

A Brief Discussion on the Promoting Role of the Medical Value of "Patient-Centeredness" in the Reform of the Medical System in the New Era

Zhou Ying

Dalian Second People's Hospital, Dalian, Liaoning, China

Abstract: The rapid development of modern medical science has made leapfrog progress in a number of disciplines, and many medical problems and intractable diseases have also appeared new turns and treatment plans. However, the rapid development of medical mode has also derived a series of social problems. In order to better achieve the goal of universal health, effectively solve the existing related problems in the medical industry, and truly meet the needs of residents for medical treatment, the state has opened a new round of medical system reform, ushered in a new era of DRG group payment medical insurance mechanism and focused on the performance reform of national public hospitals. The process of reform is painful. The new medical system reform has derived new changes in the medical pattern, and the new medical environment will inevitably bring new changes in the doctor-patient relationship. How to adapt to the development and change of the medical system reform in the new era is a new stage of attempt and test for both hospitals and doctors. To sum up, in view of the main problems and concentrated contradictions existing in the current medical reform process, the author analyzes and thinks in combination with the current background environment, and believes that only by making good use of the relevant knowledge system of medical humanities, insisting on "patient-centered", and comprehensively improving the level and service ability of the whole society's medical service can we adapt to the changes of the new mechanism and system. As we all know, medical humanities is the steering wheel of the development of medical science, and it is also a locator for the healthy development of medical disciplines. Only by adhering to the correct orientation of medical humanities

can we ensure that the reform of the medical system can achieve a stage victory in an impartial manner, and provide value guidance and spiritual support for the realization of the overall goal of national health and the promotion of the construction of a healthy China.

Keywords: Patient-Centered Medical System Reform of Doctor-Patient Relationship

"Healthy China" is the important aspect of the overall development goal for 2035, proposing to "give priority to the development of policies to promote people's health" and making comprehensive arrangements for "promoting the construction of Healthy China" [1]. The national health and medical administrative departments have also successively issued relevant policies for medical system reform that are suitable for China's national conditions and development plans, continuously promoting the work of comprehensive health for all. Among them, the two major policies that have mainly influenced the current changes in the medical landscape include the DRG grouping payment model and the performance assessment of national public hospitals. The introduction of these two policies is both historical and forward-looking, to a certain extent, guiding the operation direction and management goals of most public hospitals. However, a series of related problems have emerged during the short-term adaptation period of the policies. In the new historical period, in order to better adapt to the reform of the system and mechanism and provide patients with better medical services, it is necessary to adhere to the principle of "patient-centeredness" and grasp the tone of medical services. Under the background of the DRG grouping payment medical insurance

policy, the inpatient fees for the same disease are consistent, but there are individual differences among patients with the same disease. Therefore, when the overall goal of the new medical insurance operation conflicts with the traditional medical model, how to come up with the best treatment plan that not only meets the requirements of the current policy transformation of the mechanism and system but also maximally solves the objective needs of medical services is a common phenomenon in the current medical environment. Medical quality and medical insurance goals are often made into single-choice questions by us. However, in the historical stage when science and technology are becoming increasingly advanced and the national medical reform is about to take a big step into a new medical system, this is an inevitable trend in the development of the medical system and mechanism with the improvement of medical level and the accumulation of clinical experience. It is not a single-choice question of either-or, but a multiple-choice question that can be both... and... In the context of adhering to the unchanging service principle of "patient-centeredness", it is necessary to adapt to the changes in medical insurance policies and strictly implement the management work of medical quality and medical safety, innovate thinking, change concepts, take improving medical quality as the theme, take improving patients' medical experience and establishing harmonious doctor-patient relationships as the goal, strictly implement the standardized management of medical services and the implementation of medical core systems, and comprehensively improve the level and ability of medical services throughout society. This is the key direction and overall goal of the current medical environment. In order to better promote the medical system reform in the new period, the author has thought from multiple paths, analyzed and judged the current medical background environment, and believes that only by adhering to the core values of "patient-centeredness" in medical services without wavering and guiding clinical work management with medical humanistic spirit can the solid transition of the medical system reform in the new period be effectively promoted. Through improving service accuracy, meeting service diversity, and achieving service accessibility, the core values of

"patient-centeredness" can be comprehensively guided to penetrate into the medical service process, laying a solid foundation for the development and changes of medical system reform.

1. Patient-Centeredness, Fully Improving Service Accuracy

1.1 Patient-Centeredness, Obtaining More Comprehensive Diagnostic Basis

Modern clinical medicine requires medical workers to respect the personal preferences, needs, and values of patients and implement the basic service concept of "patient-centeredness" in the clinical service process. When it comes to patient-centeredness, we cannot help but mention the essence of Osler's trilogy: "Start with the patient, extend from the patient, and complete with the patient." This sentence fully demonstrates the core existence of the patient as the subject of health in medical work. Firstly, it is because of the physical and sensory changes in the patient that the choice of medical treatment is made. Secondly, it is based on the patient's statement of medical history and symptoms, as well as the related tests, examinations, and other medical treatments carried out around the patient. Finally, the entire medical process ends with the patient's improvement, recovery, or death. In reality, the patient is not only an individual suffering from a certain disease or injury, but also the carrier of all medical evidence. Only when reliable evidence is obtained from the patient can the diagnosis and treatment be well served. However, the so-called evidence is not only the tests and examinations carried out around the patient. In clinical work, many medical histories of internal diseases are obtained through good communication. According to the patient's subjective statements, reliable evidence for auxiliary diagnosis can be obtained. A good doctor-patient relationship will make the process of medical history inquiry more smooth and transparent, and the doctor will obtain more comprehensive and reliable diagnostic evidence, enabling them to make quick and accurate judgments at the first time, and even greatly improve the treatment effect. Some people say that the professional characteristic of doctors is "sometimes to cure; often to help; always to comfort". In physical

examination and medical history inquiry, the trust and tacit understanding between the patient and the doctor must be the most genuine source of the medical history. Through the patient's recollection of past stories and feelings, the doctor can better understand the patient's onset time, early symptoms, and possible major lifestyle and environmental factors that affect the onset. This not only reduces the probability of missed diagnosis and misdiagnosis, but also improves the coincidence rate of confirmed diagnosis and preliminary diagnosis, greatly improving the diagnostic efficiency and laying the foundation for timely and correct diagnosis and treatment plans.

1.2 Centering on the Patient and Providing More Appropriate Treatment Plans

Centering on the patient requires following the basic principle that the patient is the subject of health. It is necessary to fully consider the patient's subjective feelings and objective needs, from the patient's single need to relieve pain and restore health to the comprehensive consideration of multi-dimensional situations and different definitions of "health". It is necessary to listen to the patient's opinions and ideas on medical services, and maintain and respect the patient's health and rights. The development of modern medicine, in addition to the rapid improvement of medical technology, also includes the upgrading and iteration of auxiliary medical work, which has created better medical resources and external environments for human life and health, and has achieved a leapfrog improvement in the practicality and efficiency of medical technology. Contemporary medicine is not just about curing, but about choosing more appropriate healing methods through multiple paths. As a doctor, the most important professional responsibility is to maximize the patient's health. Doctors have the obligation to respect and protect the patient's privacy and rights, and fully respect the patient's health needs and value system, providing the warmth, care, and comfort that the patient needs during the diagnosis and treatment process. Health is not only the objective removal of pain and physical recovery, but also the attention and satisfaction of the patient's basic needs surrounding survival and health, including the patient's treatment willingness, risk

expectations, treatment costs, prognosis effects, etc. Personalized treatment plans should be formulated based on the patient's needs. "Putting patients at the center" is the core value of medical humanities, and it is the core value for evaluating and comprehensively judging medical treatment behaviors and medical purposes. All medical and health services must be carried out under its guidance. It not only requires thinking from the patient's perspective on how to cure patients more quickly and effectively, but also requires intervention in the rationality of the treatment process under the premise of fully respecting the patient's autonomy, predicting possible risks and consequences, and maximizing the inclusion of needs such as the patient's life extension, quality of survival, and sensory experiences. Throughout the treatment process, the concept of serving patients must be adhered to, and professional medical knowledge should be used from the patient's perspective to cure patients and make rational decisions that take into account the patient's needs and rights.

2. Putting Patients at the Center and Fully Meeting the Diversity of Services

2.1 Putting Patients at the Center and Providing Diverse Treatments

In the new historical stage, to adapt to the work requirements of the new medical system reform, it is necessary to have rich technical means, policy integration and improvement, and more importantly, doctors must adhere to the original intention and concept of medical practitioners and the service spirit of "putting patients at the center", providing more diverse treatment contents. As medical practitioners, we are well aware of the diversity and complexity of diseases in clinical work. However, patients from different family backgrounds and occupational backgrounds have different abilities to bear risks and difficulties. We can group diseases and pay by package, but we cannot provide standardized services to all patients. Osler, a leading figure in the humanities field, once said, "A doctor is not just treating a disease, but a unique person, a living, emotional person suffering from a disease." As doctors, we should make good use of the scientific and technological means in our hands and provide professional opinions to patients during the diagnosis and treatment

process. However, when dealing with different patients, we should learn to listen and communicate effectively, and meet the different needs of patients. Medical work is not a technical job that can be evaluated solely by quantitative indicators. It depends more on the subjective consciousness activities of doctors. According to the patient's actual economic situation, psychological factors, physical factors, and even the comprehensive situation, we should consider from the patient's perspective and provide multiple treatment options for patients to choose from. This is the most important part of "putting patients at the center". From the patient's admission to discharge, the formulation of treatment plans, medication guidance, surgical operations, and the issuance of various tests and examinations, in most cases, the subjective judgment of doctors plays a major role in medical behavior. However, for patients, the treatment experience, time cost, economic cost, and even the difference in treatment results are significant. Therefore, adhering to "putting patients at the center", starting from the patient rather than the disease, and providing more suitable treatment options for patients with rich experience and professional judgment can truly help patients get out of the shadow of disease and the predicament of life.

2.2 Putting Patients at the Center and Paying Attention to Diverse Medical Care

A good doctor is not only proficient in medical technology but also possesses the utmost kindness and purity of human nature. As medical practitioners, we face not only diseases but also lives. Due to the special nature of the medical profession, most doctors have a strong sense of responsibility and mission, and are willing to help others and care for life in their work. They possess noble professional ethics and correct worldviews and values, truly exerting their medical value. In our daily clinical practice, we often encounter all kinds of patients and many touching stories. One winter, an elderly woman in her eighties came to the hospital. Trembling, she opened her handkerchief and took out a stack of money to give to the medical staff. Her daughter had just passed away in the ICU a few months ago. Although she was grief-stricken, she had been mentally prepared. However, the medical staff's active treatment, meticulous care, and

sincere concern for her during her daughter's final days were like a beacon in the darkness, illuminating this elderly woman who had lost her only child. This is why this kind-hearted woman wanted to sincerely repay the medical staff who had helped her after her daughter's death. Of course, the medical staff politely declined the donation. However, the harmonious doctor-patient relationship between this elderly woman and the medical staff, filled with deep affection and love, is worth exploring. We often talk about healing, but cold surgical instruments can only cure physical symptoms. True healing is not only about physical recovery but also about the healing of the soul. What we should care about more is whether patients and their families have the comprehensive "healing" ability to return to society. Facing different patients, doctors not only need to have different treatment plans but also need to pay attention to the needs of patients with different individual differences, and meet their expectations of being cured and cared for. Almost all patients need to be respected and cared for, but the content of respect and care that different families hope to receive is quite different. Wealthy families have higher expectations for the treatment effect and experience, while poor families need to consider their own affordability and are more concerned about the prognosis and medical expenses. Men are more concerned about getting encouragement from friends and social recognition, while women long for the company of their loved ones and verbal comfort. Different diseases and different personalities of patients have different needs for respect and care. Therefore, as medical professionals, we should have discerning eyes and a compassionate heart, treating every patient with the warmth of a family member and considering their needs from their perspective.

3. Centering on Patients, Promoting the Realization of Service Accessibility

3.1 Centering on Patients, Comprehensively Advancing Medical Humanities Education

Peking Union Medical College Hospital has an unwritten rule that requires every doctor on duty to warm the stethoscope before examining a patient. Thus, in Peking Union Medical

College Hospital, there are scenes like this one after another: whether it is a medical master in his eighties or a rising star in the medical field, they all warm the small stethoscope with their hands or their chests before examining the patient, warming the hearts of patients from all over the country who come for medical treatment. The story of Peking Union Medical College Hospital tells us that medical practitioners should be both highly skilled and have a sincere heart. Only doctors with good medical humanities qualities can provide better medical services to patients in clinical practice. Medicine is not only a science but also an art that integrates multiple disciplines. It is crucial to guide the development of medical science with humanities. Enhancing doctors' humanistic background can comprehensively expand their comprehensive knowledge, establish their ethical awareness, and improve their insight and empathy. If medical education lacks humanistic education, a large number of medical students lacking humanistic education will be sent into society, which will inevitably lead to a series of social problems. Many universities in China have also added medical ethics and medical philosophy to their curricula. Through the influence of philosophy, doctors can have a multi-dimensional perspective to explore and understand the world, focusing on exploring prevention, disease, rehabilitation, life and death, and other human experiences. They can step out of the laboratory and operating room to face patients directly, establish a good humanistic thinking pattern in medicine, and have the noble sentiment of treating patients as their own children. Only when doctors become well-informed can they truly provide not only technical but also all-round care and comfort in actual medical work, meeting patients' physical and psychological healing needs. "Health is entrusted to us, and lives are entrusted to us" is the professional characteristic of medical workers. "Respecting life, respecting life, and caring for life" is the professional principle of doctors. Only by paying attention to and respecting every aspect of patients' bodies, minds, and societies, and understanding and meeting patients' real needs during the diagnosis and treatment process, can they better fulfill their duties in the medical industry and not disappoint the trust of patients and their families. Humanistic reading is also the

most important part of medical education. The cultivation of good medical ethics requires the development of inner kindness and compassion. Literary reading turns stories into scenarios and infuses the essence of culture into them. Through the shaping of characters and the development of plots, it forms readers' positive values and moral standards. In such a reading process, doctors can put themselves in the shoes of the protagonists in literary works, establish a mature outlook on life and values, and when transferred to the work scene, doctors with a complete ideological system can better understand the patients' suffering and the anxiety of their families, and actively build a trusting relationship with patients and their families, creating better humanistic services for patients' diagnosis and treatment and achieving better treatment results. The most important part of medical humanities education is classroom education for medical students. The curriculum of medical humanities education should be designed reasonably and through in-depth case studies in the new era, inspire medical workers to improve their moral qualities and professional ethics, and truly take on the historical responsibility of overcoming difficulties for the development of the medical industry in the new historical period. Through the study and influence of humanistic spirit, doctors are guided to pay attention to patients' dignity and emotions in actual work and establish a good sense of life.

3.2 Centering on Patients, Deepening the Construction of Medical Service Capabilities

Among the capabilities of medical services, the most crucial aspects are the level of medical technology and the quality and safety of medical care. Only by comprehensively strengthening the capabilities of medical services can the goal of providing better care for patients be achieved. For hospitals, medical quality and safety are the prerequisites for all medical services. To achieve this goal, we need to prioritize patients and take measures to improve the efficiency of medical work to help patients obtain the best benefits. At the management level of hospitals, only by strictly implementing relevant medical laws and regulations and doing a good job in the quality management of medical services within the hospital can we provide patients with safer and

higher-quality services. This is the fundamental solution and the principle we always adhere to. In the construction of hospitals, from the perspective of management, we should standardize the medical behavior of medical staff, including strictly adhering to legal practice, strengthening the publicity and education of medical and health laws and regulations, improving the legal awareness and legal quality of medical staff, taking targeted and feasible rectification measures for safety hazards reflected in adverse events, gradually exploring the establishment of clinical pathway management systems, working models, and operation mechanisms, continuously conducting quality assessments and system improvements, and optimizing the allocation of medical resources and improving medical benefits through standardized and standardized processes. We should also strictly manage medical staff and ensure the safety of diagnosis and treatment behaviors, promoting the institutionalization, standardization, and scientification of hospital management. At the same time, we should promptly expose the safety hazards hidden in medical disputes and take measures to improve the personnel with problems. To this end, we can gradually establish a standardized and powerful management system to ensure the safety of medical and health care in hospitals. Through regular assessment and feedback on health, we can continuously optimize the quality management of medical services in hospitals. In this way, we can effectively ensure the development process of hospitals and achieve higher levels of medical benefits and quality. From the perspective of the construction of the physician team, the implementation of medical quality includes strictly implementing core systems such as the first-visit responsibility system, three-level physician ward rounds, and discussions on difficult cases. We should continuously refine in aspects such as organizational management, surgical grading management, and supervision and management. We should take scientific assessment as the starting point, strengthen verification as the foundation, strictly manage intraoperative risks, ensure fine management as the guarantee, and optimize mechanisms as the means to gradually form a scientific, standardized, and clear management mechanism with well-defined responsibilities and smooth

operation. We should strengthen the "three basics and three strictness" training, improve professional skills, organize medical staff for business learning in a planned and purposeful manner, transmit new knowledge, train business skills, and implement the PDCA closed-loop management process to ensure patient medical safety. At the same time, we should continuously strengthen the construction of the physician team, continuously improve the professional skills of physicians, and promote the learning ability of physicians through further education and academic conferences, enabling them to identify unstable and high-risk conditions of diseases and provide correct first aid and referrals. We strive to build a more professional, humanized, and high-quality medical team that patients trust, and create a better soft power service platform for achieving "patient-centered" care.

3.3 Patient-Centered, Establishing a Hierarchical Medical Care System

Under the current trend of rapid social development and medical system reform, to better achieve "patient-centered" care, we need to re-interpret the composition of medical institutions and the distribution of medical resources from the management level, promote the balanced layout of high-quality medical resources, accelerate the expansion of high-quality medical resources, give full play to the role of tertiary hospitals in terms of level and radiation, enhance the service capabilities of secondary hospitals, and improve the level of primary medical and health services. We should establish a medical ecosystem that truly meets the medical needs of patients in a socialist environment, providing patients with multiple pathways and forms of medical care experiences that meet the needs of different types of patients with different diseases. Hierarchical medical treatment is a new medical service pattern based on the severity and urgency of patients' conditions, where different levels of medical institutions undertake different levels of disease treatment. It forms a new medical service situation of "community for minor illnesses, hospitals for major illnesses, and community for rehabilitation". It is the most advanced medical layout that is highly praised by countries around the world. Through the means of

hierarchical medical treatment, it can achieve the overall planning of first diagnosis at the grassroots level, two-way referral, separate treatment of acute and chronic diseases, and mutual linkage between upper and lower levels, creating a medical environment that better meets the needs of patients, optimizing the utilization of medical resources at all levels, and meeting patients' medical needs in different dimensions. Continuously promoting the achievement of the goals of hierarchical medical treatment has obvious positive effects on the optimal allocation of health resources, the improvement of medical resource utilization, the resolution of the problem of difficult access to medical care, and the improvement of medical services. It is a concrete manifestation of the macro national decision-making "patient-centered", and an effective means to achieve convenient, efficient and effective medical care for residents. To promote the stable development of hierarchical medical treatment, it is necessary to take multiple measures, including policy, organizational construction, and economic and social governance levels. It requires the participation of the government, hospitals, and residents. It not only requires a new management system and service concept but also the intervention of relevant departments of medical insurance and finance to promote the effective implementation of hierarchical medical treatment services. Achieving a balanced allocation of medical resources not only helps to promote the development of the medical system but also makes the medical insurance system more fair and transparent, further safeguarding the public's medical rights and interests. Hierarchical medical treatment is an important way to optimally allocate existing medical resources. It is a process of matching new management systems and service architectures with new medical needs and models. It enables more medical institutions to form a community within a medical alliance, creating a unified body of shared interests, shared responsibilities, and coordinated development, better solving the medical problems of residents in the region and maximizing the role of limited medical resources. It is also an effective way to achieve

the maximum utilization of medical resources in the whole society "patient-centered", and truly provide more resource accessibility for medical care.

4. Summary

In conclusion, patient-centered care is not disease-centered. Instead, it places greater emphasis on patients' feelings and needs, aiming to satisfy their health requirements not only physically but also psychologically. It offers patients more treatment options and health choices, and meets their health needs and survival guarantees beyond just curing diseases. It also builds a more reasonable medical environment for patients from the perspective of mechanisms and systems. Adhering to the principle of "patient-centered care" is highly consistent with the policy guidelines of the 20th National Congress of the Communist Party of China. It represents a high-standard value pursuit of putting people and life first, and is a health strategy with a broad perspective for cultivating talents for the Party and the country. Adhering to "patient-centered care" is the core value of medical humanities, a key task and goal in the new historical stage of medical system reform, an effective means to achieve sustainable development of the medical and health industry, and the starting point and ultimate goal of promoting the health of all people. Adhering to "patient-centered care" is an important part of building a medical system with Chinese characteristics, an inevitable choice for advancing the Healthy China strategy and achieving the goal of universal health, and an important guarantee for covering health and well-being for the entire society, all people, and the entire life cycle.

References

- [1] Review of the Construction of Healthy China and Occupational Health Work.[J].Chinese Journal of Industrial Hygiene and Occupational Diseases" December 15, 2022.
- [2] Current Situation and Solutions to Doctor-Patient Conflicts - Zhang Xu; Wang Zhifa .[J].Medical Debate.October 31, 2013.