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**Reclaiming Our Humanity: The Call for Person-Centered Care**

*Recuperando nossa humanidade: O chamado para o cuidado centrado na pessoa*

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In the fast-paced healthcare system, amidst electronic charting, institutional metrics, and complex interprofessional collaboration, there is a subtle risk of losing sight of the very essence of our profession: the person we care for. While person-centred care (PCC) has become a common term in policy documents and professional standards, its true meaning often gets diluted in the rush to complete tasks and adhere to protocols of care, best practice guidelines or the application of evidence-based medicine. We must revisit, reaffirm, and revitalize this concept, not just as a best practice, but as a moral imperative.

PCC goes beyond patient satisfaction or shared decision-making. It is the recognition of the individual as a whole, with their own values, beliefs, and history that shape how they experience illness, suffering, and recovery. The core of PCC lies in honouring the person's lived experience, not just treating their diagnosis. It demands a relational approach, where the healthcare provider is not only providing medical care, but connects with the full humanity of another person.

As healthcare providers we must remember that patients are not solely their disease or medical chart. They are someone's mother, sibling, or child. This sentiment captures the emotional and ethical foundation of PCC. It is a call to rehumanize care, especially in times when system

pressures and professional burnout threaten to erode the compassion that draws us into our professions to begin with.

At its core, PCC is relational. It can not be executed through checklists or reduced to algorithmic steps. It demands time, presence, and emotional effort. Consequently, genuinely delivering PCC is inherently challenging in systems prioritizing efficiency over empathy. However, this presents an opportunity for transformative leadership in healthcare. Leaders must champion structures and cultures that foster relational depth, narrative-based practice, and healthcare provider well-being, recognizing that person-centeredness for patients is intrinsically linked to person-centeredness for healthcare providers.

Too often PCC is viewed as an “add-on”, an optional enhancement rather than a fundamental ethical principle. In reality, it is essential to quality care. Research consistently associates PCC with improved health outcomes, enhanced patient satisfaction, reduced readmission rates, and more effective chronic disease management. However, beyond these metrics lies something more crucial: the preservation of dignity. When we approach care through the lens of the person, not just the patient, we create spaces where suffering is acknowledged, autonomy is respected, and the therapeutic care partnership is strengthened.

Furthermore, PCC aligns with contemporary frameworks such as trauma-informed care, cultural safety, and equity-oriented practice. Each of these approaches acknowledges that health is not isolated but deeply influenced by social, cultural, spiritual, and emotional contexts. Therefore, being person-centred also means being attuned to how systemic inequities, historical trauma, and personal identity shape how people experience healthcare.

Practicing PCC involves being curious about the underlying story behind the symptoms. It means asking, “What matters to you?” rather than solely focusing on, “What’s wrong with you?” It involves deep listening, even when time is limited. It recognizes the courage it takes for someone to place their body and trust in our hands.

Cultivating compassionate care in practice begins with our training programs, where we must prioritize reflective practice, narrative competence, and empathy development alongside clinical skill acquisition. This continues in our healthcare institutions, where policies should support continuity of care, time for relational engagement, and environments that value emotional labor. Ultimately, it depends on us as healthcare providers to resist detachment, remain present in the face of suffering, and recognize that every encounter is an opportunity to honour another person’s humanity.

However, we should not confuse training outcomes and skills with the often intangible interpersonal elements of PCC. Even the smallest acts of kindness, such as sitting down at eye level, remembering a patient's name, respecting silence, and offering touch when appropriate, can be profoundly healing. Sometimes, the most crucial medicine we offer is not found in a vial, pill, or chart but in our presence, words, and willingness to witness.

As we navigate the technical and technological advancements in healthcare, we should not forget the most enduring tool at our disposal: human connection. This is the essence of PCC. It is within reach, in every conversation, gesture, and choice to see the person before the patient. We call on all healthcare providers, administrators, and educators to reflect on how they centre the person in their daily practice. We should ask ourselves, "Am I seeing the human before me, or only their diagnosis? Am I cultivating the connection that makes genuine care possible or am I focused on the delivery of a procedure? Am I part of a system that supports person-centeredness, or one that subtly undermines it?" The answers to these questions must guide not only our individual practice but also the collective transformation of our healthcare culture. By remembering the humanity of others, we rekindle our own compassion and empathy.

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