EDITORIAL INTRODUCTION

Primary Health Care and Person Centered Medicine

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Key Words
Primary Care, Person Centered Medicine, International Journey, Geneva Conferences, International Network, International College, Integrated Care, Alma Ata Declaration, People-centered Care.

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Introduction

The popular usual meaning of primary care is health care at a basic rather than specialized level for people making an initial approach to a doctor or nurse for treatment. The concept of primary health care has evolved dramatically over the past four decades, particularly under the aegis of the World Health Organization with the additional participation of other institutional actors around the world. It is increasingly recognized as a fundamental concept and strategy for the advancement of health care and the promotion of health at national and international levels.

Milestones in Primary Health Care

It may be asserted that primary health care, as basic medical care, is as old as traditional healing in ancient civilizations [1, 2]. Such healing, under a broad concept of health, was offered in a personalized manner. In more contemporary times, primary care medicine has been provided by generalists frequently identified as family doctors or general practitioners. These health professionals provide both the first contact for a person with unspecified health problems as well as continuing care for a variety of medical conditions, regardless of cause, organ system, or disease.

The Alma Ata Declaration and its Aftermath

Primary health care took a paradigmatic role for universal health care under the sponsorship of the World Health Organization. The International Conference on Primary.
Health Care held in Alma Ata, Kazakhstan, USSR in 1978 produced the Alma Ata Declaration, which became WHO's core concept and strategy towards Health for All [3]. The underlying model involved "essential health care" predicated on scientific and socially acceptable methods, aimed at achieving health care accessible to all individuals and families with a spirit of self-reliance and self-determination. Among the many factors that inspired primary health care was the example of the barefoot doctors of China [4]. The Alma-Ata Conference mobilized a Primary Health Care movement of professionals and institutions, governments and civil society organizations, researchers and grassroots organizations that undertook to tackle health inequalities in all countries [5].

In reaction to the Alma-Ata Conference, some criticisms emerged arguing that the Declaration did not have clear targets, was too broad, and was not attainable because of the costs and aid needed. In 1979 the Rockefeller Foundation held a conference in Bellagio, Italy to address these concerns. Here, the idea of Selective Primary Health Care [6] was introduced as a strategy to complement comprehensive primary health care. The new framework advocated a more limited and economically feasible approach to primary health care by only targeting specific areas of health and choosing the most cost-effective treatment plans. An example of this approach became known as GOBI (growth monitoring, oral rehydration, breastfeeding, and immunization), focused on combating the main diseases of developing nations [4].

WHO's People-centered Care Strategies

Another milestone for primary care was achieved with the publication of the 2008 World Health Report, Primary Health Care, Now More than Ever [7]. This led to the 2009 World Health Assembly Resolutions [8], which reaffirmed primary health care as a fundamental strategy, with a particular emphasis on people-centered care.

The background for these key developments included studies and observations from WHO officers and international colleagues suggesting that each person has a special way of experiencing and coping with health problems [9]. They also noted that people want to know that their health professionals understand them, their suffering and their constraints. Unfortunately, many clinicians neglect this aspect of the therapeutic relation, particularly when they are dealing with disadvantaged groups. In many health services, responsiveness and person-centered care are treated as luxury goods to be handed out only to a selected few [10].

Research has shown that person-centeredness is not only important to relieve the patient’s anxieties and concerns but also to improve the professional’s job satisfaction [11]. The response to a health problem is more likely to be effective if the professional understands its various dimensions [12]. Simply asking patients how they feel about their illness, how it affects their lives, rather than focusing only on the disease, results in substantially increased trust and treatment adherence [13]. This often allows patient and clinician to find a common ground on treatment, prevention and health promotion [11,12](2, 3). Thus, person-centeredness offers “clinical method of participatory democracy” [14], a factor in success of treatment and improvement of the patient's quality of life [15]; better understanding of the psychological aspects of a patient's problems [16]; and improved of patient confidence regarding sensitive problems [17]. Further noted was that few professionals have been trained in person-centered care; and that politeness is not a substitute for thorough person-centeredness [18].

Primary Care Developments in Person Centered Medicine

The matrix for primary care developments in person centered medicine has been both conceptual and inter-institutionally collaborative.

Conceptual Matrix

Person Centered Medicine has been emerging from the process of annual Geneva Conferences dedicated to the cultivation of this perspective since 2008 [19]. From its inception, it has been aimed at placing the whole person at the center of health and health care. Through the articulation of science and humanism, person centered medicine has endeavored to promote health as a state of physical, mental, socio-cultural and spiritual wellbeing as well as to the reduction of disease, and founded on mutual respect for the dignity and responsibility of each individual person. It strives as well to promote a medicine of the person, for the person, by the person and with the person [20].

The Geneva Conferences led to the development of the International Network, now International College, on Person-centered Medicine (INPCM, IPCPM) [21, 22]. This organization publishes an International Journal of Person Centered Medicine to foster research and scholarship in the field [23]. The IPCPM has been also holding recently International Congresses, the first one in Zagreb [24] and the second in Buenos Aires [25].

From a recent bibliographic and consultation study to explore the systematic conceptualization of person centered medicine [26], the following key concepts have been elucidated: ethical commitment, holistic scope, cultural sensitivity, relationship focus, individualized treatment, common ground for diagnosis and care, people-centered systems of care, and person-centered health education and research. These principles are general to person centered medicine, including indeed primary health care.

The first one, ethical commitment, reflecting Immanuel Kant's affirmation of a person being only a goal and never a means [27], has received extensive attention in the field [28, 29]. Most of the other key concepts have been discussed in the literature with clear relevance to primary care. A holistic scope has been examined in terms of positive health [30] and the need to create health [31]. Cultural sensitivity has been found to most effectively encompass awareness and responsiveness [32].
Relationship focus has been referred to concerning the fundamentals of clinical communication [33], the need and challenges of attending to subjectivity [34], and evolving perspectives on inter-professional collaboration [35]. Individualized care and establishing common grounds for joint understanding and shared decision making are subjects of ongoing scientific development [36-38]. People-centered organization of services is also an active domain for research and policy development [39]. And person-centered education and research remain principal topics for academic contributions [24, 40].

**Collaborative Matrix**

Person Centered Medicine is not only a concept but a process. Its institutional development represents a collaborative journey among institutions, groups, and committed individuals.

Collaboration with international institutions have taken place since 2007. Particularly helpful has been the supporting role of the World Medical Association (WMA). To be noted in this regards are its two major medical ethics documents. One is the Declaration of Geneva [41] first published in 1948 as an updated oath for medical graduates and the other the Declaration of Helsinki [42], first published in 1964 and the most respected international guide for medical research ethics. Through several of its top leaders [43-46] and its secretariat the WMA collaborated enthusiastically from the very first Geneva Conference on Person Centered Medicine in 2008.

Prominent among the global medical specialty institutions involved from the beginning with the person centered medicine process has been the World Organization of Medical Doctors (Wonca). This is in line with the basic principles of family medicine, the establishment of which was instrumentally helped by McWhinney through its well recognized textbook [47]. Family medicine has traditionally emphasized care focused on patients and their families in a contextualized and continuous manner. Among the recent family medicine leaders who have participated prominently in the Geneva Conferences have been Professors Chris Van Weel (Wonca President 2009-2012)[48], Iona Heath (UK Royal College of General Practitioners 2009-2012) [49], Ted Epperly (Former President of the American Academy of Family Physicians and Program Director of the 8th Geneva Conference)[50], Xavier Deau (a family doctor and current World Medical Association President) [51], and Ruth Wilson (current Vice-President of Wonca for North America and Program Director of the upcoming 9th Geneva Conference) [52]. All these leading family doctors have presented and published papers about a broader person-centered focus for family medicine and primary health care.

Also prominent has been the involvement in person centered medicine of the World Psychiatric Association. Garrabe and Hoff [53] have posited through a historical analysis that the World Psychiatric Association (WPA) was born in 1950 from the articulation of science and humanism. The person-centered nature of the WPA Madrid Declaration (its ethics guidelines) has been well documented [54]. Building on these developments, the WPA General Assembly established in 2005 an Institutional Program on Psychiatry for the Person [55]. A number of scholarly developments took place at WPA along this programmatic line through the collaboration of several of its Scientific Sections [56]. Further significant to assert the importance of mental health in person centered medicine have been the long standing contributions of the World Federation for Mental Health [57-58], the membership of which includes psychiatrists, other general health and mental health professionals, patients, families and community advocates. The high pertinence of mental health to person-centered primary health care is attested by the dictum “No health without mental health” from Dr. Gro Brundtland [59] as World Health Organization Director General, and the recent cogent analysis on the cruciarity of subjectivity (a keystone of person centered medicine) for thorough primary health care [60].

Also collaborating from the start on person centered medicine in general and primary care in particular have been other global health professional organizations such as the International Council of Nurses [61-63] and the International Federation of Social Workers [64]. This was also the case for the International Alliance of Patients’ Organizations [65].

The World Health Organization has played a substantial role in the development of person centered medicine and person-centered primary health care. This has been implemented through the formal WHO sponsorship of and active participation in all Geneva Conferences since 2010, and the sustained collaboration of the International College of Person Centered Medicine on recent WHO work on health systems and family, women and children health. This productive interactions followed the World Health Assembly adopting in 2009 resolutions which for the first time included the promotion of people-centered care [7, 8]. A more recent World Health Assembly adopted its Twelfth Global Program of Work 2014-2019 [66] which emphasizes achieving universal health coverage through integrated and people-centered health systems. In support of this, the 8th Geneva Conference had as main theme Person-centered Primary Health Care. The 2015 Geneva Declaration [67] on this topic and an accompanying academic paper [50] emerged from the 8th Geneva Conference.

**Introducing this Journal Issue Papers**

Most of the articles in this Journal Issue deal with person-centered primary health care, directly or indirectly.

Following this introductory paper, and as an editorial statement, the International College of Person Centered Medicine presents the 2015 Geneva Declaration on Person Centered Primary Health Care [67]. After a preamble that delves on the essentials of primary care and the work of the IPCPM in collaboration with WHO on person- and people-centered primary health care, the Declaration calls for action on ten key points. These attempt to cover what is
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needed for effective health care across the world, from timely access to quality healthcare as a fundamental human right to health policies that support primary healthcare to provide person- and community/population-centered healthcare.

The first regular full article by Epperly and colleagues [50], Person-Centered Primary Health Care: Now More Than Ever, accompanies academically the above mentioned 2015 Geneva Declaration. It furnishes the conceptual essentials of person-centered primary health care and presents the results of a critical review of the literature on the effectiveness of primary care in achieving the triple aim of better health, better health care, and lower cost.

The second article, Person Centered Medicine as an Ethical Imperative, is authored by Xavier Deau (family doctor in France and current President of the World Medical Association) and James Appleyard (former President of the World Medical Association and current President of the ICPCM) [51]. They remind us that ethical codes have been the foundation of medical practice since before Hippocrates. And they posit that person-centeredness is the foundation of the patient physician relationship, which is itself at the heart of medical practice and healthcare.

WHO's Islene Araujo de Carvalho authors the third article titled Person-centered and Integrated Care for Ageing Populations. She reports that disintegrated and uncoordinated services and those neglecting the concerns of users tend to be associated to negative health outcomes for older people. And then aims at exploring how the concept of person centered care can be relevant for ageing populations and its implications for health systems. The paper is based on a critical review of the literature, looking at both standard scientific data banks as well as internet-based sources.

The fourth article comes from the research group at Enfants du Monde, Geneva, Switzerland, which conducted a study on shared decision-making in maternal and newborn health in Burkina Faso. Their study was conducted in collaboration with the local NGO Fondation which has been supporting the Ministry of Health to include communities in decision-making related to maternal and newborn health services. They conclude that the inclusion of these interventions has contributed to the advancement of primary health care in three regions of Burkina Faso.

Tesfamicael Ghebrehiwet, former officer of the WHO's Islene Araujo de Carvalho authors the third article titled Person-centered and Integrated Care for Ageing Populations. She reports that disintegrated and uncoordinated services and those neglecting the concerns of users tend to be associated to negative health outcomes for older people. And then aims at exploring how the concept of person centered care can be relevant for ageing populations and its implications for health systems. The paper is based on a critical review of the literature, looking at both standard scientific data banks as well as internet-based sources.

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Tesfamicael Ghebrehiwet, former officer of the International Council of Nurses, addresses in the fifth article the growing field of inter-professional education (IPE) as collaborative practice for health care, including primary health care. IPE occurs when students from different professions learn together at some point during their training. He reports that IPE fosters respect among health professionals of different disciplines, ameliorates negative stereotypes, facilitates the implementations of a team approach in health care, and improves the quality of care.

Inter-professional care is also the subject of the sixth article, authored by nursing scholars from Ontario, Canada. Its specific topic in this case is patient experience stories. Collected stories were analyzed in terms of three theoretical frameworks. The findings appeared helpful to inform educators, clinicians, policy makers, and researchers, as they strive to enhance person-centered inter-professional care practice. For patients, an opportunity to make their voice heard seem to have been outlined.

The Journal issue closes with information on events. This includes a summary report from the 8th Geneva Conference on Person Centered Medicine in April 2015, an announcement on the 9th Geneva Conference to be held in April 2016, and an announcement and program outline for the upcoming Third International Congress on Person Centered Medicine and First International Conference on Primary Health and Public Health to take place at Imperial College London.

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References


