

Second Geneva Conference on Person-centered Medicine: Summary Report

The Second Geneva Conference on Person-centered Medicine in May 2009 followed the inaugural Geneva Conference of May 2008, both as landmarks in a process of building an initiative on medicine for the person through collaboration of major global medical and health organizations and a growing group of committed individuals.

The Conference took place on May 28 and 29, 2009 under the auspices of the University of Geneva Medical School and the University Hospitals of Geneva organized by the World Medical Association (WMA), the World Organization of Family Doctors (Wonca), and the International Network for Person-centered Medicine, in collaboration with the Council for International Organizations of Medical Sciences (CIOMS), the World Federation for Mental Health (WFMH), the World Federation of Neurology (WFN), the World Association for Sexual Health (WAS), the International Association of Medical Colleges (IAOMC), the World Federation for Medical Education (WFME), the International Federation of Social Workers (IFSW), the International Council of Nurses (ICN), the European Federation of Associations of Families of People with Mental Illness (EUFAMI), the International Alliance of Patients' Organizations (IAPO), and the Paul Tournier Association. The editor-in-chief of the World Medical Journal was in attendance and invited the preparation of this report.



Logos of the institutions collaborating on the organization of the Second Geneva Conference on Person-centered Medicine (SGCPCM).

The Conference had as purposes to examine and discuss key concepts of person-centered medicine and practical approaches for its implementation, to elicit useful initiatives on person-centered medicine, and to engage international medical and health organizations on the Conference's theme.

The Conference Core Organizing Committee was composed of J.E. Mezzich (World Psychiatric Association President 2005-2008), J. Snedal (World Medical Association President 2007-2008), C. Van Weel (World Organization of Family Doctors President 2007-2010), and I. Heath (World Organization of Family Doctors Executive Committee Member at Large). The Conference Secretariat was based at the International Center for Mental Health, Mount Sinai School of Medicine, Fifth Ave & 100th Street, Box 1093, New York, New York 10029-6574, USA.

Financial or in-kind support for the Conference was provided by the University of Geneva, the Paul Tournier Association of Geneva, Person-centered Medicine & Psychiatry Programs, Conference registration fees, and the International Network for Person-centered Medicine.

The Conference was opened by the Rector of the University of Geneva and the Vice-Dean of its Medical School, as well as by the members of the Conference Core Organizing Committee. All remarked on the tradition that was emerging engaging Geneva as encounter point for the development of person-centered medicine.

The first scientific session involved presentations of leaders and representatives of the International Alliance of Patients' Organizations, the International Network for Person-centered Medicine, the World Health Organization, the World Medical Association, the World Organization of Family Doctors, the Council of International Organizations of Medical Sciences, and the International Council of Nurses. The presentation of policy statements and relevant institutional programs reflected the value ascribed by these organizations to person-centered medicine. Details on the presentations made in this session and the following sessions can be found in the abstracts presented at the SGCPCM Report at www.personcenteredmedicine.org.



LtoR: C vanWeel, P Giannakopoulos, J-D Vassalli, JE Mezzich, and J Snaedal at the Second Geneva Conference on Person-centered Medicine (SGCPCM) Opening Session.



LtoR: G Kreutz, W van Lerberghe, O Kloiber, J Snaedal, J Mwangi, JE Mezzich, T Ghebrehwet, & C van Weel at the First Session of the SGCPCM.

Eight special initiatives relevant to person-centered care were presented in the second session. The presentations were made by representatives of several major organizations collaborating in the Second Geneva Conference and other prominent work groups. The diverse experiences presented from a range of fields revealed a number of substantive achievements and promising opportunities for a medicine of the person.

Concepts and meanings of person-centered medicine were the subject of the third session. They focused on the role and worth of the person in medicine, the cruciality of sense of identity, empathy and engagement for optimal clinical care, and the value and impact of life experiences for the development in each individual of personalized medicine and health.



Seated LtoR: J Appleyard, E van Weel, Y Coble, J Wallcraft, and S Steffen. Standing LtoR: S Kedia, F Quartier, L Munsch, R Montenegro, and C van Weel at the SGCPCM Second Session.



LtoR: R Hernandez, B Ruedi, J Cox, G Christodoulou, E Cassell, and O Kloiber at the Third Session of the SGCPCM.

The fourth session presented and discussed procedures for person-centered diagnosis. Particularly covered were the significance of multilevel explanations and diagnosis in medicine, the key features of a person-centered integrative diagnosis addressed to appraise whole health using standardized and narrative descriptions reflecting interactions among clinicians, patient and family, as well as the prospects for person-centered diagnosis in general medicine.



LtoR: K Schaffner, M Botbol, I Salloum, J Copeland, S Steffen, and M Klinkman at the Fourth Session of the SGCPCM.



Seated LtoR: R Cloninger, G Christodoulou, S Steffen, J Appleyard, and J Copeland. Standing LtoR: A Besse, R Kallivayalil, B Ruedi, M Botbol, H-R Pfejfer, R Montenegro, and W Rutz at the Fifth Session of the SGCPCM.

A panel on programmatic contributions for person-centered medicine in a fifth session offered an opportunity for the presentation of brief statements by representatives of twelve collaborating organizations and groups from across the world. They attested to the relevance of person-centered approaches to medicine for an ample range of medical, health and social institutions.

The sixth session, at the beginning of the Conference second day, discussed procedures for person-centered treatment and health promotion. These included general features of person-centered integrative care, the prospects for a person-centered *medical home* in the United States, and WHO perspectives on person-centered healthiness, social determinants, and health promotion.

Person-centered medicine for children and older people was discussed in the Conference seventh session. Such vulnerable populations represent particular challenges and opportunities from scientific and ethical viewpoints. The uniqueness and developmental sensitivity of the child were highlighted. Also pointed out were the complexity of health conditions in older people and the imperative need to attend to their values and perspectives.



LtoR: T Epperly, R Cloninger, E Villar, O Kloiber, and R Kallivayalil at the Sixth Session of the SGCCPM.



LtoR: H-R Pfejfer, J Snaedal, M Botbol, J Appleyard, A-F Allaz, and L Salvador-Carulla at the Seventh Session of the SGCCPM.

Training and research on person-centered medicine was the subject of the eighth session. Specific topics included the development of pertinent guidelines and curricula for person-centered clinical care, the assessment of an epistemologically based person centered medicine at Ambrosiana University in Milan, training and research on communication for person-centered outcomes, and broad programmatic features and objectives of research on person-centered clinical care.

The ninth conference session reviewed person-centered health systems and policies. WHO's new focus on persons for the development of more promising global health policies and systems, as affirmed by the latest World Health Assembly, was given pointed attention. Also discussed was the role of health informatics for the construction of personalized medicine and complex health care systems. Last but not least was a review of the role and documented value of the person for the conduction of health care, training and research



LtoR: G Brera, R Montenegro, J Appleyard, A Finset, S van Dulmen, J Trivedi, and T Sensky at the Eighth Session of the SGCCPM.



LtoR: Y Pongsupap, S Steffen, W Rutz, B Ustun, G Kreutz, and J Wallcraft at the Ninth Session of the SGCCPM.

The final tenth session presented a conference summary and outlined next steps. Among the general conclusions were 1) a commitment to the importance of person-centered medicine for the health of people, noting the participation of a vast array of important medical and health organizations, a wish to share and collaborate, and an understanding of the importance of grasping opportunities, 2) the growing availability of resources, including general concepts and procedures as well as teaching materials and research tools, and 3) the importance of fitting the above resources into health care systems and into particular health care encounters, with particular attention to person-centeredness as an intrinsic quality rather than as an additional commodity, and the value of comprehensiveness, continuity, and attention to context as crucial features of good clinical care.

Proposals for future conferences included to build bridges to the various specialties in medicine, the participation of different patient groups, and the inclusion of representatives of additional health disciplines. Emphasis was made on consolidating the ideas from the first two conferences, and to use that for further work to enhance person-centered medicine.

Anticipated next steps include the following:

- Completion of a joint editorial to be published in a wide circulation international journal.
- Preparation of a Second Geneva Conference Summary Report
- Publication of a monograph containing the papers presented at the Second Geneva Conference.
- Collaboration with WHO on Person-centered Medicine topics related to the 2009 World Health Assembly Resolutions.
- Organization of scientific events relevant to person-centered medicine, such as a prospective New York Conference on Well-Being and Person in Medicine and Health.
- Organization of a Third Geneva Conference on Person Centered-Medicine in early May 2010, prospectively focused on a team approach across specialties and disciplines.
- Establishment of a clearinghouse of Person-centered Medicine documents.
- Upgrading an internet platform to support our archival, informational, communicational, and programmatic needs.
- Development of an International Network for Person-centered Medicine to stimulate the above activities and to organize initiatives on conceptual and ethical bases, diagnosis, clinical care, training, research, health systems, and public policies.

The Second Geneva Conference was distinctly perceived by its participants as a stimulating success in terms of food for thought and shared commitment to build a paradigmatic shift in medicine and health care. A Third Geneva Conference is widely anticipated as the next landmark in this unfolding process with the emerging International Network for Person-centered Medicine as the collaborative and flexible structure to coordinate and move forward our vision and programmatic efforts.