Book review

Patient-centered medicine: transforming the clinical method. Second edition

Moira Stewart, Judith Belle Brown, W. Wayne Weston, Ian R. McWhinney, Carol L. McWilliam, Thomas R. Freeman. Radcliffe Medical Press Ltd, 2003, 4 pts, 21 chapters, pp. 360 (incl. appendix and references), ISBN 1 85775 981 8

In community-based primary care, practitioners spend a lot of their time listening, to build up sustained relationships with their patients. This forms the foundation of health care and is vitally important for both patients and doctors' satisfaction. A major determinant of the nature of patient-doctor relationship within the consultation is the doctor's clinical practice style—whether it is "doctor-centred" or "patient-centred". The doctor-centred model is where the doctor is dominant, making decisions that he/ she believes to be in the patient's interest; while the patient-centred style is a much less doctor-controlling model, which encourages patients' participation to foster a mutual relationship. Studies show that doctors who practise patient-centred medicine tend to be more flexible, having the greatest ability to respond to patients' needs, and achieve favourable outcomes.

In the UK, the increasing number of group practices, together with the development of primary care teams means that the traditional relationship between an individual general practitioner and a patient is gradually being replaced by relationships with the entire primary care team. In order to maintain the quality of interaction, the continuity of care among team members, and the provision of individualized patient care, patient-centred medicine has gradually become one of the core values of many practitioners.

This book puts the patient at the centre of medical care, education and research and describes the patient-centred model of medicine as one, in both depth and breadth. The book is organised into four sections. Section one provides an overview to the patient-centred method, which includes its evolution, and relationship to other models of communication. The concept of patient-centred care is derived from Rogers' "client-centred theory", which encourages practitioners to adopt a bio-psycho-social model of practice.

Section two describes the six components of the patient-centred method. These are: the assessment of disease and illness: integrating the assessment with the understanding of the whole person; finding common ground between doctor and patient; incorporating prevention and promotion; building up a long-term relationship between the doctor and patient; and being realistic allocating resources in practice. Each of the components is richly illustrated with real case examples, which makes the patient-centred model of medicine come alive by combining theory with realism. Chapter 6 examines the third component of patientcentred method—finding common ground—which has been placed at the centre of the process, interacting with other components to reach a mutual understanding between patients and doctors. This promotes the notion that both parties are involved in the decisionmaking process. They share information and take steps together to build a consensus about the preferred treatment or management plan.

The third section of the book goes on to discuss the teaching and learning of the patient-centred clinical method, described as a learner-centred method of education. As a conceptual framework for teaching, this enables learners to use the experiences of their relationships with their teachers to help them understand their relationships with patients. Paralleling the patient-centred clinical method, the learner-centred method consists of six components, and each one corresponds to the six elements of the patient-centred framework. Like section two, the individual components are described in detail and illustrated with case examples of learners' and teachers' experiences. Also a number of practical tips and methods for teaching in a patient-centred method are described (Chapter 13), including the learning environment, which provides the necessary resources (patients, time, space), and how to give constructive feedback.

The fourth and final section focuses on research, summarising both qualitative and quantitative research relevant to the patient-centred clinical method. This section is of most interest for researchers studying the patient-doctor relationship. In Chapter 16, it illustrates how the application of qualitative research methods has begun to advance the theory and practice of patient-centred medicine, and highlights that the use of qualitative methodologies is helpful in gaining

understanding of patients' needs, motives and expectations. The section then moves on to quantitative research, which measures interactive processes between patients and doctors, presented by both patient and practitioner outcomes.

This book puts the patient at the centre of medical care, education and research and presents the patient-centred framework in concise diagrams. At present, there is a growing trend away from the doctor-centred model towards a more patient-centred style, which emphasises the social relationship that exists between doctor and patient. However, patient-centred medicine can still present challenges in the current health care setting. For example, the issues around immigrants and the refugee population in the UK. Doctors may lack familiarity with different cultural beliefs around the causes or meaning of illness and they may have different beliefs about the appropriate treatment or the management plan. This can lead to

barriers in the doctor-patient communication. So I think the culture of the patient, as well as the culture of doctor should be seen as central factors in "understanding the whole person". In addition, practising in a patient-centred approach also requires development of clinical guidelines that provide support, not just for doctors but also for patients to participate in their own care.

Overall I think this is an excellent and practical book introducing patient-centred medicine. I think it will be of great value to healthcare professionals who are interested in developing their communication skills, and it will also be valuable reading for both medical educators and healthcare researchers who are interested in the doctor-patient relationship.

Dr. Ying Ying Wang, MD, Msc, PhD student, Department of General Practice & Primary Care, University of Glasgow, E-mail: wying_ying@hotmail.com