15TH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE

PERSON CENTERED PREVENTION AND HEALTH PROMOTION: FROM THE CLINIC TO PUBLIC HEALTH

HYBRID EVENT 2 - 4 APRIL 2023

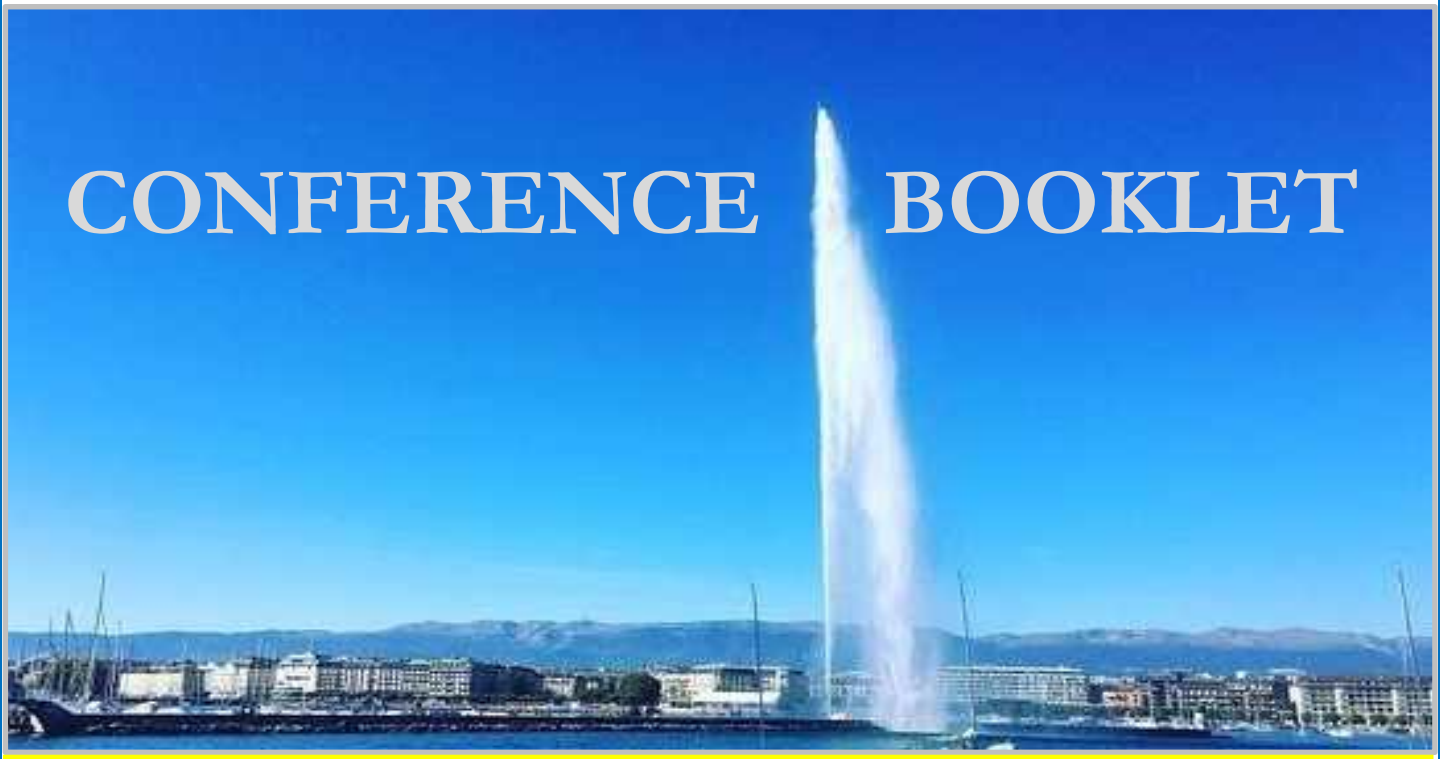
VENUE: WPA SECRETARIAT AND WORLD COUNCIL OF CHURCHES HALL, GENEVA

WORLD PSYCHIATRIC ASSOCIATION

IMPERIAL COLLEGE LONDON

DEPARTMENT OF PUBLIC HEALTH AND PRIMARY CARE
WHO Collaborating Centre
Family Medicine and Primary Health Care

GHENT UNIVERSITY



CONFERENCE BOOKLET

- ❄Organization
- ❄Program
- ❄Presenters Gallery
- ❄Abstracts

ICPCMsecretariat@aol.com

www.personcenteredmedicine.org

www.ijpcm.org

CONFERENCE ORGANIZATION

Organizing Committee: Ihsan Salloum (President, International College of Person Centered Medicine, ICPCM), Salman Rawaf and Jan de Maeseneer (Conference Program Directors), Juan E. Mezzich (Secretary General, ICPCM), Michel Botbol, Tesfamicael Ghebrehiwet, Hellen Millar, Werdie Van Staden, Christine Leyns, Jon Snaedal, Celine Tabche.

Expected Participants: Clinicians and scholars in medicine and related health disciplines as well as other health stakeholders. The registration fee is 300 Euros for persons residing in World Bank Group A (High Income Countries) and 150 Euros for persons in other countries. Full time students will pay discounted half-rate fees. Registration Fees for Online participants is fifty Euros

ICPCM Certificates of Participation will be issued upon request

Conference Secretariat: For further information as well as Registration and Abstract Forms, please visit *www.personcenteredmedicine.org* or write to the ICPCM Secretariat at Int'l Center for Mental Health, Icahn School of Medicine at Mount Sinai, Box 1093, New York, NY10029, USA E: ICPCMsecretariat@aol.com.

CONFERENCE PROGRAM

SUNDAY, 2 APRIL 2023

Institutional Meetings (By invitation only)
World Psychiatric Association Secretariat Conference Room
U Geneva Psychiatric Hospital
Batiment Les Voirons; 2 Chemin du Petit Bel-Air, 1225 Chene-Bourg, Geneva

14:00 – 16:30 **Institutional Work Meetings:**

- Strategic Planning for ICPCM Development (Ihsan Salloum, Juan Mezzich)
- WPA Person-centered Diagnosis and Care Model: Historical bases and the concept for the new model (J Mezzich); Experience with PID and GLADP: (I Salloum); Biological evidence towards a new model (I. Salloum), Human development and psychotherapeutic perspectives for a new model (M Botbol); Socio-cultural context of psychopathology and psychotherapy (W Van Staden); Next steps (J Mezzich)
- Research on Identification and Measurement of Person-centered Care (I Salloum, Juan Mezzich, Levent Kirisci and all participants)

16:30 – 17:30 **IJPCM Editorial Board Meeting** (Editorial Board Members and all participants)
17:30 – 19:00 **ICPCM Board Meeting** (Open to ICPCM Board members)
20:00 - 21:30 **Informal Dinner**

MONDAY 3 APRIL 2023

World Council of Churches Hall, Salle IV
1 route des Morillons, 1218 Grand-Saconnex, Geneva (near WHO)

8:00 **Check-in**

8:15 – 9:00 **Opening Session**
Chairs: ***Juan Mezzich (USA & Peru), Jan De Maeseneer (Belgium)***
Words of Welcome: ***I Salloum*** (***ICPCM***); **O Enabulele** (***WMA***); ***Michel Botbol (WPA)***, ***Richard Elliott (ICN)***, ***M Calle*** ***(Andean Health Organization)***, ***S Rawaf*** *WHO).*
Jim Appleyard Lecture: ***Salman Rawaf (UK)***
Introduction to the Conference: ***Juan Mezzich (USA & Peru)***

9:00 - 10:20 **Symposium 1: Primary Health Care from Eco-bio-psycho-social Perspectives**
Chairs: ***Jan De Maeseneer (Belgium), Ihsan Salloum (USA)***

[20 mins] Primary Health Care in a new Context: the challenges of the 3rd Decade: **Christo Lionis (Greece)**
[10 mins] Shared Decision-Making and information provision in Dutch Primary Care Mental Health: ***Sandra Van Dulmen (The Netherlands)***
[10 mins] Environmental Health: the nexus between climate change, health and migration: **Charlotte Scheerens (Belgium)**
[10 min Health Care and its Eco-social Framework: ***Bertha Pineda (Colombia & Peru)***
[5 mins] Measuring Trust in Primary Care: Assessment, Improvement, and Policy Opportunity. ***Robert Phillips, Zachary Merenstein, Jill C. Shuemaker***
[25 mins] Debate and Conclusions

10:20 – 10:35 **Coffee Break**

10:35 – 11:50 **Symposium 2: Person-Centered, Goal-Oriented and Comprehensive Care**
Chairs: ***Salman Rawaf (UK), Otmar Kloiber (WMA, France)***

[20 mins] Goal-Oriented Care: what matters to the person? ***Reini Haverals (Belgium)***
[15 mins] Global Perspectives on Person- and Family-focused Care: ***Osahon Enabulele (WMA President, Nigeria)***
[15 mins] Communication in comprehensive diagnosis and care: ***Michel Botbol (France)***
[25 mins] Debate and Conclusions

11:50 - 13:10 **Group photograph and Lunch Break**

13:10 -14:30 **Symposium 3: The Meanings of Quaternary Prevention**
Chairs: ***Jan De Maeseneer (Belgium), Michel Botbol (France)***

[20 mins] The Partnership with the Patient determines a new way of conceiving Prevention; the tale of Quaternary Prevention ***Marc Jamoulle (Belgium)***
[10 mins] How to defend quaternary prevention and person centered care in Health Technology Assessment (HTA)? ***Daniel Widmer (Switzerland)***
[10 mins] Salutogenesis: The Body as Mediator: ***Ottomar Bahrs (Germany)***
[10 mins] From Social to Ecological Psychiatry: ***Veljko Djordjevic (Croatia)***
[30 mins] Debate and Conclusions

14:30 - 15:30 **Antoine Bess & Jitendra Trivedi ICPCM Professional Groups Panel: Perspectives on Prevention and Health Promotion**
Chairs: ***Michel Botbol (France)*** *and* ***Roy Kallivayalil (India)***
Panelists:

- ***Imelda Medina (USA):*** Eradicating Polio from the World
- ***Paul Lacaze (France):*** An Innovation in Montpellier (Fr) for Prevention and Health Promotion of the Children
- ***Christine Leyns (Bolivia & Belgium):*** Constructing prevention and health promotion with the community, Sacaba, Bolivia
- ***Levent Kirisci (USA):*** Covariation between substance use disorder severity and COVID vaccination inpatients
- ***Amber Damiaens, Veerle Foulon (Belgium)***: The RESPECT-tool: integrating personal goals into medication optimization for nursing home residents
- *Vladan* ***Novakovic (USA):*** Person centered diagnosis – an integrative force in the dialogue among neo-Kraepelinian (DSM, ICD), RDoC and newer diagnostic approaches.

15:30 -16:00 **Coffee Break and Interactive Poster Session**
Poster 1: Quaternary prevention From Wonca World Hong Kong 1995 to Wonca World Prague 2013: ***Daniel Widmer (Switzerland)***

16:00 -17:00 **ICPCM General Assembly**
Chairs: ***Ihsan Salloum and Juan Mezzich***

- ICPCM Report and Action Plan: ***Ihsan Salloum and Juan Mezzich***
- Presentation of the ICPCM Textbook on Person Centered Medicine: ***J Mezzich, J Snaedal***
- Introduction to the 2023 Geneva Declaration: ***Jan de Maeseneer and Salman Rawaf***
- ICPCM Board Elections

17:00 -19:00 **First Cultural Walking Visit to Geneva: United Nations** departing from the WCC
(Guides: ***Hans-Rudolf Pfeifer and Tesfa Ghebrehiwet***)

19:00- 22:00 **Conference Dinner** (Organizer: ***Hans-Rudolf Pfeifer)***

TUESDAY, 4 APRIL 2023
World Council of Churches Hall
1 route des Morillons, 1218 Grand-Saconnex, Geneva (near WHO)

8:15 - 09:35 **Symposium 4: Population and Ecological Focus vs "Individual" Life Course [Related to COVID-19]**
Chairs: ***Jan De Maeseneer (Belgium), Werdie Van Staden (South Africa)***

[20 mins] The legacy of Covid-19 until now: ***Pedro Barros (Portugal)***
[15 mins] Total Health and Total Care for the Whole Person: ***Juan Mezzich (USA and Peru)***
[15 mins] The New Ecology of Mind: ***Marijana Bras (Croatia)***
[30 mins] Debate and Conclusions

09:35 – 10:15	**Paul Tournier Prize 2023 Session** Chairs: ***I Salloum (USA), Frederic Von Orelli (Switzerland), HR Pfeifer (Switzerland)*** Laudatio: ***Tesfa Ghebrehiwet (Canada)*** Paul Tournier Prize 2023 Lecture: Person Centered Medicine in Dementia: The Only Option: ***Jon Snaedal (Iceland)***
10:15-10:30	**Coffee Break**
10:30-11:35	**Symposium 5: Effects of Public Health on Prevention and Health Promotion** Chairs: ***Salman Rawaf (UK), Tesfa Ghebrehiwet (Canada)***
[20 min]	Integrating Public Health, Primary, and Social Care – Caring for Ourselves and Others: ***Jan De Maeseneer (Ghent University, Belgium)***
[10 min]	Challenges of Delivering Person-centered Care from the Clinic to Public Health: ***Helen Millar (UK)***
[10 min]	A Step Ahead of Any Shock – Resilient and Prepared Communities and Health Systems. ***Heather Lyn Rogers (Spain)***
[25 min]	Debate and Conclusions
11:35 - 12:45	**Lunch Break (open)**
12:45-14:05	**Symposium 6: Training for Person-centered Health and Care Professions** Chairs: ***Jon Snaedal (Iceland), Veljko Djordjevic (Croatia)***
[20 min]	The Health and Care Professions of the future: position paper: ***Veerle Foulon (Belgium)***
[10 mins]	Interprofessional training for Primary Care Providers in goal-oriented care: ***Reini Haverals (Belgium)***
[10 mins]	Inter-professional training for effective person-centered team work. ***Tesfa Ghebrehiwet (Canada)***
[10 mins]	Whole-Person Training in Africa: person- and community-oriented teaching: ***Martha Makwero (Malawi)***
[30 mins]	Debate and Conclusions
14:05 - 15:25	**Symposium 7: International Perspectives on Person-centered Prevention & Health Promotion** Chairs: ***S Van Dulmen (The Netherlands), Marijana Bras (Croatia)***
[10 mins]	Presentation 1: North American Perspectives: ***Ihsan Salloum (USA)***
[10 mins]	Presentation 2: Latin American Perspectives: ***Maria Calle (Peru, Andean Health Organization)***
[10 mins]	Presentation 3: European Perspectives: ***Jon Snaedal (Iceland)***
[10 mins]	Presentation 4: African Perspectives: ***Werdie Van Staden (South Africa)***
[10 mins]	Presentation 5: Middle-East Perspectives: ***Salman Rawaf (UK)***
[10 mins]	Presentation 6: Asian Perspectives: ***Roy Kallivayalil (India)***
[20 mins]	Debate and Conclusions
15:25 - 15:40	**Coffee Break**
15:40– 16:20	**Multi-Cultural Multi-Format Activity Session: (**Organizer: ***Werdie Van Staden*****)**
16:20 – 17:00	**Conference Closing Session** Chairs: ***Ihsan Salloum, Salman Rawaf*** **Conference Conclusions:** ***Jon Snaedal (Iceland)*** **Geneva Declaration 2023:** ***Jan de Maeseneer and Salman Rawaf*** **Next Steps:** ***Juan Mezzich***
17:00	**Second Cultural Walking Visit to Geneva: Int'l Red Cross** (*Guide:* ***H-R Pfeifer***)
19:00	**Informal Network Dinner** *(Organizer:* ***Hans-Rudolf Pfeifer****)*

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FIFTEENTH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE

ABSTRACTS

Opening Session:

JIM APPLEYARD LECTURE
Salman Rawaf (UK)

THEMATIC INTRODUCTION TO THE CONFERENCE
Juan Mezzich (USA & Peru)

The main theme of the 15th Geneva Conference, Person-centered Prevention and Health Promotion, deals with prominent aspects of positive health, which in turn is a key component of the concept of health as well as of health actions, particularly concerning Person Centered Medicine. And this main theme is to be examined at the Conference from clinical care to public health, i.e., through the broadest range of health care activities.

This Conference main theme was formulated in mid-2022 by the multidisciplinary Board of the International College of Person Centered Medicine chaired by Ihsan Salloum, a distinguished clinician and scientist, head of the Neuroscience Institute at the University of Texas. As program directors were appointed two respected international health leaders, Salman Rawaf and Jan De Maeseneer, heads of WHO Collaborating Centers at the UK's Imperial College London and Belgium's Ghent University, respectively.

The core of the 15GC is presented through seven symposia, as follows:
1. Primary Health Care
2. Goal-oriented and comprehensive care
3. The meanings of Quaternary Prevention
4. Eco-social vs individual health activities
5. Public health contributions to prevention and health promotion
6. Person-centered training challenges for the health professions
7. International perspectives on person-centered prevention and health promotion

The 15th Geneva Conference will also honor three early inspiring leaders of Person Centered Medicine through the following activities:
- The Jim Appleyard Lecture delivered by Salman Rawaf
- The Antoine Bess and Jitendra Trivedi Panel chaired by their compatriots Michel Botbol of France and Roy Kallivayalil of India.
- The Paul Tournier Prize Lecture this year awarded to Jon Snaedal of Iceland.

The Conference program also includes significant cultural activities as follows:
- A multi-cultural and multi-format session organized by Werdie Van Staden from South Africa
- Two Geneva cultural walks led by Hans-Rudolf Pfeifer of Switzerland and Tesfa Ghebrehiwet of Canada.
- A Conference dinner and a networking dinner organized by Hans-Rudolf Pfeifer

This is a stimulating menu to continue cultivating together person-centered medicine and health.

SYMPOSIUM 1: Primary Health Care from Eco-bio-psycho-social Perspectives

PRIMARY HEALTH CARE IN A NEW CONTEXT: THE CHALLENGES OF THE 3RD DECADE
Christos Lionis, (Greece)

In recent years, the world has been facing extreme challenges that have not been experienced in centuries. The consequences of the rapidly growing emergencies imposed by the consecutive crises, including a pandemic, conflicts, violence, wars and severe energy and ecological related events, are felt across the globe, exposing the humanity to significant physical and mental health risks. In this new and challenging context, primary health care is invited to take a greater leadership by identifying and introducing new theoretical frameworks and models of care to guide its implementation, suitable and effective tools to be used in the current settings and a capable, well-trained and resistant health care workforce.

The new challenges towards more resilient and effective health systems following COVID-19 with a focus on the impact of the pandemic on young people's mental and physical health as the latest report of OECD and EC will guide this presentation. Certain evidence-based experiences to the direction of the transformation of the current primary health care systems that they have been gained during the pandemic period will be presented. A focus on more collaborative care and primary care behavioural health models is essential to contemporary Europe and efforts to enhance communication and compassionate competency among the primary health providers seems to be an urgent priority.

SHARED DECISION-MAKING AND INFORMATION PROVISION IN DUTCH PRIMARY CARE MENTAL HEALTH

Sandra van Dulmen, Désanne Noordam, Monique Heijmans (The Netherlands)

Objective: Contribute knowledge on the processes of information provision and shared decision-making (1) in primary care mental health, and explore how the current context of staff shortages and waiting lists for specialized mental healthcare affect those processes.

Methods: Qualitative, exploratory study with semi-structured interviews with general practitioners (GPs) (n=9), practice nurses mental health (PNMHs) (n=8), clients (n=18), and caregivers (n=3).

Findings: GPs and PNMHs often identify no clear informational needs and treatment preferences in clients with mental problems at the beginning of treatment in primary care. GPs, PNMHs and clients experience barriers in the process of referral to specialized mental healthcare, resulting from compartmentalization and waiting periods in specialized mental healthcare. GPs and PNMHs also lack important information on available specialized mental healthcare to disclose to clients.

Conclusion: Based on the experiences of all interviewed parties, it appears the processes of information provision and shared decision-making in primary care mental health are to some extent compromised as a result of current challenges in specialized mental healthcare (2).

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1. Rodenburg-Vandenbussche S, Carlier I, van Vliet I, van Hemert A, Stiggelbout A, Zitman F. Patients' and clinicians' perspectives on shared decision-making regarding treatment decisions for depression, anxiety disorders, and obsessive-compulsive disorder in specialized psychiatric care. J Eval Clin Pract 2020; 26: 645-658
2. Becker T, Koekkoek B, Tiemens B, Tienen LJ van, Hutschenmaekers G. Substituting specialist care for patients with severe mental illness with primary healthcare. Experiences in a mixed methods study. Psychiatric Mental Health Nursing 2019, 26, 1-10

ENVIRONMENTAL HEALTH: THE NEXUS BETWEEN CLIMATE CHANGE, HEALTH AND MIGRATION

Charlotte Scheerens, (Belgium)

HEALTH CARE AND ITS ECO-SOCIAL FRAMEWORK

Bertha Pineda (Colombia & Peru)

MEASURING TRUST IN PRIMARY CARE: ASSESSMENT, IMPROVEMENT, AND POLICY OPPORTUNITY.

Robert Phillips, Zachary Merenstein, Jill C. Shuemaker

Objective: Trust is a fundamental aspect of any human relationship, and medical care is no exception. An ongoing, trusting relationship between clinicians and patients has shown demonstrable value to primary care. However, there is currently no measure of trust in general use, and none endorsed for use by most value-based payment programs. This review searched the literature for any existing measures of patient trust in primary care clinicians and assessed their potential to be implemented as a a patient-reported outcome measure.

Methods: A scoping review was conducted to find any trust measures in healthcare. Measures that did not address primary care clinicians were eliminated and the remaining measures were then assessed for their utility to primary care.

Results: This purposeful, scoping review found four tested measures for assessing patients' trust in primary care clinicians that are candidates for general use. Of these four, the revised Trust in Physicians Scale and Wake Forest Physician Trust Scale are the most tested and viable options.

Discussion/Conclusion: Renewed interest in trust in health care should focus on the capacity to measure it. This review informs the effort to test trust measures for use in research, practice improvement, and value-based payment. Measuring trust, how it relates to outcomes, and learning how it is produced or lost are key to assisting practices and health systems towards earning it.

Keywords: Trust, Primary Care, Measurement, Quality Measures

SYMPOSIUM 2: Person-Centered, Goal-Oriented and Comprehensive Care.

GOAL-ORIENTED CARE: WHAT MATTERS TO THE PERSON?

Reini Haverals (Belgium)

GLOBAL PERSPECTIVES ON PERSON- AND FAMILY-FOCUSED CARE

Osahon Enabulele (Nigeria)

COMMUNICATION IN COMPREHENSIVE DIAGNOSIS AND CARE

Michel Botbol (France)

SYMPOSIUM 3: The Meanings of Quaternary Prevention.

THE PARTNERSHIP WITH THE PATIENT DETERMINES A NEW WAY OF CONCEIVING PREVENTION; THE TALE OF QUATERNARY PREVENTION

Marc Jamoulle (Belgium)

Since the middle of the 20th century, clinical prevention has been primarily focused on the disease and its evolution. However, with the emergence of person-centered care, physician-patient partnerships and increased awareness of the potential dangers of medicine, a new concept of prevention is needed. This concept, born in 1986, which is already widely taught in Family Medicine worldwide and available in multiple languages [1], considers medicine as a co-construct between patients and doctors, prioritizes the partnership relationship between the physician and the patient and includes medicine itself as a potential source of health problems [2]. The authors propose revising the MeSH terminology to include the four prevention proposals of the World Organization of Family Doctors (WONCA) including quaternary prevention under its original definition published in 2003 [3] which implies an ethical stance and patient doctor partnership, not just a quality assurance approach.

References

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HOW TO DEFEND QUATERNARY PREVENTION AND PERSON CENTERED CARE IN HEALTH TECHNOLOGY ASSESSMENT?

Daniel Widmer (Switzerland)

Objectives. European Union of general practitioners/family doctors, UEMO, is the political organization of General Practitioners (GP) defending their positions at the European Commission. Since 2017, UEMO participated at the EU - HTA network as stakeholder member of health care providers (HCP) together with representants of patients, payers and industry1,2. What are the principles and values to defend for GPs in the evaluation process of technologies?

Methods: result of experience, of fieldwork notes and group discussion in UEMO.

Findings: new technologies can be helpful for patients, but sometimes the care context is not ready to integrate a new technology. Other times harmful and disruptive for continuity, sometimes without any usefulness, or can have a psychological impact creating anxiety principally when there is a confusion of definition3.

Discussion: GPs use different concepts: quaternary prevention, overmedicalization, first do not harm, person-centered care, shared decision, psychological impact, care pathways, continuity and comprehensiveness of care. Facing a domain where qualitative research has an hegemony with RCT, GPs defend the place for qualitative research, patient centered outcomes and evaluation of the system of care (action research).

Conclusion: the new European regulation is now voted and has to be fully implemented in 2025. We hope to continue as GPs to be present in the future discussion together with other HCP.

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SALUTOGENESIS: THE BODY AS MEDIATOR:
Ottomar Bahrs (Germany)

The paper addresses the relationship between person-centredness and meaning-making, and it refers to the concepts of anthropological medicine and salutogenesis. Based on a conversation between a GP and his patient suffering from chronic pain, the aim is to illustrate how negotiating health goals goes beyond the patient's mere non-illness and the patient's positive health but implicitly touches the practitioner's concerns and (life) goals. Against this background, Balint has written that there is a struggle between doctors and patients about values and (life) goals. Both are involved in "mutual missionary work". Hence the necessity of "shared decision making", which has to be preceded by a mutual ("transjective") understanding (von Weizsäcker).

However, many people are unaware of their (implicit) life goals, which may be "represented" by physical expression. Here "the body as a mediator" (von Weizsäcker) might come into play, and it could, in turn, be linked back to the concept of salutogenesis. This raises as follow-up questions how the "sense FOR coherence" (Lindström) can be strengthened and how person-centred medicine can consider the physician as a subject and his biographically based subjective theories of health and illness.

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FROM SOCIAL TO ECOLOGICAL PSYCHIATRY:
Veljko Djordjevic (Croatia)

In the 1960s, led by Joshua Bierer and his followers, the first ideas about the introduction and implementation of social psychiatry in the health care system appeared. In the former Yugoslavia, prof. Vladimir Hudolin and his followers, in addition to open-door psychiatry and interdisciplinary cooperation, also develop non-institutional forms of help, i.e. protection and improvement of mental health in the community. Even then, the first non-institutional clubs of alcoholics, drug addicts, geriatric clubs, psychiatric clubs, etc. were created, in which, in addition to patients, entire families were included. Staff are also trained to work in these non-institutional clubs through six-month schools of social psychiatry, and among the school's participants were experts and patients. Since 1979, we from Croatia have participated in the establishment and operation of several thousand clubs in Europe (especially in Italy). As prof. Hudolin chaired for 12 years the World Association of Social Psychiatry, as well as the Mediterranean Association of Social Psychiatry, and was a special advisor to the World Health Organization for mental health, we were participants in all the most significant changes in the development of social psychiatry. Prof. Vladimir Hudolin constantly emphasized that the dignity of the mentally ill and his family should be restored, and he believed that the social psychiatry of the future should pay the greatest attention to fears, wars and intolerance, because we have forgotten interpersonal touch, communication and interaction between people as the most important elements of social psychiatric thinking. As a participant in these events since 1976, the author will present his thoughts, memories and comments about how and where social psychiatry went in Croatia and the world, what were the biggest barriers that caused the neglect of social psychiatry and how to move from the socio-ecological model of prof. Hudolin towards ecological psychiatry and the person-centered phychiatry.

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ANTOINE BESS & JITENDRA TRIVEDI ICPCM PROFESSIONAL GROUPS PANEL: Perspectives on Prevention and Health Promotion

ERADICATING POLIO FROM THE WORLD
Imelda Medina (USA)

As a founding partner of the Global Polio Eradication Initiative (GPEI), Rotary has reduced polio cases in the world by 99.9 percent since our first project to vaccinate children in the Philippines in 1979. Today, polio remains endemic only in Afghanistan and Pakistan. Hundreds of thousands of Rotary volunteers have provided support for polio eradication activities and continue to this day by participating

in national immunization days, assisting with surveillance, working on local, national, and international advocacy programs, assisting at immunization posts and clinics, mobilizing their communities for immunization activities, and working on diverse humanitarian projects and grants to help persons in a holistic way. In our efforts to reach every child in every household to protect them from polio, the GPEI is currently working on including women further in the program while factoring in their specific needs, skill sets and profiles. Rotary's unwavering commitment to eradicate polio from the planet has been vital to the success of the program. Lessons learned include the value of direct involvement by local Rotarians and innovative approaches to caring for and empowering individuals, putting people at the center of care.

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AN INNOVATION IN MONTPELLIER (FR) FOR PREVENTION AND HEALTH PROMOTION OF THE CHILDREN

Paul Lacaze (France)

Faced with the influx of emergency care and without a rapid response in child psychiatry, psychologists, neuropsychiatrists and social workers decided in 2020 to develop an associative structure financed by public and private funds, L'APPART*, whose goal is to create spaces for prevention and psychological support that are accessible, freely and without waiting time, to all families in order to take care of parents, children and the bond that unites them.

*L'APPART: L'Association for Prevention in the service of Parenthood and Networked Accompaniment for All

CONSTRUCTING PREVENTION AND HEALTH PROMOTION WITH THE COMMUNITY, SACABA, BOLIVIA

Christine Leyns (Bolivia & Belgium)

Health, and as such health promotion and disease prevention are often related to individual health behaviors, ignoring the underlying causes known as the social determinants of health, the condition in which people are born, grow, live, work and age and the fundamental drivers of these conditions (1). As such working on prevention and health promotion can be best achieved through primary care embedded in the community (2). In the context of a larger COVID-19 related project, two health offices were established in two municipal markets in Sacaba, Bolivia to facilitate access to care, prevent COVID-19 transmission and promote health among market sellers, their families, and their clients. A systematic and formal construction of alliances between the federation of market sellers, the municipality, the health network, and the project team were established. Initially the focus was directed on alleviating the consequences on health including mental health brought about by the pandemic. Direct support for health issues, listening to lived experiences and sharing tailored information was central. The general health diagnosis performed to over 200 market sellers exposed their high cardiometabolic risk. Beside an individual diagnosis shared with the person, this was a community diagnosis shared with the community leaders. Contrary to the general construct of community oriented primary care (3), where "experts" or "professionals" take the lead in the solutions, in this experience, the market leaders designed their own healthy market plan with the project team facilitating the process. The strength is that the actions to protect and improve health are 100% related to their reality. The weakness is that many actions need the involvement of municipal and health actors that feel no ownership over the plan. In future plans all relevant actors must be included in the construction of a health plan with a central role for the community to whom the plan serves.

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COVARIATION BETWEEN SUBSTANCE USE DISORDER SEVERITY AND COVID VACCINATION INPATIENTS

Levent Kirisci, PhD, Maureen Reynolds, PhD, Ralph Tarter, PhD, Emily Thacker, PharmD, Zoe Karavolis, PharmD (USA)

Objectives. Substance use disorder (SUD) elevates the risk for infectious diseases (Serota et al., 2020), including COVID-19 (Board et al., 2022). Moreover, the severity of COVID-19 is greater (Althobaiti et al., 2021) and hospitalizations are more likely among persons with

SUD. These findings underscore the importance of increasing the uptake rate for vaccination among individuals with SUD. To date, investigations have not been conducted to determine whether SUD severity is associated with reluctance for vaccination and receptivity to a consultation advocating the benefits of vaccination. The study aims are to determine the covariation between SUD and COVID vaccination and between SUD and receptivity to consultation advocating vaccination.

Methods. The sample consisted of 460 patients obtaining SUD treatment at Western Psychiatric Hospital at the University of Pittsburgh Medical Center. Data were analyzed using the random forest model.

Findings. Within the total sample, 27.2% had not received any COVID-19 vaccinations. Unvaccinated participants are younger and had a higher rate of nicotine dependence, opioid use disorder, and more co-occurring SUDs than the vaccinated participants. The SUD severity predicts vaccination status but not receptivity to a consultation with the pharmacist advocating the benefits of vaccination.

In summary, this study shows that the high severity of SUD is associated with a lower rate of CVID vaccination.

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THE RESPECT-TOOL: INTEGRATING PERSONAL GOALS INTO MEDICATION OPTIMIZATION FOR NURSING HOME RESIDENTS

Amber Damiaens, Veerle Foulon (Belgium)

Objectives
To develop and evaluate a tool to 1) elicit and evaluate residents' personal goals during medication optimization, and 2) elicit their involvement preferences regarding medication decision-making.

Methods
A draft of the RESPECT-tool was composed by the research team, based on scoping review findings (1). Feedback on this draft was collected through focus groups with healthcare professionals and pilot interviews with residents. The tool was then pilot tested as means to facilitate a person-centered medication review, focusing on its feasibility, appropriateness, and meaningfulness.

Findings
The RESPECT-tool was drafted as a modular approach, consisting of five modules. Pilot study results showed that the RESPECT-tool supported the collection of meaningful information and the formulation of personal goals in nursing home residents. Furthermore, goals often resulted in changes in all aspects of the nursing home stay, indicating the tool's potential to promote person-centered care in this setting.

Discussion
The RESPECT-tool showed potential in the context of medication optimization in nursing homes as it allowed to determine potential links between residents' personal goals and medication plans. Moreover, its use regularly led to one or more medication changes. Successful tool uptake seemed to be related to the tool's adaptability to local needs, and the training of healthcare professionals on the aim and structure of the tool (2,3).

Conclusion
A person-centered medication review facilitated by the RESPECT-tool holds a promising approach to medication optimization in nursing homes. Findings may serve as a proof-of-concept and constitute a basis for further investigation.

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PERSON CENTERED DIAGNOSIS – AN INTEGRATIVE FORCE IN THE DIALOGUE AMONG NEO-KRAEPELINIAN (DSM, ICD), RDOC, AND NEWER DIAGNOSTIC APPROACHES

Vladan Novakovic (USA)

Ever since the advent of DSM-III in 1980, four decades ago neo-Kraepelinian diagnostic model became the dominant operational system and clinical tool in everyday psychiatric practices. From the inception, this model was disinclined towards psychoanalysis, behaviorism, and social aspects of mental functioning and its ascendance and promotion of biological psychiatry became prevailing force in mental health.

An alternative system of mental illness classification has offered view of mental health and psychopathology as a outcome of dysfunctions of various neural circuitries. The experimental Research Domain Criteria (RDoc) approach to the classification of mental disorders does incorporate certain other dimensions such as genetics, neurobiology, and behavioral, leaving out powerful psychological and social perspectives.

The emerging person-centered integrative diagnosis model developed under the aegis of the Person Centered Medicine programmatic movement appears to be a promising "stand alone" instrument of person-centered care that bridges several specific modalities of diagnosis and care by centering them around he person. Besides its overarching humanistic value, it seems to offer a scientific platform to articulate different specific biological, psychological and social approaches to understanding psychopathology and mental health and organizing comprehensive care.

Reflection on recent clinical care experiences seem to substantiate the value of person-centered integrative diagnosis. Further research on these approaches shall shed light on the validity of these observations and the effectiveness of the person-centered integrative diagnosis model

INTERACTIVE POSTER SESSION

QUATERNARY PREVENTION FROM WONCA WORLD HONG KONG 1995 TO WONCA WORLD PRAGUE 2013

Daniel Widmer (Switzerland)

SYMPOSIUM 4: Population and Ecological Focus vs "Individual" Life Course [Related to COVID-19]

THE LEGACY OF COVID-19 UNTIL NOW

Pedro Barros (Portugal)

TOTAL HEALTH AND TOTAL CARE FOR THE WHOLE PERSON

Juan Mezzich (USA & Peru)

The ongoing conceptual development of the programmatic collaborative movement on Person-centered Medicine and Health, articulating science and humanism, seems to require as fundamental asymptotic approach Total Health and Total Care for the fulfillment of the Whole Person. This is consonant with recent work at the National Science Foundation and the Veterans Administration [Krejci et al, 2014] in the United States and the Center for Disease Control and Prevention [Li & Gao, 2020] in China.

Why Total Health?

The concept of Total Health has been emerging recently in reference to all what needs to be considered for a thorough understanding of health and the planning of effective health actions.

One factor is the importance of considering both ill-health (diseases, disabilities, distress) and positive health (resilience, resources, well-being).

Another is the growing acceptance of the multidimensionality of health, from the conventional bio-psycho-social to the more encompassing bio-psycho-spiritual and eco-social framework.

Why Total Care?

Comorbidity and multimorbidity are growing prevalent realities in the clinical arena.

Syndemics research is demonstrating the importance of attending to the interrelations between coexisting clinical conditions and between them and their contextual factors.

The person is the proper goal and protagonist of health actions.

Since the Declarations of Alma Ata (1978) and Astana (2018), there is growing recognition that the domain of care is broader than just professional services, as it should include integral care by all for all.

Recent research is showing that care focused exclusively on specific disorders is insufficiently effective, and that attention should also be paid to cross-sectional context and longitudinal dynamic development.

It seems that often it is more effective to promote positive emotions than to suppress negative ones to deal with a range of prevalent clinical conditions.

Why Whole Person?

Ontologically

Ontological research is revealing that a person is a multidimensional, irreducible, and indivisible being [Thornton, 2023].

Ethically

Promotion of the person is an ethical imperative (Kant), requiring absolute respect for his/her dignity and autonomy.

Promoting the person's autonomy enables the fulfillment of his/her responsibilities in regard to self-care (fundamental concerning chronic diseases) and mutual- or inter-care as delineated by Fabrega [2021] and required by social responsibilities demonstrable since Neanderthal times [Spikins et al, 2018].

A key function of health and medicine is to enable the person's life project, as argued by bio-ethicist Diego Gracia [1989].

Scientifically

The person cannot be effectively understood as an isolated individual but as environmentally (socio-ecologically) contextualized [Ortega y Gasset, 2014].

The concept of the whole person fits the exigencies of a comprehensive view of health.

- Sharing an eco-bio-psycho-socio-spiritual holistic theoretical framework
- A person's health includes both illness and the positive aspects of health
- Understanding the person encompasses longitudinal and cross-sectional contexts.

The person is the proper goal and protagonist of health actions.

- The person is a pivot to deal effectively with comorbidity and to articulate diverse health services.
- An active and responsible person seems to be essential to deal effectively with pandemics and the growing epidemics of chronic diseases.

Linguistically

The concept of the person highlights who is behind the roles of patient, health professional, family/carer, and members of the community [Appleyard & Mezzich, 2021].

Colophon

Understanding health and organizing care as totalities seem to optimize their relevance and helpfulness to attain the fulfillment of whole persons (individually and collectively), which is emerging as the fundamental purpose of medicine, health, education, and social governance [Weiers & Morrison, 2018].

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THE NEW ECOLOGY OF MIND

Marijana Bras (Croatia)

We are witnessing unexpected and sudden changes in our civilization, which require active reflection and action from the local to the global level. Gregory Bateson, one of the great intellectuals and thinkers of the twentieth century, published fifty years ago (1972) a series of essays called Steps to an Ecology of Mind, which were created during several decades of his fruitful reflection, work and research in the fields of anthropology, cybernetics, linguistics, semiotics, ecology, psychiatry and numerous other fields. Gregory Bateson applied research principles from biological ecology to research on ways of thinking, ideas, shaping consciousness and creating patterns at the individual and societal levels. He also applied the principles of cybernetics in the social sciences and ecology. As a family therapist, he emphasized that pathology is not in the individual, but in the patterns of relationships between individuals, inventing the term double bind. He was especially concerned with communication and pointed out that we cannot understand and observe our behavior and communication in general without respecting the context and culture in which we live. Using the rich heritage left to us by Gregory Bateson and his collaborators, it is time to think about ways to create a New Ecology of Mind. Are we ready to face the consequences for which we ourselves are responsible? How will we deal with the pandemic of mental disorders we are witnessing? How will we deal with the environmental disaster? We are talking about cooperation, communication and understanding, and we are witnessing increasing fragmentation, double bind messages and increasing reductionisms (biological, psychological, social, spiritual) in numerous areas, including in the field of mental health. Promoting person centered prevention and health promotion at all levels (from local to global) is a continuous process in which it is essential to improve communication. The pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is undoubtedly the defining global health crisis of our time with long-term consequences. Therefore, it is more than ever important to highlight, promote and educate the wider public about the concept of person centered medicine and people centered health care and develop the concept of New Ecology of Mind.

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PAUL TOURNIER PRIZE 2023 SESSION: Lecture

PERSON CENTERED MEDICINE IN DEMENTIA: THE ONLY OPTION

Jon Snaedal (Iceland)

Introduction. In dementia, the individual's personality seems to be changing but in reality this is most often not the case. Most of the changes, often described in the context of personality changes are in fact found under the umbrella of "Behaviour and Psychological Symptoms in Dementia" (BPSD) and are having its origin in different coping mechanisms. These coping strategies are most often the same the individual has used throughout life. However, the individual's capability to use his or her coping strategies is limited and seems to be of pathological nature.

Treatment of BPSD. The only way to give beneficial treatment of BPSD of the individual is to understand that the individual´s coping strategy is the driving force behind the symptoms. However, this is frequently not done and the symptoms are treated on face validation with different medication, many of them deleterious for the person. Frequently, antipsychotic medication is the main pillar of treatment giving various side effects and at the same time, not helping the individual [1]. This can be exemplified by a person that is having concerns of his/her young children that actually are grown ups. If this is understood and people working in the ward understand this, the symptoms can be relieved by communicative skills instead of medication.

The VIPS framework. This is a systemic approach for treatment of moderate or severe dementia, most often directed at BPSD symptoms. This acronym stands for V=Values person, I = Individual needs, P = Perspective of service user and S = Supportive social psychology [2]. This has its roots in the theories of personhood presented in the nineties as a response to the clinical and pharmacological responses to difficult symptoms of individuals with dementia. At this time, it had become obvious that these responses were not beneficial to the individuals and on contrary being deleterious and even life threatening.

Conclusions. Person centered medicine approach for symptoms in dementia are not only beneficial for the person but currently the only beneficial approach to behavioural and psychological symptoms in dementia. An international initiative was started in 2015 called GAP (Global Action on Personhood in dementia), calling for person centered approach in all levels of dementia care [3].

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SYMPOSIUM 5: Effects of Public Health on Prevention and Health Promotion

INTEGRATING PUBLIC HEALTH, PRIMARY, AND SOCIAL CARE – CARING FOR OURSELVES AND OTHERS:

Jan De Maeseneer (Belgium)

Objectives

To develop and evaluate a tool to 1) elicit and evaluate residents' personal goals during medication optimization, and 2) elicit their involvement preferences regarding medication decision-making.

Methods

A draft of the RESPECT-tool was composed by the research team, based on scoping review findings (1). Feedback on this draft was collected through focus groups with healthcare professionals and pilot interviews with residents. The tool was then pilot tested as means to facilitate a person-centered medication review, focusing on its feasibility, appropriateness, and meaningfulness.

Findings

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Discussion

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Conclusion

A person-centered medication review facilitated by the RESPECT-tool holds a promising approach to medication optimization in nursing homes. Findings may serve as a proof-of-concept and constitute a basis for further investigation.

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CHALLENGES OF DELIVERING PERSON-CENTERED CARE FROM THE CLINIC TO PUBLIC HEALTH

Helen Millar (UK)

Background

Person-centered care has been central to the ethos of the UK NHS with the aim of treating patients with respect and dignity to deliver a high quality of care to improve people's life. Research has subsequently emerged to construct person centered care models to enable a transformation in our health care system. Outcome measures have been developed to evaluate the delivery and co-ordination of person centered care with the aim of providing continuous feedback within the health care system to optimize improvement. Delivery of training is essential in order to embed a Person- centered approach in the current health care culture which is a challenging environment given the growing pressures, ever increasing demands and finite resources within the system.

Objectives and methods

This brief presentation aims to highlight the current key UK Person- centered policies, research developments in the field and the training model and skills required to deliver this individualized and holistic model of care. The presentation aims to discuss the reality of delivering Person-centered care in the current challenging health care environment.

Findings and Conclusions

The current health care model is unsustainable given the growing needs of our population and the finite resources in the healthcare system. A Person- centered care model provides us with an opportunity to transform the delivery of healthcare and enable the individual to take a more active role in co-coordinating and managing their health care. Creative and knowledgeable leadership, appropriate resource allocation and a willingness to adapt to new ways of working will be crucial to successfully deliver a truly Person- centered model of care.

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A STEP AHEAD OF ANY SHOCK – RESILIENT AND PREPARED COMMUNITIES AND HEALTH SYSTEMS.

Heather Lyn Rogers (Spain)

The Expert Panel on Effective Ways of Investing in Health (EXPH) was an interdisciplinary and independent group established by the European Commission from 2013 - 2022 to provide non-binding independent advice on matters related to effective, accessible and resilient health systems. In 2020, the EXPH supported DG SANTE by writing an Opinion on The Organization of Resilient Health and Social Care Following the COVID-19 Pandemic. Using an inputs-outputs-outcomes health systems framework, health promotion activities (along with health care services, social and community care, and access, etc.) were defined as important outputs of inputs that include, but are not limited to, the health workforce, community carers, and governance/leadership/health system cooperation.

Within this Opinion, specific emphasis was placed on health system resilience and, in particular, an examination of how to test health system resilience against sudden shocks (e.g., a superbug) or structural challenges (e.g., shortages of workers). A person-centred, collaborative approach towards resilience testing was proposed with 5 phases and 4 core components. Key methodological considerations included: the comprehensiveness of assessment, which is adapted to the specific needs of particular countries, regions, or states; the inclusiveness of the processes, which involve different stakeholders from multiple sectors that have the power to contribute to health for all policies; the interactive and iterative processes, carried out with a high degree of collaboration and a willingness to listen by all parties; and the ultimate goal of health care system transformation via the generation of concrete, actionable recommendations and accountability for the changes.

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SYMPOSIUM 6: Training for Person-centered Health and Care Professions

THE HEALTH AND CARE PROFESSIONS OF THE FUTURE: POSITION PAPER

Veerle Foulon (Belgium)

INTERPROFESSIONAL TRAINING FOR PRIMARY CARE PROVIDERS IN GOAL-ORIENTED CARE

Reini Haverals (Belgium)

INTER-PROFESSIONAL TRAINING FOR EFFECTIVE PERSON-CENTERED TEAM WORK.

Tesfa Ghebrehiwet (Canada)

WHO defines interprofessional education (IPE) when students from two or more health professions learn about, from and with each other to enable effective collaboration and improve health outcomes. The goal of IPE is to prepare health professional students with the knowledge, skills and attitudes necessary for collaborative practice. The hallmark of IPE is to bring about cognitive and behavioural changes in health professional students, so they understand and value the core principles and concepts of each discipline and are familiar with the basic language and mindsets of the various disciplines

WHOLE-PERSON TRAINING IN AFRICA: PERSON- AND COMMUNITY-ORIENTED TEACHING

Martha Makwero (Malawi)

Background: The shifting global disease burden from acute to chronic and the associated multi-morbidity is necessitating that care delivery moves away from the traditional reactive, episodic, syndromic biomedical models to embrace more person-centred care (PCC), and community-oriented approaches in care. Africa is not spared; thus medical education delivery has to embrace the shifting perspectives in care. The experiences of training these models in Africa have however been shown to be thwarted through a lack of practical exposure, largely emanating from the lack of clarity and poor role-modelling of PCC and COPC approaches. While Family Medicine promotes PCC and COPC approaches in medical training, there seems to be a lack of perceived value among other specialties and health systems, which seem to prioritize and incentivize biomedical outputs over holistic population targets. While COPC models an attempt to teach COPC in our context, they are also dichotomized from day-to-day patient care thus, perceived as two distinct approaches that are not complementary.

Objectives: This symposium seeks to present the experiences of training COPC and PCC in Africa, and further solicit scholarly contributions and support to promote its implementation in Africa.

Discussions and conclusions: Through this symposium, we hope to share ideas and get sustainable recommendations on frameworks in the delivery and assessment of PCC and COPC to improve its perceived value and implementation in medical training in Africa.

SYMPOSIUM 7: International Perspectives on Person-centered Prevention & Health Promotion

PRESENTATION 1: NORTH AMERICAN PERSPECTIVES

Ihsan Salloum (USA)

PRESENTATION 2: LATIN AMERICAN PERSPECTIVES

Maria Calle (Peru)

PRESENTATION 3: EUROPEAN PERSPECTIVES

Jon Snaedal (Iceland)

PRESENTATION 4: AFRICAN PERSPECTIVES

Werdie Van Staden (South Africa)

Objective: The presentation considers ethical requirements for prevention and health promotion from an African person-centered perspective.

Methods: An African person-centered perspective is applied in seeking ways in which to bolster the strengths and overcome the limitations of utilitarian ethics that guide risk assessments in preventative medicine and health promotion.

Findings: Preventative medicine and health promotion necessarily invoke utilitarian ethics, for these involve anticipated consequences (outcomes). Utilitarian ethics matches the imperatives of a person-centered approach in so far as consequences are critically important for an individual person and people communally (1). It is limited, however, and may miss the individual person in so far it defines good consequences by a common standard and not that which is a good consequence “for me” when that deviates from the common standard (2). A remedy for this is found in an African person-centered approach that underscores the rich resources afforded by a careful interpersonal process in bolstering the strengths and overcoming the limitations of utilitarian ethics (3).

Discussion: A careful process of using risk assessments in preventative medicine and health promotion is required when committed to person-centered medicine, which draws the critical distinction between actuarial and case specific risk; accounts for limitations (and myths) in risk assessment; recognizes the values driving risk assessment; and averts a “totalitarian coup” by risk assessment.

Conclusion: If person and people-centered, risk assessments in preventative medicine and health promotion should be informed and guided by a careful process, informed by both the strengths and the limitations of utilitarian ethics.

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PRESENTATION 5: MIDDLE-EAST PERSPECTIVES:
Salman Rawaf (UK)

PRESENTATION 6: ASIAN PERSPECTIVES
Roy Kallivayalil (India)

Dignity, compassion and respect in the delivery of services is the soul of person cantered prevention and health and promotion strategies. Commercialization and compartmentalization of medicine is a global threat and Asia is not immune to it. Medical establishments are increasingly relying on technology and advanced investigations, while unfortunately side-lining person centered care. This has led to growing mistrust between the physician and the patient. Consequently, there has been increased incidence of violence against health professionals, including in Asian countries like India. We also face the huge problem of deficient manpower and health infrastructure.

Coupled with poor investment in health this become a toxic combination. Failure of biological reductionism is evident everywhere especially accentuated during the Covid-19 pandemic.

Blind adoption of western models of diagnosis and management in Asia is doomed to fail. What we need is culturally sensitive and regionally appropriate systems of care. Asia needs to focus and reinvent the value of therapeutic relationship. The Guru- Chela (teacher-disciple) relationship seen in ancient systems of medicine like Ayurveda in India, has many lessons to offer for the modern-day physicians. Social determinants of health need our priority focus. Asia needs a strategy to tackle health inequities and person centred prevention and health promotion should be at its core.

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