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Beyond Clinical Paternalism: Five Steps to an Older Person-Centered Approach

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Dear Editor,

I am writing to you to highlight five fundamental aspects for comprehensive and dignified care of older people in the field of geriatric clinics, aspects that are often overlooked due to the care overload of our health systems. The doctor-patient relationship is an essential component for the provision of care, and certain communication practices can make a significant difference in the experience of older patients and in the training of residents to perform their work in a more humanized manner. Furthermore, in the context of population aging, it is essential to reflect on clinical practices that promote dignity, autonomy and respect for this group of patients.

Clinical paternalism, although it may be born from an apparent intention to protect the patient, has significant negative implications. These include the erosion of patient autonomy, by making decisions for them or minimising their ability to understand and participate in their own care (Sánchez-Izquierdo et al., 2019) . This can lead to mistrust in the healthcare system, feelings of infantilisation and an emotional disconnect between the patient and the medical professional. Furthermore, clinical paternalism can limit adherence to treatment, as the patient may not feel involved or committed to decisions that they do not consider their own (von Humboldt, Silva & Leal, 2024) . In the case of older people, this approach perpetuates stereotypes of incapacity and vulnerability, undermining their dignity and fundamental rights.

Below, I highlight five key aspects that deserve to be incorporated and emphasized in medical training and clinical interactions to avoid paternalism in the field of geriatric clinics:

1. **Calling the older person by his or her name** : Using the person's first name avoids clinical paternalism and reinforces recognition of the older patient's individuality. By avoiding diminutives or condescending terms, health care professionals can establish a more equitable and respectful relationship.
2. **Direct communication towards the elderly person** : It is essential to address the patient and not exclusively his or her companions. This practice reinforces their role in the care process and prevents them from feeling invisible.
3. **Provide real and objective diagnoses** : Informing the elderly patient about their diagnosis in a clear and honest manner allows them to understand the real dimension of their clinical condition. This transparency is crucial to align expectations and promote effective collaboration in the management of their health.
4. **Promote active listening and strengthen autonomy** : Prioritizing patient decisions and actively listening to their concerns and wishes strengthens their autonomy. Active patient participation in decision-making is not only a right, but also a key component of person-centered care.

5. **Recognizing the elderly patient as a person with dignity and rights** : Beyond their illness, each patient has a history, values and rights that must be respected. Perceiving the elderly person from this perspective allows for a holistic approach that considers both their physical, emotional and social needs.

Incorporating these practices into the care of the elderly not only improves the quality of care, but also enriches the relationship between the health professional and the patient. These actions, although seemingly simple for the Geriatric Clinic, contribute significantly to building more humanized, empathetic and elderly-centered care. Promoting these practices should be a priority in medical education and in the continuing training of health professionals, especially in a context where population aging poses challenges and opportunities to transform health systems.

I hope that these reflections can contribute to the dialogue on care focused on older adults and to the development of educational initiatives in the field of geriatric clinics.

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