

Summary Report of the Ninth Geneva Conference on Person Centered Medicine
Person-Centered Integrated Care through the Life Course
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For the 9th time, the International College for Person-Centered Medicine (ICPCM) held its annual conference on Person-Centered Medicine in Geneva, Switzerland. Like previous years, the conference was formally co-sponsored by the World Health Organization, the World Medical Association, the World Organization of Family Doctors, the International Council of Nurses, the International Alliance of Patients' Organizations and thirty other global health professional and academic institutions. The organizing committee was composed of the ICPCM Board members, Ruth Wilson as program director and Islene Araujo de Carvalho, Jim Campbell and Nuria Toro Polanco from WHO. Material support was provided by the World Medical Association, the World Health Organization, the Geneva University Hospital, and the Paul Tournier Association.

The program included presentations covering a large number of topics and issues relevant within the broad field of Person-Centered Integrated Care through the Life Course, such as person-centered integrated care in families and children, person-centered integrated care for women, person-centered integrated care for functionally challenged and special populations, person-centered integrated care in older age and at the end of life, research methodology for person-centered integrated care through the life course, health stakeholders' engagement and perspectives for person-centered integrated care through the life course and person-centered mental health and positive health. In this summary report of the conference, some presentations are briefly mentioned as examples of the variety of talks that were presented. Throughout the conference, the duration of a presentation was restricted to about 8 minutes which allowed ample time for lively discussions and interactions with the audience.

Concerning venue, the Pre-Conference Workmeetings and the first two days of the Core Conference took place at Geneva University Hospital. The last day meetings were held at the World Health Organization's Headquarters.



Partial view of collaborating organizations' leaders, speakers and participants at the Ninth Geneva Conference.

Pre-Conference Workmeetings

These sessions started with a discussion of Person-Centered Diagnosis. More specifically, a consultation took place with all participants concerning the key features and desirable components of person-centered diagnosis in general medicine. Considerable consensus was obtained on most of

these regards, which should be helpful for the development of practical diagnostic guides for general medicine.

The development of Person-centered Healthcare Guiding Principles was another major topic for discussion. A base document was edited by Jim Appleyard and colleagues in collaboration with conference participants. Next steps involving a wider consultation, an academic paper, and an educational program were outlined.

Other sessions were dedicated to an emerging Global Research Network, Books on Person-centered Psychiatry and Person-centered General Medicine, membership development and institutional fundraising.

Next, the Editorial Board of the *International Journal of Person Centered Medicine* held its annual meeting. It was reported that the Journal was publishing now its four quarterly issues on a regular schedule. A series of Special Sections has been started with the topic of Communication in Healthcare, including three high quality articles and a substantial introduction. This set was published along with three other regular articles and two editorials in the first issue of 2016.

The Pre-Conference workmeetings ended with a session of the ICPCM Board. In addition to its regular developmental and institutional activities, it received visits from Professor Juan Perez Miranda, Vice-Rector of Francisco de Vitoria University of Madrid, Spain concerning the organization of the 4th International Congress of Person Centered Medicine on November 7-9, 2016. Another visitor was Dr. Hans-Rudolph Pfeifer representing the Paul Tournier Society concerning the establishment of a Paul Tournier Prize.

Core Conference First Day

The day began with the Opening of the Conference. Welcome words were offered by Jim Appleyard as president of the ICPCM, Dr. Islene Araujo de Carvalho on behalf of the World Health Organization, Jon Snaedal representing the World Medical Association, and Ruth Wilson on behalf of Wonca and as program director of the 9th Geneva Conference.



LtoR: I Salloum, J Groves, T Ghebrehiwet, J Snaedal, I Araujo, S Van Dulmen, R Wilson, M Botbol, J Mezzich, J Appleyard, and P Grundy at the Opening of the 9th Geneva Conference

Starting the first plenary symposium, Ruth Wilson addressed universal health coverage and primary care as essential building blocks of person-centered medicine. She considers primary care the home for therapeutic long-standing continuous relationships offering comprehensive integrated care and compassionate support. In the second speech, Ted Epperly pointed out that primary care is a team sport. The challenges family medicine faces are issues of timely access to care, truly providing team-based care, integrating and coordinating this care, leveraging technology and controlling costs. Chris van Weel added to this that primary health care is regarded as the core function in the health care

system. He presented three relevant development phases in primary care: equity, the human dimension and cost-effectiveness. In the next presentation, Yongyuth Pongsupap pointed out that family medicine can also improve population satisfaction, quality of care and population health outcomes. During the discussion, Paul Grundy added to this that a person becomes a patient the moment he enters healthcare. Healthcare is actually sickcare, a patient loses control and the system makes all decisions. This is the more so when patients enter secondary care. This provides even more reason to keep investing in primary care and to keep a patient in primary care for as long as possible.

During the second plenary symposium, issues around families and children were addressed. Jim Appleyard talked about parental responsibility and children's contribution in making treatment decisions. Questions that were raised concerned whose interests prevail and whether or not age should be decisive in giving children a voice. Parents' and children's willingness, ability and understanding should be considered. Informed consent does not equal informed assent, i.e. the acquiescence of the child to participate in research. Michel Botbol gave a presentation about intersectoral (health-judicial services) integration of person-centered care for children and adolescents. Janet Perkins talked about maternal and newborn health in Burkina Faso and the initiatives there to educate men to support their women, which appears to be effective in reducing mortality. In all these examples, it is crucial to determine the degree of autonomy in the person one relates to. In Scotland there are some good examples of children panels. Still, caring for children does require caring for their parents too. Central to person-centered medicine is that relationships count.

The parallel sessions in the afternoon of the first day of the conference covered interesting issues varying from person-centered medical education and health systems enhancement to equity through the life course. In the parallel session about person-centered integrated care for women, for example, the limits of randomized clinical trials (RCTs) were discussed. In RCTs, women and men are usually included but in 80% of the analyses the researchers do not look at gender differences in outcomes. The life course approach helps to examine elements that foster gender disparities and discrimination. The WHO now uses tools to rate countries in terms of inequalities in comparison to other countries. Still, the biggest challenge remains: how to translate knowledge into practice and how to reach marginalized and oppressed groups that are not only characterized by gender.



LtoR: J Parks, J Perez-Miranda, R Wilson, V Ng, J Appleyard, and Y Pongsupap at the Symposium on Person Centered Medical Education and Health Systems Enhancement, 9th Geneva Conference

After the closure of the afternoon parallel sessions, the General Assembly of the ICPCM took place. In addition to a summary of the work of ICPCM in the past year and a plan of action for the next twelve months, a draft of the 2016 Geneva Declaration was presented by Ruth Wilson for discussion, the establishment of the Latin American Network for Person Centered Medicine was announced by its president, Alberto Perales from Lima, and an invitation to the Fourth International Congress of Person Centered Medicine in Madrid this November was formulated with a video by Juan Perez Miranda. The General Assembly was followed by the Conference Dinner organized by the Paul Tournier Society.

Core Conference Second Day

The second day of the conference started with a plenary session about person-centered integrated care in older age and at the end of life. Islene Araujo from the WHO talked about how to align health systems to the growing numbers of older people, develop long-term care systems, ensure that everyone can grow in an age-friendly environment and improve measurement and monitoring systems. Then, Susana McCune presented non-pharmacological strategies in dementia. Together with people with dementia, she documented expressions of participants' lived experiences illustrated by pictures. This way they created a life book to capture their life line. Jon Snaedal spoke about global actions on personhood in dementia. According to Jon, individuals with dementia are described in terms of biological changes, negative symptoms and functional disabilities, and not in positive terms. In addition, secondary symptoms like hallucinations, depression and anxiety are often treated with medication with adverse effects. These symptoms, however, often result from poor nutrition, boredom, unmet emotional needs, poor communication, lack of knowledge about a person's history and untreated pain. The last speaker in this session, Paul Grundy, talked about person-centered medical homes and the question of who is going to manage all the patient data. In dementia, the loss of personhood is central and how caring for people can take this into account. It remains important to ask persons what their (short term) goals are and find out how to get there.

During the second plenary session, Nuria Polanco from the WHO talked about the implementation of the WHO framework on integrated people-centered health services. To her, integration is the message and people-centeredness is the goal. To reach person-centered care, we must also involve the family and the community. Otmar Kloiber, WMA Secretary General, stressed that person-centered care and person-centered medicine are not the same as patient-centered care and patient-centered medicine. We now know that the role of public health and social determinants of health go beyond clinical aspects of care and pathophysiology. We are always dealing with persons which extends far beyond patient-centered care. Glenn Brown talked about physician advocacy in achieving person-centered primary care. To him, being 'person-centered' involves more than taking account of our individual patient's life context. We should also include insights from a population health perspective (social systems), relevant to our patients. Yongyuth Pongsupap spoke about person-centered integrated care in national health systems in Asia and the relevance of context-based learning in this respect. This involves a learning system with synergies. It relies on different learning processes each starting from identification of gaps between expected performance and existing capabilities of individuals, teams, and systems. The overall discussion focused on how to make our health systems really person-centered in terms of safety and responsiveness. According to Paul Grundy from the Collaborative on Medical Homes in the US, we need to take those developments that are successful and scale them up. According to Otmar Kloiber, more money and more technology is not the solution. Democracy is lacking in the systems. Therefore, persons have to be empowered in order to be a partner within the health care system. Democracy has to come down to the person behind the patient.

The parallel sessions in the afternoon focused on inter-specialty and interdisciplinary professional relations for person-centered integrated care, research methodology, stakeholders' engagement and perspectives for person-centered integrated care through the life course and person-centered psychiatry and mental health. Within one of these sessions, Ed Harding presented the international environment scan on person-centered care conducted on behalf of the Health Foundation. Levent Kirisci talked about the use of propensity scores, i.e. the probability of receiving the treatment given a set of covariates in RCTs. Juan Mezzich discussed person-centered diagnostic models. Mohammed Abou-Saleh called for ICPCM person-centered research guidelines (e.g. involving patients in every stage of research). In another parallel session, Joanna Groves talked about challenges related to patient health records such as availability and access, ownership, accuracy, privacy, consent and (e)health literacy. In the last parallel session of day 2, Joseph Burley talked about identity and illness.

He mentioned that people do not like to feel helpless, if they do not know what to do being with an ill person, they withdraw. Therefore, it is essential to communicate with patients and with their caregivers.



Standing LtoR: M Botbol, T Schultz, A Javed, I Salloum, M Abou-Saleh, and H-R Pfeifer. Seated LtoR: F Riese, J Appleyard, H Millar, JE Mezzich, and J Cox, at the Antoine Besse and Jitendra Trivedi Memorial Symposium on Person Centered Psychiatry and Mental Health for PCIC through the Life Course, 9th Geneva Conference.

Core Conference Third Day

This started with a plenary symposium on Global Health Workforce for Person-centered Integrated Care. Jim Campbell from WHO reviewed issues through the life course when preparing the global health workforce. David Gordon, president of the World Federation for Medical Education, discussed how medical schools are recruiting and preparing health professionals for person-centered integrated care. Alberto Perales from the Latin American Network for Person Centered Medicine discussed the medical student and the professor in new mentorship programs. Roy Kallivayalil, WPA Secretary General, reviewed prospects for person-centered health professional education in Asian populations. The symposium final speaker, Ruth Wilson, discussed how family medicine and primary care relate to person-centered integrated care.

The Conference Closing Session included a brief summary of the event, the presentation of the 2016 Geneva Declaration on *Person-Centered Integrated Care through the Life Course* for adoption, and a formulation of institutional next steps.

The actual concluding activity of the 9th Geneva Conference was a Special Session on WHO Global Strategies. Brief presentations were offered by Ritu Saldana on the WHO Global Strategy and Action Plan on Ageing and Health, by Nuria Toro Polanco on the WHO Framework on Integrated People-centered Health Services, and by Jim Campbell on the WHO Strategy on Global Health Workforce. In response, the ICPCM and various related organizations offered a range of collaborative contributions.



Partial view of participants in the Special Session on Collaboration for the Implementation of WHO Global Strategies and Frameworks, at WHO Headquarters, 9th Geneva Conference .