

# From the Editors' Desk: Hippocrates and Patient-centered Medicine

Malathi Srinivasan, MD

Division of General Internal Medicine, Department of Medicine, University of California, Davis School of Medicine, Sacramento, CA, USA.

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**H**ippocrates opened a medical school in Cos around 400 BCE, with a focus on the four humors of the body and biologic causation, informed by the most cutting-edge medical science of the time. His focus was not just on the empirical treatment of patients. His school also identified a moral and personal code of conduct that put the patient's needs first. Centuries later, Galen's advanced surgical techniques similarly blended empiricism with philosophy—diagnostically distinguishing “this patient” from the instance of disease exhibited by the individual. While many of Galen's philosophical writings have been lost, like the early Greek physicians before him, his code of conduct and respect for the individual likely instilled a sense of trust in their patients, seen only later in Islamic medieval medicine.

Although medicine has evolved substantially since Hippocrates, Galen, and Ibn Sina, modern day practitioners continue to be inspired by the commitment of these historical icons to the principle of beneficence—doing what is best for the individual patient. Beneficence as a bioethical principle has lost some of its luster, overshadowed by the principle of autonomy and by recent emphasis on protecting the medical commons. Yet as a key component of patient-centeredness, beneficence is unlikely to dissolve into the shadows. This month in *JGIM*, we explore aspects of patient-centered care through the lens of communication, health literacy, and autonomy.

For instance, **Rothberg** et al. studied another aspect of patient-physician communication—time spent communicat-

ing with inpatients by hospitalists. While physicians averaged 5 min per patient, he found no correlation between patient satisfaction and time spent—perhaps indicating that other factors, such as the quality of the interaction, superseded time alone as a driver of patient satisfaction. Several additional articles explore a different aspect of patient-centered medicine with a specific focus on health literacy. **Kiser** et al. examine patients' ability to understand and participate in their own medical care in her study of the effect of a health literacy-sensitive intervention to improve inhaler use among patients with COPD. **Lindquist** et al. report on the impact of health literacy on intentional and unintentional medication errors, and **Jeppesen** et al. validate a tool to assess diabetes health literacy in patients. **Barg** et al. describe the experiences of peer coaches—patients with well-controlled medical disease—as they enhance communication and understanding with other patients who are in need of additional support. Lastly, **Barrett** explores the values and ethics of guideline-driven care—and its impact on patient autonomy and informed choice.

Our era of biomedically oriented medicine is evolving to incorporate and empower the patient and public in their own health care. We hope that our medical forefathers would find this expanded line of medical inquiry consistent with their principles of empiricism and practice of professionalism.

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**Corresponding Author:** Malathi Srinivasan, MD; Division of General Internal Medicine, Department of Medicine, University of California, Davis School of Medicine, Davis; 4150 V. Street, Suite 2400, Sacramento, CA 95817, USA (e-mail: malathi@ucdavis.edu).