

The concept of Patient Centred Approach in chronic skin disease (PCA)

Fanny SENTENAC

Expert Patient and Eczema France President. Toulouse, France.

www.eczemafrance.fr / contact@eczemafrance.fr

From a medicine “for” the patient to a medicine “with” the patient.

50's- 60's - the beginning

“patient-centered medicine”

Psychologist Carl Rogers, pioneer of the person-centered approach in psychotherapy.

Empathetic listening, recognition of the patient's experience, and a relationship of trust as the foundations of any helping relationship.

80's - conceptualization

Michael Balint, Ian McWhinney,
Moira Stewart

Medicine that focuses on the whole person, not just the disease.

90's - 2000

institutional recognition

WHO incorporates the concept into its recommendations.
Laws on Patient rights

Since 2010 - towards patient partnership

“Partnership in care” or collaborative approach, where patients become active participants and co-creators of the healthcare system.

Expert patients and caregiver peers as resource for care and learning. The movement extends to therapeutic education, research, public policy, and innovations in health.

Set of principles of patient-centred care modelled after Epstein and Street

= professional obligation to consider the needs of each patient
and provide care that meets those needs :

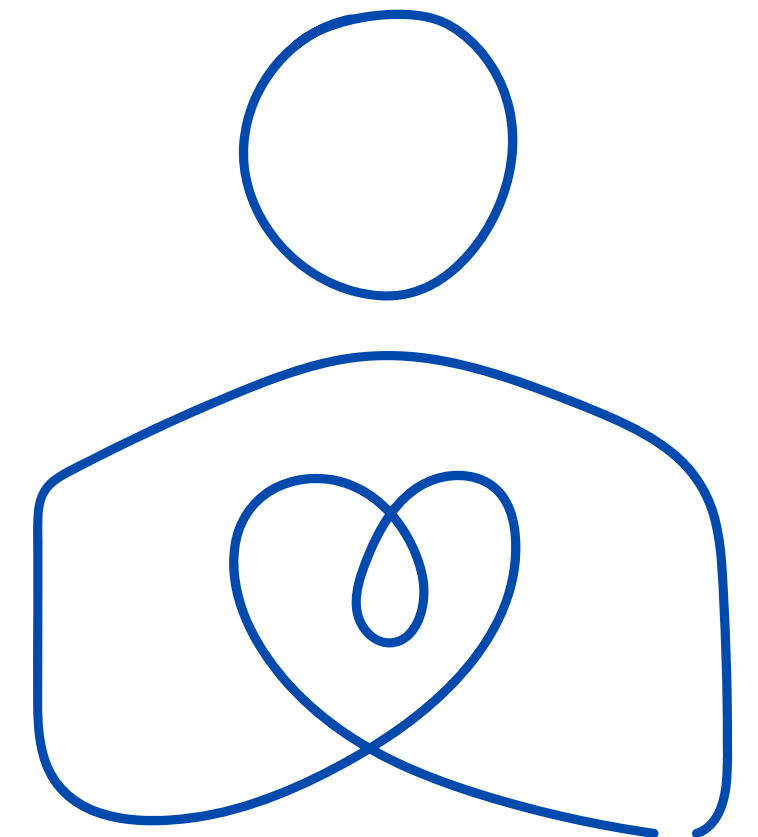
- **Respect:** Showing deep respect for each patient.
- **Listening and understanding:** Taking into account the patient's wishes, values, therapeutic goals, context, and environment.
- **Information:** Providing the patient with objective and context-appropriate information.
- **Empowerment:** enabling patients to actively participate in decisions about their health
- **Achievable goals:** helping patients set achievable goals using empowerment strategies to improve their health
- **Continuity of care:** ensuring continuity of care in order to periodically assess progress and the achievement of goals.

References:

Epstein RM, Street RL., Jr. The values and value of patient-centered care. Ann Fam Med 2011;9:100-3

FROM OUR PATIENT AND CAREGIVERS IDEALS...

- **Recognize the person as a whole** (illness, emotions, mental health, daily life, priorities, choices...). Acknowledge the patient expertise on their experience
- **Jointly decide on treatments and care priorities** with transparency for informed health choices
- Train caregivers in communication, listening, and reflective thinking +
Train patients to understand their illness (therapeutic education).
- Support the development of expert patients and peer supporters.
- Provide **clear information tailored to each patient, customize care plans**
- Promote **autonomy and confidence (empowerment)**.



TO A MOMENTUM IN TIME WHERE IT CAN BE CONCRETE !

- **The emergence of new, potent molecules** that have transformed the disease's prognosis and the quality of life in severe AD.
- **The surging wave of new technologies, AI** and social media communication
- **Strong Patient organizations and network** around the world who make a difference and help to fill the gaps in health care systems
- A momentum with the **recognition as a global public health priority** with the adoption of The Skin Diseases Resolution at the WHA. (May 2025) to call on governments to take actions for a integrated approach (mental health, social stigma, disability, and inclusion)



*Nothing for us or
about us without us!*