PATIENT EMPOWERMENT, AN ADDITIONAL CHARACTERISTIC OF THE EUROPEAN DEFINITIONS OF GENERAL PRACTICE / FAMILY MEDICINE

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Introduction

At the annual meeting held in Warsaw in September 2011, the European Council of WONCA approved the decision to include in the Definitions of General Practice/Family Medicine a twelfth characteristic concerning patient empowerment.

……… The suggestion of “Integrating patient empowerment as an essential characteristic of the discipline of general practice/family medicine” was explained in a paper published in 2008 in the European Journal of General Practice1, ………

………

In the last years several projects, based on patient empowerment, have been carried out in different European Countries to improve management of chronic conditions. A few examples: Project Leonardo2 and Project Raffaello in Italy3, Diabetes Project Leuven in Belgium4, Ready to Act in Denmark5, Birmingham Ownhealth6 in UK, TERVA Project7 in Finland.

All the cited studies, carried out in the setting of general practice, demonstrated good results of the care model, increasing patient and health professionals’ satisfaction, adherence to guidelines and to treatment, and improving clinical outcomes. Recently in the Apulia Region, in Italy, a care model for chronic diseases is being implementing in primary care, based on health professionals’ integration and patient empowerment (the Nardino Program8).

The definition of the term empowerment

The term ‘empowerment’ has been defined by the community psychologist Julien Rappaport as
“A process by which people gain mastery over their lives”. Feste and Anderson, referring specifically to the health affirm that empowerment is “an educational process designed to help patients develop the knowledge, skills, attitudes, and degree of self-awareness necessary to effectively assume responsibility for their health-related decisions”.

The idea of empowerment was first introduced in the 60’s by the Brazilian pedagogue Paulo Freire. He distinguished two basic methodologies of education: the ‘banking approach’ and the “problem posing approach”.

When people identify a situation they react in accordance with what they understood. The reaction corresponds to the level of comprehension: if the comprehension is critical, or predominantly critical, the action will also be critical and aware (see Table 1).

Empowerment approach and self-management education are aimed to help patients to gain some knowledge about their diseases as well as to increase their self-confidence to face the diseases applying the acquired information.

……only a patient who lives with his illness every day knows its effects and how it impacts on his life. By observing the course of the disease and reporting accurately to their healthcare providers, patients offer information that is essential in order to face their condition.

The empowerment approach benefits by a narrative approach that links process to practice and attends to the voices of the patients. Educational processes aimed to patient empowerment should be tailored to the individual, taking into account age, culture, health status, social and familiar environment, needs and expectations, in a holistic approach. A therapeutic relationship and continuous support of the patient are crucial to create a partnership with the patient, specifically concerning long term behavioural changes.

In fact the patient with chronic conditions is the real master of his own health and well-being…
Ultimately the problem is not “if” patients manage their diseases but “how” they manage them. Family medicine is in a strategic position to help patients increase their ability and self-confidence in managing their chronic conditions, and in acquiring a critical consciousness according to Paulo Freire’s suggestion.

**The European Definitions of General Practice / Family Medicine**

In 2002, WONCA Europe issued the European Definitions of General Practice / Family Medicine, describing its essential characteristics and tasks, regardless of the organization of the health systems\textsuperscript{15}. …….

……

These definitions guide and are reflected in the development of related agendas for teaching, research and quality improvement and are now the point of reference for European health institutions as well as general practices. In many European Countries the essential elements of the discipline are included in laws and national agreements. While the 2002-2005 definitions of general practice/family medicine didn’t make specific reference to promoting patient empowerment, a review of the eleven characteristics showed that they relate to this concept directly or indirectly. ……

……

Literature and experiences show that family medicine is the most suitable setting to promote patient empowerment, for person-centred and holistic approach, collaborative care, longitudinal and continuous relationship based on trust, management of illnesses and risk factors at their initial stage (see table 2). Furthermore, family medicine, because of its widespread distribution, can ensure the generalization of empowerment-oriented care and self-management education to the totality of patients and communities, according to the principle of equity of the European national health systems.

The inclusion of patient empowerment among the essential characteristics of general practice\textsuperscript{16} fills a conceptual gap and clearly suggests to the European health systems a tested model to face
chronic diseases: involving and empowering patients in managing their own conditions to improve health and well-being.

Table 1 _ Freire’s Types of Consciousness *

<table>
<thead>
<tr>
<th>Types of Consciousness</th>
<th>Natural Consciousness</th>
<th>Magical Consciousness</th>
<th>Critical Consciousness</th>
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<tbody>
<tr>
<td><strong>Awareness</strong></td>
<td>Understands facts and their obvious cause at “face value”</td>
<td>Accepts facts as presented, and without question</td>
<td>Understands that clarity about facts requires a logical process</td>
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<tr>
<td><strong>Response to Facts</strong></td>
<td>Free to interpret facts as he or she thinks or believes is best</td>
<td>Assumes that facts are derived from a superior, pre-eminent power</td>
<td>Motivated to take action to manage facts or problems</td>
</tr>
<tr>
<td><strong>Impact on Action</strong></td>
<td>Judges oneself to be “above the facts” and impermeable to challenges situated outside particular basic needs</td>
<td>Lacks personal power to effect change—more likely to develop a fatalistic view</td>
<td>Open to ongoing testing in order to verify, revise, or reconstruct facts</td>
</tr>
</tbody>
</table>

* from: Mola E., De Bonis J., Giancane R., Integrating patient empowerment as an essential characteristic of the discipline of general practice/family medicine, EJGP, Sept 2008; 89-94
<table>
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<tr>
<th>Characteristics of General Practice / Family Medicine</th>
<th>Evidence / Benefits of Patient Empowerment and Self-Management Education</th>
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</table>
| a. Is normally the point of first contact within the health care system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, sex, or any other characteristic of the person concerned | - Patients have a point of reference for health problems, a “medical home”  
- Patients are more comfortable and proactive about contacting their doctor |
| b. Makes efficient use of healthcare resources through coordinating care, working with other professionals in the primary care setting, and by managing the interface with other specialties taking an advocacy role for the patient when needed | - Patients are actively involved in coordinated care, taking part as team members regarding their own care  
- Patient/provider partnership allows for better assessment, more appropriate referrals |
| c. Develops a person-centred approach, orientated to the individual, his or her family, and their community | - Patients are viewed as experts on the impact of their illness has on their life, their family, and their situation  
- Patient-centred education addresses individual needs |
| d. Has a unique consultation process, which establishes a relationship over time, through effective communication between doctor and patient | - Enhanced communication through consistent, ongoing care relationship  
- Partnership offers the opportunity for patients to become active in managing their health |
| e. Is responsible for the provision of longitudinal continuity of care as determined by needs of the patient | - Provision of care is based on the specific needs of the patients  
- Care is ongoing, individualized, and responsive to specific needs over the entire course of the illness |
| f. Has a specific decision making process determined by the prevalence and incidence of illness in the community | - Patients are more aware of opportunities to participate in decision-making with their doctors |
| g. Manages simultaneously both acute and chronic health problems of individual patients | - Comprehensive approach and good management of chronic conditions requires attention to any acute healthcare problem |
| h. Manages illness which presents in an undifferentiated way at an early stage in its development, which may require urgent intervention | - As a philosophy of care, empowerment offers patients support for coping with all aspects of their health  
- Empowerment can be applied at the earliest stage of a disease and be incorporated into primary, secondary, and tertiary prevention practices |
| i. Promotes health and well-being both by appropriate and effective intervention | - Patients are able to participate in care planning because they have awareness of the disease and treatment options (effectiveness and appropriateness)  
- Patients are aware of the rationale, timing and expected results of treatment choices based on evidence-based guidelines |
| j. Has a specific responsibility for health of the community | - Applicable to individuals, groups, and communities |
| k. Deals with health problems in their physical, psychological, social, cultural and existential dimensions | - A holistic approach empowering patients to recognize 3 key components involved in living with a chronic condition—medical, behavioural, and emotional management |

** from: Mola E., De Bonis J., Giancane R., Integrating patient empowerment as an essential characteristic of the discipline of general practice/family medicine, EJGP, Sept 2008; 89-94
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8. http://www.sanita.puglia.it/portal/page/portal/SAUSSC/News/Modello%20Assistenziale%20per%20i%20soggetti%20con%20patologie%20croniche