

Person-Centered Care for People with Dementia: Opportunities and Challenges

Misperceptions and widespread stereotypes about people with dementia abound. Person-centered care can result in better understanding, more appropriate care, and greatly improved outcomes.

Person-centered care is widely acclaimed both as a means and a goal to improve care and outcomes for people of all ages who have various diseases, conditions, and care needs. A 2001 Institute of Medicine (IOM) report, *Crossing the Quality Chasm*, galvanized attention to the concept that care should be centered on and organized around the needs and preferences of the person rather than the needs and preferences of care providers and institutions. The report identified “patient-centered” as one of the six major aims in redesigning the United States’ healthcare system, and defined patient-centered care as being “respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (IOM, 2001a).

Though this report uses the term patient-centered, which is frequently employed in discussions about person-centered care in the healthcare context, in other contexts (including residential care and home- and community-based care), the term person-centered is generally preferred, although both terms are used in all care contexts. This issue of *Generations* uses

“person-centered,” except in direct quotes and articles about medical care settings.

This intentional use of terms is meant to emphasize the strong consensus of the contributing authors that person-centered care encompasses not only medical care provided to a patient, but also the many types of non-medical care that a person may need, including the care necessary for individuals transitioning between medical and non-medical care settings. Other prevalent terms, such as resident-centered and consumer-centered, are discussed later in this article.

Person-centered care has now been mandated in federal legislation, and many government and non-government initiatives are under way to increase its availability for all people. It is included in government regulations, government, professional, and provider association guidelines for medical, residential, and home- and community-based care settings, and in required competencies for care providers who work in those settings. Person-centeredness is also being measured, primarily in terms of a person’s experience of care, in surveys intended to evaluate the quality of care provided in