

## **CONCEPTUAL PROFILE OF OLDER-PERSON-CENTRED CARE WITHIN THE GENERAL FRAMEWORK OF PERSON-CENTRED MEDICINE**

*Mariarí Uzcátegui-Martínez\**

*Geriatric Psychiatrist and Public Health Specialist, Medical Director,  
El Cedral Clinic, Caracas, Venezuela*

### **ABSTRACT**

*Background:* The elderly represents a growing segment of the population for whom person-centred medicine (PCM) has been pointedly argued as highly relevant. This is due to demographic weight, clinical complexity, and ethical challenges. Therefore, it should be valuable to elucidate the key elements of person-centred care for this important population. Approaches for doing this may include analyses of aging-related studies selected from general population studies engaged for the systematic conceptualisation of PCM.

*Objectives:* The purpose of this study was to delineate the conceptual profile of person-centred care for older people within the general framework of PCM.

*Methods:* The main methodological approach employed in the present study was analyses of older-person studies selected from a large set of general population studies reviewed towards exploring the systematic conceptualization of PCM. That general study yielded eight principles as follows: (1) Ethical Commitment, (2) Cultural Sensitivity, (3) Holistic scope, (4) Relational Focus, (5) Individualised Care, (6) Common Ground for Collaborative Diagnosis and Care, (7) People-centred Systems of Care, and (8) Person-centred Education and Research.

*Results:* It was found that the eight principles of PCM elucidated for the general population were present in older-person-centred care papers, although to various degrees across principles. It was evidenced that the principles on Ethical Commitment, Holistic Framework, Relationship Focus, Individualised Care, and Person-centred Education and Research had the greatest presence in the articles on older-person-centred medicine.

*Discussion:* The considerable consistency found between the conceptual profile of person-centred care for older persons and the principles of PCM in the general population may reflect that the PCM perspective was historically

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\*Corresponding author: e-mail: muzcate@gmail.com

pioneered within the old-age health field and that the PCM perspective continues to attract enormous interest in the old age field. This is highlighted by the fact that ethical commitment was a key motivator for the pioneering development of PCM in the geriatric field and that this principle has been prominently identified in recent systematic conceptualisation studies of PCM for the general population and appears as well among recent academic developments and proposals from major international institutions.

*Conclusions:* The fundamental characteristics of older-person-centred care appear to have considerable consistency with the general principles of PCM, with particular attention to ethical commitment, holistic framework, communicative and relational focus, and attention to the values and needs of the older persons involved.

**Keywords:** elderly, person centred medicine, systematic conceptualisation, individualised care, cultural sensitivity, geriatric medicine, ethical commitment, holistic framework, relationship focus, and person-centred education and research

## INTRODUCTION

The increasing aging of the population constitutes a challenge for the world. This phenomenon is marked by the decrease in the population of children under 14 years of age and the notable increase in those over 60 years of age and especially the age group of those over 80 years of age (Fondo de Población de las Naciones Unidas, 2011). Data from the World Health Organization (WHO) (Organización Mundial de la Salud, 2012) indicate that life expectancy has experienced a gradual increase in recent years.

It can be considered that advances in the field of medicine and in the social determinants of health have contributed to making the segment of the elderly population the one with the highest demographic growth. As time passes, the person ages; that is, the human being experiences physical, cognitive, emotional, and psychosocial changes, so the person is at risk of suffering from the problems or illnesses of this age, defining old age as a continuous, progressive, heterogeneous, individual, and universal process with the tendency to manifest the changes described above (Téllez-Vargas, 2012).

Aging has been linked to specific diseases, leading to the belief that aging is synonymous with disease. Therefore, it behooves us to enhance the lives of elderly persons to facilitate their best possible well-being. Changes at this stage may manifest through the aging process and the emergence of dementia. This constitutes the fourth health problem in developed countries (after cancer, cardiovascular disease, and cerebrovascular disorders).

Added to these nosological challenges are the limitations of modern medicine, which shows hyperbolic attention to organs and diseases, to the

detriment of consideration of the person and their context behind each patient and each member of the general population. This oversight negatively impacts the doctor–patient relationship and the quality of clinical care (Mezzich et al., 2010a).

In response to the distortions noted, an international programmatic movement called Person-Centred Medicine (PCM) (Mezzich et al., 2010b) has emerged, which places the contextualised person at the centre of the concept of health and as the objective and main protagonist of health actions. Studies have recently been carried out on the systematic conceptualisation of PCM (Mezzich et al., 2016), which have revealed the following as PCM principles: (1) Ethical commitment, (2) Holistic framework, (3) Cultural sensitivity, (4) Relational and communicative matrix, (5) Individualised clinical care, (6) Common base among clinicians, patient and family for diagnostic understanding and shared clinical decisions, (7) Integrated and community-centred health systems, and (8) Health education and research centred on the person.

Person Centred Medicine involves a medicine *of* the person (of the totality of their health), *for* the person (aimed at promoting their well-being and flourishing), *by* the person (with persons as actors of health actions), and *with* the person (collaborating respectfully and empoweringly with persons who seek care). The PCM is informed by scientific evidence and by the experience and values of the persons involved.

For the theoretical and practical reasons outlined above, it is important to delineate the conceptual profile of an older-person-centred medicine. This could help to effectively respond to the criticisms previously formulated in relation to a dehumanised and decontextualised medicine and thus optimise the process and results of health actions with respect to the growing and complex population of older adults throughout the world.

As Brooker and Snaedal have described, the elderly can present with changes in the cognitive area, in memory, in difficulty recognising objects and words, and in loss of judgment. All these can be associated with dementia, which has many causes. These changes in the health of persons are related to changes in their brains. The most common dementias seem to be Alzheimer’s dementia, vascular dementia, Lewy body dementia, Parkinson’s dementia, and frontotemporal dementia. Maintaining as good as possible physical health and well-being in persons with dementia is a worthy challenge. (Brooker and Snaedal, 2016).

## **OBJECTIVES**

The purpose of this study is to clarify the central concepts of older-person-centred care, taking as a starting point the general studies of systematic conceptualisation of the wide field of PCM.

## METHODS

This research was carried out taking as the framework and starting point reviews of the literature for the systematic conceptualisation and measurement of PCM in the general population. These general reviews were part of the study conducted by Mezzich et al. (2016) with the sponsorship of the International College of Person-Centred Medicine and the World Health Organization. That study involved the following methodological components: systematic reviews of the international literature, consultation exercises with broad international panels composed of health professionals and representatives of patient and family organisations, and quantitative and qualitative data analyses to elucidate patterns and to develop and validate pertinent measurement instruments, especially the Person-centred Care Index (PCI).

The PCM principles identified in that general study involving 74 articles included: (1) Ethical Commitment, (2) Cultural Sensitivity, (3) Holistic scope, (4) Relational Focus, (5) Individualised Program of Care, (6) Common Ground for Collaborative Diagnosis and Care, (7) People-centred Systems of Care, and (8) Person-centred Education and Research.

For the present study, the 74 articles examined in the above-mentioned general study (Mezzich et al., 2016) were screened to identify those dealing with older persons or geriatric concerns.

## RESULTS

Analyses for the present study were focused on nine articles involving older persons or geriatric concerns. The analyses are displayed in Table 1 to facilitate the identification of patterns concerning the presence of the eight PCM principles in each of the nine articles.

It was found that all these PCM principles were present to various degrees in the group of nine geriatric articles. It could be noted that general principles (1) Ethical commitment, (2) Holistic framework, (4) Communication and relationships focus, (5) Individualized care, and (8) Person-centred education and research were the ones that obtained the greatest presence in the articles on medicine for the elderly. They were followed in frequency of presence by the general principles (6) Common ground for collaborative diagnosis and clinical decisions, (7) People-centred organisation of services, and (3) Cultural sensitivity.

## DISCUSSION

The present study is focused on the conceptualisation of person-centred care for the elderly.

The conceptual profile that emerged is highlighted by ethical commitment, holistic framework, communication and relationships focus, individualised care, and person-centred education and research. This profile resonates well

**Table 1. Review of articles on older-person-centred care in reference to the general principles of PCM**

Older-person-centred care articles	Articles' key conceptual findings	General principles of PCM*									
		EC	HF	CA	RF	IC	CG	HS	ER		
WMA perspectives on PCM (Snaedal, 2010)	Long-term commitment to the person of the patient is important, which implies both ethical professional behaviour and individualisation of care. Cruciality of doctor-patient relationship. Holistic approach to understand the patient and problems. Value of the inter-disciplinary professional team approach for care. The patient's family must be assessed and engaged. The patient's socio-cultural context must be addressed.	x	x	x	x	x	x				
Person-centred care in dementia? (Brooker, 2004)	Person-centred care encompasses four major elements, all of which have been defined as person-centred care in and of themselves by some writers. These elements are: (1) Valuing people with dementia and those who care for them, (2) Treating people as individuals, (3) Looking at the world from the perspective of the person with dementia, and (4) A positive social environment in which the person living with dementia can experience relative well-being.	x	x		x	x				x	
Dementia care mapping (Sloane et al., 2007)	Dementia Care Mapping procedures have potential value as documentation of care and for rating of quality of life from the perspective of the person with dementia.										x
Person-centred dementia services (Brooker, 2007)	Personhood is undermined when individuals' needs and rights are not considered. The Positive Person Work includes warmth, holding, relaxed pace, respect, acceptance, celebration, acknowledgment, genuineness, validation, empowerment, facilitation, enabling, collaboration, recognition, including, belonging, and fun. The person-centred approach sees dementias as a condition that needs to be understood from biological, a psychological, and sociological (bio-psychosocial) perspective and to recognise that all these perspectives interact to determine the person's experience of the condition. Uniqueness and individuality are recognised regardless of nosological diagnosis. Staff caring for people with dementia need to have their own personhood respected if they are to do a good job.	x	x		x	x					

(Continued)

**Table 1. (Continued)**

<p>Intergenerational activities with persons with dementia (Jarrott and Bruno, 2003)</p>	<p>Benefits of intergenerational programs (IGP) have been identified for older adults; adults with dementia are rarely targeted for such programs. Characteristics of dementia challenge caregivers to find appropriate activities that successfully engage the adults. With consideration of participants' abilities and interests, beneficial IGP can be facilitated. Behaviours supporting personhood were common during IGP and non-IGP activities for treatment and comparison of group members. Findings suggest Inter-Generational Programs are appropriate and effective for persons with dementia.</p>	<p>x</p>			<p>x</p>
<p>Audit of person-centred care and dementia (Martin and Younger, 2001)</p>	<p>This paper addresses the concept of person-centred care for people with dementia by consideration of an audit process using dementia care mapping as the audit tool. It is argued that this tool is best for identifying the lived experiences of the people in receipt of care. As a result, it is able to identify the overall culture of care and its level of 'person-centred' approach. Scores such as well-being values and the Dementia Care Index give clear signposts to the level of person-centred care and highlight where staff development is necessary.</p>	<p>x</p>			<p>x</p>
<p>Narrative approach with older people (Hsu and McCormack, 2010)</p>	<p>Narrative approaches aim to provide an environment in which service users can experience the development of services through their service utilisation experience. The narrative research approach and the narrative interviewing skills may help practitioners facilitate and cultivate person-centred nursing practice.</p>		<p>x</p>		<p>x</p>
<p>Dementia, personhood, and nursing: learning. (Touhy, 2004)</p>	<p>Appreciation of the personhood of people with dementia calls for care that looks beyond the disease to the person within. In this column, the author discusses the concept of personhood for people with dementia and presents a method of teaching person-centred care developed within the theoretical framework of nursing as caring. It is important to see the person beyond the disease and to develop relationships that nurture personhood.</p>	<p>x</p>		<p>x</p>	

(Continued)

**Table 1. (Continued)**

Aging and disability (Molton and Jensen, 2010)	Understanding the complex trajectories of disability and aging requires a biopsychosocial approach. The purpose of this article is to increase and improve collaboration among investigators in these fields by providing some background in social gerontology to the disability researcher and by applying key theories in aging to the issue of growing older with physical disability. The article discusses particular problem areas for older adults, including social support, and also discusses the parallel paradoxes of aging and disability. A biopsychosocial framework helps the interaction between the fields of aging and disability.	x	x	x	x	x	x	
<b>Column Frequencies</b>		<b>5</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>5</b>

Note: EC, Ethical Commitment; HF, Holistic Framework; CA, Cultural Awareness and Responsiveness; RF, Communication and Relational Focus; IC, Individualised Care; CG, Common Ground for Collaborative Diagnosis and Decision-Making; HS, People-centred Integrated Health Services; ER, Person-centred Education and Research.

with the ethically marked seminal work of Kitwood, (1997), who described person-centred care (PCC) for people experiencing dementia through the following equation:  $PCC = V + I + P + S$ . Here, V = A value base that asserts the absolute worthiness of all human beings, I = An individualized care approach,

P = Understanding the world from the perspective of the person living with dementia and

S = Promotion of a positive social psychology or significant well-being.

Building on Kitwood's work, the United Nations (UN) declared 2021–30 to be the Decade of Healthy Ageing, and WHO produced a World Health Report aimed at maximising the functional ability of people over their life course (Beard et al., 2016). More recently and corroborating the person-centredness of these UN and WHO proposals, a Lancet Commission has been established to foster person-centred long-term care for older persons (Pot et al., 2023) through the ethical lens of human rights and attending to the diverse needs and preferences of older people.

From a broader historical perspective, many ancient civilisations have promoted respect for older persons and accorded them a rightful place in the community. For example, concerning Andean Inka times, chronicler (Guamán Poma de Ayala, 1980) has documented that every age group had defined responsibilities, where older persons were highly respected and were regularly in charge of administering justice.

A further review and discussion of the place of person-centred care for older people is presented Snaedal and Uzcategui-Martinez (2023) within the framework of a recent textbook on PCM (Mezzich et al., 2023).

## CONCLUSIONS

The conceptual profile of older-person-centred care appears to have considerable consistency with the general principles of PCM, with particular emphasis on ethical commitment, holistic framework, communicative and relational focus, and attention to the values and needs of the older persons involved. This profile is further consistent with broader historical, philosophical, clinical, and public health considerations.

## CONFLICT OF INTEREST

The author declares no conflicts of interest in the preparation of this article.

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