

Guest Commentary



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Words Matter: The paradigm shift from patient-centered to person-centered care

There is no doubt that each of us can remember vividly when we decided we wanted to be a dental hygienist. We anxiously waited to hear from the dental hygiene program(s) that we applied to, and once accepted looked forward to the education experience that would prepare us for our chosen profession. What we might not have realized at the time is the vast amount of terminology that we would come to know throughout our education and careers. One of the most essential aspects of becoming a health care professional is gaining a comprehensive understanding of the terminology and language associated with the discipline. Within weeks of beginning our educational journey, we were learning foreign words such as mesial, distal, lingual, ...and so much more. As in any profession, unless you can speak the language of the profession, you are unable to fully participate.

Throughout one's professional life we will encounter many instances where it is necessary to operationally define what exactly is meant by a given term. There will also be times when the profession will work to eliminate terminology that is obsolete or misleading. One example of this is the use of "cleaning" versus "prophylaxis" to define a preventive service performed by dental hygienists. How long have we tried to eliminate the use of terminology that minimizes what we as oral health professionals provide the people we care for?

Let's consider another example of changing terminology in the various plaque hypotheses, where science has guided our understanding over the years.¹ In the early 1990's plaque was recognized as a biofilm and the term plaque biofilm emerged. The 10-year Human Microbiome Project (2008 – 2017) funded by the National Institutes of

Health has resulted in a major paradigm shift in the way we view and name dental plaque.² Research has led us to speak in terms of plaque biofilm and its relationship to the oral microbiome. It is from this perspective that this commentary will explore patient-centered versus person-centered care and discuss why the words we use are so critical to our deeper understanding of things.

Distinguishing between patient-centered and person-centered care is another example of terminology that represents a significant paradigm shift. While often used interchangeably, these terms signify distinctly different approaches. Person-centered care emphasizes the individual as a whole and fosters shared decision-making, contrasting with the more disease-focused paternalistic approach of patient-centered care. Included in person-centered care is a consideration of the individual's social determinants of health (SDH). For example, does the person have access to quality education, good employment and economic stability, a safe community and access to quality health care.³ Eklund et al. proposed that the goal of patient-centered care is a functional life where disease symptoms are addressed and patient suffering is reduced.⁴ Unlike the disease-focused patient-centered care approach, Eklund defines the goal of person-centered care as a meaningful and functional life. Practicing person-centered care moves the patient-provider relationship from a transactional relationship to a partnership, where the person has an active role in their care and decision-making.³⁻⁵ Taking the whole person, including their SDH into consideration along with shared decision making, moves person-centered care into the current language for health care professionals.

Our dental hygiene education already prepares us to provide person-centered care by emphasizing systemic health knowledge, collaboration, and a humanistic approach to care. Students develop dental hygiene diagnoses and treatment plans based on theories such as the Dental Hygiene Human Needs Theory Conceptual Model and Oral Health-Related Quality of Life. These individualized care plans prioritize person-centered care, taking environmental factors, systemic and oral health, and oral hygiene habits into consideration. Collaboration is prioritized to achieve oral and overall health goals.

However, the usage of “patient-centered care” in the Accreditation Standards for Dental Hygiene Educational Programs⁶ when actually describing the principles of person-centered care contributes to the confusion and sends a mixed message to educators as well as students. This disparity in terms highlights the need for the widespread adoption of consistent terminology that accurately represents the current practice recommendations. Organizations like the American Dental Education Association (ADEA) have embraced person-centered language in their recent competency guidance updates, aligning with current medical and dental philosophies.⁷ Yet, our daily dental hygiene practice remains grounded in person-centered principles, emphasizing holistic care and collaboration despite the confusion in terminology.

We regularly update our evidence, practice guidelines, technology, and equipment to stay current with best practices. However, there’s often a delay in updating our terminology. This raises the question: Why is this the case? As our profession evolves, particularly with increased involvement in medical-dental integrated environments, updating the words that we use becomes vital to accurately represent the actual care we provide.⁸ Embracing person-centered language not only reflects our commitment to comprehensive care but also emphasizes our critical role as interprofessional team members. Now is the time to fully adopt the shift in terminology from “patient” to “person,” highlighting the holistic approach of person-centered alignment with current practice recommendations and our dedication to the people we provide care for. Words matter. Making this shift is a collective effort that starts with each one of us.

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