Person centered integrated action on avoidable inequity in health

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There is a growing consensus on the need and opportunity to reduce the gap between the health and well-being of people in high-income countries and those in lower-income countries and within individual nation states –This convergence is in line with the principles of equity of health care and universal health coverage (WHO, 2008). Inequity in health and health services within and between countries is now recognized as a powerful barrier to the economic and social well-being around the world. Improvements in health result in increased economic productivity and the social value that occurs as a result of improved health and increased life expectancy in low-income countries The achievement of equity becomes affordable as a result of increased self-sufficiency of people, communities, and nations

Although the poorest population groups in the poorest countries are left with the heaviest burden of health risks and disease, the fact that people's life chances differ so widely is not simply a problem of poverty, but one of socioeconomic inequality. The differences in health manifest themselves as gradients across societies, with physical and mental ills steeply increasing for each step down the social ladder, along with other health-related outcomes such as violence, drug misuse, depression, obesity, and child wellbeing. It is now well established that the more unequal the society, the worse the outcomes for all - including those at the top (Wilkinson & Pickett, 2010; Stiglitz, 2012). Health gaps between groups of people are unfair and need to be considered as health inequities rather than inequalities. Health equity implies that: "ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided. The aim of policy for equity and health is not to eliminate all health differences so that everyone has the same level and quality of health, but rather to reduce or eliminate those that result from factors considered to be both avoidable and unfair." (Whitehead, 1992).

The widening gap

About 842 million people worldwide are malnourished and more than a third of deaths among children younger than 5 years are attributable to malnutrition. Unequal access to sufficient, safe, and nutritious food persists even though global food production is enough to cover 120% of global dietary needs (International Fund for Agricultural Development and World Food Programme (2013). 1.5 billion people face threats to their physical integrity, their health being undermined not only by direct bodily harm, but also by extreme psychological stress due to fear, loss, and disintegration of the social fabric in areas of chronic insecurity, occupation, and war (World Bank, 2011). Arguably, wars and armed conflicts more generally are one of the most powerful and enduring threats to human health and wellbeing (Leaning et al, 2003).

Armed conflicts lead to civilian death, injury, disability, illness, and mental anguish (Krug et al, 2002). Although data are far from complete, it is estimated that between 191 million and 231 million people died as a direct or indirect result of conflict during the 20th century (Leitenberg, 2006). Civilian deaths have come to far outnumber combatant deaths, and this heavy preponderance arises from deliberate war strategies: direct targeting of civilians; gross inattention to principles of distinction, protection, and proportionality; and wanton destruction of health systems, basic societal functions, and infrastructure necessary to support civilian life and function.

Life expectancy differs by 21 years between the highest-ranking and lowest-ranking countries on the human development index. Even in 18 of the 26 countries with the largest reductions in child deaths during the past decade, the difference in mortality is increasing between the least and most deprived quintiles of children (United Nations Development Program, 2013). More than 80% of the world's population are not covered by adequate social protection arrangements. The social protection 'floor' is defined as "an integrated set of social policies designed to guarantee income security and access to social services for all, paying particular attention to vulnerable groups, and protecting and empowering people across the life cycle" and Endorsed at the 2010 Millennium Development Summit (International Labour Organization, 2011). This includes guarantees of:

- Basic income security, in the form of various social transfers (in cash or in kind), such as pensions for elderly people and those with disabilities, child benefits, income support benefits, and employment guarantees and services for unemployed and working poor people.
- Universal access to essential, affordable social services in the areas of health, water and sanitation, education, food security, housing, and others defined by national priorities.

It should be the responsibility of each country to design and implement social protection schemes adapted to national circumstances.

In 2012, global unemployment rose to 197.3 million, 28.4 million higher than in 2007. Of those who work, 27% (854 million people) attempt to survive on less than US$2 per day. More than 60% of workers in southeast Asia and sub-Saharan Africa earn less than $2 per day (International Labour Organization, 2013). Many of the 300 million indigenous people face discrimination, which hinders them from meeting their daily needs and voicing their claims. Girls and women face barriers to access education and secure employment compared with boys and men, and women worldwide still face inequalities with respect to reproductive and sexual health rights (Fonn & Sundari Ravindran, 2011). These barriers diminish their control over their own life circumstances.

Our action plan

The International College of Person Centered Medicine maintained in their Geneva Declaration on Person and People Centered Integrated care that global health equity is a ethical imperative and called for a multidimensional action on health inequities (ICPCM Geneva Declaration 2014; Cloninger et al, 2014) through increasing the awareness that effective health care for all must be person centered, people centered and integrated as well as evidence informed. In the same year the Lancet Commission published an important Report on The political origins of health inequity: prospects for change (Lancet Commission, 2014).

"Effective global health care policy should be guided by the recognition of the intrinsic dignity of all persons, who deserve respect and support in their efforts to realize their own health, happiness, and capabilities. A person is a self-aware human being whose healthy functioning requires continuous awareness and adaptation to changing physical, mental, social, intellectual, and spiritual needs. In order to develop and maintain well-being, a person must function with certain individual rights and responsibilities that are healthy expressions of the functional capacities of a self-aware being. In particular, the healthy functioning of a person requires the freedom to direct his or her own life in ways that are meaningful and fulfilling in terms of a personal life project. Healthy functioning of a person also requires that each person be aware and respectful of the needs and desires of other people and of the world environment in which we all live together. Individual well-being cannot be divorced from collective well-being, and person-centered care necessarily involves a commitment to the promotion of health for all people. Mutual respect among people fosters a virtuous cycle of increasing health and well-being when people act on their self-transcendent values by promoting person-centered and people-centered health care. This mutual respect enables all people to have both the liberty rights and the welfare opportunities needed to flourish in a state of physical, mental, and social well-being".

Person-centered medicine (PCM) focuses on the needs, values and perspectives of the whole person, rather than exclusively on their status as a patient, their medical condition or disease. As stated in the 2013 Geneva Declaration , "PCM is a holistic, multidisciplinary and relational perspective aimed at promoting the highest attainable level of health both for individuals and people collectively. PCM encompasses a wide range of concepts, tasks, technologies and practices that aim to place the whole person in context at the center and as the goal of clinical practice and public health. To this effect, PCM articulates science and humanism for a bio-psycho-socio-cultural understanding of health and for the undertaking of health care actions from individual interventions to general health policy."

People-centered health care extends the holistic perspective of person-centered health care beyond the individual. People-centered care continues to emphasize that the needs of the person is the foremost consideration across all levels of organization of health systems, but also recognizes that persons live together with other people organized in families, communities and populations dispersed around the world. According to the World Health Organization (WHO), people-centered care is grounded on mutual collaboration and respect for all stake-holders in health care, recognizing the need for empowerment of personal decision-making while addressing broader social needs with a commitment to equity and justice. The stake-holders in health care include patients, providers, and their families, communities, and countries, as well as the local, national, and international organizations concerned with human welfare. Thus the perspective of people-centered care is universal and egalitarian, so that the stake-holders in people-centered care include all people at some level of organization. Person-centered care becomes people-centered when people do as much as they can to respect others and to help them, rather than interfering with their health and well-being.

Social Determinants

The WHO Commission on Social Determinants of Health (WHO, 2008) concluded that "social norms, policies, and practices that tolerate or actually promote unfair distribution of, and access to, power, wealth, and other necessary social resources" create systematic inequalities in daily living conditions. Daily living conditions make a major difference to

people's life chances. These conditions include safe housing and cohesive communities, access to healthy food and basic health care, decent work, and safe working conditions. They also include underlying factors: non-discriminatory inclusion in social and political The Commission on Social Determinants of Health argued convincingly that the basic, root causes of health inequity lie in the unequal distribution of power, money, and resources.

Nation states are responsible for respecting, protecting, and fulfilling their populations' right to health, but with globalisation many important determinants of health lie beyond any single government's control, and are now inherently global (WHO, 2013). Besides local and national action, combating health inequity increasingly requires improvement of global governance. Although determinants of health exist at many levels—from individual biological variance to local and national societal arrangements—some determinants are tied to transnational activity and global political interaction. These global factors have received insufficient attention, perhaps because the causal linkages are complex and difficult to untangle, or because the implications can be controversial and unwelcome to some.

The need for global governance

Global governance has been defined as "The complex of formal and informal institutions, mechanisms, relationships, and processes between and among states, markets, citizens, and organisations, both intergovernmental and non-governmental, through which collective interests on the global plane are articulated, rights and obligations are established, and differences are mediated." Such a Commission should build on existing work in defining the global political determinants of health as the transnational norms, policies, and practices that arise from political interaction across all sectors that affect health.

The biomedical approach cures disease, but it alone cannot address the root causes of health inequity. Biomedical interventions should be accompanied by a broader understanding of health-depriving forces found in the global political economy. The deep causes of health inequity cannot be diagnosed and remedied with technical solutions, or by the health sector alone, because the causes of health inequity are tied to fairness in the distribution of power and resources rather than to biological variance. Yet, most international health investments tend to focus on specific diseases or interventions. Construing socially and politically created health inequities as problems of technocratic or medical management depoliticises social and political ills, and can pave the way for magic-bullet solutions that often deal with symptoms rather than cause.

Transformational change is needed in the way in which policies and global decisions that affect health are made, and in the norms that inform them. A new, interconnected global agenda for sustainable development will require a more democratic distribution of political and economic power and a transformed global governance architecture, able to overcome the barriers created by organisational turf wars, fragmented action, and narrowly conceived national interests that currently put both the global environment and human health at risk.

Person Centered Integrated Care

People- and Person-Centered Integrated Care (PPCIC) operates at five major levels that are intertwined within a complex global system:

- Firstly, PPCIC integrates the relation between people seeking and delivering care so that it is person centered
- Secondly, PPCIC is planned and delivered <u>within the social network of each person</u>'s family, community, and the larger society, and both local and global networks that contribute to health and illness
- Thirdly, PPCIC ensures coordination of health care for each person over the trajectory of their life course at the primary care level
- Fourthly, PPCIC promotes vertical integration <u>within the healthcare sector</u> by planning and coordinating care among primary care providers and specialists, aiming to reduce and prevent unnecessary interventions and to improve the provision and continuity of care
- Fifthly, PPCIC is about accomplishing horizontal integration of health care delivery <u>across multiple sectors of society</u> within communities, regions, states, and countries by coordinated planning for community-based delivery of services

The interrelation of these levels for understanding and managing individual, local, and global health care can be more effectively managed when it is clearly recognized that health care organizations are complex adaptive systems.

Complex Adaptive Systems

Complex adaptive systems based on the work of Holland (2012) are a dynamic network of agents acting in parallel, constantly reacting to what the other agents are doing, which in turn influences behaviour and the network as a whole. Control tends to be dispersed and decentralised and the overall behaviour of the system is the result of many decisions made constantly by individual agents. Effective functioning of complex organizations, such as health systems, depends on cooperation and co-active communication among mutually respectful people - that is, balanced processes that allow for both top-down input from experts and bottom-up input from people with needs. Such interactive communication is based on trust, shared values and respect, which is manifest as a commitment to listening and learning from one another and acting with fairness and flexibility in continuous processes of innovative adaptation that are sensitive to local resources, traditions, goals, and values.

Conclusions

Integrated care only has real meaning and health benefits when care is well-coordinated around people's needs. Integration of perspectives and services is crucial for all aspects of well-being, whether they are economic, physical, mental, social, intellectual, or spiritual. All complex systems are influenced by dynamic interactions among all their components. Ecological, economic, and health systems are all highly intertwined with one another as complex adaptive systems that are more-or-less well-integrated. Accordingly, international institutions concerned with economic and ecological well-being, like the World Bank Group, can profitably work with those concerned with physical, mental, and social well-being, like the World Health Organization, and vice versa. No one aspect of well-being can be sustainably developed in isolation from all its other aspects. This should be the overarching message for a Commission on Global Governance for Health. Health equity should be a cross-sectoral political concern, since the health sector cannot address these challenges alone. A particular responsibility rests with national governments. policy makers across all sectors, as well as international organisations and civil society should recognise how global political determinants affect health inequities. All people and organizations in all countries should

work to increase awareness that effective health care for all must be person-centered, people-centered, and integrated as well as evidence-based. Health care providers in all countries should work to promote the integration of the perspectives of patient, family and clinicians towards the establishment of "common ground" on which diagnosis and treatment planning is based with both joint understanding and shared decision making. The common ground of integrated care is the consistent focus on the needs of people for their well-being.

References

Cloninger R et al. (2014). A time for Action on health Inequities IJPCM Vol 4 Issue 2 69-89.

Fonn, S and Sundari Ravindran TK (2011). The macroeconomic environment and sexual and reproductive health: a review of trends over the last 30 years. *Reprod Health Matters*. 19: 11–25.

Holland, J.H., Signals and Boundaries: The building blocks of complex adaptive systems. 2012, Cambridge, MA: The MIT Press.

International College of Person Centered Medicine (2014). Geneva Declaration on 'Person and People centered integrated care for all'. Intl. Journal of Person centered medicine Vol 4 Issue 2 66-68.

International College of Person Centered Medicine (2013)Geneva Declaration on Person Centered Health research.. Int Journal Person centered Medicine Vol 3 Issue 2, 106-108.

International Fund for Agricultural Development and World Food Programme (2013). The state of food insecurity in the world 2013 - the multiple dimensions of food security. Food and Agriculture Organisation.

International Labour Organization (2011). Social protection for a fair and inclusive globalization. Report of the Social Protection Floor Advisory Group., Geneva.

International Labour Organization (2013). World of work report 2013: Repairing the economic and social fabric. International Labour Organization, Geneva.

Krug, EG, Dahlberg, LL, Mercy, JA, Zwi, AB, and Lozano, R. (2002). World report on violence and health. World Health Organization, Geneva.

Labonté, R and Spiegel, J. (2003). Setting global health research priorities. *BMJ* 326: 722–723.

Lancet Commission 2014. Report on the political origins of health inequity: prospects for change Lancet Volume 383, No. 9917, 630–667.

Leaning, J, Arie, S, Holleufer, G, and Bruderlein, C. (2003). Human security and conflict: a comprehensive approach. in: LC Chen, J Leaning, V Narasimhan (Eds.) Global health challenges for human security. Harvard University Press, Cambridge, MA, 13–30.

Leitenberg, M. (2006). Deaths in wars and conflicts in the 20th century. Cornell University,

Ithaca.

Salvador-Carulla et al (2013). Background, structure and Priorities of the Geneva Declaration on Person centered Health Research. Intl Journal Person centered Medicine. Vol 3 Issue 2 109-113.

Stiglitz, J. 2012 The price of inequality. Penguin Books, New York; 4.

Thakur, R and Weiss, TG. (2006). The UN and global governance: an idea and its prospects. Indiana University Press.

United Nations Development Programme (2013) Human development report. The rise of the south: human progress in a diverse world, New York.

Whitehead, M. (1992). The concepts and principles of equity and health. *Int J Health Serv*. 22: 429-445.

Wilkinson, R and Pickett, K. (2010). The spirit level: why equality is better for everyone. Penguin Books, London.

World Bank (2011). World Development Report 2011: conflict, security, and development. World Bank, Washington DC.

World Health Organization (2013). World Health Report: Research for Universal Health Coverage. 2013, WHO: Geneva.

World Health Organization (2008). Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva.