Speech of the Principal Secretary on the opening of the
Patient-Centred Care Seminar at the Maison De Football, 6th
May 2016

Minister,

Colleagues,

Ladies and gentlemen,

Those of us who are already fully converted to the gospel of patient-centred care, are convinced that we should not judge the quality of our care only by our own standards and only by what we think we did for a patient. That is a health-worker centered view of health care.

Rather, we should judge the quality of our care by what the patient says he felt throughout his interaction with us. Did we make the patient feel important? Did we greet her, for example? Were we interested in knowing his name? Did we tell her our own name? Did we make him comfortable enough to open up to us and let out that full, unencumbered medical and social history which is so vital to care? Did we give her enough attention? Were our five minutes with him quality time? Did we ask him for his opinion about whatever we intended to do and did we take into consideration that opinion?
Were we happy to offer her a second opinion if she wanted one? Did we do the right thing for the right patient at the right time using the right combination of resources, compassion and good-will?

If we did that then we offered patient centered care - care that is respectful of and responsive to individual patient preferences, needs, and values - care that ensures that patient values guide all clinical decisions - care that is open-hearted, considerate, collaborative and coordinated - care that does not try to look for excuses for not doing or not providing the right thing for the right patient at the right time.

Excuses about resources not being enough or about time not being enough suffocate patient-centered care and eventually kill the patients. I admit that there are many real barriers to patient-centered care. But there are also many real enablers. We all can and we all must make patient-centered care work - with whatever we have, wherever we are and with whatever patient we have in front of us.

In the public health domain client-centered care is the teamwork that we develop from within the sector to achieve genuine partnership with the community to keep individuals, families and communities healthy, fulfilled, independent, empowered with their own strengthens and abilities. It is a fundamental principle of primary health care and of public health.
In the hospital, patient-centered care is the planned, personalized, respectful approach to care that puts the patient and the family firmly in control.

Patient-centered care is the conscious, compassionate, courageous effort for us all to go back to the basics of our professions. Do good, do no harm, be honest and maintain the dignity, privacy and confidentiality of the patient. But above all communicate!

But patient-centered care is not just for the doctor or the nurse or the traditional health professional. It is also for the person who drives the ambulance or the person who pushes the wheelchair. It is also for the person who cleans the room or brings the food. The team that provides care and the environment in which care is given, must make the patient feel like a valued human being. This is the place to where all our care efforts must now return.

The current revival of the discourse on patient-centered care started inside the confines of a meeting of the Seychelles Patients Association towards the beginning of last year. Indeed, it was that discourse itself that gave rise to the Seychelles Patients Association. The Seychelles Medical and Dental Council, the Health Professionals Council and the Nurses and Midwives Council have readily joined this movement. The local office of the World Health Organization has been steadfast in its support. We are happy to also have NGOs like Cancer Concern and others among us today. We are all in this together.
Within the framework of the Ministry’s “My health, my Responsibility. Begin at home!” campaign, the Ministry itself is now looking inwards. We are not just asking people to take responsibility for their own health but we are also determined to do something significant, ourselves, to take full responsibility for the quality of care that we deliver. There is no real health care quality if patients are not at the center of that care.

This meeting is a clarion call for all of us to turn the corner. Health care cannot be and should not be just about us, the so called health professionals. It must be, first and foremost, about the patients. If we do not bring patients in, if we lock them out, if we shut them up, if what they say does not matter at all to what we do, we will continue to fail where we can succeed.

I thank you.