

2016 Geneva Declaration on Person Centered Integrated Care through the Life Course



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Preamble

Person centered medicine affirms the dignity and autonomy of persons, using a holistic approach to health, articulating science and humanism. The Geneva Declaration of 2014 states that person-centered health focuses on the needs, values and perspectives of the whole person in context, rather than exclusively on status as a patient, medical condition, or disease.

Using the approach of the life course allows connection of persons' current health status to their sociocultural, biological, and psychological context. Each stage in the life of a person exerts influence on the next. Disparities in health outcomes and in the psychosocial factors contributing to them may be present early in life and are expressed during a person's lifetime.

The World Health Organization reports "Global strategy on people-centered and integrated health services" and "World Report on Ageing and Health" support the benefits of a people-centered and integrated approach. These include increased delivery efficiency, decreased costs, improved equity in uptake of service, better health literacy and self-care, increased satisfaction with care, improved relationships between patients and their care providers, and an improved ability to respond to health-care crises.

Person centered medicine has as a central precept the relationship between health professional and person seeking care. This principle is fundamental for primary health care, which is built on lasting relationships with individuals and populations in their social context. It is essential to support the WHO World Health Assembly resolution "Primary Health Care and Health System Strengthening", as primary care provides the horizontal structure to integrate particular vertical programs aimed at individuals at various stages of life.

Providing person centered care through the life course includes the following considerations:

- Integration of maternal and new born care within primary care can provide opportunities to support and promote gender equity and equality, and the provision of more cohesive services for families. Services that support safe childbirth and community oriented evidence-informed practices will help promote and protect the health and wellbeing of the mother and child from birth across the life course. Women's movements have pioneered aspects of person centered care through calling for family centered maternity care, sensitive to the autonomy of the woman giving birth, and equitable access to health care. Women's health delivered in a primary care context can help promote not only comprehensive reproductive health but also gender equity, child and adolescent health, and future health and wellbeing throughout the life course.
- Opportunities for enhanced health promotion and illness prevention for children and youth, coordinated within the context of the family and community ensures that the interests of the child are appropriately meshed with the values of the family and community.
- Consideration of the impact of economic disparities on health, including effects of employment, is important for the adult population.
- Vulnerable populations, such as those with cognitive impairments or developmental disabilities, require provision of care in a setting which allows time for communication and discussion of treatment choices.

- Vulnerability can also occur because of social conflict and political upheavals. Millions of individuals have been forcibly displaced worldwide as a result of persecution, war, generalized violence, and human rights violations. Half of these refugees are children. The health needs of these individuals are many and require integrated, timely, and sensitive health services.
- Persons with chronic disease, including issues of mental health, need to be cared for through the life course. Many of the devastating consequences of chronic diseases could be ameliorated with more integrated prevention and care earlier in the life course. Chronic non communicable diseases are an emerging global crisis. Individuals with chronic illness frequently experience multi-morbidity; integrated care is essential to avoid adverse effects such as drug interactions. Coordinated care is needed to support and sustain community based services to improve quality of life and promote lifestyle changes which may be useful in the management of more than one chronic illness.
- Promotion of healthy ageing can and should occur throughout the life course through the provision of integrated holistic person centered care. Care of the elderly during times of transition is another opportunity for particular attention to the needs of the whole person. At the end of life, palliative care oriented to bringing quality and comfort to a person's last days is perhaps the acme of how person centered medicine can provide comfort and care when a cure is not possible.

Call to Action

1. Person centered care must be delivered throughout the life course, linking the context and antecedents of a person's health with current health status, and providing direction and support for prognosis in all care settings.
2. Throughout the life course, engagement and empowerment of patients, carers, and families is of paramount importance.
3. Policy makers and planners should prioritize opportunities to integrate care, particularly at times of transitions in care from early childhood, through adolescence to adulthood and aging.
4. Particular attention is required for mainstreaming gender perspectives into health care systems, including gender equity, violence prevention, and the specific needs of women across the life course.
5. Special attention to war-displaced migrants and refugees is needed, particularly children and the elderly, as articulated by the World Federation of Mental Health 2015 Cairo Declaration on the Mental Health of Refugees, the 2016 World Psychiatric Association Position Statement on Europe's Migrant & Refugee Crisis, the 2015 European Psychiatric Association Position Paper on Psychiatric Care of Refugees in Europe, and the WONCA (World Organization of Family Doctors) 2015 Istanbul Statement on Refugees.
6. There is a compelling need for integration of specialty disciplines, inter-professional team members, patients, family members, and carers to provide effective shared decision making and care services.
7. Health professional education should be re-orientated to meeting population needs. Strengthening educational programs in family medicine, generalist care, and inter-professional training will help improve the delivery of person-centered care.
8. Further research is urgently needed to optimize person and people centered care through the life course, with particular attention to effective clinical communication, integration of health services and development of indicators of achievement of these aims.
9. Funding is required for development and incorporation of principles of person centered care at a country level as key markers of progress towards the Sustainable Development Goal of ensuring healthy lives and promotion of well-being for all at all ages.
10. To achieve these goals, inter-institutional collaboration is required, including amongst the International College of Person Centered Medicine, 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 other health professional and family associations to promote and achieve the goal of person-centered integrated care throughout the life course.