2023 Geneva Declaration on
Person Centered Prevention and Health Promotion: From the Clinic to Public Health

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Preamble

From the 2nd to the 4th of April 2023 the 15th Geneva Conference of Person Centered Medicine was held as a hybrid event, for the first time pointedly including an in person component since the beginning of the COVID-19 Pandemic. This feature increased the "person-centeredness" of the event.

The participants acknowledge the huge impact of COVID-19 on individuals, families, and communities on their physical and mental health and on the health and wellbeing of many health care professionals and volunteers who contributed to the global effort to contain the pandemic.

Nowadays we are still reflecting on the lessons learned and are preparing ways to recover fully, on one hand, and to prepare for the future, strengthening the resilience, fitness and social responsiveness of our health systems, on the other hand.

In the pandemic the need for integration of primary care and public health, and also of social care and care for mental health became very clear. This integration requires interprofessional cooperation among physicians, psychologists, nurses, community health workers, social workers, physiotherapists, occupational therapists, and community representatives, with focus on the life-goals of all persons and their families and communities. The most relevant question is no longer "What is the matter with the person?', but 'What matters to the person", "What makes the person's life worth to be lived?" and "How can we contribute as professionals and informal care givers, and as socially responsible community members?"

In a lot of countries nowadays, we use the framework of the Quintuple Aim, i.e., improving care as perceived by all person and their communities; improving health status at population level; ensuring that health and social care professionals can do their work in an effective and sustainable way; with the resources deployed, realizing more 'value' for the person needing care and support in the field of health and welfare; and finally social justice and inclusiveness.

To advance along the paths outlined above, we recommend:

1. In the field of education of health professionals, to start early with interprofessional training, focusing on transformative learning, that enables learners to address the Social Determinants of Health and other upstream causes of ill health (personal background and development, climate change, war, natural disasters, isolation, inequities, and social injustice). The emphasis should be on training generalists and all health professionals in persons-centered health systems that are able to build respectful and trustful relationships with individuals and communities, especially with those people that are most in need (refugees, undocumented people, migrants, underserved minorities) and to increase the social accountability of institutions for health professional education, and, in short, to promote the well-being for all as the fundamental goal of all societies.

2. In the field of person-centered prevention and health promotion, a priority commitment should be made to strengthen communication, collaboration and health literacy from the primary school onwards and to develop approaches to diagnosis and care centered on persons and their communities, implementing effective health promotion and disease prevention plan that starts from real needs and what stakeholders perceive as required and sustainable, leading to improved outcomes and more health equity.

3. Improved access to quality and low-threshold person-centered mental health services and public education is a challenge for most countries. More attention for health promotion on mental health and general well-being issues in the school and in the work-environment is needed. Primary Care psychologists, integrated in interprofessional primary care services, can provide short interventions in the initial phase of mental health problems. However, they need opportunities to refer to specialized secondary care mental health services, when appropriate, and sometimes, to safe psychiatric hospitals in case of complex problems.

4. An integrated inter-professional health record, where all involved care providers and the patient, integrate their information in "episodes of care", provides an 'ecobiopsychosociospiritual' framework for everyone's life. A linkage between the "episodes of care" and the evolving 'lifegoals' of persons, facilitates priority-setting for shared objectives. The information recorded in health records should provide territorial information to support 'population health management' and enable equitable care for all, particularly vulnerable groups in society.

5. Increasingly people suffer from 'global challenges', e.g., the earthquakes in Turkey and Syria, created anxiety in migrants living in Western Europe; military conflicts and war are leading to uncertainty and distrust worldwide; threats to the rainforests in Brazil and the Democratic Republic of Congo will impact the health of millions of people. These 'macro-challenges' impact the 'micro-lives' of individuals and families.

6. Person-centered care requires a political context that promotes human rights and social justice. There is increasing evidence that solidarity and social equity are required for the health of all.

7. Finally, let us not forget that science, humanism, and solidarity were the bases for facing the pandemic responsibly and effectively. Therefore, we ask those involved in policy decisions at all levels to invest in health cultivation, health education and health care. Such commitment and investment will contribute to healthier and more fulfilled persons and more cohesive and engaged societies, thus, greater well-being for all along the life course and across the world.