

# “Talk with me about living”: The case for person-centred care in BC

**W**e all die at the end of living.” Alice said this to me in clinic over a decade ago, and it has never left me.

Frail people do not fare well in our acute care system.<sup>1</sup> Why, then, are so many in acute care? While we speak of cultural humility, our medical culture often asks a vulnerable person in their last chapters of life to accomplish the impossible—in so doing, denying them their dignity and mortality.

In BC, many people are told they are dying almost as they are about to die, often in acute care.<sup>2</sup> Our communication strategy leaves critical gaps, backing up our health care system at every level. “Early and always” conversations are anything but the norm in our health care system.<sup>2,3</sup> Rather, “late and difficult” conversations are commonplace. This means that a grandmother—a giver of hugs and a mentor in her family—is often made a patient and a system problem for significant periods in her final years.

Frailty and our path to death are seen and managed as failures. Our medical training often asks us to conspire with the dominant medical culture and its approach to frailty rather than with our shared mortality.

Let me take you back to the clinic visit from over a decade ago. Alice had lived for well over 80 years when we met. I planned to “educate” her and have an awkward conversation about what our health care system

should do “if” her heart stopped—binary questions to satisfy our system’s needs.

With double my lived experience, Alice insisted on a plan for before the “if.” A plan for *now* and her best possible *next*. From her lips came the words that pivoted my life and my practice: “Dr Greg, talk with me about living. We all die at the end of living.” She wanted me to hear what living meant for her. She wanted me to trust her to tell me.

**Ask someone  
“What matters to you?”  
Then listen.  
It changes lives.**

Alice redirected me, and, quietly, the work began. Work that joins that of many others—the work of including each other as time changes us. What happens when we simply ask each other about what we need to live? What if we include each other in the journey we are all on? What if we plan for the best possible evolving story? True person-centred care means listening as a means of honoring a human right. Curiosity about lived experiences creates a patient-physician relationship that is human and dynamic, offering an incredible opportunity to pivot medicine toward an upstream, transparent, person-centred model.<sup>3</sup>

“What Matters To You?” (WMTY) is a movement that encourages us to build this curiosity into our interactions.<sup>4</sup> It reframes the clinical encounter from “What is the matter with you?” to “What matters to you?”—shifting the balance of power toward the person who knows best.<sup>4,5</sup> Asking and listening to stories, life, and values inform how care evolves and how we accommodate each other’s needs.

Many of us are already quietly doing this, but without a shared vision and an expectation of change, the crisis could deepen. WMTY should be part of our health care and community DNA, because everyone benefits when we share what keeps us alive.

“What Matters to You?” Day is celebrated internationally each year in June—a day dedicated to asking the question that should live in every encounter. I invite you and your community to mark it. Ask someone “What matters to you?” Then listen. It changes lives.

What matters to you about *your* path through life? Who are the Alices who can mentor you on your journey? ■

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