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BOOK REVIEW

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Book review: The philosophy of person-centred healthcare

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I am not an object. I aspire to autonomy in my actions and decisions. But when I present myself, injured or ill, to the hospital or the doctor, I become the object of scientific healthcare. The authors of this essential book are aware that the best and most precise biomedical cures fail by definition to encompass my sense of purpose as a subject. What can we do to overcome this dichotomy between the patient and the person? Can we unify it? Such is the important philosophical problem tackled here in depth by Loughlin and Mitchell.

A first simple answer leads to the proposition of two precepts. First, health and healthcare should, the authors argue convincingly, be understood and practiced in the context of the whole life of the person who is ill: any healthcare practice that attempts to separate persons from their illness is incomplete. Second, healthcare should be provided with the aim of restoring autonomy to people who have lost or are losing autonomy. The authors are aware that the notion of personal autonomy is not simple and that there are varied and complex scenarios that occur every day in healthcare systems which seem to challenge the idea of cure as restoration of autonomy. Yet, personal autonomy can be pragmatically defined, the authors point out, as doing the things that we want to do while making sense of our intersubjective lived experience.

Autonomy is thus a form of philosophical health grounded in dialogue and being together in the world. Hence the need to overcome the monologue of the authoritarian specialist who urges the patients to modify their life according to standard or statistic-based procedures. This kind of paternalism, the authors explain, forgets that doctors and their patients form a dialectical unity in which the role of each validates the role of the other. In other words, the ontology of health is—or should be—grounded in a sense-making dialogue between all care actors, including the person that is cared for. Hence the need to understand the whole person, as was already advocated, among others, by Stephen Tyreman,[1] to whom this book is dedicated, who believed that we have today "compelling" rather than "merely desirable" reasons to be person-centred in care practices.

How radical must person-centredness be? A first approach, argue the authors, treats person-centredness as a desirable "ethical add-on" to good biomedical practice, while a more robust philosophical alternative, they believe, regards it as a fundamental conceptual shift in our thinking about health and care. The solution the authors propose against mechanistic views of healthcare is not to add an additional component to the fragmented puzzle of the person, such as the Cartesian mind, taken to exist over and above the physical parts.[2,3] The separation of life and objective reality, argue Mitchell and Loughlin, needs to be replaced with a more integrated picture. Crucial to this shift is transitioning from seeing the person as a discrete measurable object to seeing our personal lives as an ongoing and inter-creative interaction with other people, meanings, values and the broader environment. While both approaches—the add-on and the radical one—have their advantages, the authors claim that the latter option is required if we are to meet the severe challenges facing contemporary healthcare systems and practices. What is needed is a departure *by design* from the atomistic logic of the biomedical framework toward a genuine conceptual shift, a foundational move to a holistic way of thinking about persons in need of care and persons in general.

The book is not only convincing but also pedagogic: it explains with careful detail how the positions of various historically decisive philosophers are essential to the theory of person-centredness. For instance, Alfred North Whitehead, for whom our reality is a process and organisms are an engagement with the world[4]: process philosophy helps us understand that the person's integrated sense of physical-mental wholeness is not a construction from atomic constituents, but rather the constantly changing creative response of a whole organism to its environment. It is, however, not

Whitehead but another philosopher, Martin Heidegger, who is, for better and worse, the central mentor of this book.[5–9] Inspired by his phenomenological writings on health as homeliness, as well as by those of Gadamer,[10] the authors outline an existential hermeneutic approach that is, they argue, particularly suited to a deeper understanding of illness. The reader may have liked to see at least some nodding in the direction of Friedrich Nietzsche's philosophy of health,[11] for reasons that will appear below. But Nietzsche remains absent from this book, letting the shadow of Heidegger and his relative pathos take precedence over other potential sources (another interesting influence would be Karl Jaspers). This is not to say that Heidegger's views on the philosophy of health were not influential, but one may have reservations about the insistence on health as *homeliness* that is present in Heidegger's followers, such as in Fredrik Svenaeus, another of the core sources of this book.[12] Nietzsche's idea of health is less *comfy*: it implies living *in extremis*.

Fortunately, the authors know this more radical, less homely definition of health: another philosopher that proves here unexpectedly useful and whom Loughlin and Mitchell do not forget to cite is G. W. F. Hegel. His idea, famously developed in the *Phenomenology of Spirit*,[13] was that the individual who has not risked his life might well be recognized as a person, but he has not attained the truth of this recognition as an independent self-consciousness. This suggests that illness can be an opportunity to become aware of the exhilarating truth of living *in extremis*, in the wild of becoming, an argument that is also suggested by contemporary suffering philosopher Havi Carel, another reference of the authors.[14] Carel suggests that illness is relevant to philosophy because it uncovers aspects of embodied existence and experience in ways that reveal essential dimensions of human life and limit situations, a concept proposed by Jaspers.[15] It does this by broadening the spectrum of embodied existence into the pathological domain and, in the process, shedding light on normal experience while questioning it. What is normal health? The work of Foucault on abnormality here could have been helpful beyond Nietzsche's idea of Great Health.[16]

A fascinating description in the book is the comparison, via Gadamer, of the falling ill as the same process that Plato describes in the famous Myth of the Cave[17]: the cave dweller is unchained and brought to see that it is the light of the fires and the actions of those on the walkway that cast the shadows in the cave. The confusion and fear that he experiences, argue the authors, is the same kind of confusion and fear that we experience when we receive a diagnosis of severe illness and fall out of our regular place. We would like perhaps to go back to what it was like *before*, and it takes time for us to recover from the shock and become accustomed to the new truths about our existence, to find an upgraded and more resilient equilibrium, what physiologist George Chrousos calls "hyperstasis."[18]

Philosophical metaphors like Plato's cave tend to be solipsistic. Yet the authors understand the necessary intersubjective aspect of philosophical health. Collectively, we face the problem of how to create a healthcare system which helps people to achieve their purpose—rather than mere mundane goals—within the sphere of their capacities. The most appropriate response to this question is to re-establish the personal dimension through a phenomenological understanding of ourselves and to create a person-centred service that allows us to understand the person in a collective and social context. There is, however, a philosophical tension between the person as an individual and the person as dependent on collective modes that would have deserved a chapter in itself.

By establishing a philosophical basis for a person-centred approach to healthcare for those involved in the provision and commissioning of care, the authors provide a needed intellectual framework with which the caregivers can start to reflect on a form of help to those who need it in the ways that they would like to be helped themselves. To apply such a promising vision, the healthcare personnel, dealing with time and budget issues, will ask for simple—yet not simplistic—methods. The book offers here a few concrete examples of successful implementation, such as the importance of journaling on the sense of self for patients who have Alzheimer's. Beyond these sporadic initiatives, one might want to favor applying a universal approach of deep dialoguing and listening that could be used tomorrow by doctors and nurses who are not philosophers by training and with a population that is equally untrained in philosophising. Fortunately, possible methods have been recently designed in the new field of philosophical health studies,[19] allowing for a practical philosophy of person-centred care. But these are beyond the scope of this book.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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