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EDITORIAL

Patient and Family Engagement for Safe Care: From Passive Recipients to Active Partners

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Unsafe care remains a persistent global health challenge and a significant barrier to achieving universal health coverage (UHC). The World Health Organization (WHO) estimates that approximately one in every ten patients worldwide experiences an adverse event during healthcare delivery, with nearly 50% of these events considered preventable. [1] This translates into more than three million avoidable deaths annually. The economic burden is equally staggering: unsafe care consumes up to 12.6% of total health expenditure in high-income countries (approximately US$ 878 billion annually), while the global societal cost is estimated to exceed US$ 1.17 trillion.[2] Beyond financial losses, unsafe care erodes public trust, diminishes productivity, and exacerbates inequities in access to quality healthcare. In response, health systems worldwide are transitioning from reactive approaches to proactive strategies that address systemic, cultural, and behavioral determinants of safety. The *WHO Global Patient Safety Report 2024* underscores the need to eliminate preventable harm through integrated policy frameworks, resilient systems, competent healthcare professionals, and empowered patients and families.[3] Within this paradigm, patient and family engagement (PFE) has emerged as a cornerstone reframing patients and families not as passive recipients of care, but as active partners in achieving safe and high-quality healthcare.

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From Reactive to Proactive Safety: A Systems Perspective: Historically, patient safety initiatives have emphasized clinical and technical interventions. Contemporary WHO guidance, however, highlights that safety must also be people-centered, recognizing that patients and families possess unique experiential knowledge that can inform safer care processes. [3] Preventing patient harm therefore requires a shift from fragmented, punitive models to learning-oriented systems grounded in transparency, accountability, and collaboration.

The *WHO Global Patient Safety Report 2024* outlines seven strategic objectives for safer health systems, with patient and family engagement positioned as a central pillar. Governments are encouraged to embed patient safety within UHC policies through supportive legislation, national safety plans, and protections for incident reporting that promote learning rather than blame. At the institutional level, Patient Safety Incident Reporting and Learning Systems (PSIRLS) enable early risk detection and the design of preventive strategies. Incorporation of human factors and ergonomics into healthcare design further minimizes error and enhances system resilience.[3]

Although flagship WHO initiatives—such as *Medication Without Harm* and *Clean Care is Safer Care*—address major sources of preventable harm, evidence increasingly demonstrates that their

effectiveness depends substantially on meaningful engagement of patients and families as collaborators in care delivery and safety monitoring.

Patient and Family Engagement: The Human Dimension of Safe Care: The *WHO Global Patient Safety Action Plan 2021–2030* defines patient and family engagement as "the active partnership of patients and their families with health professionals to improve healthcare safety at all levels of the system."[4] Under Strategic Objective 4, engagement is operationalized through five complementary strategies: (i) co-development of policies and programs with patients and civil society; (ii) learning from patients' experiences of unsafe care; (iii) empowering patient advocates and champions; (iv) promoting openness and transparency through disclosure; and (v) strengthening patient and family education and health literacy.

Countries that have implemented structured engagement frameworks such as patient rights charters, advocacy networks, and digital feedback platforms demonstrate improvements in incident reporting, communication, and institutional trust.[3] These advances reflect the WHO's enduring principle: *"If it is not safe, it is not care."*

Evidence consistently shows that engaged patients and families contribute to earlier detection of safety risks, better adherence to treatment, and improved communication during transitions of care. In resource-limited settings, families frequently function as informal caregivers, assisting with medication administration, hygiene, and emotional support. When these roles are formally integrated into care planning, continuity of care improves and preventable harm is reduced.

Factors Influencing Patient Engagement: Patient involvement in safety is shaped by a complex interplay of patient-, provider-, and system-level factors. A 2024 scoping review by Abdi et al. examining healthcare systems in the Eastern Mediterranean Region (EMR) provides critical insights into barriers and facilitators of engagement.[5]

Patient-Related Factors: Demographic and psychosocial characteristics—including age, education, gender, health literacy, and self-efficacy—strongly influence engagement. Younger and more educated patients tend to be more proactive, whereas limited awareness of patient rights, cultural norms, and fear of offending healthcare professionals discourage participation. In patriarchal contexts, gender norms may further constrain women's involvement in decision-making.[5]

Health Provider-Related FactorsHealthcare providers serve as both gatekeepers and enablers of engagement. Paternalistic attitudes, communication barriers, and time constraints often impede collaboration, particularly in overstretched health systems. Conversely, empathetic communication, mutual respect, and trust significantly enhance patient participation and safety culture.

System and Organizational Factors: The absence of supportive policies and institutional culture represents a major barrier to PFE. Many healthcare organizations lack formal mechanisms for capturing and acting upon patient feedback or clearly defining patient roles in safety. Strong leadership commitment, continuous professional education, and an organizational culture that values patient perspectives are essential for sustainable engagement.

Global and Regional Progress: Several countries have successfully institutionalized PFE within national safety strategies. In Saudi Arabia, Patient and Family Advisory Councils (PFACs) actively contribute to quality improvement and governance. Iran's national patient safety network integrates patient representatives into accreditation systems, while Kenya's patient committees influence hospital governance. In high-income settings, digital tools such as OpenNotes (United States) and MyChart (Canada) enable patients to access and verify clinical records, thereby reducing communication and diagnostic errors.[3,6]

At the global level, the WHO *Patients for Patient Safety (PFPS)* initiative cultivates patient leadership through international networks of advocates who collaborate with ministries of health to co-design safety programs.[6] These efforts exemplify a paradigm shift toward partnership-based care, where lived experience becomes a critical source of data for continuous improvement.

The Case of Developing Countries: In developing countries such as Pakistan, patient and family engagement remains under-institutionalized within health governance. Weak infrastructure, limited error reporting, and low public awareness impede progress. EMR-focused reviews indicate that most countries in the region lack formal mechanisms for patient involvement in safety policy and hospital governance.[5] Nevertheless, PFE represents one of the most cost-effective strategies for harm reduction.

Families in Pakistan and other low- and middle-income countries already play substantial caregiving roles, providing a strong foundation for community-driven safety models. Targeted caregiver training, culturally adapted patient safety campaigns, and inclusion of engagement indicators within national quality frameworks can accelerate progress. Embedding patient representation within accreditation bodies and policy boards can further institutionalize partnership across all levels of care.

The Economic and Ethical Imperative: Beyond its ethical significance, patient engagement is economically sound. WHO analyses suggest that every US$ 1 invested in patient safety yields approximately a fourfold return through reduced adverse events, litigation costs, and length of hospital stay.[3] Engaged patients demonstrate better treatment adherence, fewer readmissions, and lower medication error rates, thereby improving overall resource efficiency.

Ethically, PFE reinforces dignity, autonomy, and respect—core principles of safe and compassionate care. Transitioning from tokenistic consultation to genuine co-production of health services marks progress toward more transparent, accountable, and trustworthy healthcare systems.

Conclusion: From Tokenism to Partnership: Patient and family engagement is not a peripheral initiative; it is a strategic, ethical, and economic imperative for modern healthcare systems. By positioning patients as co-architects of care, health systems can reduce preventable harm, enhance patient satisfaction, and rebuild public trust.

To achieve this vision, governments must institutionalize PFE through legislation, accreditation standards, and leadership development. Healthcare organizations should establish mechanisms for open disclosure, continuous feedback, and shared decision-making. Most importantly, healthcare professionals must be equipped with communication and empathy skills to foster trust-based partnerships.

The future of patient safety lies in collaboration, transparency, and mutual respect. As the WHO reminds us, *"If it is not safe, it is not care."* True safety will be realized only when patients and families are not merely participants, but partners, in designing the systems that serve them.

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