



## **INTERNATIONAL COLLEGE OF PERSON CENTERED MEDICINE**

13th GENEVA CONFERENCE ON PERSON CENTERED MEDICINE  
SELF-CARE AND WELL-BEING IN THE TIMES OF COVID-19

5 – 7 April 2021  
**VIRTUAL EVENT**



# **CONFERENCE BOOKLET**

**CONFERENCE ORGANIZATION**

**CONFERENCE PROGRAM**

**GALLERY OF PRESENTERS**

**ABSTRACTS**

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[www.personcenteredmedicine.org](http://www.personcenteredmedicine.org)

# CONFERENCE ORGANIZATION

**Organizing Committee:** Jon Snaedal (President, International College of Person Centered Medicine, ICPCM), C. Robert Cloninger and Austen El-Osta (Conference Program Co-Directors), Juan E. Mezzich (Secretary General, ICPCM), Michel Botbol (Secretary for Publications, World Psychiatric Association), Tesfamicael Ghebrehiwet (Former Officer, International Council of Nurses), Hellen Millar (ICPCM Board Director), Ihsan Salloum (World Psychiatric Association Classification Section), Werdie Van Staden (Professor of Psychiatry & Philosophy, University of Pretoria, South Africa), and Jim Appleyard (ICPCM Board Advisor).

**Expected Participants and Registration:** The Conference is intended for clinicians, scholars and all interested in person-centered healthcare. The nominal registration fee is 50 Euros for persons residing in World Bank Group A (High Income Countries) and 30 Euros for persons in other countries. Non-professional patients and family representatives, and full time health professional students will pay half-rate discounted fees.

All participants, including speakers, are expected to register and pay a registration fee. Upon registration, a link to connect to the Conference will be provided.

**ICPCM Continuing Professional Development (CME) Certificates will be issued.**

**Abstracts general deadline is March 15, 2021.** Submissions should include title, authors with location and email address, and a text of up to 200 words and two references connected to statements in the text. Abstracts should be preferably structured with objectives, methods, findings, discussion, and conclusions, and reflect either a systematic literature review, a data analysis, a consultation process, or a compelling commentary.

**Conference Secretariat:** For further information as well as Registration and Abstract Forms, please visit [www.personcenteredmedicine.org](http://www.personcenteredmedicine.org) and write to the ICPCM Secretariat at Int'l Center for Mental Health, Icahn School of Medicine at Mount Sinai, Fifth Ave & 100 St, Box 1093, New York NY 10029, USA. E-mail: [ICPCMsecretariat@aol.com](mailto:ICPCMsecretariat@aol.com)

# CONFERENCE PROGRAM

## FIRST CONFERENCE DAY: Monday 5 APRIL 2021, Geneva Time

- 13:00 hours **OPENING SESSION.**  
*Coordinator: Ihsan Salloum (Texas)*  
*Chairs: JE Mezzich and Robert Cloninger*  
Words of Welcome: ICPCM (Jon Snaedal), WMA (Otmar Kloiber), WHO (*Manjulaa Narasimhan*), PAHO (*Carlos Arosquipa*), ICN (*Howard Catton*)  
Opening Key-Note Lecture: Self-Care at the Crossroads: *David Skinner (Canada)*
- 14:00 **SYMPOSIUM 1: General Health Strategies, Self-care & Person-centeredness in Pandemic Times.**  
*Coordinator: Ihsan Salloum (Texas)*  
*Chairs: Jon Snaedal and Austen El-Osta*
- How are existing health systems promoting self-care & person-centred care and what we really need to do in the face of current world challenge? *Pete Smith (UK)*
  - WHO perspectives on Self-care: *Manjulaa Narasimhan (World Health Organization)*
  - Development of persons-centered integral care strategies in times of Covid-19  
*Juan Mezzich (New York)*
  - Q&A and Conclusions
- 15:00 **SYMPOSIUM 2: Self-Care Measurement and Determinants.**  
*Coordinator: Jon Snaedal (Reykjavik)*  
*Chairs: Otmar Kloiber (WMA) and Ihsan Salloum (Texas)*
- How to measure self-care in health promotion, disease prevention & reduction?  
*Austen El-Osta (London)*
  - Role of social media as an influencer of mental distress & dissemination of information: *Audrey Fontaine (WMA Jr Drs Network, Ferney-Voltaire, France)*
  - Promoting a person-centered work culture: Lessons from Covid: *Helen Millar (Dundee, Scotland, UK)*
  - Q&A and Conclusions
- 16:00 **SYMPOSIUM 3: Concepts of Well-being and Self-Care amid Social Disruption.**  
*Coordinator: Jon Snaedal (Reykjavik)*  
*Chairs: Michel Botbol (Paris) and Oscar Cluzet (Montevideo)*
- Bio-Psycho-Spiritual models of well-being and self-care. *Robert Cloninger (St. Louis)*
  - Cultural framework for well-being and self-care. *Werdie van Staden (Pretoria, South Africa)*
  - Disordered well-being and self-care: The case of addictive disorders. *Ihsan Salloum (Texas)*
  - Q&A and Conclusions
- 17:00 **PAUL TOURNIER PRIZE SESSION.**  
*Coordinator: Robert Cloninger (St Louis)*  
*Chairs: Jon Snaedal, Frederick Von Orelli, Alan Tournier, HR Pfeifer, Juan Mezzich*
- ) Recognition of the Paul Tournier Prize 2020 Winners: *G. Christodoulou and J. Cox*
  - ) *Salman Rawaf Laudatio* for Jim Appleyard, Paul Tournier Prize 2021 winner.
  - ) Paul Tournier Prize 2021 Lecture: *Jim Appleyard (London)*
- 17:45 – 18:15 **ICPCM GENERAL ASSEMBLY**  
*Coordinator: Robert Cloninger (St Louis)*  
*Chairs: Jon Snaedal (Reykjavik) and Juan Mezzich (New York)*
- ) Institutional Reports and Plans
  - ) Introduction to the Geneva Declaration 2021: *Austen El-Osta (London)*

## SECOND CONFERENCE DAY: Tuesday 6 April 2021, Geneva Time

- 13:00      **SYMPOSIUM 4: Self-care & Well-being in Contemporary Society and across the Life Cycle.**  
*Coordinator: Ihsan Salloum (Texas)*  
*Chairs: David Skinner (Canada) and Werdie Van Staden (Pretoria, South Africa)*
- Promotion of self-care & health in individuals in the face of contemporary life challenges: a lifestyle medicine perspective: *Neil Bindemann (UK)*
  - Promoting self-care in children and youth facing contemporary challenges: *Michel Botbol (Paris)*
  - Promotion of self-care & health in the young old in contemporary times: *Jon Snaedal (Reykjavik)*
  - Q&A and Conclusions
- 14:00      **SYMPOSIUM 5: The Role of Public Health Systems & Professional Organizations in Self-care and Health Promotion in Pandemic Times.**  
*Coordinator: Ihsan Salloum (Texas)*  
*Chairs: Jon Snaedal (Reykjavik), Helen Millar (Dundee, Scotland)*
- Self-Care and Inter-Care policies in pandemic times. *Ricardo Fábrega (Pan American Health Organization)*
  - World Medical Association Perspectives. *David Barbe (WMA President)*
  - Nursing Perspectives. *Tesfa Ghebrehiwet (Alberta, Canada)*
  - Q&A and Conclusions
- 15:00      **PANEL 1: Advances on Person-Centered Mental Health in Pandemic Times.**  
*Coordinators: Austen El-Osta (London) and Ihsan Salloum (Texas)*  
*Chairs: Norman Sartorius (Geneva), Michel Botbol (Paris)*
- ) Afzal Javed (WPA): *Person Centered Psychiatry and the WPA Action Plan 2020-2023*
  - ) George Christodoulou (Athens): *Disasters and Person Centered Mental Health in Pandemic Times*
  - ) Marijana Bras (Zagreb): *Mental health of doctors in Croatia in pandemic times*
  - ) Alberto Perales (Lima): *Person Centered Clinical Care and Medical Education During Covid-19*
  - ) Roy Kallivayalil (Kerala): *Mental health care in Kerala and India during Pandemic Times*
  - ) Armen Soghoyan (Yerevan, Armenia): *Armenian experience on person-centered mental health in pandemic and war.*
  - ) Michael TH Wong (Hong Kong): *Hermeneutics promotes person-centered mental health in pandemic times*
  - ) Mohammed Abu Saleh (London): *The impact of Covid-19 pandemic on mental health in LIMIC and complex emergencies: opportunities for Building Back Better*
  - ) Vladan Novakovic (New York): *Coping with Death, Anxiety and Awareness: Experience of an ICU Psychiatrist in New York at the Time of Covid-19*
  - ) Helen Herrman (Melbourne): *Community development, person-centered medicine and women's mental health*
- 16:00      **PANEL 2: Advances on Person-Centered General Practice and Family Medicine in Pandemic. Times.**  
*Coordinators: Austen El-Osta (London) and Ihsan Salloum (Texas)*  
*Chairs: Ruth Wilson (Canada) and Jim Appleyard (London),*
- Christine Leyns (Cochabamba, Bolivia): *The urgent need for people centered primary care: the case of COVID-19 in Bolivia*
  - Imelda Medina (Miami): *Person-Centered Care for Survivors of Human Trafficking*
  - Galileo Perez (Mexico): *Critical gaps in understanding people-centered care: Lessons from the pandemic in Mexico*
  - Oscar Cluzet (Uruguay): *Latin-American perspectives on self-care and well-being in pandemic times*



- Giuseppe Brera (Milan): *People- and Person-Centered Prevention. From epistemology to the COVID-19 pandemic shutdown*
- Manuel Izaguirre (Lima): Family Medicine focused on the person in pandemic times

17:00-18:00

**SESSION ON CONTRIBUTED BRIEF ORAL PRESENTATIONS.**

*Coordinators: Austen El-Osta (London) and Ihsan Salloum (Texas)*

*Chairs: Sandra Van Dulmen (The Netherlands), Christine Leyns (Bolivia)*

- J The origins of Médecine de la Personne: Tournier's legacy: John Cox (Cheltenham, UK)
- J Virtual Environment as a Factor of Adaptation in the Face of Social Constraints: *Elena Gayvoronskaya (Voronezh, Russia)*
- J Integrating self-care into mainstream health service: *Celine Tabche and Salman Rawaf (London)*
- J Art and Literature as Therapy for Healing and Health Promotion: *Monica Sarmiento (New York)*
- J Quality Circles – Learning processes of participants and the potential for strengthening the work in self-help groups: *Julia Mueller (Goettingen, Germany)*
- J Self-Care and wellbeing in older persons during pandemic times. *Elvia Velasquez (Medellin, Colombia):*
- J Self-Care and wellbeing in families during Covid-19. *Lourdes Corado (Guatemala)*

**THIRD CONFERENCE DAY: Wednesday 7 April 2021, Geneva Time**

13:00

**PANEL 3: Advances on People-centered Public Health in Pandemic Times.**

*Coordinator: Ihsan Salloum (Texas)*

*Chairs: Salman Rawaf (London) and Giovanni Escalante (Montevideo)*

- Robert Phillips (Washington, DC): *Contributions of a National Primary Care Registry to People-centered Public Health*
- Carlos Arósquipa (PAHO, Lima): *Person-centered approach to non-communicable diseases in pandemic times.*
- Fredy Canchihuaman (Lima): *Global health security & pandemic preparedness*
- Ottomar Bahrs (Goettingen, Germany): *Learning to win by distance?*
- Martha Martina (Lima): *Promoting person-centered public health among health professional students in a Peruvian major public university.*
- Wolfgang Rutz (Sweden): *Age in times of a Pandemic: Some population centred public health aspects.*
- Martha Villar (Lima, Peru): *Experience with person centered medicine for the education of medical students.*
- Giovanni Escalante (PAHO, Montevideo): *Fostering Person-Centered Medicine in Times of COVID-19: The Uruguayan Experience*
- Eugenio Villar (Lima): *Social determinants of health in Latin America during pandemic times.*

14:00

**PANEL 4: Advances on Person-Centered Nursing in Pandemic Times.**

*Coordinator: Ihsan Salloum (Texas)*

*Chairs: Tesfa Ghebrehiwet (Alberta, Canada) and Hoi Shan Fokeladeh (ICN, Geneva)*

- Hoi Shan Fokeladeh (ICN): *Impact of Covid-19 on nurses and person centered nursing*
- Mariela Lara (Norway): *The duty to care dilemma and the psychological well-being among nurses in pandemic times: Preliminary findings from a cross-sectional study in Chile and Spain.*
- Olga Castillo (Loja, Ecuador): *Public health measures in Community Centers in the face of the COVID-19 pandemic*
- Ingunn Mundal (Norway): *Aspects of work of recent years and reflections on self-care and the pandemic in Norway*
- Anita Luján (Lima): *Advancing person-centered health promotion through artistic and social activities among health professional students in Lima.*

15:00-15:30

**CLOSING SESSION**

*Coordinator: Ihsan Salloum (Texas)*

*Chairs: Jim Appleyard (London), Robert Cloninger (St. Louis)*

*Geneva Declaration 2021: Austen El-Osta (London)*

*Conference Conclusions: Jon Snaedal (Reykjavik)*

*Next Steps: Juan Mezzich (New York and Lima)*



**ICPCM INSTITUTIONAL MEETINGS (By invitation only)**

*Coordinator: Helen Millar (Scotland)*

15:30-16:30

**Institutional and Research Development**

- Person Centered Care Measurement Research (*J Mezzich, L Kirisci*)
- Person Centered Diagnosis Research (*J Mezzich, I Salloum*)
- Person Centered Care Educational Programs (*J Appleyard, W Van Staden*)

16:30-17:30

**ICPCM Board Meeting** (ICPCM Board members)

17:30-18:00

**IJPCM Editorial Board Meeting** (J Mezzich, J Appleyard, S Van Dulmen, W Van Staden, R Cloninger, C Leyns, P Glare, L Kirisci, T Chalmers and Editorial Board members).

# 13<sup>th</sup> GENEVA CONFERENCE ON PERSON CENTERED MEDICINE

## *GALLERY OF PRESENTERS*

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# THIRTEENTH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE ABSTRACTS

## CORE CONFERENCE SESSIONS

### Opening Session: Inaugural Lecture

SELF-CARE AT THE CROSSROADS  
David Skinner (Ontario, Canada)

Amid the devastating pandemic brought about by Covid-19, the health of society and individuals rests on how each person behaves to protect themselves and others from infection. The measures that have the greatest impact on controlling the pandemic are simple self-care actions like wearing a facemask, socially distancing and hand cleaning. Yet it would be rare to find a single mention of self-care in the messaging from politicians, Public Health Officers or any of the organizations promoting these basic public health measures.

Why is this the case? Is it simply poor awareness of what self-care really means, or is something else influencing the promotion of self-care activities? The seven pillars of self-care all contribute to healthy populations and individuals. The economic and healthcare resource impact is enormous but underappreciated by policy makers.

Examining the evidence base in general and with respect to studies carried out during the pandemic can shed some light on what people want and how they behave. Getting policy makers to incorporate self-care into their decision making and healthcare frameworks remains a challenge.

### SYMPOSIUM 1: General Health Strategies, Self-care & Person-centeredness in Pandemic Times.

CHANGES IN APPROACHES TO SELF-CARE AND PERSON CENTRED CARE DURING THE TIME OF COVID  
Peter Smith (UK)

Before 2020, Self-Care was often treated as a niche activity, a hobby for people who believed in the empowerment of individuals in managing their own health using good evidence based advice where possible.

The pandemic changed everything overnight. In the UK, health and care of necessity retreated behind Zoom screens to fight the virus. Even in countries with a socialized health and care system, populations were often left to look after themselves.

Self-Care became the necessary norm. All pandemic messages were instructions to self-care in some way. Surveys demonstrated that the public's view on accessing health care had changed and most had espoused self-care as their first strategy<sup>1</sup>.

Many frontline Organizations responded quickly. The Self-Care Forum's Coronavirus Awards revealed a host of frontline solutions that had overcome traditional barriers to care within weeks<sup>2</sup>. The inspiring winning entries will be shared.

Anecdotal evidence suggested that professional attitudes to self-care and practice had changed as a result of the pandemic. The Self-Care Academic Research Unit at Imperial College and the Self-Care Forum collaborated to launch a survey (the CAPPs study) to assess these changes. The early results will be shared at the conference.

<https://www.pagb.co.uk/policy/self-care/self-care-survey-report-download-pagb/>

<sup>2</sup> <http://www.selfcareforum.org/2020/11/06/self-care-coronavirus-innovation-award/>

WHO PERSPECTIVES ON SELF-CARE  
Manjulaa Narasimhan (World Health Organization)

# DEVELOPMENT OF PERSONS-CENTERED INTEGRAL CARE STRATEGIES IN TIMES OF COVID-19

Juan E. Mezzich (New York, USA)

## Background

The historical roots of person-centered medicine can be traced to the value of social health care among Neanderthals and to the holistic and personalized notions of health in the earliest Eastern and Western civilizations. This was incorporated by the World Health Organization (1946) into its definition of health as complete well-being and not merely the absence of disease, crafted by an early proponent of person-centered care.

The Declaration of Alma-Ata of 1978 articulated primary care as a fundamental health strategy based on comprehensive care by all for all [1]. Their aspirations were ratified in the Astana Declaration (2018) to achieve universal access and coverage to health. In line with this, the Sustainable Development Goals proclaimed by the United Nations in 2015 formulated its third Goal in terms of positive health for all and emphasized the interdependence among all Goals in pursuit of general well-being and social justice.

Since 2008, a global programmatic movement towards person-centered medicine (PCM) under the auspices of an international college (ICPCM) and in collaboration with institutions such as the World Medical Association and the World Health Organization has matured concepts and procedures through Geneva Conferences and International Congresses held annually in different continents. One of its most active regional networks is a Latin American one, which through annual conferences since 2015, is progressively building innovative and evaluable conceptualizations towards people-centered medicine and health [2].

The Covid19 pandemic is strongly confronting our world at individual and global levels, stimulating reflection, revealing failures, and promoting the consideration of new care strategies.

## Objectives

They involve the exploration and delineation of persons-centered integral care strategies and their relevance and potential to respond to the demands and opportunities posed by the Covid19 pandemic.

## Method

Approaches to dealing with the above objectives have involved selective examinations of the literature, international consultations, and reflection on the scope and implications of the elucidated postulates and proposals.

## Results

The paradigmatic role of person-centered medicine and health is delineated by the following definitional approaches: 1. The contextualized person represents the conceptual center of health and is the central objective of health actions; 2. Person-centered medicine involves a medicine of the person (of their entire health), for the person (aimed at promoting their well-being and flourishing); by the person (with people as actors of health actions) and with the person (collaborating respectfully, formatively and empoweringly with people seeking health care); and 3. PCM is informed by scientific evidence and by the experience and values of the people involved.

The strategic support and deployment of the paradigmatic role of person-centered medicine and health includes the following postulates and activities elucidated through literature reviews, international consultations, and group reflections [3]:

- a) Ethical commitment (Kantian ethical imperative and proclaimed human rights),
- b) Holistic explanatory framework biological-psychological-social-cultural-spiritual,
- c) Relational, communicational and collaborative focus,
- d) Personalized health care programming,
- e) Consideration of the individual and the community as the two fundamental faces of the people-centered approach to clinic and public health,
- f) Consideration of the person, human development, and social responsibility as fundamental for education, scientific research and the promotion of the common good.

The value of persons-centered integral care strategies to respond promisingly to the multiple demands and significant opportunities presented by the Covid19 pandemic is outlined below:

- Ethical commitment is relevant to the claims for respect for the dignity of those affected, empowerment of community members to respond to health demands, and promotion of equity and social justice raised by the pandemic.
- The holistic explanatory framework of person and health is conducive to understanding the complex reality of the pandemic in terms of its ecology and biology, associated multi-morbidity, and extensive psychological and social impact.
- The relational, communicational and collaborative focus of persons-centered care strategies is relevant to the needs of mutual care among all people, inter-disciplinary clinical care, general solidarity and global cooperation required to face the pandemic.
- Health care centered on the person and the community facilitates dealing with the pandemic through effective primary health care that ensures consideration of the uniqueness of each person, as well as of the community in which such person develops.

- Education and scientific research are relevant to face the pandemic in a way that ensures both the technical competence and human development of all the people involved and the use of scientific research attentive to the biopsychosocial needs of people in community.

## Discussion

The relationship outlined above between the principles of persons-centered integral care strategies and the demands of the pandemic involve several opportunities for creative conceptual and instrumental advancements in PCM and its validity to respond more powerfully to the pandemic. Such opportunities include the following:

- The conceptualization of the contextualization of the person both in a transversal and longitudinal sense. The first illustratively involving a harmonious balance among the inner world, the social world and the natural world, as postulated by an ancestral Andean worldview, regards the health of human beings. The second, longitudinal, extends from the history to the life project of each person.
- The extension of the holistic explanatory framework starting from the conventional bio-psycho-socio-cultural-spiritual to one that incorporates an ecological dimension in order to understand more fully human health, control climate change as an imperative of the time, and respect mother earth as the present pandemic and those that are looming may claim.
- Health is to be created by persons and communities wherever they live. As formulated by Viktor von Weizsäcker, health is not just a capital to be consumed, but it is present only when it is created or it does not exist [4].
- Rethink health systems and actions in the sense of comprehensive care centered on people, incorporating into national constitutions the promotion of the well-being of citizens as the main objective, accompanied by initiatives and policies that promote greater equity and the common good, regional integrations, general solidarity and global cooperation [5,6].

## Conclusions

Ethical, epistemological and sustainable development considerations highlight the fundamental value of the person to guide and make effective health systems and actions, and even those related to other activities and cardinal sectors such as education, the economy, planning and social government. The breadth and dynamism of the very concept of person are being enriched in Latin America. Indeed, the delineation of health in the Andean worldview as a harmonious balance between the inner, the social and the natural worlds, finds conceptual coincidence in recent proposals that incorporate an ecological dimension to the conventional bio-psycho-social formulation.

Another Latin American perspective of high strategic value on health is the one that understands it as a fundamental human right and as a fundamental human duty, complementary formulations consistent with the ethical principle of respect for the autonomy of the person and with primary health care understood in Alma Ata as comprehensive health care by all and for all [1]. The next conceptual step is to articulate comprehensive health care as persons-centered.

On this foundation, people-centered responses to the multiple challenges posed by the pandemic crisis are promisingly underpinned, such as building a future that is fully aware of our wider world and promotes human development and general well-being. As Freedland [7] recently noted, the virus has illuminated inequities and deprivations, reminding us at the same time of the power and beauty of nature and humanity, and starkly exposing our greatest weakness and most endearing strength, the need for each other.

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## SYMPOSIUM 2: Self-Care Measurement and Determinants.

### MEASURING INDIVIDUAL SELF-CARE CAPABILITY: HOW TO MEASURE SELF-CARE IN HEALTH PROMOTION, DISEASE PREVENTION & REDUCTION?

Austen El-Osta (London, UK)

Self-care necessarily encompasses a wide range of activities related to lifestyle, hygiene, environmental factors and socioeconomic aspects (1). Webber et al. summarise these practices as 'The Seven Pillars of Self-Care', which are knowledge and health literacy, mental wellbeing, physical activity, healthy eating, risk avoidance and mitigation, good hygiene and the rational use of products and services. This framework



has also been used as a benchmark for comparing self-care practices among the general population (2), whereas the measurement of self-care activities and behaviours can be used to evaluate self-care promotion initiatives, highlighting both successful and less successful strategies. Various instruments have been developed to measure an individual's capacity and capability to self-care for specific health conditions or in distinct population groups. This also included the development and routine use of the Patient Activation Measure (PAM), which is a proxy-measure of self-care. There exist a number of recent scoping and systematic reviews that evaluated self-care measurement tools (3-5). Some reviews identified instruments designed to assess self-care for condition-specific chronic disease management and not on self-care in its totality, whereas a recent review focused only on self-reported measures of self-care. In this talk, we discuss the findings of our pragmatic review of the literature which sought to identify and characterise the various self-care measurement tools developed since the 1950's that are geared towards adult populations.

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## ROLE OF SOCIAL MEDIA AS AN INFLUENCER OF MENTAL DISTRESS & DISSEMINATION OF INFORMATION

Audrey Fontaine (Ferney-Voltaire, France)

The use of social media has increased dramatically over the past decade. Social medias are used for communication purposes, as leisure activities, and also in the professional sphere. Nowadays, people can access their account from anywhere and at any time, using smartphone, laptop, desktops. Through notifications, they can have continuous link to an ever-increasing number of platforms. But this increasing use of social media should be considered carefully. In fact, if routine use of social medias can be associated with positive health outcomes, excessive use is on the other side correlated with bad consequences of people's mental health. During the Covid crisis, as many countries were going into lockdowns, social media use has rocketed. In addition, social medias have rapidly become a key tool of information generation and dissemination. While dealing with wave of Covid-19 cases, we also had to face huge waves of infodemics. In this presentation we will discuss the positives and negatives effects of social media on mental health and information dissemination. We will also consider measures that should be taken to use social media more efficiently in a public and global health perspective.

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## PROMOTING A PERSON-CENTERED WORK CULTURE: LESSONS FROM COVID

Helen Millar (Dundee, Scotland)

### Objectives

Person-centred medicine provides the framework to deliver a more supportive and co-ordinated healthy working environment. By promoting a person-centred working culture, health care staff can focus on preventative strategies and early interventions to improve outcomes for patients.

### Method

This presentation outlines the challenges of the covid pandemic and the practical adaptations by health care professionals in a UK psychiatric service to rapidly organise health care systems to create a "virtual" person-centred model of care whilst applying safety measures to minimise infection and maximise workforce sustainability. The presentation highlights recent publications in the field along with guidance/training/consensus statements highlighting the measures required to promote a person-centred work culture.

### Results and Conclusions

Mental healthcare professionals have risen to the challenge of Covid 19 by advancing the use of current technology to communicate remotely and provide a hybrid person centred model of patient care. Covid-19 is the greatest public health challenge in the 21st century to date. Already health care professionals have demonstrated an ability to rapidly adapt to provide an innovative and flexible model of person-centred care with the longer term consequences of Covid-19 yet unclear, it has never been more important to optimise workforce sustainability by promoting a person-centred work culture.

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## SYMPOSIUM 3: Concepts of Well-being and Self-Care amid Social Disruption.

### BIO-PSYCHO-SPIRITUAL MODELS OF WELL-BEING AND SELF-CARE

Robert Cloninger (St. Louis, USA)

**Objective:** To understand the role of self-care in the person-centered health promotion.

**Methods:** I will review genetic studies that identify three major systems of learning (associative conditioning of habits, intentional self-control of goals, and creative self-awareness) account for nearly all the heritable variation in human personality and well-being.

**Findings:** Our personality and well-being are not fixed or determined by our predisposition or external experiences. We create health in each moment by the interplay of three processes: (i) plasticity (i.e. our ability and willingness to change), (ii) self-awareness of what is good for ourself and others (iii) creativity (i.e. the innovativeness, purposefulness, and responsibility to integrate our habits with our goals and values).

**Discussion:** Humans beings by nature have a capacity for caring for themselves and others in ways that are health-promoting for people and the world in which we live interdependently. However, fear, unmet desires, and self-doubt or vanity impair our self-awareness and plasticity so that we do not consistently live kindly, responsibly, and wisely. This can only be improved by promotion of the social determinants of well-being and social trust, particularly socioeconomic equity, by dedication of our cultural institutions to provide integrated health promotion.

**Conclusions:** People can effectively create their own health if provided with the cultural resources to change their lives by awakening their self-awareness and integrating their habits to be congruent with their goals and values. Unfortunately, most countries currently fail to provide health promotion in an integrated and equitable way, which undermines self-care, person-centered care, and public health.

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### A CULTURAL FRAMEWORK FOR WELL-BEING AND SELF-CARE

Werdie Van Staden (Pretoria, South Africa)

**Objectives:** Person- and people-centred medicine (PCM) should account for cultural values in considerations of wellbeing and self-care. This presentation outlines a framework to this end.

**Method:** Culture and its related concepts will be considered conceptually, drawing on value theory and ethics, in articulating a person-centred framework that clarifies and differentiates between the concept of culture and its related concepts in practical approaches to wellbeing and self-care.

**Discussion:** PCM puts the person and people before their culture in wellbeing and self-care. Yet by virtue of doing so, the cultural values of the individual person and people collectively should be accounted for theoretically and practically.<sup>1</sup> To do so, the conceptual scope of culture should be recognised and differentiated from cultural identity, ethnicity and race rather than conflating these concepts. The conceptual scope of culture is such that culture is not necessarily any of the following: geographically located; static; ethnically defined; nor racially defined.

Examples will be provided that defy the necessity of each of these too narrow understandings of 'culture'. Child adoption in a multicultural society will be used in underscoring these differences. Recognising culture, furthermore, includes recognising one's own multiple cultures rather than succumbing to a tendency to have a blind-spot for one's own culture(s). Accounting accordingly for culture in the pursuit of wellbeing and self-care requires practically interpersonal engagement on, and within a meeting of, the various cultures of stakeholders.<sup>2</sup>

**Conclusion:** A cultural framework for wellbeing and self-care in PCM should not conflate culture with cultural identity, ethnicity or race. Instead, it should recognise and account for the various cultures of all the stakeholders.

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## DISORDERED WELL-BEING AND SELF-CARE: THE CASE OF ADDICTIVE DISORDERS

Ihsan Salloum (Texas, USA)

Self-care functions are fundamental for survivability, safety and well-being of the individual. A core defining feature of addictive disorder is the uncontrollable, compulsive, seeking and using of the drug along with obsessive drug craving. The salience of the drug and drug-related stimuli become over-valued and the motivation to use drug overcome any other motivation, such as performing family or work duties and may be extremes such as neglecting the care for own children. Studies of the neurobiology of addiction indicate that addictions impact brain functions that are responsible for self-control, including self-care. Evidence-based practices pointed out to the deficit in self-care in patients with addictive disorders even when they are sober. This presentation will review the definition of addictive disorders and will discuss the impact of addiction on self-care as gleaned from both the neurobiology of addiction and from observations gained from caring for these patients through dynamically and person-centered oriented practices. This presentation will also discuss the potential clinical utility of the Person-centered Integrative Diagnostic model in the assessment and care planning for addictive disorders.

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## PAUL TOURNIER PRIZE SESSION

### PAUL TOURNIER PRIZE 2021 LECTURE

Jim Appleyard (London, UK)

It is a great honour to celebrate the life of Paul Tournier, the distinguished Swiss physician whose first book on *Medicine de la Personne* was written in 1939 at a time of professional and personal turmoil. He outlined his vision of an integrated, body, mind, and spirit approach towards his patients. Such an approach led us to establish the Mary Sheridan Centre in Canterbury 50 years ago, where we pursued Mary Sheridan's shared vision of each child's assessment being combined with therapy designed for their needs.

We were able to provide specialist support at the Centre for Ophthalmology, ENT and Orthopaedics, so that the consultants came to visit them at the Centre, rather than the children going to the different specialist departments at the different hospitals.

There has been a dramatic reduction in the long-term effects of birth asphyxia over time and referrals have changed to more children presenting with ADHD, behavioural difficulties and dyspraxia but the underlying philosophy of the Centre 50 years later remains the same

How do these 'front line' clinical departments fit in with the current health systems. In my view with difficulty

The current health systems need to be turned upside down with the needs of the patients being put first. It is important that health systems actually are built on such units, providing directly for the needs of patients with the management there to support such initiatives

The way to achieve this through cybernetics will be sign posted

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## SYMPOSIUM 4: Self-care & Well-being in Contemporary Society and across the Life Cycle.

### SELF CARE: WHY IT SHOULD BE TIME TO LISTEN

Neil Bindemann (St. Louis, USA)

This talk will focus on the implications and interpretations from interim data from a recent survey that asked questions concerning common emotions. The main objective of running the survey was to better understand the nature of emotions linked to significant life events. The survey was run using Survey Monkey with the main question being:

Whether or not you have experienced a trauma in your life, we are keen that you don't skip this question. For those who have been through such an event/experience in your life, which includes an indirect event ie. witnessing an event, or you or a loved one may have received news of a diagnosis for a medical condition/illness(es), please write the information (and the diagnosis, if applicable) in the box if you are comfortable with doing so. If you haven't had any sort of experience just put N/A.

The talk will show how the interim results of the survey, now completed by over 500 people, support the notion that for practitioners to offer more targeted, individualized self-care, patients need to feel confident that they will be listened to. Using the results, the talk will bring attention to the need for practitioners to have improved 'listening skills', highlighting the importance of 'listening with eyes' as well as with the ears.

#### PROMOTING SELF-CARE IN CHILDREN AND YOUTH FACING CONTEMPORARY CHALLENGES

Michel Botbol (Paris, France)

##### OBJECTIVES:

To present and discuss self-care and well-being in children and adolescents in the contemporary challenges

##### METHODS:

Considering the recent publications on self-care and well-being in the current contexts, confront it with the clinical experience in preventive and therapeutic pediatric approaches of physical and psychological dimensions

##### FINDINGS:

The promotion of self-care and children is now considered in most regions of the world as a crucial and basic part of children education and welfare. In spite of this world-wide consensus they risk to remain a counter-productive petition of principle whenever the implementation of these principle is more efficient with those who are living in the most favored contexts and, because of that, are the less exposed to the tensions related to the contemporary challenges than with those who are the most in need of extra familial protective interventions. We will briefly consider the developmental and sociological factors that could account for this worrying gap in a person-centered perspective

##### DISCUSSION AND CONCLUSION:

Adapting the promotion of self-care in children and adolescents is, in itself, one of the fine examples of the contemporary challenges world-wide. This presentation will conclude that, to be effective and not counter-productive in the most exposed populations.

#### PROMOTION OF SELF-CARE & HEALTH IN THE YOUNG OLD IN CONTEMPORARY TIMES

Jon Snaedal (Reykjavik, Iceland)

### SYMPOSIUM 5: The Role of Public Health Systems & Professional Organizations in Self-care and Health Promotion in Pandemic Times.

#### SELF-CARE AND INTER-CARE POLICIES IN PANDEMIC TIMES

Ricardo Fábrega (PAHO/WHO)

Language builds realities, allows visibility to the elements we need so that the systems go better. It has cost a lot that health systems are ordered according to a positive and health generator concept. Systems are still focusing on combating diseases and structural issues such as financing, infrastructure, and technology. Proposals that seek to build models focused on people and empowering the concept of self-care allow us to move forward, but they are not enough.

Those who work in public health need to transmit concepts that allow catalyzing changes in systems' work. In Latin America, a new concept is disclosing: the "inter-care."<sup>1</sup> The notion that creating health will only be possible if we improve our interactions, the aspiration that we take care of each other. Become aware that nobody takes care of itself alone and is preferable an appeal to interdependence as an idea of public policy. The present work deepens the implications of its use and practical examples<sup>2</sup> of how it is taking practice in different fields within our communities in the midst of the pandemic situation.

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#### WORLD MEDICAL ASSOCIATION PERSPECTIVES

David Barbe (WMA)

## NURSING PERSPECTIVES ON SELF-CARE AND HEALTH PROMOTION IN PANDEMIC TIMES

Tesfamicael Ghebrehwet (Alberta, Canada)

The COVID-19 pandemic, which was declared as a global public health emergency by the World Health Organization, is driving remarkable and unprecedented transformation within health care delivery system including, enhanced public health measures and changes in infection control practices that require full engagement of patients and the public as their own agents of their self-care. Nursing leaders and theorists have always promoted self-care, focusing on enabling people to do as much as possible for themselves (Henderson, 1997). The nursing presence in varied settings and multiple roles and functions played by nurses are particularly important during the COVID-19 pandemic.

The presentation aims to highlight nursing perspectives in times of the COVID-19 pandemic, using Orem's theory of self-care (Orem, 2001).

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## PANEL 1: Advances in Person-Centered Mental Health in Pandemic Times.

### PERSON CENTERED PSYCHIATRY AND THE WORLD PSYCHIATRIC ASSOCIATION ACTION PLAN 2020-2023

Afzal Javed (WPA President)

World Psychiatric Association (WPA) is an association of national psychiatric societies aimed to increase knowledge and skills necessary for work in the field of mental health and the care for the mentally ill. Its member societies are presently 145, spanning 121 different countries and representing around 250,000 psychiatrists from all over the globe.

WPA's mission & philosophy encourage the highest possible standards of clinical practice, promote mental health, promote the highest possible ethical standards in psychiatric work & disseminate knowledge about evidence-based therapy and values-based practices. WPA also committed to be a voice for the dignity and human rights of the patients and their families, and to uphold the rights of psychiatrists.

WPA's core mission is to promote the advancement of psychiatry and mental health for all people of the world. This mission is achieved by increasing knowledge and skills about mental disorders, encouraging the highest possible standards of clinical practice, advocating for the dignity and human rights of the patients and their families, and to uphold the rights of psychiatrists through facilitating communication and assistance especially to societies who are isolated or whose members work in impoverished circumstances.

### DISASTERS AND PERSON CENTERED MENTAL HEALTH IN PANDEMIC TIMES

George Christodoulou, Nikos G. Christodoulou (Athens, Greece)

The Corona pandemic represents and exemplifies a real DISASTER, a Biological one (along with the other three categories, namely natural, human-made, and economic) (Christodoulou et als, 2016). As such, it obeys the rules that apply to the other, more classical types of disaster. This disaster has a serious impact on mental health, either directly through its biological effect or indirectly due to the social distancing and other paraphernalia imposed on the population for protective reasons. It also produces serious economic problems that may lead to psychopathology or deteriorate pre-existing mental illness. The mental health effect of a biological disaster is greatly influenced by the MEANING ascribed to the traumatic event and it is this meaning that determines to a great extent whether individual behaviors will be dysfunctional or adaptive. It is not only the directly traumatized persons that are psychologically affected by a pandemic. It is also the family, the hospital personnel, ambulance drivers, cleaners, police, paramedics etc.

The response to a biological disaster is associated to some personal and social qualities that should be positively modified before, in and after a disaster. RESILIENCE (at a personal level) and SOLIDARITY (at a social level) are the most important.

The mental health consequences of the Corona infection have been studied by many research groups. They are frequent and serious. Research carried out in the general adult population in Athens, Greece by the Society of Preventive Psychiatry and the University of Nottingham has shown a deterioration of the quality of life, with special reference to senior persons, pensioners, unemployed persons, single, widowed, divorced, with low socio-economic level, with stressed interpersonal relations and suffering from somatic or psychological illness. The WHO has drawn attention to the predicted mental health problems that are likely to appear AFTER the pandemic and this seems to be an absolute priority deserving a specific person-targeted strategy and adequate and consistent funding.

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## MENTAL HEALTH OF DOCTORS IN CROATIA IN PANDEMIC TIMES

Marijana Bras (Zagreb, Croatia)

The aim of this presentation is to point out the importance of prevention and protection of the mental health of doctors during the pandemic times, and in Croatia even after several recent devastating earthquakes. Exposure to crisis situations, such as the COVID-19 pandemic, inevitably creates additional pressure on healthcare workers who are exposed to continued chronic stress. Doctors are exposed to multiple problems, of which I list only a few: working directly with infected patients (COVID-19) and dealing with the death of some of them; informing family members about the death; personal exposure to the virus in the workplace; the possibility of infecting family members; the fear of infecting their patients; the feeling that they are too little with their families and that they do not pay enough attention to them; all problems related to the procurement of vaccines, the choice of patients who will be a priority for vaccination and the choice of the vaccine itself; in Croatia within the last year the devastation of numerous health facilities after the earthquakes, with the evacuation of patients and fears of new earthquakes. As one of the particularly high risk factors related to mental health, I would single out the feeling of incompetence in situations when a doctor is transferred to another job due to the need to work (eg in COVID-centar), with special emphasis on insufficient education of communication skills in specific pandemic-related conditions. Recent research indicates that these situations lead to a significantly higher number of different mental disorders in doctors, of which I point out anxiety and depressive disorders, sleep disorders, adjustment disorder, and PTSD. Since we do not know how long the pandemic will last, we can expect a further increase in the number of psychological and psychosomatic problems in doctors and everything should be done to reduce the consequences on their mental health. This includes not only the organization of special programs for the prevention and treatment of psychological disorders in medical workers at all levels of health care, but also quality communication and coordination with health policy makers locally, nationally and internationally during the pandemic, where mental health professionals should have an important and indispensable place. We should all fight together against the stigma and prejudice against mental disorders that exist also among health professionals and thus be an example to others to seek help if it is necessary. We should care about ourselves so we can take care of others as well.

## PERSON CENTERED CLINICAL CARE AND MEDICAL EDUCATION DURING COVID-19

Alberto Perales (Lima, Peru)

The health disaster caused by the COVID-19 pandemic prioritizes the action objective of saving the greatest number of lives and reducing, as far as possible, the suffering of the sick person and accompanying family, ensuring that such decisions are, apart from scientifically adjusted to the clinical conditions of the case, the fairest and humane possible (1).

In covering this professional responsibility, examples of two moral levels of medical practice have been observed in Peru: heroism and even death in the fulfillment of the duty of care, on the one hand; and of cases located in the opposite negative extreme. This observation proposes, as a hypothesis, two groups of clinical care: a) One that, in addition to their knowledge, doctors rely on its vocation of service to exercise a scientifically correct and ethically humanized professional practice, centered on the person, and b) One that, through a basically technological and impersonal medical practice, they apply their knowledge without human commitment. These findings have great importance in present medical education that would be commented on.

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## MENTAL HEALTH CARE IN KERALA AND INDIA DURING PANDEMIC TIMES

Roy Kallivayalil (Kerala, India)

India is a huge country with 1.4 billion population living in 29 States and 7 Union Territories. Kerala with 34 million populations is one of the most advanced States-being number One in literacy and health. Kerala's Infant Mortality Rate of 7 and life expectancy of 78 is at par with advanced countries.

Despite its large size and huge population, India has responded to the Covid-19 pandemic in an admirable manner. India had 11.8 million cases (as of 26 March 2021) out of which 11.3 million have recovered. The total deaths have been 1,61,000. A country wide vaccination drive was launched on Jan 16, 2021 with front line health workers getting priority. It has been a big success. There is a wide discrepancy in India on how the various states have responded to the threat posed by COVID 19. The response strategy and its success varied from State to State and the strength of the primary health care has been an important determinant (1). A firm rooting on evidence based public health, the high rate of literacy among its population, investment in universal health care, the unique sociocultural and political fabric, and the strict but humane approach of the bureaucrats and civilians alike are some of the factors that played a key role. (2). There is now a renewed emphasis on Person Centered Mental Health Care.

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## ARMENIAN EXPERIENCE ON PERSON-CENTERED MENTAL HEALTH IN PANDEMIC AND WAR

Armen Soghoyan (Yeravan, Armenia)

Lock down in Armenia due to COVID-19 Pandemic started on March 2020. Survey conducted in general population in May-June 2020 indicates moderate and severe stress level is 40%, symptoms with psychosomatic origin 20%. In September 27, 2020, Azerbaijan started a war in Nagorno-Karabagh (Republic of Artsakh) supported with Turkey. After signed ceasefire agreement new survey was initiated and the results are summarized to publish. Second survey shows increased level of stress and psychosomatic manifestations. Considering combination multiple traumas created by the Pandemic and war consequences the Government of the RA announced a special Grant to cover all the services of Psychological help for the population suffered due to war in Artsakh.

## HERMENEUTICS PROMOTES PERSON-CENTERED MENTAL HEALTH IN PANDEMIC TIMES

Michael TH Wong (Hong Kong, China)

**Objectives** To explore how hermeneutics promotes person-centered mental health during the COVID-19 Pandemic

**Methods** To review literature on how COVID-19 Pandemic impacts on mental health and how hermeneutics, the theory of interpretation, can be clinically applied to person-centered mental health

**Findings** COVID 19 affects those who get infected, those related to them and the health workers who look after them.<sup>1</sup> Up to 30-50% of them develop insomnia, anxiety and depression. Thoughts of being better off dead or self-harm are twice as prevalent as before the Pandemic. A multi-layered personal narrative informed by hermeneutics gives people a voice on both their mental health distress and physical symptoms.<sup>2</sup>

**Discussions** A multi-layered personal narrative, informed by hermeneutics ensures mental health needs are not over-looked/neglected in COVID-19 affected subjects.

**Conclusions**

Hermeneutics, when properly and clinically applied, promotes Person-Centered Mental Health

**References**

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2 Wong MTH (2019) Ricoeur and the Third Discourse of the Person: From Philosophy and Neuroscience to Psychiatry and Theology, London: Lexington Books.

## THE IMPACT OF COVID-19 PANDEMIC ON MENTAL HEALTH IN LOW INCOME, MIDDLE INCOME COUNTRIES AND COMPLEX EMERGENCIES: OPPORTUNITIES FOR BUILDING BACK BETTER

Mohammed Abou-Saleh (London, UK)

The COVID-19 pandemic has evolved into a global disaster with devastating impact on the health, lives, social wellbeing and economies of HIC and LIMIC populations. The pandemic has been shown to have immediate and long-term consequences on the mental health of all populations particularly those in LIMIC (83% of the world population) in view of their widespread vulnerabilities and the 70 million internally displaced and refugees living in conflict zones and complex emergencies.

The scope of this presentation is (1) to review the evidence for Covid-19 mental health impact in LIMIC and complex emergencies; (2) to highlight the emergent notion of applying syndemic theory to global mental health in the context of Covid-19; (3) to assess the mental health responses to Covid-19 in LIMIC including self-help care and (4) to consider the opportunity that the pandemic presents to Building Back Better of people-centred and person-centred mental health services in LIMIC through shifting the balance of power from high-income countries to LMICs and from narrow biomedical approaches to community-oriented psychosocial perspectives and in setting priorities for interventions and research.

It is concluded that "Thus, we call for a balanced approach that addresses the social determinants of mental health and the individual clinical needs for people with mental health disorders. Mental health interventions that fail to take account of social determinants of mental ill health, especially those exacerbated by COVID-19, will fail to achieve their intended impacts. With a balanced approach, we can not only reimagine mental health care in LMICs, but also reframe mental health as a common and prioritised aspiration in all countries worldwide" (Kola et al, Lancet Psychiatry, 2021).

## COPING WITH DEATH, ANXIETY AND AWARENESS: EXPERIENCE OF AN ICU PSYCHIATRIST IN NEW YORK AT THE TIME OF COVID-19

Vladan Novakovic (New York, USA)

**Objective:** to assess the prevalence of death anxiety and death awareness among hospitalized ICU patients diagnosed with Covid-19

**Methods:** I Conducted the Case Series of the Hospitalized ICU Patients Diagnosed with Covid-19 at the Height of New York City Pandemics. Psychological Distress Symptoms, Death Awareness and Death Anxiety Were Measured Using Death Awareness Scale.

I compared 17 Covid positive patients with various comorbidities admitted to the ICU at Staten Island University Hospital with 17 Covid negative patients with also various comorbidities seen and evaluated on the same ward. Revised death anxiety scale (25 items) was used on all subjects with true false and 5 point Likert response formats at the height of the pandemics in the New York City by the deployed psychiatrists and internal medicine residents on the same unit.

Results: out of 17 Covid positive patients that participated in case series 11 Covid positive patients responded with heightened death anxiety scores as compared to the 17 Covid negative patients in which only 3 Subjects were observed to have high scores on RDAS (revised that anxiety scale)

Conclusions: although the prevalence of death anxiety and death awareness was overwhelmingly present among the Covid positive patients in comparison to Covid negative patients the differences have been observed in terms of being age-specific, having multiple comorbidities compounding on Covid positive status in particular obesity and COPD etc.

Most of the patients showed acute psychological distress that has been improved as they are treatment became successful in the following weeks. What is additionally observed is that High scorers with Covid 19 positive status tend to have increased stay in the intensive care unit. Future studies particularly randomized control design should assess the long-term consequences of Covid 19 on patient's general mental health and particularly death awareness and death anxiety.

#### COMMUNITY DEVELOPMENT, PERSON-CENTERED MEDICINE AND WOMEN'S MENTAL HEALTH

Helen Herrman (Melbourne, Australia)

Women's mental health is connected closely with their social and family lives. For those living in poverty, subject to violence, or displaced by conflict and natural disasters this is clearly evident. Poor mental health continues to cause widespread distress and impairment, a situation which is exacerbated by the pandemic. The mental health needs of women and girls need to be addressed by policymakers and service planners across the world.

Meeting these needs requires a coordinated community development and health response with close attention to providing person centred care across a range of healthcare and community settings. Psychiatrists and other mental health specialists have active roles in strengthening community capacity to respond to the needs in various ways: through engaging primary health workers and communities in mental health work; through their direct clinical actions; and through their roles in public mental health and advocacy.

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### PANEL 2: Advances in Person-Centered General Practice and Family Medicine in Pandemic Times.

#### THE URGENT NEED FOR PEOPLE CENTERED PRIMARY CARE: THE CASE OF COVID-19 IN BOLIVIA

Christine Leyns (Cochabamba, Bolivia)

Objectives: Understand why Bolivia was disproportionately hit by COVID-19 between June and August 2020

Methods: Observations during the departmental scientific committee, the municipal emergency mitigation committee of Sacaba, and home visits to COVID-19 patients, complemented by official data and literature. Findings: Bolivia was struck by COVID-19 in the mid of a political crisis. The transition government declared a 'national lockdown' and a 'state of emergency' by the end of March 2020. Political tension, stigmatization of people with COVID-19 and stereotyping of population groups contributed to general distrust, hindering contact tracing and timely treatment. By June the lockdown was flexibilized, a necessity for the livelihood of over 70 percent of Bolivian households (1), and the health system, cemeteries and crematories collapsed, people started dying at home or on the streets. While Bolivia ranked 6th in number of officially confirmed deaths per million populations globally, the excess mortality rate skyrocketed (2), assuming a heavy underreporting.

Discussion: Beside inadequate testing, performing 2 tests per confirmed case, the absence of a trusted health system in close contact with the population hindered effective preventive measures and timely case identification.

Conclusions: The first COVID-19 wave in Bolivia highlights how political instability and distrust in the government can amplify the consequences of a public health emergency.

#### References:

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## PERSON-CENTERED CARE FOR SURVIVORS OF HUMAN TRAFFICKING

Imelda Medina (Miami)

Human Trafficking (HT) is a public health problem, a serious crime, a severe violation of human rights, a threat to all, including unborn babies. During the COVID-19 pandemic, the risk factors for HT have increased and Health Care Providers (HCPs) are in a unique position to help. HCPs interact with persons whom are vulnerable and provide services to 50-80% of victims of HT, often while they remain under their traffickers' control.

HCPs and Person-Centered Care (PCC) are fundamental to help empower and care for persons whom are at risk or who have a history of HT. For example, University of Miami (UM) Trafficking Healthcare Resources and Intra-disciplinary Victim Services and Education (THRIVE) Clinic provides primary and mental health care with a full-range of multidisciplinary services, offering quality, comprehensive, holistic, person-centered and trauma-informed care in a private setting. They provide education and training to students, HCPs and stakeholders; and work in collaboration with community organizations to help individuals achieve their personal goals.

By increasing HCPs' knowledge and skills about PCC and HT, we can help create a system that supports and protects the person, the most vulnerable, and better work in collaboration to achieve our mission of "Health for all."

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## CRITICAL GAPS IN UNDERSTANDING PEOPLE-CENTERED CARE: LESSONS FROM THE PANDEMIC IN MEXICO

Galileo Perez (Mexico)

**Objectives:** To analyze the impact of the health policy against COVID-19 on general practice and its implications for people-centeredness in Mexico.

**Methods:** A literature review was conducted to identify models of care, strategies, and experiences in general practice and its outcomes. The review included electronic database searches, manual searches of reference lists, and grey literature (snowball method).

**Findings:** At the policy level, the people-centered service delivery approach represented a significant challenge for the health and social system. At the practical level significant experiences and lessons were reported, for instance, strategies to support continuity of care for chronic patients and community care initiatives. The results of this exploratory study illustrate how diverse and context-dependent were the conditions for self-care among citizens during the pandemic.

**Discussion:** Organizations and professionals working to achieve people-centered care must strengthen their capacities to implement -on large scale- an approach to the delivery of care that successfully coordinate care both with and around the needs of service users, their families, and the communities to which they belong.

**Conclusions:** The delivery of people-centered care in the post-pandemic era requires a multilevel approach and involves coordinating services across multiple healthcare professionals, organizations, and sectors, and prioritizing patient needs.

## LATIN AMERICAN PERSPECTIVES ON SELF-CARE AND WELL-BEING IN PANDEMIC TIMES

Oscar Cluzet (Montevideo, Uruguay)

### OBJECTIVES

- Explain the Medical Professional Self-Care and Well-being Programs (SCP-WB) in the different countries in Latin America that are working in this regard.

### METHODS

- Analysis of the experience of those Latin American Medical Colleges (MC), engaged in SCP-WB.
- Review of the contents of the Latin American Conferences on Person-Centered Medicine (PCM), which have incorporated this theme.

### FINDINGS

In several Latin American countries (Costa Rica, Uruguay, Argentina, Chile and Brazil), promoted by their respective MC and following the guidelines of the Spanish Collegiate Medical Organization, SCP-WB teams have been consolidated, dedicated to assisting colleagues with disorders in their mental health, including associated situations, such as burnout and addictions. Simultaneously, efforts are being made to improve binding medical working conditions.

## DISCUSSION

In referential works (1) the need for a holistic approach to the patient with mental disorders is postulated, including her spirituality. With this foundation and from the postulates of the PCM (2), the need to develop mental health programs for physicians is evident, within an adequate framework of coverage and confidentiality. These needs has increased after a year of pandemic confinement. This strategy aims to ensure that the professional involved is in optimal conditions to provide the best possible assistance to the person of the patient.

## CONCLUSIONS

From the perspective of the PCM, "caring for the caregiver" makes SCP-WBs an essential resource to provide the highest quality of assistance to People. Due to this mutual synergy, the PCM should continue to develop these Programs, as a high strategic priority.

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### THE "PERSON-CENTERED HEALTH RELATIVITY" AND THE "PEOPLE AND PERSON-CENTERED PREVENTION" THEORIES. FROM EPISTEMOLOGY TO THE COVID-19 PANDEMIC SHUT-DOWN Giuseppe Brera (Milan)

Person-Centered Medicine is the first extrinsic paradigm of medical science instituted owing to the last forty years of biomedical science and human sciences advance. Their epistemological bases are interactionism and the human nature teleonomy allowing the freedom and dignity-based "being-person" identity.

The Medicine indeterministic epochal shift is similar to the discovery of quantum physics, which is allowed to constitute the "Person-centered clinical method" that integrates the obsolete one and re-assesses the physician's role as maieutic of the being person.

The lecture introduces the PCM health-derived concept relativity theory and the People and Person-Centered Prevention paradigm (PPCP), whose application in the light of the SARS-COV 2 infection and complication general theory discoveries, only can shut-down the COVID-19 and other communicable and non-communicable diseases

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### FAMILY MEDICINE FOCUSED ON THE PERSON IN PANDEMIC TIMES Manuel Izaguirre (Lima, Peru)

#### Objectives.

Analysis of family health in the context of the pandemic

#### Method.

Documentary review

Self-care and family welfare in times of Covid-19 must put the family at the center of decisions to be a group of people who have dignity and defend the dignity of the other, reaffirming his personal commitment to society to defend individual dignity that must not be undermined, degraded, enriched or impoverished by social or historical circumstances. 1

During the pandemic, decisions must respond to the analysis of bioethical principles, socioeconomic vulnerability, access to health, social exclusion, hunger, violence and poverty, to prioritize vulnerable, marginalized or excluded families, with the desire to prevent the poorest families from perceiving their early death due to not having access to health services, basic sanitation and food 1 as a consequence of the economic and environmental exploitation produced by globalization without a human face. 2

#### Conclusion.

As health was not focused on the family, the pandemic had a negative impact on the physical, mental and psychological health of families.

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## SESSION ON CONTRIBUTED BRIEF ORAL PRESENTATIONS.

### THE ORIGINS OF MÉDECINE DE LA PERSONNE: TOURNIER'S LEGACY

John Cox (Cheltenham, UK)

This presentation will outline aspects of Tournier's development, including the impact of the World Wars on his vocation as a doctor, as well as the relevance of his thinking for today.

His relationship-based and integrated body /mind /spirit (meaning, purpose) approach to patient care in the context of the wider relationships to Society, to nature and to a creator God, is summarised using material from his last book 'A Listening Ear'.

Examples of the benefits of this approach during the pandemic known to the speaker will conclude the talk.

Tournier P, *Autobiography*. In *Healers of the Mind: Psychiatry and the Search for Faith* Johnson, P. E (ed) Abingdon Press 1972

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### VIRTUAL ENVIRONMENT AS A FACTOR OF ADAPTATION IN THE FACE OF SOCIAL CONSTRAINTS

Elena Gayvoronskaya (Voronezh, Russia)

The purpose of this study was to study the impact of the virtual environment on a person in the face of social constraints associated with the COVID-19 pandemic.

The study using web questionnaire included 30 medical students and 30 high school students in distance learning as well as 28 self-isolation people.

The results of the study showed that all students (100%) rated distance learning it as effective in the face of restrictions. People whose professional activities at this time were not related to the virtual environment used it for entertainment and for communication purposes. 92.6% of respondents used the Internet every day, being in it for at least three hours a day. 84 % of the respondents perceived what was happening in the virtual environment as reality or closely related to reality. Positive effects on the emotional state were observed in 86% of cases.

Conclusion. The virtual environment, which comes to the fore in activities under social constraints, has a positive impact on a human personality contributing to their adaptation and preservation of social functions. Regardless of the nature of the use of the virtual environment, what happens in it is perceived in most cases as a reality.

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### INTEGRATING SELF-CARE INTO MAINSTREAM HEALTH SERVICE

Celine Tabche and Salman Rawaf (London)

Many countries health systems were put under enormous strain during the Covid-19 pandemic. While many faults were identified, ranging from structural, operational, supply, and professional inputs, the common gap is the lack of health service integration.<sup>1,2</sup> The call for integration is not new. Policy makers and professional resistance were obstacles for change at all levels of the health system.

We accept there is lack of sufficient scientific evidence on the value of self-care to the health. But it is not a good reason that policy makers shy away from formalizing such service and mainstreaming it into the health system. We also know, that the value of self-care asserted itself during the Coronavirus pandemic with many mild and moderate cases of covid-19 cared for at home successfully reducing the immense pressure on health service from severe and critical cases. Recognizing such value, should we wait for more evidence? We certainly argue not and we call for more integration of health service including self-care. Self-care should be a vital element of modern health service. The inevitable post-covid transformation of health systems worldwide should prioritize health care as one of the fundamental elements of health and healthcare. The question is how?

The paper will discuss the possible approaches for integration and how health service should value self-care as an added value to achieve universal health coverage for all and by all.

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## ART AND LITERATURE AS THERAPY FOR HEALING AND HEALTH

Inés Monica Sarmiento-Archer (New York)

Our generation has been part of a global transformation caused by the COVID-19 virus during 2020 and 2021, the global uncertainty of society has caused a crisis of mental health. This study is about the latest theories of the underlying mechanisms that explain why art promote health and have positive influences on the course of illness with ageing population (1). It is also about the latest findings demonstrating the positive effects the arts in general have on health with psychological problems. The lack of work has generated an economic crisis and created a mental health crisis. Objective: To analyze studies of art integrated into the healing process and the influence art has on people's mental health. Methods: This is an analysis of surveys and research papers developed by medical academic professionals. Results: Artistic activity such as painting, music, dance, has demonstrated the power to heal and transform people's lives by connecting emotions, centering, relaxing, and better understanding oneself. (2) Conclusion: Art and art therapy programs should be promoted and developed as a method for augmenting healing, in addition to accepted traditional modern medicine.

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## QUALITY CIRCLES – LEARNING PROCESSES OF PARTICIPANTS AND THE POTENTIAL FOR STRENGTHENING THE WORK IN SELF-HELP GROUPS

Julia Mueller (Goettingen, Germany)

Study to investigate members' learning processes from self-help groups through participation in a joint quality circle with particular focus on whether the structure of a quality circle can be applied to the work in self-help groups. Methods: Qualitative interviews were conducted with participants following a year and a half of moderated quality circle work. The analysis was carried out with a qualitative design. Being affected or "sick" connects, and the participants found parallels on many levels (partnership, family, profession) completely independent of their respective illnesses. The quality circle work taught the participants to actively and responsibly shape changes in their lives, get to know themselves regarding their illness, discover and further develop their resources. This kind of learning can result in concrete implementations for coping with problems in the social and professional environment and the work within the self-help group. The prerequisite for success is that the participants are willing to work on problems together. Furthermore, the way of facilitating the discussions proved to be significant for enriching QC work. The quality circle method's transferability to work in a self-help group is quite conceivable but needs support for the structural implementation.

## SELF-CARE AND WELLBEING IN OLDER PERSONS DURING PANDEMIC TIMES

Elvia Velasquez (Medellin, Colombia)

The objective of this presentation is to briefly discuss the effects of COVID 19 in the elderly population and show the importance of person-centered care, including the concepts of Self-Care and Well-being.

Methodology. Based on the literature and on a concrete experience, in a long-stay institution for the elderly, the various adaptations and responses of individuals, families and the work team to restrictive measures through the pandemic will be presented.

Results. People over 60 years old, have a 3 times higher risk of dying and getting sick from coronavirus than younger people. They have also been subjected to greater restrictions than other age groups.

Conclusion. A person-centered approach, in partnership with families and the health team, contributed to maintaining satisfaction and avoiding infections and mortality from coronavirus throughout 1 year from the start of the pandemic.

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## SELF-CARE AND WELLBEING IN FAMILIES DURING COVID-19

Lourdes Corado (Guatemala)

Background: This support group was initiated as a response to attend the concerns of Guatemalan psychotherapists, regarding their abilities and ethical dilemmas related to their interventions using telepsychology.

Aim: This presentation will show the challenges that psychotherapists shared in the support group during the first 6 months of Covid-19 pandemic.

Methodology: The support group met for 12 weekly online meetings, in which psychotherapists shared in an open conversation their issues.

Findings: psychotherapists who were sensitive and empathic shared a point of view that relates to the principles of PCM. They found themselves involved in similar scenarios as their patients regarding family constraints. The emotional experience that psychotherapists expressed in the meetings such as uncertainty, fear, grief, overload, broken intimacy, was similar as the one they encountered in their patients.

Discussion: Covid-19 pandemic confronts mental health clinicians with similar circumstances as their patients, in a dimension never lived before, especially regarding family distress during lockdown periods.

Conclusions: During Covid-19 restrictions, the reports of personal emotional experiences from psychotherapists suggest that families are at risk of developing uptight relationships, with a burden in wellbeing for all ages members. Clinicians as well as their patients, were living equiparable difficulties in their personal setting, that challenges the aim of objectivity at their professional interventions.

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### PANEL 3: Advances in People-centered Public Health in Pandemic Times.

#### CONTRIBUTIONS OF A NATIONAL PRIMARY CARE REGISTRY TO PEOPLE-CENTERED PUBLIC HEALTH

Robert Phillips (Washington, DC)

Objectives: The PRIME Registry is sponsored by the American Board of Family Medicine and supports 800 practices in 47 states caring for nearly 7 million patients. It is now an important platform for informing COVID prevalence and patterns in rural areas and the impact by race/ethnicity/social risk. We will discuss our collaboration with the Centers for Disease Control and Prevention (CDC).

Methods: Longitudinal trend analysis of COVID generally and broken out by race, ethnicity, rurality, and neighborhood social risk.

Findings: Rural COVID trends matched those of the rest of the country with some temporal lag. Hispanic patient COVID prevalence was nearly 7-fold higher than white patients during summer months of 2020; African American (Black) rates were nearly 3-fold higher. Patients from the highest (worst) quartile of neighborhood disadvantage had a 3-fold higher risk of COVID.

Discussion: Clinical data can inform public health about patient and ecologic factors associated epidemics. The CDC values this capacity and is developing a collaborative agreement with our primary care registry to better understand inequities of illness, patterns of disease and immunization, and to track LongCOVID symptoms and associated risk factors.

Conclusion: Clinical registries offer an important window on epidemic prevalence and patient risks.

#### PERSON-CENTERED APPROACH TO NON-COMMUNICABLE DISEASES IN PANDEMIC TIMES

Carlos Arósquipa (PAHO, Lima)

#### GLOBAL HEALTH SECURITY & PANDEMIC PREPAREDNESS

Fredy Canchihuaman (Lima)

The coronavirus COVID-19 is directly or indirectly affecting people in every corner of the planet. We live an era that will leave their trace in the history of humanity as a result of the devastating proportions —little known until today— pandemics might produce. An era characterized by multiple crises in some countries (health, economic, social and political), by significant impacts on more vulnerable populations, and an era that struck the structures of health care existing models. Pandemics, however, are not the only threats to global public health; and it is likely that these or others of even greater magnitude will emerge in the future. Outbreaks at the beginning of this century boosted the worldwide adoption of the new International Health Regulations; one of the two unique international treaties by its binding nature, which, among others, requires states to coordinate and prepare for events that threaten the international public health. Recent outbreaks such as SARS and Ebola and the limited international response were decisive in the development of global health security initiatives and instruments to achieve the implementation of the referred regulation. Under this framework, countries advanced in the development of their capabilities, achieving different levels of preparation. However, COVID-19 has generated an isolated response, surpassing even the most prepared countries. In this presentation, we review the evolution and challenges of health security, describe a local application of this approach for addressing the COVID-19, and advocate for a change of paradigm in the global health security system from a people-centered perspective.

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Presented as a background theme for working group session at the Eight International Congress, Sixth Latin American Conference and Second Uruguayan Encounter of Person Centered Medicine 2020.

LEARNING TO WIN BY DISTANCE?  
Ottomar Bahrs (Goettingen, Germany)

The shock came with the Corona pandemic. The world, as we know it, is dissolving. As the health risk became more generalized, so did the uncertainty about economic and political developments. The political actors "drive on sight", supported by the new lead sciences of virology. This strategy favours a biopolitical shortening of an understanding of health. The extensive closure of public life (lockdown) can be seen as the largest non-medical intervention measure to date (Greenhalgh 2020).

These measures have consequences for citizens' social relations, for their emotional state, for the organization of the social body and the symbolic order. The way the crisis is managed points beyond the pandemic itself and continues development processes that have been ongoing for some time. In particular, the relationship of humans to themselves and to nature is under discussion (van Krieken 2020).

In the current debate, there is no agreement on how to assess this social process. The question of which interpretative concepts will prevail cannot be thought independently of social power and different needs and interests. At the centre of the corona crisis, the necessity and possibility of a new narrative thus emerge.

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PROMOTING PERSON-CENTERED PUBLIC HEALTH AMONG HEALTH PROFESSIONAL STUDENTS  
IN A PERUVIAN MAJOR PUBLIC UNIVERSITY  
Martha Martina (Lima)

The pandemic has made it clear that PUBLIC HEALTH is the most precious and least attended in many countries in the region. It is necessary to rethink health governance, as well as the role of organizations<sup>1</sup>, in this case, the role of Universities. It is important to strengthen health systems, as well as to develop the leadership capacities of health human resources<sup>2</sup>. Students in the health area constitute a force to be taken into account so that they become, from their formation, engines of change.

OBJECTIVE: Promote a new approach to Public Health actions centered on the person (students), and based on them, on their families and in the community to which they belong. METHOD: Qualitative design. Group and individual virtual meetings with students from the UNMSM Faculty of Medicine, as part of the Mentoring Program focused on the Person and Human Development. RESULT: Main revelations: "it is what we needed"; "I felt like nobody cared"; "Now I know that we are not alone"; "I did not think I could do Public Health from my home" CONCLUSIONS: The Mentoring Program focused on the Person and Human Development of the Faculty of Medicine of the UNMSM is not only contributing to the individual development of the students but also to the deployment of Public Health actions in families and the community environment.

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AGE IN TIMES OF A PANDEMIC: SOME POPULATION CENTRED PUBLIC HEALTH ASPECTS  
Wolfgang Rutz (Sweden)

The situation and societal positioning of the elderly are specifically affected during the on-going pandemic situation- related to down regulations of their social contact. Elderly's specific demand for respect, identity and social status but also their helplessness, lack of self-determination, identity and dignity has to be seen. Moreover, elderly is often getting increasingly different in personality traits, interests and functional capacity, demanding individual person-centred support.

In Europe, different attitudes are brought forward when it comes to treating elderly people, from gerontocracy attitudes of high appreciation to tendencies to see them as a burden in the society. These differences risk to get reflected by elderly's mortality rates and life expectancy, both due their suicidality, but also to deficiencies in societies health care and social support systems. In Europe significant differences in elderly's suicide figures as well as pandemic mortality rates can be found, underlining the need of paying person-centred and cultural sensitive attribute to the elderly's specific situation, even respecting the digital divide characterising their life course. Facing future societal and global challenges ahead of us – viral and digital pandemics, migration waves, and climatic as well as social "tsunamis" - elderlies have to be given a significant participation to contribute to necessary problem solutions.

## EXPERIENCE WITH PERSON CENTERED MEDICINE FOR THE EDUCATION OF MEDICAL STUDENTS

Martha Villar, Gustavo Franco (Lima, Peru)

Faced with the model centered on the disease, the Faculty of Medicine of the Universidad Nacional Mayor de San Marcos, the main Peruvian university; entered a new proposal in the training of medical students, with the Patient Centered Medicine module, changing the paradigmatic model towards one where doctor-patient jointly explore disease and illness, patient care is comprehensive and articulates with its context, there is intercultural dialogue and understanding, control and responsibility are shared, a solid doctor-patient bond is formed. Student acceptance was very good to 100% good.

## FOSTERING PERSON-CENTERED MEDICINE IN TIMES OF COVID-19: THE URUGUAYAN EXPERIENCE

Giovanni Escalante (PAHO, Montevideo):

In the context of COVID-19, the Uruguayan Ministry of Health with the cooperation of PAHO / WHO has strengthened the first level of care based on the needs and demands of the population. The services oriented their actions with a people-centered approach through home health care for mild confirmed cases, teleconsultations, and support for complicated patients through the network of public and private providers. All staff were trained and differentiated care protocols have been developed to care for patients confirmed with COVID-19 and other pathologies. Likewise, we fostered the people-centered medicine in Uruguay by means of an interdisciplinary team who developed an international meeting where various countries have exchanged their experiences and best practices, the conclusions of which show the importance of renewing the health care paradigm.

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## SOCIAL DETERMINANTS OF HEALTH AND COVID-19 PANDEMIC

Eugenio Villar (Lima)

Although SARS-CoV-2 is a viral particle, lifeless as such, the Covid19 pandemic is the result of complex processes of a more social than medical nature. The Social Determinants of Health (SDH) help us understand the origin, course and impact of the pandemic, particularly in health equity; how we They also help define strategies for controlling and reducing impacts on society. The origin of the The pandemic is centered on an intensive economic mode of production, without respect for the environment, which favors new zoonoses. Globalization and the weakening of international governance and collaboration have favored the wide spread of the virus. Poverty, overcrowding,

transportation and health education pool as well how the deterioration of primary levels and the curative medicalization of health services have contributed contagion and observed lethality. Until an effective and safe vaccine is equitably available, prevention of 1st level services with adequate epidemiological surveillance with the main weapons we have to face the challenge. It is imperative, in the future, to act on SDH, including health systems and quality and equitable social protection, including health intelligence to prepare us for future Events that they will come anyway. These approaches can serve as a framework for the development of PCM, having substantive coincidences in the centrality of the person and their dignity.

## PANEL 4: Advances in Person-Centered Nursing in Pandemic Times.

### IMPACT OF COVID-19 ON NURSES AND PERSON CENTERED NURSING

Hoi Shan Fokeladeh (ICN)

### THE DUTY TO CARE DILEMMA AND THE PSYCHOLOGICAL WELL-BEING AMONG NURSES IN PANDEMIC TIMES: PRELIMINARY FINDINGS FROM A CROSS-SECTIONAL STUDY IN CHILE AND SPAIN.

Mariela Lara (Norway)

Background: The COVID-19-pandemic is creating ethical dilemmas (1). Understanding the duty to care dilemma among nurses is necessary to allow effective preparation.

Objectives: This study primarily aimed to identify nurses' agreement with the duty to care.

Methods: Self-reported electronic questionnaire about ethical dilemmas (2) and psychological well-being 3 were answered by clinical nurses in Spain and Chile (snowball sampling).



Preliminary findings: In total, 345 clinical nurses answered the primary question about the duty to care for the sick. Overall, 77.4% considered that they have a duty to care for the sick, even if this introduced risks to their or their family's health, however, significant differences were found between the countries. Half of the nurses reported low levels of well-being.

Discussion: The percentage of Spanish nurses that disagreed with the duty to take care in Spain (18.9%), was lower than in two previous influenza studies (22.1% and 26.5% respectively; 2, 4), but higher than nurses in Chile (28.1%). Participants in both countries reported several ethical dilemmas and low well-being.

Conclusion: Not only has the COVID-19 pandemic given rise to ethical challenges, but it has also impacted nurses' well-being. These results suggest that prompt actions are required to address nurses' ethical concerns as they might affect the psychological well-being.

Keywords: attitude of health personnel; COVID-19 pandemic; duty of care; ethical issues nurses; psychological well-being; willingness to work.

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## PUBLIC HEALTH MEASURES IN COMMUNITY CENTERS IN THE FACE OF THE COVID-19 PANDEMIC

Olga Castillo (Loja, Ecuador)

In the past two years, we have experienced a global change in people's health due to the COVID-19 pandemic. Different countries have had to take urgent measures to save people's health both psychologically and physiologically and developing new paradigms to face health-disease processes.

### Objective:

This study presents the measures used in times of crisis and how these have made it possible to evolve towards comprehensive models in health services. This is consistent with the definition of health as the state of complete physical, mental and social well-being, and not merely the absence of disease declared in the Constitution of the World Health Organization.

### Methods:

In this study we have started from various surveys in the different cities of Ecuador, in which they have been compared the scientific literature of other international organizations and from there present our contribution with the educational programs in health that have been implemented in response to this need.

### Results:

The measures taken in the face of the COVID-19 pandemic in the SP, hospitals, and health centers have been analyzed, highlighting a comprehensive training of the health team, with emphasis on: 1. Include scientific-technical competencies with attention to cultural diversity. 2. Promote a team vision among health professionals, 3. Emphasize work towards the achievement of universal health.

### Conclusions:

The work developed by health professionals and the community as a whole have contributed to breaking paradigms that impede total personal development and professional practice framed in the human and social. With this proposal, the return of professionals who provide comprehensive and quality health services is projected.

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ASPECTS OF WORK OF RECENT YEARS AND REFLECTIONS ON SELF-CARE AND THE PANDEMIC IN NORWAY  
Ingunn Mundal (Norway)

This brief presentation aims to provide a short glance at life in rural areas in Central Norway and the impact of COVID 19 on nursing education and self-care.

The impact on nursing education and some social considerations:

The nursing education is experiencing a rapid development, not because of the pandemic situation, but regardless of it. Because there is an extensive lack of nurses, the health authorities in Norway have urged the educational institutions to establish a number of university places for student nurses, which require supplementary internships in hospitals and municipal health services. Disregarding the pandemic, this is a challenging improvement due to the downsizing of the hospitals. The pandemic outbreak has caused a lockout of nursing students in hospitals and municipal health services, which caused a demanding situation, also due to EU requirements for approved practice for nursing students (1).

The impact on self-care:

Self-care, which is something we do to take care of ourselves and aims to improve our well-being, has been though to fulfill for many young students studying in a foreign city. Things young students usually do to take care of themselves to elicit positive emotions, have also been interrupted by the long-lasting pandemic lock down. This may influence their motivation and the quality of life and their study achievements (2).

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ADVANCING PERSON-CENTERED HEALTH PROMOTION THROUGH ARTISTIC AND SOCIAL ACTIVITIES  
AMONG HEALTH PROFESSIONAL STUDENTS IN LIMA  
Anita Luján (Lima)