

EDITORIAL

The European Journal for Person Centered Healthcare

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Introduction

We are delighted to welcome readers and subscribers to the first issue of the *European Journal for Person Centered Healthcare* (EJPCH), the official journal of the recently inaugurated European Society for Person Centered Healthcare (ESPCH). A full and detailed description of the new Society, together with its current structure and activities, is presented in the paper which follows [1]. We restrict ourselves here, then, to providing an account to the reader of the purpose of the new periodical itself and the functions it will discharge in the interests of the European Society.

The *Journal* launches at a time of considerable crisis in healthcare – a crisis of knowledge, care, compassion and costs [2]. Over the last 100 years, the exaltation of the biomedical model of clinical practice has led to a fascination with the molecular and cellular basis of disease and organ dysfunction. To be sure, pharmacological and technological innovations have mediated huge shifts in individual and population health. Yet there is a growing sense of unease that all is not well, with observations increasingly made that medicine has lost sight of the human dimension of illness. An exclusionary participation with the physical and a consequent neglect of the psychological, emotional and spiritual dimensions of patient care, together with the ongoing shift towards superspecialization, are pushing healthcare services into compartmentalization, fragmentation and reduction. The Evidence-Based Medicine movement has accelerated this process and the Patient-Centered Care movement has acted partially to negate it. Much, however, remains to be done if we are to move clinical practice from its current anatomico-pathological focus to a broader anthropocentric basis. The *European Journal for Person Centered Healthcare* aims to assist this process by publishing all relevant scholarship and research in the field across a wide variety of publication formats.

In the brief introductory overview which follows, we will pose and answer several questions, aiming to provide

the reader with a working knowledge of what the new periodical is determined to achieve and how we believe it will prove of direct assistance to healthcare practitioners aiming to increase their professionalism and effectiveness by adhering more closely to a properly humanistic account of the care of the sick.

Why a new journal for this field of study and practice?

Historically, studies of person-centered clinical care have typically been published in a very wide variety of clinical and health services research journals, some easily recognised and some more obscure, some indexed and some not. Some studies have been published within speciality and subspeciality journals and others in general clinical journals. Some of these journals are overloaded with manuscripts awaiting publication, where person-centered research has been afforded a lower priority for online access and publication in print. Other journals have typically rejected person-centered studies and their experimental methods as being in some way ‘non-scientific’ or even ‘unscientific’, especially when patients’ subjective accounts of illness have been taken into consideration or when case-based or observational, rather than randomised data, form the basis of submissions.

These observations, it is contended, indicate a necessity for a journal dedicated to person-centered healthcare to be created and ‘grown’, so that communication in the field is made easier, rather than more difficult. A new journal of this type may also be considered necessary in order that the editorial prejudices of journals focussed on the biomedical and technological aspects of care can be combatted and overcome, so that healthcare theory and practice can be enriched, even made *more complete* by humanistic accounts of *caring*, rationally complementing those focussed more exclusively on biological interventions aimed at *curing*.

The EJPCH does not have among its objectives a desire to 'shut down' or even to re-direct the humanistic healthcare debate in general or specialty clinical journals. On the contrary, it aims to provide a dedicated forum for international exchange in the field and in doing so to *extend* author and reader choices, not *limit* them.

Focus of interest

The EJPCH's interests are necessarily wide and range from the foundational theory of person-centered care to 'hands on' clinical practice and the subsequent evaluation and description of person-centered healthcare outcomes. The management of long term chronic illness is of prominent concern to the *Journal*, but not exclusively so. Indeed, person-centered care approaches to acute illness are of equal interest, though we assert that the value of the person-centered approach is particularly well illustrated in the context of the long term conditions.

We emphasise here that the *Journal* does not intend to focus *entirely* on the needs of the individual patient dislocated, as it were, from his/her social setting. Neither can the individual patient be coherently removed from the realities of the planning, commissioning, funding and operational delivery of health services or from the costs of drug and medical technology/device purchasing. To imagine that the care of the patient could be 'isolated' from such factors would be to ignore the 'everyday realities' of modern healthcare systems. Indeed, attempts to deliver a Utopian ideal of clinical practice outside of such constraints would be a pointless exercise, doomed to failure.

For these reasons, the *Journal* does not apologise for its strong interest in exploring, debating and publishing studies on these particular aspects of healthcare provision, while remaining necessarily faithful to the 'inner core' of healthcare - the welfare of the individual person who has become ill and who has presented to healthcare services asking for help. We advance that there is no contradiction here, but rather a far better informed and 'encompassed' view of what clinicians must do (and be trained to do), in order to respond to the demands of current healthcare systems and to satisfy their own vocations as clinicians. As part of this, we argue that clinical services and those who deliver them within Europe and elsewhere, must become more incrementally 'sensitized' to the need to attend to wider issues of health and it is to facilitate this that the European Society for Person Centered Healthcare and the EJPCH have been created [1].

Special *Supplements* of the EJPCH

The new journal is published quarterly with issues compiled from accepted contributions on a wide range of subjects and illness categories contributed by colleagues from across Europe as a whole and also globally. Notwithstanding these 'regular' issues, a notable additional characteristic of the *Journal* will be its special

Supplements. These, numbering around four *per annum*, will derive from the European Conference Series (ECS) of the European Society for Person Centered Healthcare [1]. The conferences in the ECS focus on specific clinical conditions (see, in example, the Society's first such conference on the person-centered care of patients with HIV/AIDS [3]), but also on topics of key importance to the advancement of person-centered care, such as undergraduate and postgraduate clinical education (see, in example, [4]). The EJPCH Supplements contribute a detailed conceptual underpinning of academic discourse in the given areas of focus, representing the primary *intellectual* source of specific knowledge of relevance to teaching, training and service development. They will be partnered by the Clinical Handbook Series generated by the Special Interest Group (SIG) Network of the European Society for Person Centered Healthcare [1], the handbooks being designed specifically to provide the *practical* tools and guidance for clinicians to assist their efforts in delivering more person-centered approaches to the individual patients they encounter in clinic and at regular follow-up.

Positioning and status of the EJPCH

The EJPCH replaces previous attempts to create a learned journal for this field, but which have foundered, for one reason or another, due to a lack of ethics, funding and manpower. The ability of the EJPCH to discharge its functions as the *premier* organ of communication in the field has been made possible due to generous private philanthropy and to the much appreciated generosity of some of the sponsors, corporate or otherwise, of the European Society for Person Centered Healthcare [1]. For this reason, the future of the EJPCH and indeed its progressive expansion and development, is fully assured. We view it appropriate here to extend and document our gratitude to these individuals and corporations for the role they are playing in progressing our work.

Promoting the international prominence and use of the *Journal*

The ESPCH has already commenced a major advertising programme aimed at familiarizing colleagues within international medicine of the new institution and the Society is actively advertising the EJPCH as part of this process. Details of the EJPCH continue to form a routine part of the European Society's e-mailings to tens of thousands of clinical and academic colleagues across Europe as part of the advertising of the Society's activities. We acknowledge with gratitude the *pro bono* assistance in this process of major clinical communication companies, healthcare charities and the assistance of a range of members of the healthcare industry.

Indexing, ISI Ranking, Citation Rates and Impact Factor

Having examined the criteria necessary for the indexing of the *Journal* with reference to our ability to satisfy them, we confidently predict that the EJPCH will achieve indexing by the time of commencement of Volume Three in the first operational quarter of 2015. ISI ranking and the generation of an Impact Factor will then follow quickly.

Who should read and write for the *Journal*?

We suggest that all clinicians engaged in the operational delivery of health services will find the new periodical of use and academic leaders of service improvement particularly so. University teachers with responsibility for the undergraduate and postgraduate formation of clinical practitioners, whether in medicine, nursing or the allied professions are likely, we predict, to find the *Journal* of invaluable use when writing lectures on patient-centered care and when recommending essential reading on the subject to their students. In addition to these colleagues, we recommend the EJPCH to clinical and non-clinical academics working within social medicine, public health, health services research, health economics and healthcare policy and politics. Last, but most certainly not least, we warmly recommend the *Journal* to expert patients and to patient advocacy groups and organisations - it is from these that clinicians have the opportunity to learn the most valuable lessons in how properly to care.

The EJPCH welcomes submissions from all of the colleagues we have identified as likely to hold interest in its work. Contributions will be published across the well established formats of editorials, original articles (resulting from quantitative, qualitative and mixed methods research), reviews (structured and systematic), case-based studies, viewpoints and opinion articles, commentaries, research letters and letters to the Editor.

Conclusion

The *primum movens* for the EJPCH is based on the observations and intentions outlined above. The *Journal* has been created and will be developed in strict accordance with current journal publishing norms and ethics, directly to enable clinicians, academics, policymakers and the expert representatives of patients themselves, to engage in scholarly interaction and exchange on all matters pivotal to the progress of the field. The work of the new journal is integrally bound up with the work of the European Society for Person Centered Healthcare and the work of the Society's Special Interest Groups [1].

In concluding, we strongly commend the new journal to all those colleagues working to increase the person-centeredness of healthcare services.

References

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