



## ICPCM Newsletter – October 2016

### WMA's perspectives on Ethics and Person Centered Medicine

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#### Introduction

Representatives of 27 National Medical Associations founded the World Medical Association in Paris in 1947. According to the original Bylaws, it was stated that the WMA is a "confederation of the most representative national medical associations of each country". Thus only one medical association is represented from each country. From the establishment of the WMA, medical ethics have been a major topic, not least during the post World War II period. Immediately after its foundation the WMA took up the responsibility for setting ethical guidelines for physicians worldwide. The leaders of the WMA were of the opinion that the establishment of a suitable oath or pledge to be administered as a part of the graduation or licensing ceremony would help to impress on newly qualified doctors the fundamental ethics of medicine and would assist in raising the general standards of professional conduct. Two years later, a modernized wording of the ancient oath of Hippocrates was adopted in Geneva in 1948 and thus was named "The Declaration of Geneva." Subsequently, the

The International Code of Medical Ethics was adopted in 1949 but since then a number of revisions have been made, the last one in 2006. From the perspective of person centeredness a major change at the last revision was a change of only one word. The sentence read before: "A physician should always bear in mind the obligation to *preserve* human life" but the adopted and now current revision reads "A physician should always bear in mind the obligation to *respect* human life." Even though the term "person" is not found in this paragraph, a radical change was made as the paternalistic view of the doctor to decide on the fate of their patients the focus had been turned to the right of the patient to decide. The change of only one word mattered.

#### Person Centeredness in WMA policies

As an individual seen by a physician for diagnosis or treatment is termed "a patient" it comes as no surprise that this term is frequent in WMA policies. However, in the WMA most known policy document, the Ethical Principles for Medical Research Involving Human Subjects, known as the Document of Helsinki (DoH), the term used is "the human subject" (1). The DoH was adopted in

1964 after a lengthy process as its origin can be traced back to the Nuremberg code in 1947. The declaration is a living document, frequently discussed inside the WMA and widely adopted in research communities and my health authorities throughout the world. It has been revised several times, the current version being adopted in 2013. after an extensive open consultation process. By this policy, the physicians of the world acknowledge the rights of persons, both patients and healthy individuals, to be properly informed of the research to be undertaken, to decide whether to participate in that research without any undue pressure and to have the right to stop participation at any time without explanation and without any effect on their right to receive service at the respective health institution. The rights and security of the person as a patient or a healthy volunteer are thus the core elements of the document. Even though person centeredness per se is not mentioned in this document, the person is actually in the center. During the last revision the term “human subject” was vividly discussed; if this term should be used or another such as “person”. Finally the term “human subject” was kept unchanged, mainly as it has been there throughout all revisions since its first adoption.

In 2008, the WMA decided to participate in a new initiative, brought to its attention by the immediate past president of the World Psychiatric Association, prof. Juan Mezzich. The Association has since then been active in this initiative, both at congresses on Person Centered Medicine and by active participation in the Board of the International College of Person Centered Medicine (ICPCM).

In 2012, a draft to a new policy, on Person centered medicine, was presented to the WMA. This has created a lively debate that has still not been resolved. The main reason for not coming to a final conclusion is the fact that an international body such as the WMA has to deal with many regional and cultural differences. It not only has to take into consideration the different meaning of “a person” in different societies but it was felt needed to define different terms such as “people centered care”, “patient centered care”, “person centered medical home”, “person centered medicine” and person centered care”. In addition, the term “personalized medicine” can create some confusion with its totally different meaning from person centered medicine in spite of similar wordings. It has also been discussed to what extent physicians of this world should involve themselves with the term “person” when the “patient” is the traditional term used for the “clients” of doctors. A working group was established for the task to make definitions for the WMA with the intention to help to make a policy document that all the members can adhere to. In the following, a short overview is given on the different definitions that form the bases of the discussions in the work group of the WMA on Person Centered Medicine.

### **People centered care.**

The World Health Organization (WHO) has been using the term “People-Centered Care in its work on People-centered health systems in the WHO European region and elsewhere (2). In this work, *people-centered* health systems are defined as “systems in which care is focused and

organized around the health needs and expectations of people and communities, rather than on diseases themselves” (2). Furthermore, the concepts used are defined: “People-centered care is broader than the closely- related concept of *patient-centered* care. Whereas patient-centered care focuses on the individual seeking services – the patient – people-centered care encompasses these encounters with the health system while also including attention to the health of people in their communities and the crucial role of citizens in shaping health policy and services. Thus, a people-centered approach takes a unique orientation that is able to recognize that before people become patients, they need to be informed and empowered in promoting and protecting their own health” (3). Based on the assumption that Coordinated/Integrated Health Service delivery, a term that is central in this work of the WHO, is based on people-centered care, various projects have been implemented and evaluated showing promising results (4,5)

### **Patient centered care**

The concept “Patient centered care” (PCC) has its roots in early ideas of holistic health care as a shift from the traditional disease-oriented model (6). Its popularity began to increase in the 1970s, coming to prominence as healthcare organizations, institutions, and public agencies endorsed patient-centeredness. Given the interest in PCC, efforts to define and measure the outcomes of PCC have become more important. The definition of PCC varies depending upon the setting or perspective being represented. An examination of the literature revealed four sources of definitions for PCC. These include a public policy perspective, an economic perspective, clinical perspective, and patient perspective. There was therefore some confusion as to how to interpret the core concept of PCC and in these earlier publications, the terms “patient centeredness”, “patient centered care” and “patient centered medicine” are used without much distinction. In the following years, the definition and meaning continued to be somewhat unclear but in an editorial by Epstein and colleague in 2011 it is concluded that PCC has now entered the center stage in discussions on quality (7). The authors further notice that PCC has been enshrined by the Institute of Medicine’s “quality chasm” report as one of six key elements of high-quality care (8). However, not only professionals discuss PCC. In 2006, the International Alliance of Patients Organizations (IAPO) adopted a policy document, “The Declaration on Patient-Centered Healthcare” addressing the need for patient centeredness in all types of health care delivery (9). The IAPO later has become an active partner in the Person Centered Medicine initiative. Another concept; “Patient Centered Medical Home” has PCC as one of its core ingredients and is widely used in primary health care in the US. The medical home model holds promise as a way to improve health care by transforming how primary care is organized and delivered. Building on the work of a large and growing community, the Agency for Healthcare Research and Quality (AHRQ) defines a medical home not simply as a place but as a model of the organization of primary care that delivers the core functions of primary health care (10).

## **Person centered care**

Person centered care is yet another concept that might contribute to some confusion. There might be somewhat different definitions on this concept but one that could represent most of them was published by The Institute of Person-Centered Care in Buffalo, US: "Relationships are at the heart of this philosophy. Person-centered care encourages the highest level of quality of life and seeks to put the person ahead of the task while creating an environment that promotes a true quality of life regardless of physical or cognitive condition, wherever services are received or people reside." (11).

It comes as no surprise that this concept seems to be frequently used in care of patients with diseases that directly affect the person per se as in mental health care and in dementia care and even in the care for the elderly. It has become evident that in caring for these individuals the risk of focusing on the symptoms and signs of a disease rather than the person is high. The concept of personhood, introduced by the late Professor Tom Kitwood has gained momentum and is the basis for many programs for individuals with disorders that cause cognitive impairment and dementia (12,13). This initiative has now moved from individual programs to national guidelines in some countries (14) and is now entering into an international movement called Global Action on Personhood in Dementia (personal communication).

## **Person Centered Medicine and the WMA**

In discussions inside the WMA, it was decided to focus on the term "Person Centered Medicine" (PCM) in its further work rather than Person Centered Care (PeCC). There are several reasons for this. One is that the PeCC concept has primarily been used in discussions on care rather than diagnostics, which is a major component of the work of physicians. It is evident that in the process of diagnosing a disease or a health condition, person centeredness should be a core element and that is embraced by the concept of PCM rather than PeCC. Another reason is a pragmatic one, the fact that the WMA has been engaged in an initiative on PCM since 2008 in conferences and publications as well as having member at the board of the ICPCM. When these issues were debated in the relevant Standing Committee of the WMA, it became clear that the Association should focus on Person Centered Medicine.

## **PCM and WMA in the coming years**

The WMA will continue to be active inside the ICPCM with participation by its representatives in conferences and publications. It will continue to discuss the issue of Person Centered Medicine in its meetings and hopefully, a policy on PCM will be adopted that will be embraced by all its members but we have learned that it is not an easy task to make policies on a new, central issue like this in an international organization with different cultures and views.

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