



The Whole Patient

- THE WHOLE PATIENT, *F. BOLIN*
- THE PATIENT, THE WHOLE PATIENT AND NOTHING BUT THE PATIENT, *B. MCLEOD-SMITH*
- THE WHOLE PATIENT? THE WHOLE PERSON, *B. S. JOSE*
- CAN WE EVALUATE AND TREAT THE PATIENT AS A WHOLE? *T. ÖZCAN*
- PERSON AND FAMILY ENGAGEMENT, *M. J. HATLIE, V.V. BATES*
- MEASURING PATIENT ENGAGEMENT, *E. SUTCLIFFE, R. EVANS, M. DUMAN*
- SEVEN STEPS TO THE 'PERFECT PATIENT INFORMATION JOURNEY', *S. FARRINGTON*

NEW EAHM PRESIDENT SUPPORTS
EXCHANGE AND INNOVATION
P. BLUA

CLIMATE CHANGE AND
HEALTHCARE ARCHITECTURE
D. PEDRINI

LEADING CHANGE AND VALUE
H. J. AANSTOOT

COMPASSION
M. POORKAVOOS

MAKE THIS COUNT
M. R. VIRARDI

ISO IMPLEMENTATION - HOW TO
MOTIVATE LAB PERSONNEL
M. SCHOORL

BIG DATA FOR DEEP LEARNING IN
RADIOLOGY: POPULATION-BASED
IMAGING
*C. SCHUPPERT, F. BAMBERG, H.U.
KAUCZOR, C. L. SCHLETT*

IMAGING APPLICATIONS OF
ARTIFICIAL INTELLIGENCE
R. CUOCOLO L. UGGA

WOULD YOU USE A DIRTY
ULTRASOUND PROBE ON
YOURSELF? *S. C. WESTERWAY,
JOCELYNE*

US-ELASTOGRAPHY FOR
SUPERFICIAL ORGANS: UPDATE
*V. CANTISANI, P. SIDHU,
D. A. CLEVERT*



The whole patient? The whole person

I am myself and my circumstances (Ortega y Gasset)

Patients are people when they leave the doctor's office. They live a life, have jobs and families. Taking a whole person approach is the only way forward to face today's and tomorrow's healthcare challenges.



Begoña San Jose

Chief Scientific Officer
hi.health
Vienna, Austria

Begona.sanjose@hi.health

hi.health

@begosanjose

Why is talking about the whole person relevant today in healthcare? Let's start by highlighting some key facts:

- It is estimated that four non-communicable diseases, namely cardiovascular diseases and stroke, cancer, diabetes and chronic respiratory diseases will account for 75% of all deaths worldwide by 2030. The number of people diagnosed with more than one chronic condition is only increasing
- Chronic diseases also cause disability, often for decades of a person's life. In fact, as much as half of the burden of disease is caused by chronic conditions
- The direct costs of healthcare resources and non-medical goods and services consumed in the treatment of chronic diseases are enormous but also are the indirect costs associated with the disabilities and loss of quality of life associated with them
- The most important modifiable risk factors behind the top four chronic conditions are: unhealthy diet and excessive energy intake, physical inactivity and tobacco use

These are facts. Let's now take a look at what happens in real-life examples, to real people.

Too often people start a diet and quit before achieving the expected results or sustainable results. The success rate of any given diet is partly determined by the number of diets a person has unsuccessfully tried in his/her lifetime. So, how do we increase health resilience and reduce the number of "failures"? What a person diagnosed with diabetes eats today, and how this affects his/her blood glucose levels, will have an impact on the diabetes-related complications years down the line. How do we keep this person motivated to manage their health

today for a better health today and in the future? Too many people miss taking their medication, miss the screening test, miss the medical appointment for early disease detection and prevention. Compliance with treatment protocols is one of the unsolved problems of chronic care. Factors such as health literacy, and the knowledge and the perception people have about their treatment and its expected outcomes determine their compliance. How do we motivate a patient to follow a treatment protocol and commit to his/her own role in it? We have all heard stories of heavy smokers that light up a cigarette as soon as they get out of the surgical theatre. We can also tell the stories of "real fighters", people that get up and fight time after time, surgery after surgery, against disease progression or metastasis, but we also know of others that "give up". What is behind some people quitting and some others fighting? Also, some people are faced with the difficult financial decision of having to choose between having medical treatment and having a baby.

The answer to all these questions is the same: considering the person as a whole. Having a whole person approach means accounting for - or at least recognising - previous experience, expectations, education, beliefs, stress, personality, support networks, social impact and financial circumstances. All of these are inherent to the patient, are inherent to the person.

We still talk about disease management, as if each disease a person is diagnosed with characterises that person, as if each disease acts in isolation in the body and mind of the person, as if each disease doesn't impact anything else in the life of a person.

Most of today's diseases have common modifiable risk factors which include unhealthy

diet, lack of physical activity or tobacco use, and therefore, interventions should account for these lifestyle changes, both when it comes to prevention, but also when it comes to treatment. A whole person approach is a must when aiming at achieving long term sustainability of health-related behavioral changes.

“HOW DO WE KEEP A PERSON MOTIVATED TO MANAGE THEIR HEALTH TODAY FOR A BETTER HEALTH TODAY AND IN THE FUTURE?”

Patients are human beings with habits, and habits are hard to change. Especially when the required changes are deeply rooted in any person's life. It is not that easy to wake up one day and start exercising, eating fruits and vegetables and quit smoking, after years of a very different lifestyle. These changes affect every aspect of our lives, from the way we shop to the way we socialise. Isn't it easier to follow a diet when you eat at home every single meal? How does this affect your social life? Would you know what dishes to choose in a restaurant to still achieve your dietary target? How do we support people in their numerous daily decisions for their health? How do we support these changes through time? The only possible answer is by taking a whole-person approach.

It is often said that “cancer is a family disease”, that is, it does not only affect the person diagnosed with it, but his/her whole family. Chronic conditions in general, affect whole families. Covering the health expenses of one family member may have as a consequence of another family member dropping out from school to start working or quitting a job to take care of a relative. At the other end of the spectrum, patients supported by significant others and family members are less likely to be affected by stress and depression to the consequences of their health conditions. This is especially relevant as we gain a more and more active role in our own care and as self-management of our health is needed to cope with the increasing number of people affected by chronic conditions, and an increasing demand for on-going support. Patients seldom live in isolation and a whole-patient approach should account for

this. An illustration of the importance of a whole family approach when supporting patients with one or multiple chronic conditions is the fact that this year's WHO movement for Global Diabetes Day is focused on the family. A whole-person approach means a whole-family approach. I would like to make a special note about WHO, because its constitution, back in 1948, already defined health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”.

Financial situation often drives health decisions. I dream of the day that cost of the treatment does not drive all health decisions, that one can both have a baby and afford a treatment, that family members can afford continuing education while treatment is ongoing. Healthcare cost trends are not going down. New technologies take time to show long-term financial impact, and decisions are too often taken on a short-term outcomes basis. Cost is often a barrier to health innovation and misalignment of financial incentives also makes it difficult to embrace new business models. Person-centricity also calls for value-based healthcare, for patient-related-outcomes, for processes that are adapted to the needs of this growing segment of the population.

Considering patients as a whole is the only way forward to face today's and tomorrow's health challenges. The whole person, not just the patient. The person is his/ her physical, mental and social well-being. The person has a social life, a job, a family. The patient is a person in and out of the doctor's office. ■

KEY POINTS



- ✓ Demographic and epidemiological trends require new models in healthcare
- ✓ Lifestyle changes are needed to prevent chronic diseases and minimise their consequences
- ✓ Each of us has an increasingly active role in managing our own health and ongoing support is needed to sustain our commitment to stay as healthy as possible
- ✓ Psychological factors such as motivation, anxiety, or social support are key to understanding and managing chronic conditions
- ✓ Patients are people with families, jobs, social lives and what works on paper may not work when accounting for their realities