

EDITORIAL INTRODUCTION

Wholeness and Life Course in Person Centered Medicine

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Introduction

It is said that Person Centered Medicine (PCM) is definitionally aimed at placing the whole person at the center of health [1] and as the goal of health care [2]. The key importance of the person and personhood in medicine has been well articulated by Cassell [3]. Also key in the definition of PCM are the concepts of wholeness and health. Thus, it should be helpful in order to understand better PCM to appraise wholeness and health and their inter-relations as well as their main aspects and elements. One of the interesting and not frequently addressed elements of wholeness in health is its longitudinal dimension.

The purpose of this editorial introduction is first to review briefly this longitudinal, historical and developmental dimension and its place in PCM. Additionally, it intends to introduce the series of papers published in the present issue of the *International Journal of Person Centered Medicine*, several of which are related to the longitudinal aspect of wholeness or holism.

Wholeness in Health and its Longitudinal Dimension

The importance of wholeness in health may be illustrated through an etymological review. According to the Oxford Dictionaries [4], *health* comes from Old English *hal* of Germanic origin meaning wholeness.

Most frequently, wholeness in health is discussed with regard to a multi-perspective framework, e.g., biological, psychological, and social [5], which can also encompass the cultural and the spiritual. Wholeness in health may also refer to contextualization. Its value is usually posited with regard to being aware of and responsive to social and environmental circumstances, including cultural ones [6]. The significance of contextualization is even deeper when, with high pertinence to the person and PCM, one considers the perspectives and dictum of Ortega y Gasset, "Yo soy yo y mi circunstancia, y si no la salvo a ella no me salvo yo" ("I am I and my circumstance, and if I do not take care of it I do not take care of myself") [7].

It can be argued, respecting natural complexity, that the scope of wholeness, contextualization, and circumstance in health should not be restricted to the multi-perspective and the cross-sectional, but that it should also encompass a longitudinal and historical dimension. A number of aspects of this longitudinal dimension of relevance to health and health care may be identified, as follows.

One of these aspects is usually termed life history. This refers to the unfolding of life from birth to death. It may be also called life course, and as such it has been prominently discussed in PCM [8].

Another conceptual aspect of the longitudinal dimension of wholeness in health refers to the life cycle, often framed in terms of life stages. This concern is so well established in health care that specific professional specialties are organized for such stages, such as pediatrics and geriatric medicine. Person-centered approaches to them have been cogently articulated for these two medical specialties [9, 10].

Also of interest is personal development, pointedly helpful to understand personhood and health. Thus, as one could expect, this human development aspect has been specifically addressed concerning person-centered care [11] and person-centered education [12].

Furthermore, the longitudinal aspect of wholeness in health has been engaged in reference to major medical pathology. This has taken place particularly concerning multi-morbidity [13, 14] and chronic diseases. The latter represents the greatest current epidemic [15] and it is clear that to address it effectively we need to engage the involved patients and their sense of responsibility to adopt required life style changes [16]. In other words, we need for clinical and public efforts to succeed with these challenging and enduring conditions a person- and people-centered approach [17].

Introducing the Papers in this Issue of the Journal

The place of wholeness and life course in person centered medicine is illustrated by several articles and other components of the present issue of the *Journal*. All the papers published are briefly introduced below.

The 2016 Geneva Declaration on Person Centered Integrated Care through the Life Course authored by the International College of Person Centered Medicine [18] is published near the beginning of this Journal issue as an editorial. It includes a preamble that is based on major World Health Organization strategies on people-centered integrated health services and on ageing and health as well as key background issues from the general literature on the topic of the Declaration. It then presents a call for action in ten items that cover various aspects of person-centered medicine, such as clinical care, public health, education and research as they pertain to various aspects of the life course.

The first article published in this issue of the *Journal* represents an academic companion by Ruth Wilson and colleagues [19] to the 2016 Geneva Declaration. It examines the opportunities and challenges in achieving person centered integrated care through the life course by conducting a critical literature review combined with expert consultation. It found that using the approach of the life cycle allows connection of persons' current health status to their sociocultural, biological, and psychological context. The patient's medical home appeared to provide one promising model of how health services can be organized to support the full achievement of person centered integrated care and that re-orientation of health professional education towards generalism and the development of metrics for measurement of person centered integrated care are required. Specialized expertise and skills are important for caring for persons with specific conditions at particular times in the life course. In summary, when services are well-integrated, transitions of care are smooth and the critical paradigm of person-centeredness is retained.

The second article by Roger Ruiz-Moral [20] discusses what is Person Centered Medicine through a conceptual

review with focus on George Engel's perspectives. To this effect, he conducted a review of the literature on the person- and patient-centered medicine field and particularly the works of George Engel in 1977 and 1980 in which this author proposed a biopsychosocial model as an alternative to the biomedical one. The author found that the term "person centered medicine" reflects the clinical focus that takes into account the "life dimension" of the person. Consequently, any medical problem is above all a problem of living or, in other words, a manifestation of a "life or existential dimension" that is inherent to the person (personhood). This is the basis for the use of a hermeneutic or interpretative methodology that has communication and dialogue as its main tools. His analysis led to identify "life dimension" as a critical element that differs from biopsychosociocultural determinants.

Dennis Moeke and Jeroen van Anel [21] present in the third article a historical analysis of personal autonomy for prospective healthcare. Their study aims to explore how personal autonomy and related concepts such as individual liberty and individualism have been interpreted over the ages, what this means for our current understanding of personal autonomy in healthcare and how this may aid current policy discussions. They approached this topic through a qualitative investigation of historical views. Three major traditions were identified, each of which defines preconditions for autonomous behavior as follows: (1) rationality and rational faculties, (2) individual rights and legislation, and (3) free property rights, free market and free trade. They found that the three historical traditions still play a key role in current discussions on personal autonomy in healthcare. A thorough understanding of these traditions may be quite helpful for health stakeholders in planning health services and policies.

Ayse Basak Cinar [22] in the fourth article reported findings at training completion from a study on person-centered health coaching in a Scottish prison population. This study was aimed at designing, implementing and evaluating a health coaching training program to improve prisoners' health and related psycho-social skills. Data showed that when compared with baseline levels two of the outcome variables (self-esteem and self-efficacy) improved significantly at the mid-training point, and that all four outcome variables (also including self-assessed health and depression) improved significantly at the completion of training. Participants' positive evaluation of the training was significantly correlated with improved health and psychological measures.

The fifth article by Harriet Sinclair and Alison Furey [23] reported on a study aimed at reducing unplanned hospital admissions and improving care for older people with high health and social care needs in inner London. To this effect, they evaluated the evidence base for preventing unplanned hospital admissions in this group, identified their characteristics and undertook a focused local review of their primary care management. They found that high risk patients have multiple comorbidities and are frequent users of healthcare services. Although there was in general good involvement with social care services, there were certain areas that could be improved upon. For instance,

the referral of frequent fallers to falls services and provision of an older person's annual health check both offer opportunities for primary prevention.

The final article by Sivalingam Nalliah, Sim Miao Ling, and Chandramani Thuraisingham [24] presented a case report and critical discussion on ethics of termination of pregnancy in. The authors evaluated the benefits and evolving ethical issues related to the decision and intervention. A case of myasthenia gravis (MG) in pregnancy where termination of pregnancy was carried out and circumstances leading to informed consent were described. Available literature on cases of MG in pregnancy was reviewed. A framework using principles of ethical decision-making was used to stimulate critical discussion on ethical dilemmas arising from the management of this case. The discussion was helpful in illustrating the implications of resolving conflicts in the management of MG in pregnancy, while also recognizing women's rights in pregnancy. They concluded that although patient autonomy and informed consent should always prevail, in order to ensure greater patient-centeredness, applying an ethical framework of principles is imperative in the deliberation and ethical decision-making of complex situations, such as in MG in pregnancy where literature does not provide robust data to support termination of pregnancy.

This Journal issue ends with a summary report of the Ninth Geneva Conference on Person Centered Medicine and announcements of upcoming PCM events.

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References

- [1]. Mezzich JE, Snaedal J, van Weel C, Botbol M, Salloum IM (2011): Introduction to Person-centered Medicine: From Concepts to Practice. *Journal of Evaluation in Clinical Practice* 17: 330-332.
- [2]. Mezzich JE, Snaedal J, van Weel C, Heath I (2010): Toward Person-centered Medicine: From disease to patient to person. *Mount Sinai Journal of Medicine* 77: 304-306.
- [3]. Cassell E (2010): The person in medicine. *International Journal of Integrated Care*. Vol 10. Supplement: 50-51.
- [4]. Oxford University Press (2016): Oxford Dictionaries. Oxford, UK: Oxford University Press.
- [5]. Engel G (1977): The need for a new medical model: a challenge for biomedicine. *Science*. 196:129-136.
- [6]. Kirmayer L J, Bennegadi R, Kastrup MC (in press): Cultural awareness and responsiveness. In: Mezzich JE, Botbol M, Christodoulou GN, Cloninger CR, & Salloum IM (Eds.). *Person Centered Psychiatry*. Heidelberg: Springer Verlag.
- [7]. Ortega y Gasset J (1914). *Meditaciones del Quijote*. Obras Completas de José Ortega y Gasset. Madrid: Editorial Santillana, 2004, Vol 1, pp:745-825.
- [8]. Appleyard J (2015): Person-centered and integrated care across the life-cycle. *International Journal of Person Centered Medicine*. 5 (1): 15-20.
- [9]. Appleyard J (2011): Child-centered medical care. *International Journal of Person Centered Medicine*. 1: 460-462.
- [10]. Snaedal J (2011): Person centered medicine for the old with specific reference to dementia. *International Journal of Person Centered Medicine*. 1: 53-55.
- [11]. Botbol M, Alanen YO, Schmolke M (2011): Psychological perspectives on psychiatry for the person. *International Journal of Person Centered Medicine*. 1: 134-136.
- [12]. Tischler V, Chopra A, Nixon N, McCormack L (2011): Loss and tomorrow's doctors: How the humanities can contribute to person and professional development. *International Journal of Person Centered Medicine*. 1: 547-552.
- [13]. Millar HL (2012): The burden of multimorbidity: Physical health in the severely mentally ill population. *Die Psychiatrie* 3: 137-142.
- [14]. Salloum IM, Mezzich JE and Cordoba SE (2009): Conceptual and methodological considerations in comorbidity. In Salloum IM, Mezzich JE (eds): *Psychiatric Diagnosis: Challenges and Prospects*. Oxford, UK., Wiley-Blackwell.
- [15]. World Health Organization (2012). *Global Health Status Report on Non-communicable Diseases*. Geneva: World Health Organization.
- [16]. Mezzich JE, Appleyard J: Continuing development of person centered medicine and addressing chronic disease. *International Journal of Person Centered Medicine* 3: 1-4, 2013.
- [17]. International College of Person-centered Medicine (2012). Geneva Declaration on Person-centered Care for Chronic Diseases. *International Journal of Person Centered Medicine* 2: 153-154.
- [18]. International College of Person Centered Medicine (2016): 2016 Geneva Declaration on Person Centered Integrated Care through the Life Course. *International Journal of Person Centered Medicine*, in press.
- [19]. Wilson CR, Appleyard JW, Mezzich JE, Abou-Saleh MT, Gutkin C, Van Weel, and Epperly T (2016): Challenges and Opportunities for Person Centered Integrated Care through the Life Course. *International Journal of Person Centered Medicine*, in press.
- [20]. Ruiz-Moral R (2016): What is Person Centered Medicine: Conceptual Review with Focus on George Engel's Perspectives. *International Journal of Person Centered Medicine*, in press.
- [21]. Moeke D and Van Andel J (2016): Historical Analysis of Personal Autonomy for Prospective Healthcare. *International Journal of Person Centered Medicine*, in press.
- [22]. Cinar AB (2016): Health Coaching Training for People in Prison in Scotland: Early Findings. *International Journal of Person Centered Medicine*, in press.
- [23]. Sinclair HSA and Furey A (2016): Reducing Unplanned Hospital Admissions and Improving Care for Older People with High Health and Social Care Needs in

Inner London. *International Journal of Person Centered Medicine*, in press.

[24]. Nalliah S, Ling SM, and Thuraisingham C (2016): Ethics of Termination of Pregnancy in Myasthenia Gravis: A Case Report and Critical Discussion. *International Journal of Person Centered Medicine*, in press.