



ICPCM Newsletter – June 2016

Celebrating Success

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It is important to celebrate success.

And we hope you will join us at two special events during the next year to do so!

As the international leader in the field of Person Centered Medicine (1) we are celebrating with the Universidad Francisco de Vitoria in Madrid the graduation of their first medical students whose education has been primarily person centered.

The Vice Rector of International Affairs Juan Perez-Miranda presented his plans for the undergraduate medical education program at our last Geneva Conference, April 10-13, 2016.

Now at our upcoming Fourth International Congress in Madrid - November 7-9, 2016 - he and his colleagues will be sharing both the conceptual basis of the foundation of their innovative programme, how the new teaching methods were introduced and what the results so far have been. The experience of the students and the patients will be shared in the friendly collegiate atmosphere of our interdisciplinary International Congress.

The foundation of a person centered approach will prepare the graduans for whatever clinical or academic career in medicine they decide to follow and as future leaders they will maintain and develop a person centered approach to each person and the people they serve. They will break the straightjacket of what has become in many countries the utilitarian style of modern medical education molded to the government controlled health system rather than the needs of the individual

We will be developing the concepts previously shared at the University of Zagreb at our first International Congress in 2013 (2) and the Declaration from the Madrid Congress will propose a renewed medical educational action plan for the future.

In London last year at our third International Congress held in partnership with Imperial College, the theme of the integration of primary care with public health provoked a rich programme of individual presentations and practical proposals

emerged in the ensuing London. The Declaration advocated the overwhelming necessity of such integration in any plans for effective universal health coverage (3).

There is an important dynamic between medical education and health systems. Health systems need appropriately educated doctors to provide the core team approach to medical care and as the leaders and innovators of clinical services.

A person-centered approach is part of a complex adaptive system which sits uncomfortably in a management directed hierarchical system.(4) These challenging issues will be further addressed in our discussions on the third day of our Madrid Congress. Insight can be gained from our 2012 Geneva Conference Declaration on our proposed integrated model of clinical care outlined in the action plan.

Managerially directed medicine is failing people on a grand scale – it is an expensively maintained bureaucracy that people simply are unable to afford; whether it is from a Government's political ideology or from the Commercial pressures of Insurance Companies. The impending disasters are best illustrated by the decision by a Health System's management 'Guru', Dr. Donald Berwick (5) to apply the financially relevant Pareto Principle (6) to the healthcare system. Focusing on just the few major indicators with the greatest immediate financial impact and ignoring the fuller spectrum had some immediate 'gains' for management with narrowly based targets and is now an essential part of the current management culture. However, the pursuit of measurable limited time based targets at the expense of the overall quality of care has caused disillusionment amongst doctors, nurses and other health care professionals as their professional practice is eroded. This negativity is felt at all levels of a management driven hierarchical system and experienced at the consultation between the patient as a person and their personal primary care physician. With limited time for such consultations, a disproportionate amount of time is spent determining information used for management purposes than actually listening to the person's story. Yet the more a physician listens the better the outcome for his patient!

Over the last ten years with the founding of the International College of Person Centered medicine from its roots in the Geneva Conferences, the College has been host to important 'conversations' with the many participants at the Geneva Conferences and International Congresses contributing to our knowledge from their own experience and research. We have built up a valuable resource of Declarations or Policy Statements with action plans on person centered medicine supported by academic papers published in our thriving International Journal of Person Centered Medicine. Our continuing conversations with several Departments or Clusters at the World Health Organization have helped develop a common language on person and people centered care and participants at the Geneva Conferences have been able to contribute their own expertise to our joint symposia held at the WHO Headquarters.

This leads to our second cause for celebration. Our tenth Geneva Conference will be held 7-10 May next year! The title is 'Celebrating Ten years of Promoting healthy Lives and Wellbeing'.

In a World where Medicine is dominated by a market system based on maximizing profits rather than promoting a healthy population, our person centered approach has been shown not only to improve health outcomes but also to reduce health costs. Person centered medicine is a renewal of our professional ethical framework, the foundation of trust between a person and their physician, a recognition of the wide biological social psychological, cultural and spiritual dimensions of each person, their families and communities with attendance to both ill health and positive health and well being. Person centered medicine promotes partnerships at all levels and fosters person centered research and education on the process and outcome of the patient physician communication, diagnosis, shared understanding with prevention, health promotion and treatment as shared commitments.

One model of care that embraces these concepts, which we have been discussing at the Geneva Conferences', is the primary care 'Medical Home' (7).

Primary care is integrative in nature by possessing a broad knowledge of all sectors of health care and a strong understanding of community resources and other social determinants of health. Through trusted and healing relationships a person-centered approach with people over time can start to achieve the required integration and coordination of care that leads to the triple-aim of improved health, better health care and lower cost. Care that is accessible; timely; comprehensive; continuous; person and people centered; compassionate; contextual; community based; coordinative and integrative; and team-based.(8) These factors led the International College to their call to action that all health care systems in all nations are built on the foundation of primary care as the entry point of first contact and the usual source of care.

A scan of the papers in the International Journal of Person Centered Medicine will reveal evidence from other clinical services that have benefitted from a person centered approach including those focused on a limited outcome such as Cardiac Surgery and Hip replacements.

The recognition that a person centered approach is what in management jargon is a win - win situation there is an increasing hope and expectation of positive change (9). This is in stark contrast to the trends in management directed evidence based medicine with its compartmentalization of knowledge, fragmentation of services, and relative neglect of patients' concerns, needs and values.

So we hope you will join us in Madrid this November and Geneva next May to share

your experiences and research, challenge us and help promote the continuing improvement in health care for all worldwide.

References

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