contribute to suboptimal quality of care.

Others feel that promoting PCC means abdication of the physician's rights, and blind following of the person's whims and fancies. However, PCC emphasizes that the physician's right and responsibilities are retained, if not recharged, in the pursuit of good health.

### Practical Solutions

The primary care physician can bridge these barriers by following the precepts of RPCC. Understanding the person's needs, preferences and values, responding in a respectful way to them, and explaining disease and health in simple, sensible, salutogenic words, helps improve person-physician communication and bonding. Evidence- based medical care should be explained in an empathic manner, keeping empirical and experiential learning, as well as ethical and environmental constraint in mind.<sup>5</sup> Educational levels must be valued while explaining planned management strategies.

The community physician serves not only as a doctor, but also as a confidante and counsellor. This strength can be utilized to enhance awareness about diabetes and its complications, and specifically about our ability to prevent and manage these. The community physician should be viewed as a pillar of diabetes care delivery. As has been mentioned earlier, diabetes is too important to be left to the diabetologist alone.<sup>6</sup>

### Summary

PCC and primary care are two sides of the same coin. Promotion, preservation and protection of health, in a holistic harmonious manner, is the prime duty of a

primary care physician. This is what PCC aims to achieve as well

**Disclaimer:** None.

**Conflict of Interest:** None.

**Source of Funding:** None.

## References

1. Wangnoo SK, Maji D, Das AK, Rao PV, Moses A, Sethi B, et al Barriers and solutions to diabetes management: An Indian perspective Indian J Endocrinol Metab. 2013; 17:594–601
  2. Kalra S, Megallaa MH, Jawad F. Patient-centered care in diabetology: From eminence-based, to evidence-based, to end user-based medicine Indian J Endocrinol Metab. 2012; 16:871–2
  3. Committee on Quality of Health Care in America Crossing the Quality Chasm: Institute of Medicine (U.S.) A New Health System for the 21st Century. 2001 Washington, DC The National Academies Press
  4. Kalra S, Baruah MP, Unnikrishnan AG. Responsible patient-centered care. Indian J Endocrinol Metab. 2017;21:365-6.
  5. Kalra S, Sridhar GR, Balhara YP, Sahay RK, Bantwal G, Baruah MP, et al National recommendations: Psychosocial management of diabetes in India Indian J Endocrinol Metab. 2013; 17:376–95
  6. Kalra S, Sharma S. Diabetes is too important to be left to diabetologists alone. J Pak Med Assoc. 2022;72:800-1.
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