

VALUING SELF TO VALUE THE PATIENT

REDEFINING HEALTH CARE: VALUE BASED DELIVERY

**New paradigm of Healthcare Delivery –
Voice of the customer**

Do we neglect the Art while favoring the Science?

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CLINICAL JUDGEMENT

Does clinical judgment come from :

- knowledge of diagnostic criteria
- Algorithms and heuristics that we have developed
- Experience with several cases of the same sort
- **Listening well, seeing well, sensing, feeling and putting it all together quickly and accurately**



DIFFICULT PATIENTS

Are they people who :

Have complex clinical conditions

Doctor shop, and have been to several experts

Have chronic conditions and are burning out

Feel they are not being heard, ever



TREATMENT COMPLIANCE

Are patients non compliant because

They feel they are right, and the clinician is wrong

They are confused with the treatment paradigm

They have tried and given up

They have never understood the rationale behind the treatment



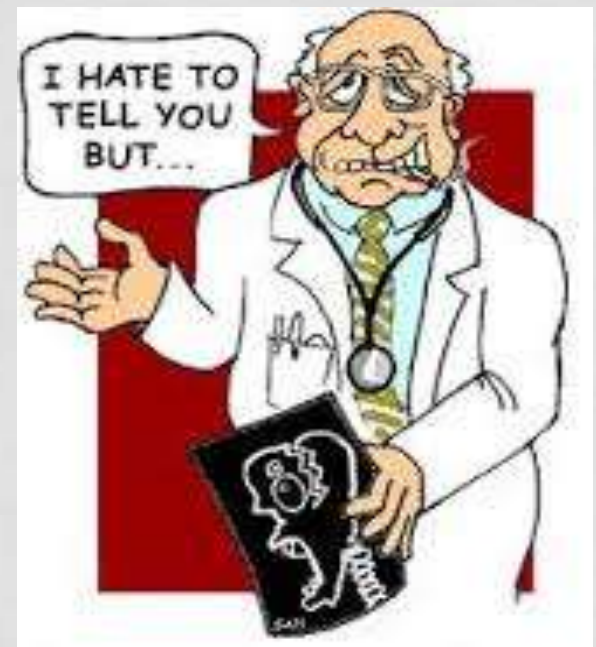
BREAKING BAD NEWS

Is feared by clinicians and generally ends in disaster because

Patients are not willing to hear it

Clinicians are not willing to share it

Nobody has taught them how



Both get a sense that the other party does not care and understand

ETHICS

Is taught to all clinicians, and covers :

Right and wrong treatment practices, their definitions

Protecting the institution, the clinician and the patient

Doing right by the patient

Letting the patient know that the clinician is doing right by the patient, and CARES



BURNOUT?

Professional caregivers burnout because:

They are giving too much of themselves

They care too much for their patients

They do not care for themselves enough

They do not see that there is always a balance in life



THE MISSING PIECES

We often only focus on Bioethics, BUT we miss out on all of the following:

We go for the linear, mono-factorial paradigm of clinical medicine (reductionist)

and miss out on the non-linear, reciprocal, multi-factorial paradigm invoked in epidemiology (holistic)

THE MISSING PIECES....CONTD.

Medicine and Philosophy:

- The **Epistemology** of Medicine: the study of knowledge.the ways in which health-care professionals come to know and use knowledge.



- **Ontology** and causality: What makes one ill, and what makes one better?

THE MISSING PIECES....2

Medicine and Psychology :

- Application of psychological principles to the practice of medicine.
- Behavioral medicine and behavioral health.
- Lifestyle choices
- Negative thinking, attitudes, behavioral patterns

THE MISSING PIECES...3

Medicine in Literature



- Founded in 1982, *Literature and Medicine* is a peer-reviewed journal publishing scholarship that explores representational and cultural practices concerning health care and the body.
- Areas of interest include disease, illness, health, and disability; violence, trauma, and power relations
- **How many of us read about these areas? Cogitate over them? Discuss them with colleagues?**

MISSING PIECES.....4

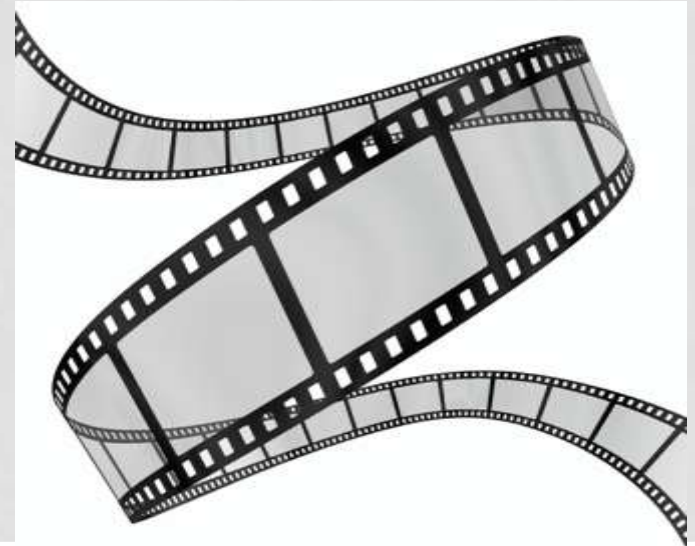
Medicine and the Humanities:

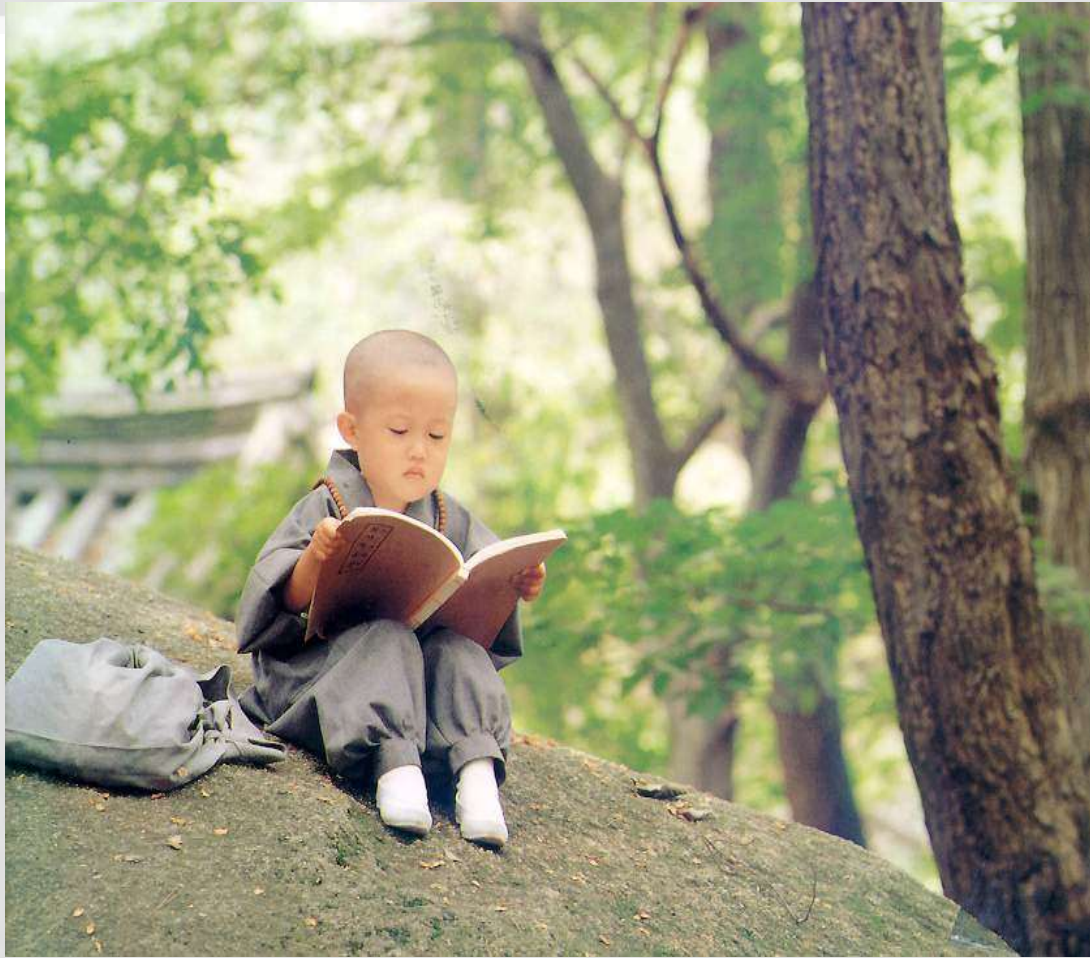


Medical humanities is an interdisciplinary field of medicine which includes the humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, sociology, psychology) and the arts, (literature, theatre, film.), as well as the visual arts and their application to medical education and practice.

MEDICAL HUMANITIES (CONTD)....

- It draws on the creative and intellectual strengths of diverse disciplines,
- including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology, and history, in pursuit of medical educational goals.
- **Let us include these in our lives, and those of our students.**





Thank you