We are witnessing a global paradigm change in which people are resurfacing as the centre of a badly designed healthcare system. This movement is highlighting the need to listen and care not only for patients, but also their families as agents of healing, along with the importance of caring for healthcare professionals to enable them to perform under the best possible conditions.

Caring for all the parties involved in the healthcare system on a daily basis is a necessity and paves the way to excellence. It obliges us all to concentrate on each player’s particular issues, respond to their needs and understand that balance depends on the wellbeing of all those involved. This is also everybody’s responsibility to ensure.

The key to achieving this, on which to focus the meaning of humanising health, is the dignity of human beings.

The IC-HU Project - humanising intensive care - started in February 2014. Through the creation of a multidisciplinary group of people, comprising patients, families and health professionals (doctors, nurses, care assistants, psychologists, etc.) and non-health professionals (architects, computer scientists, designers, teachers) an international, collaborative research team was formed with the objective of redesigning healthcare based on the following premises:

- Humanising intensive care means making IC units more friendly and people-centred, regardless of their role.
- Humanising means striving for excellent care, and understanding and accepting that we as professionals can be fallible, vulnerable and have the right to express our emotions.
- Humanising means being aware of oneself. This involves a major personal commitment on the part of everybody to improve the current reality, our relationships and the environment. Humanising takes place from the inside out.
- Humanising means offering personalised care by listening to what patients and their families need, not what we think they need, and turning this into a clinical process in which an appropriate attitude is fundamental. Healthcare systems will be humanised when they are at the service of everybody.
- Humanising means not "being really good"; it is promoting professional excellence with the necessary human and technological resources, as well as the necessary attitude. This also requires financial investment.

By means of online research, we sought to evaluate different areas and implement the corresponding improvement
actions. These improvement areas were detected by listening to the primary players, and are as follows:

- Flexibility in visiting times.
- Communication.
- Patient wellbeing.
- The presence and participation of the family in care.
- Care of the healthcare professional.
- Detection, prevention and management of post-ICU syndrome.
- Humanised architecture and infrastructure.
- Integrative medicine and nursing.
- Training in humanising skills for healthcare professionals.
- End of life care.

In its 3 years of existence, the CI-HU project has achieved 3 objectives:

- To ensure that the humanising of ICU is perceived as a need in Spain and the rest of the world, and transmit this need to the other health specialties.
- To ensure that the healthcare authorities are aware of this need, creating the Plan for Humanising ICU of the Community of Madrid. This is an exportable and reproducible need anywhere in the world, with 100 activities for change and their corresponding indicators.
- To initiate the creation of “branches” of IC-HU in other parts of the world, thus replicating the Spanish model. The Bolivian Centre of Humanization of the Health services and the IC-HU Foundation in Colombia are now in operation, and the Portuguese, Peruvian and Argentinean branches are under construction.

That said, how do we humanise neurology? Well that, dear reader, depends on you.

Without doubt from our perspective the essential tool is gaining the ear of the players. These are patients with neurological disease and patient associations (there are many in the area of neurology), family members with their opinions and experience, the majority of whom will become the main carers of neurological patients, often victims of states of high dependency, and of course the neurology professionals, who are real drivers for the change that humanises.

And we must design together the neurology that we deserve. The neurology that we always desired, not the one we inherited from a health system that does not work. Rewriting this history is an exercise not only of professional but also of personal and social responsibility towards our children.

Sometimes utopia is not all that far removed from reality, and of course Project IC-HU has shown that “the world one desires can be won”. And this can be achieved through enthusiasm and effort. A thousand excuses and barriers will be imposed to change: this is human as well. However the tide cannot be held back. Anyone still failing to understand this “blessed madness” might yet understand it should they become users of the system in a different role. Meanwhile the question remains:

And you, what can you do to humanise neurology?

Welcome.

References