



2014 BUENOS AIRES DECLARATION ON HUMANISM AND SCIENCE IN LATIN AMERICA FOR PERSON CENTERED MEDICINE

Adopted at the Second International Congress of Person Centered Medicine in Buenos Aires on November 9, 2014 and approved by the Board of the International College of Person Centered Medicine on December 8, 2014.

Preamble

Pre-Columbian medicine, initially identified in La Venta or Monte Alban as Mesoamerican civilized centers, like the Maya, Azteca and Inca cultures, was expressed within their cosmology in a religious-magical context in which the state of health or illness were strictly related to conditions of balance or imbalance. Their concept of health relies on a fundamental balance among the physical, social and religious dimensions of the person. Moderation in diet, exercise and behavior was considered essential for a healthy life. Prehispanic American medicine vision was holistic and integrative in context and in beliefs and was consistent with concepts of medicine and health in the earliest Asian and Hellenic civilizations, all of them fundamental roots of a medicine centered in the totality of the person. These historic notions are reflected in the comprehensive definition of health inscribed in the Constitution of the World Health Organization which refers to a dynamic state of complete physical, mental and social well-being and not merely the absence of disease.

The impressive scientific advances of modern medicine over diseases and specific organs resulted in increasingly narrow specialization and in consequent fragmentation and depersonalization of clinical care as well as in the commoditization and commercialization of health. In response to this incomplete and biased conceptualization and practice of medicine and health, new initiatives are emerging, such as the World Health Organization's strategy for people-centered and integrated care, the World Medical Association's ethical code for medical research, and the International College of Person-Centered Medicine's perspective on medicine *of, for, by, and with* the person, all aimed at re-priorizing medicine and health with focus on the totality of the person and her/his traditions, community, and respect for the ecological system.

Articulating science and humanism, these initiatives emphasize ethical commitment (respecting and promoting the autonomy, responsibility and dignity of everyone), a holistic theoretical framework, cultural sensitivity, cultivation of communication and relationships at all levels, individualized clinical care, establishing common ground among clinicians, patients and families for empowered diagnostic understanding of a health situation and planning of care, prevention and health promotion, organization of health systems in collaboration with the communities involved, and programming education and research activities centered on the person in context.

The construction in Latin America of the global process of re-priorizing medicine and health is influenced by its long and checkered history and cultural matrix deeply marked by the intermixing of indigenous, European, African and Asian ethnicities. Here they coexist, in different levels of dialogue, the most modern discourses of medicine and science side by side with ancestral traditions, identities, conflicts and aspirations. Here are inscribed the analytic and interpretative efforts of Latin American integrative scientific thinking.

Paradigmatic example of these regional efforts is the Latin American Guide for Psychiatric Diagnosis (GLADP), initially published in 2004 and revised in 2013. It describes psychiatric and general medical disorders according to the codes of WHO's International Classification of Diseases complemented by Latin American annotations and attention to positive aspects of health, adaptive functioning, quality of life, contributing factors to health, and experience and expectations of health through a person-centered integrative diagnostic formulation. The GLADP has been published by the Latin American Psychiatric Association for the use of psychiatrists and other health professionals in Latin America. This achievement represents an innovative contribution of the Region to international dialogue for the advancement of diagnostic systems.

Similar developments and contributions in medicine and health through inter- and trans-disciplinary and inter-sectorial approaches are emerging increasingly in the Latin American region.

Recommendations

1. Foster projects and activities for systematic conceptualization and measurement of person-centered medicine and its key aspects keeping into consideration recent studies by the International College of Person-Centered Medicine (ICPCM).
2. Promote a person-centered health professional education founded on both ethical and scientific bases, with emphasis on interdisciplinary teams, primary health care, cultural diversity and respect for the environment.
3. Develop and validate medical diagnostic guides for person-centered medicine, including standardized and narrative aspects as illustrated in the design of the GLADP.
4. Advance studies of health policies centered on the needs and expectations of the community, including those focused on the life project of each person.
5. Stimulate the coordination of efforts in each country among key health institutions such as national academies of medicine, colleges of physicians and of other health professionals, faculties of medicine, and ministries of health.
6. Explore in collaboration with representatives of other social sectors to center on persons and their well-being not only health activities (services, training, research), but also economic and government policies.
7. Consider the development of networks and associative structures to advance person-centered medicine in Latin America and other world regions.

The participants in the Second International Congress of Person-Centered Medicine and the ICPCM are committed to bringing to fruition the activities mentioned above and call on associations of health professionals, patients and families, educational institutions, civil society groups, and governmental and inter-governmental organizations to collaborate in articulating science and humanism to improve health and quality of life centered on the person in Latin America and across the world.