
WoHIT 2014: Introducing Patients' Empowerment



The relationship between doctor-patient in the 2.0 era

The democratisation of new technologies and particularly Internet has fundamentally changed the relationship between patient and caregiver. "Patient Empowerment" will be one of the highlighted topics of WoHIT 2014 Nice from 2 to 4 April.

In a context where chronic diseases, especially diabetes, are impacting our health systems, therapeutic patient's education makes sense more than ever. Is the patient a consumer or an actor of his health? How has the relationship between doctor and patient evolved? Those are some of the questions that the expert Claude Rambaud, President of CISS (Collective Interassociative On Health Care) will answer at WoHIT.

Patient or consumer?

The relationship between doctor and patient is characterised by three major phases that follow the evolution of society. The first one, focused on the patient, is knowledge, held by just the doctor who took the oath of Hippocrates. The second phase, corresponding to "post patient", the patient asks about his condition and medical requirements which may prefer alternative medicine. Today, and in third place, the patient becomes "neo-consumer", enrolled in a proactive conduct and with medical knowledge.

All Internet users as e-patients?

This change of paradigm transforms medical practice with the arrival of the e-Patient: 4 out of 5 Internet users consult e-Health websites, 84 % of them rely on official or professional sites, they are also visiting the websites that collect the opinion of medical experts (82 %). These new powerful relations are sometimes opposed to the medical practices. They can cause a medical overconsumption that can be dangerous for the maintenance of access to healthcare because they require more human and financial resources equity. However, the emergence of the e-patient represents a huge opportunity. The time of the patient who unilaterally accepted medical recommendations is now in a process of co-construction of its course of care and treatment. The age of the patient empowerment or patient engagement will not consist in replacing the doctor but in making a real contribution.

The redefinition of therapeutic patient education

In this context, better informed, the patient may finally become a real player of his health, especially with education therapeutic programs (ETP). Nick Hækkerup, Danish Health Minister, talked about diabetes affecting more and more people in Europe, about the need to give patients knowledge about their disease and how to treat and control it. This impulse will enable them to make good decisions. And even more today, when one in three people with diabetes is not diagnosed. Therapeutic education and upstream prevention would allow a better treatment for patients. The active role of the patient makes particular sense for chronic diseases. A diabetic patient must actively understand its pathology and develop a real expertise to adapt to its behaviour and its treatment.

Marion Boutemy - Deniau, France Director of HIMSS Europe adds: "The new technologies have changed the medical report, health 2.0 has helped to spread knowledge. However, some limits as the disparity in reading information begin to appear. We have to ask ourselves about the evolution of the doctor-patient relationship and not overbalance in a more mercantile report. "

Sixth quarterly barometer of the digital economy pulpit Digital Economy at the University Paris-Dauphine March 2013.

WoHIT 2014 Thursday, April 3 – Session Open Data – Patient enabling

« **Patient empowerment** »

Claude Rambaud, President of the CISS (Collectif Interassociative on health care)

The conference will address the issue of "patient empowerment" by a dual approach.

At an individual level: does it mean that there is a real redistribution of power between patient and doctor? Do patients take responsibility for their own health? What are the interactions with healthcare professionals? Are patients aware of their power? Is that a question?

At a collective level, the session will focus on the emerging political power of patient movement in France, the place of this type of organisation in the legislative landscape and limitations. For example, open data and patient: what do we do now?

Claude Rambaud is a lawyer and consultant in management of health risks. She holds an MA in Medical Ethics and a certificate in managing health risks MMI / University of Chicago. In addition to being President of the CISS, she held the position of vice president of LIEN, an association for the protection of patients involved in risk management and the fight against nosocomial infections. Moreover she is also a member of the Advisory Committee on French human rights.

« **You're not alone** »

Lucien Engelen, Director, Centre for remodeling and innovation Radbound

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We often hear: "The Internet has revolutionised our lives! The" Net "has brought us a lot but has also removed some things in our lives. Think of all the things that have become obsolete because of Internet such as writing a letter, privacy, to use intermediaries. These considerations suggest the Dodo, "follow the way of the dodo", means that something will come out of our practice. What has happened to care as we know it today? Lucien Engelen works since 2007 in the Medical Center of Nijmegen of the Radboud University as a network urgent care regional manager. He also advises the Council for change of care, enhancing patient involvement in informal care and its own pathology, seeking to develop the level of participation in health (care), research and education. He is originally from central remodeling and innovation Radboud. He follows trends, develops care innovations quickly puts into practice or concludes (for now) that they can not be deployed.

WoHIT 2014

As part of its major international conference WoHIT 2014 Nice from 2 to 4 April, European health policy-makers will discuss the role of new technologies in the management of change in health systems. The opportunity to transform health care networks by the adoption of digital, should not only allow better clinical performance to support citizens but also to facilitate expenditure control.

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