

Letters

Make Your Voice Heard on Capitol Hill

Politics. It's a word and a process that many people have grown weary and distrustful of, as it dominates our lives through constant media coverage. For better or worse, it controls many aspects of our profession, from patient safety to reimbursement to ambulatory surgery center regulation. Approval ratings of Congress have been dismally low, particularly since the narrow avoidance of the fiscal cliff.

Yet, as I write this, I am watching the evening news about how the new U.S. Congress was sworn into office today. Like the first day of school, it's a fresh start for our lawmakers, especially the newly elected freshmen. With such a vast number of issues for each lawmaker to understand, I think, "Wow, they have their work cut out for them!"

In reality, we—the constituents, the physicians, the patient advocates—have our work cut out for us. It's our responsibility to engage our legislators and teach them about ophthalmology in order to protect our patients and our profession. This seems daunting, but the Academy is highly organized and offers an excellent opportunity to participate in the political process through Congressional Ad-

vocacy Day (CAD) during the Mid-Year Forum.

As a Young Ophthalmologist embarking on my career, I was sponsored by my state society to attend last year's CAD in Washington, D.C. It was an exciting opportunity to return to Capitol Hill after having worked in a U.S. senator's office for several years prior to medical school. As my colleagues and I met some of our state legislators, the legislators seemed to appreciate engaging in a direct, personal dialogue with us about patient needs, ophthalmology's strengths, and the challenges of medicine.

I encourage all of you to attend CAD this year. Our lawmakers have many issues before them; by meeting with them one on one, we are helping to protect our patients and our profession.

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*Member, Academy Young
Ophthalmologist Advocacy
Subcommittee*

*Editor's note: Learn more about
CAD in D.C. Report, page 71.*

Patient- and Family-Centered Care

In reference to the questions at the end of "Physician Behavior: Are We Creatures of Habit?" (Opinion, October), there is a solution for change that will reduce costs, improve

safety, and increase patient and family satisfaction. It is called Patient- and Family-Centered Care (PFCC)—a long-term initiative that has as its goal to change the present patient-care culture from an institution- and doctor-focused environment to one that is centered on patients and family. It is already working at many institutions.

The PFCC initiative advocates forming meaningful partnerships with patients and families and has the following as its core values¹:

- **Dignity and respect:** We listen to and honor patient and family perspectives and choices.
 - **Information sharing:** We communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
 - **Participation:** Patients and families are encouraged and supported in participating in care and decision making at the level they choose.
 - **Collaboration:** We partner with patients and families in policy and program development, implementation, evaluation, facility design, and professional education, as well as in the delivery of care.
- PFCC includes the following²:
- Treating patients as individuals
 - Coordinating care and



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integrating services

- Overcoming the barriers of words
- Innovating in patient-centered education
- Enhancing physical comfort
- Providing effective emotional support
- Involving and supporting family and friends
- Facilitating the transition out of the hospital

"Delivering Bad News: Nine Ways to Do It Better" (Practice Perfect, October) and "Who Knows Best?" (feature, December) cover themes related to PFCC.

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1 Institute for Patient- and Family-Centered Care. www.ipfcc.org/faq.html.

2 Gerteis M et al. *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco: John Wiley & Sons, Inc.; 1993.