

Declaration of the Latin American Association of National Academies of Medicine (ALANAM) on Person-Centered Medicine

Result of the Meeting of Celebration of the Fiftieth Anniversary of the Latin American Association of National Academies of Medicine in the city of Bogotá from November 23 to 25, 2017 with the participation of the National Academies of Medicine of Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Spain, Mexico, Paraguay, Peru, Uruguay and Venezuela. Text written by Academic Mr. Antonio de los Santos, Alternate Secretary of ALANAM, in consultation with participants in the event, and approved and disseminated by ALANAM.

History teaches that Person Centered Medicine (PCM) is a perspective of millenary roots and at the same time responds to challenges and demands of great relevance.

The central concepts of the PCM were presented by representatives of different Academies, from different medical specialties, reflecting various problems and national realities, but all revealing a high conceptual coincidence in terms of present and future visions.

There was concordance in highlighting the role of ethics as a central concept of the PCM and the commitment of the Academies for their promotion and implementation. It was recommended to take into account in this process the cultural diversity of Latin America and the variety and extension of its territories.

The importance of a person-centered medical education was stressed, as a longitudinal axis of the undergraduate and residency curricula and with an adequate presence in the continuing medical education programs. The value of extending these considerations to training programs of the various professions of the health team (nursing, obstetrics, nutrition, speech therapy, physical therapy, etc.) was also mentioned.

The need to carry out scientific research works on PCM was emphasized with the participation of researchers from different countries to validate concepts and procedures, as well as promote well-founded improvements in health services and policies.

It was also recommended to attend to the role of the teacher as a professional identification model and to the development of tutoring programs, highlighting the status of students, teachers and patients.

The teaching of the PCM was also recommended in situations such as pain medicine and palliative care, which should be formally incorporated into the undergraduate curricula of the Faculties of Medicine.

It was also commented that the CCM is applicable to all medical specialties, including surgical ones.

The difficulties and challenges to overcome for the implementation of the PCM were detailed in special circumstances such as extensive territories, lack of universal social coverage, poor remuneration and work overload of the professionals, with limited time available for each patient, difficulty in training continuous, and loss of prestige of the profession, with deterioration of the social image of the doctor. Despite these difficulties, the integral solution of these problems, from primary care to those of high complexity, has been reported as resolved in certain countries.

Finally, it was recommended that the National Academies and ALANAM itself establish mechanisms for the cultivation and implementation of the PCM, as well as their participation in regional programs, such as the Latin American Network of Person Centered Medicine.