

Medical Model vs. Person-Centered Care Model

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Medical Model	Person-Centered Care Model
<p>Hierarchical</p> <ul style="list-style-type: none"> • Care is dictated to patient. • Patient has little to no choice in treatment or care. • Patient’s expertise in own health is seldom or not taken into consideration. 	<p>Team based</p> <ul style="list-style-type: none"> • Participant and staff are equal and care is collaboratively agreed upon. • Participant knowledge of self and choice is integral to improving health. • Participant expertise in own life is paramount to determining course of care.
<p>Views the patient as multiple unrelated diseases.</p> <ul style="list-style-type: none"> • Treats the disease and not the person • Diagnoses are treated individually and separately without considering the interaction of diagnosis or patient’s own motivation to treatment or feelings. • Medical diagnoses are viewed as more important than cognitive or emotional. 	<p>The participant is viewed as a whole human being, not a disparate set of diagnoses which much be “treated”.</p> <ul style="list-style-type: none"> • Treats the person and not the disease. • The human being is considered and understood first, then overall health goals of the participant. • The interaction of diagnosis is crucial as well as the participant’s personal qualities and choices in regards to life and well-being. • All diagnoses are as important as the participant views them to be and how they affect one another.
<p>Clear boundaries between participant and expert.</p>	<p>Healing occurs within the relationship between staff and the participant.</p>
<p>Language</p> <ul style="list-style-type: none"> • Judgmental • Clinical and detached: impersonal, builds boundaries. • Problem and goals written in clinical language and are the staff’s observation of what the patient’s problems are. • Example: Refers to patient in documentation as “patient” (or “participant”) 	<p>Language</p> <ul style="list-style-type: none"> • Removes stigma and judgement • Personal and relationship focused, increases view of the participant as a human, not as “work”. • Problem & goals written in functional language of the participant. • Example: Refers to participant the name by which they would like to be called “Mrs. Smith” or “Jane”.

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References:

- [Why the Nation Needs a Policy Push on Patient-Centered Health Care](#)
- [Is Patient-Centered Care the Same as Person-Focused Care?](#)
- [What is Person-Centered Health Care? A Literature Review](#)