Parkinson’s Disease

Special Issue on
People-Centred Care for Parkinson’s Disease

Call for Papers

The World Health Organization is championing “people-centred care” and many high-income health systems are putting people at the centre of health care. People-centred care goes beyond patient-centred care and personalized medicine, including a narrow gaze on genetic and other phenotypic individual variation. It recognizes that patients are people who are more than their illness. However, it also respects the peoplehood of all the diverse participants engaged in Parkinson’s disease care. Underpinning these developments has been a growing concern about depersonalization, including overreliance on objective sources of evidence, and recognition that many people with Parkinson’s disease can participate actively as partners in their own care. There is a need to share lessons about how the latest international advances in science can be delivered to people with Parkinson’s disease within humanistic models of practice.

We invite investigators to contribute original research, review articles, and clinical studies that will stimulate the development of people-centred models of health care for people with Parkinson’s disease. We are particularly interested in articles that explicate how these models differ from and can enhance usual care. Contributions should take account of the best available scientific knowledge within a humanistic framework that elicits and is responsive to the full range of needs and interests of all of those who are living and caring for people with Parkinson’s disease. Contributions relating to the theory, practice, and evaluation of integrative, people-centred models for Parkinson’s disease are encouraged from all perspectives and disciplines. Potential topics include, but are not limited to:

- Conceptualizing people-centred care
- Methodologies for humanizing clinical practice, including history taking, diagnosis, prognosis, and followup
- Patient-centered care
- Individualized/personalised (genomic) medicine
- People-centred health information technologies, including epatients and participatory medicine
- People-centred clinical communication and decision making
- Physical, psychosocial, and existential/spiritual aspects of participatory and integrated whole-person care

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Lead Guest Editor
Stephen Buetow, Department of General Practice and Primary Health Care, University of Auckland, Private Bag Box 92019, Auckland 1142, New Zealand; s.buetow@auckland.ac.nz

Guest Editors
Michael Okun, University of Florida, Center for Movement Disorders and Neurorestoration, 3450 Hull Road, 4th Floor, Gainesville, FL 32607, USA; okun@neurology.ufl.edu
Mark A. Hirsch, Department of Physical Medicine and Rehabilitation, Carolinas Medical Center, Carolinas Rehabilitation, 1100 Blythe Boulevard, Charlotte, NC 28203, USA; mark.hirsch@carolinashirectcare.org
Pablo Martinez-Martin, Alzheimer Disease Research Unit, CIEN Foundation, Carlos III Institute of Health, Alzheimer Center Reina Sofia Foundation, Madrid, Spain; pmartinez@fundacioncien.es

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