Editorial

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Journal of Patient Centricity

Patient centricity must become the default, not the exception

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A practical shift in healthcare design

Patient centricity is often spoken about as an aspiration in healthcare, but in the author's view, it should be understood as a practical and necessary shift in how we design systems, develop technologies, and deliver care. In the author's opinion, patient centricity is about more than convenience. It is about reducing barriers, widening access, minimizing invasiveness and enabling people to play a more active role in their own healthcare. It is about creating approaches that fit more naturally into patients' lives rather than requiring patients to fit around the limitations of healthcare systems. In my own field, this has been most clearly expressed through the development of remote blood sampling technologies, and it is through this lens that we have come to see both the enormous promise of patient-centered care and the significant work still required to make it routine.

From invention to implementation

A major part of my the author's contribution to this space began in 2009, helping invent a capillary blood sampling technique that went on to become known as volumetric absorptive microsampling. They were inspired by watching their late father use point-of-care devices for measuring his blood glucose levels and wondered if something could be developed, which collected blood in a similar way but was for quantitative collection for dried blood assays. In 2014, the Mitra microsampler, based on VAMS technology, was launched [1]. Over the last decade, VAMS has become a world-leading method for remote self-collection and assisted blood collection. Its use across the world, in applications ranging from therapeutic drug monitoring to biomarker analysis, has shown that patient-centered sampling is not a theoretical ideal but a practical reality. It has helped to democratize home and remote sampling for patients who need it, offering an alternative to more traditional and often less convenient models of blood collection [2].

Rethinking healthcare around the patient

That journey has strongly shaped how I the author thinks about patient centricity. Too often, healthcare has been organized around the needs of institutions, workflows and legacy systems. Patients travel, wait, undergo invasive sampling and adjust their lives to accommodate processes that may be familiar to clinicians and laboratories but are not always optimal for the individual receiving care. A patient-centered approach asks a different question: how can we obtain the information we need in a way that is easier, more acceptable and more accessible for the patient, while still maintaining quality and reliability? In blood sampling, which means exploring methods that allow people to collect samples remotely or with minimal assistance, from small volumes of blood, without necessarily having to attend a clinic or phlebotomy appointment.

Microsampling is proven, but not yet routine

Capillary microsampling is by no means a new concept. It has existed for decades and has already proved its value in important settings such as neonatal screening and glucose monitoring. These are excellent examples of patient-centered approaches that have saved lives and improved quality of life for countless people. This includes

those people with Types 1 and 2 diabetes [3], phenylketonuria [4], sickle cell anemia and thalassemia [5] to name a few conditions. They demonstrate that healthcare can be designed in ways that are both clinically useful and far less burdensome to patients. Yet despite these successes, microsampling has not replaced venous sampling for the vast majority of blood tests. That fact tells us something important, that the challenge is not simply proving that patient-centered methods can work. The challenge is changing established practice at scale.

The barriers to adoption

The barriers to adoption are real, and we must be honest about them. Many routine clinical tests still require wet plasma or serum samples to produce reliable results. For a large number of traditional hospital assays, extracts from dried blood samples are too diluted, too hemolyzed or otherwise unsuitable for dependable measurement. This is one of the main reasons why venous sampling remains so dominant. It is not enough to say that remote sampling is more convenient if the surrounding analytical systems are not designed to support it. The laboratory dimension matters enormously. Patient centricity cannot be achieved by changing the collection device alone; it requires compatibility across the whole pathway, from sample acquisition through to analysis and interpretation.

Avoiding inertia through innovation

At the same time, it is equally important not to let these limitations become an excuse for inertia. In many cases, there are alternative assays that are compatible with dried blood and may in fact be more reliable than traditional methods in this context. The issue is not simply one of scientific feasibility; it is also one of will, coordination and investment. Moving toward less invasive, more patient-centered approaches requires a concerted effort from the clinical community. It means evaluating existing assumptions, developing and validating new workflows, and being willing to invest in methods that may initially sit outside conventional practice. Change of this kind is rarely easy, particularly in healthcare, but the fact that it is difficult does not make it any less necessary.

Balancing ambition with realism

This is discussions about patient centricity need to be grounded in both ambition and realism. We should be ambitious in recognizing the transformative potential of remote and home-based sampling. But we must also be realistic about the scale of effort needed to move from isolated examples of innovation to widespread adoption. The evidence base around patient-centered sampling is much stronger today than it once was. In that sense, the gap is less about proving the concept and more about bringing more people into the conversation, particularly those who might otherwise default to venous sampling because it is familiar, established and institutionally embedded. In my experience, increasing awareness is critical. We need to create more visibility, more discussion and more confidence around the topic so that patient-centered sampling is not seen as niche or exceptional, but as a credible and increasingly normal route for many applications.

Who needs to be engaged

This need for awareness extends across multiple audiences:

- Scientists need robust data and methodological clarity.
- Clinicians need confidence in performance and interpretation.
- Regulators need well-defined standards and evidence.
- Patients need education and reassurance so that they understand how and why remote sampling can work.
- Health systems need to understand the practical and economic implications of change.

None of this happens automatically. It requires platforms that can bring together evidence, debate, innovation and critical reflection in a structured and credible way. That is why the author sees a clear and valuable role for the *Journal of Patient Centricity* [6].

The role of the Journal of Patient Centricity

A journal dedicated to this field can help create a central, reliable, peer-reviewed hub of information focused on patient-centered sampling and related approaches. It can provide a place where scientists, clinicians, and others working to improve lives through remote sampling can share their findings, promote best-in-class methods, and debate the strengths and limitations of different approaches. That kind of focused forum is important. Patient

centricity sits across disciplines and sectors, and without a dedicated space it can easily become fragmented, discussed in isolated contexts rather than developed as a coherent body of knowledge and practice.

What the journal should publish

In terms of content, the author envisions the journal to publish reviews on the latest sampling innovations and assays, as well as comparative papers that directly examine traditional versus patient-centered approaches. These comparisons are essential because they move the discussion beyond aspiration and into evidence-based decision-making. It would also be ideal to see more attention paid to the health economic benefits of patient centricity, as this is often a decisive factor in whether innovation moves beyond pilot studies into routine care. In addition, the regulatory landscape deserves serious coverage. For patient-centered methods to become mainstream, they must not only work scientifically but also navigate the regulatory frameworks that shape implementation in real-world healthcare systems.

As an editorial board member, the author hopes to contribute a perspective shaped by both innovation and practical experience. They have seen what it takes to move a simple but transformative idea from concept to product, and understands how difficult it can be to turn technical possibility into something that genuinely changes practice. I have also worked in many different laboratories and therefore understand the opportunities and challenges involved in reliably analyzing whole dried blood extracts. That combination of perspectives: innovation, translation and laboratory reality, is what may be useful in helping the journal stay both aspirational and grounded.

Lessons from the COVID-19 pandemic

Looking to the future, patient-centered approaches to healthcare and research may not necessarily look completely different in 5 years' time, but the hope is they will be marked by greater awareness and wiser adoption. The COVID-19 pandemic created perhaps the biggest recent incentive toward patient centricity. It demonstrated very clearly that the public could reliably collect samples for analysis, and it showed at scale that testing could be carried out at home. During that time, health systems were forced to adapt quickly, and one of the lessons that emerged was just how enabling patient-centered sampling can be under pressure. It allowed continuity, reduced unnecessary contact, and showed that more distributed models of care were not only possible but, in many cases, highly effective.

Why momentum must not be lost

The risk now is that we fail to build on those lessons. Crises often accelerate change, but once the immediate pressure passes, systems can drift back toward older habits. That would be a mistake. The pandemic offered a powerful demonstration of what patient centricity can achieve when urgency aligns with innovation. We should not forget that experience. Instead, we should use it as a foundation for more deliberate progress. The goal should not be to deploy patient-centered sampling only when circumstances demand it, but to recognize its broader value in normal healthcare delivery.

Toward patient centricity as standard care

Five years from now, I would like to see patient-centered sampling move closer to becoming the default method of sample collection, rather than something reserved for special circumstances or niche applications. That will require continued efforts to widen awareness and improve understanding of what can be achieved with tiny drops of blood. It will also require education for patients, professionals and systems alike. Patients need to feel informed and confident. Clinicians and laboratorians need to know when these approaches are appropriate and how to support them effectively. Institutions need to understand that patient involvement is not a compromise in quality, but can be part of a more responsive and efficient model of care.

Conclusion

Ultimately, the author's interest in patient centricity comes from a simple conviction: healthcare works best when it is designed around the people it serves remote and microsampling technologies have shown that it is possible to reduce burden, improve accessibility, and still generate meaningful clinical information. But the work is not finished. We still need broader adoption, stronger awareness and a greater willingness to rethink long-established practices. If the *Journal of Patient Centricity* can help drive that conversation, by publishing strong evidence, encouraging debate and keeping patient-focused innovation visible, then it can make a significant contribution to the future of

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healthcare. The author's hope is that, in time, patient centricity will no longer be treated as a specialist interest or emerging trend, but as a normal and expected standard of care.

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