



## ICPCM Newsletter - July 2014

**Jim Appleyard, MA, MD, FRCP, FRCPC,**  
**President, International College of Person Centered Medicine**  
**Former President, World Medical Association**

It really does matter. Thinking about medicine in a person and people centered way realigns us back to the core values of the medical profession. It is not about semantics, just another redundant prefix to the study of medicine. It is a movement and a journey that physicians and all health professionals need to embark upon.

Seven years ago, the first Geneva Conference on Person-centered Medicine was created by a group of internationally recognized physicians, under the sponsorship of several global health institutions, which over the years grew to include the World Medical Association, the World Health Organization, the International Alliance of Patients' Organizations, the International Council of Nurses, the International Federation of Pharmacists, the International Federation of Social Workers among over twenty-five other international institutions and a community of committed scholars.

There was a review at that Conference of the conceptual bases of person-centered medicine, including historical, philosophical, and ethical perspectives. They highlighted the articulation of science and ethics as the core of person-centered medicine. The rich and empowering concept of personhood was analyzed, followed by the value of communication and narratives in medical healing, and the crucial framework of culture and spirituality. Paul Tournier a primary care physician, author of *Medecine de la Personne*, whose vision inspired many was recognized and honored there. The crucial role of personal encounters leading to creative scientific and professional contributions was highlighted.

The key domains in the patient's overall health were elaborated. Specific attention was paid not only to illness, suffering, and disabilities, but also the various aspects of positive health and wellbeing. Thus, clinical care was discussed in terms, first, of person-centered diagnosis that would describe ill health as well as positive health by employing categories, dimensions and narratives generated through clinician, patient, and family interactions. Building from such approach, key elements of person-centered clinical practice and services were outlined.

The leaders of the International Network of Person Centered Medicine delineated at that time five key principles of person centered medicine, as follows:

1. Wide biological, psychological, spiritual, cultural, and social theoretical framework.
2. Attending to both ill health and positive health.
3. Person centered research and education on the process and outcome of clinical care, with particular attention paid to communication, joint understanding, and shared decision-making.
4. Respect for the autonomy, responsibility, and dignity of every person.
5. Promotion of partnerships at all levels.

This is in stark contrast to the existing trends involving reductionist and management directed medicine with its compartmentalization of knowledge, fragmentation of services, and relative neglect of patients concerns, needs, and values.

Person Centered Medicine does not recognize an obligation to care for 'patients solely on their own terms – the clinician just being a provider of goods - but rather within the context of two people, the patient as a person and the health professional as a person, engaged in a dialogical process. Person Centered Medicine seeks to ensure that patients are seen as whole persons in the context of their social worlds, listened to, informed, respected, and involved in their care, having their wishes honored during their health care journey.

The two foundational components of medical practice – the science and the art of medicine, should be applied within an ethical and humanistic framework . Current '**Evidence Based** Medicine' overemphasizes the value of science while **patient** centered medicine overemphasizes patients choice – **person centered** medicine with its biological, social, psychological, and spiritual perspectives brings both the science and the art together.

Person centered care fosters a feeling of connectedness with an interpersonal outlook of unity which promotes attitudes of hope, empathy and respect. With the enhancement of wellbeing, one can observe that drop out, relapse and recurrence rates in the treatment of physical and mental disorders tend to be reduced.

One of the key aspects of clinical care is reaching a diagnosis in its widest sense which provides the fundamental basis to planning therapy and care The **person centered integrative diagnosis model** is designed to do this. It assesses informational domains of both ill and positive aspects of health on a three level schema – the first is the health status, the second the experience of health and illness. and the third the contributors to health and illness.

There is a need to move towards more personalized , integrated and contextualized models of clinical practice with the active involvement of patients and their family members as full persons.

**The development of a prototype Person Centered Care Index (PCI)** has been initiated with the support of WHO. In its current version, the PCI has 33 items organized into eight broad categories, as follows:

1. Ethical commitment
2. Cultural sensitivity
- 3 Holistic scope
4. Relational focus
5. Individualized care
6. Common ground for diagnosis and care
7. People-centered organization of services, and
8. Person-centered health education and research

The language we use for patient involvement in healthcare is important . Currently it is both confusing and controversial. Language transmits values and beliefs, reflecting and shaping social perceptions and power relationships. The word **patient** is limited in its descriptiveness. By definition, a patient is a sufferer- one who suffers patiently, and passively receives treatment. This may imply a lack of autonomy and dependency.

In the UK, the terms 'user' , 'service user' ,consumer, and client have increasingly replaced 'patient' in relation to involvement in health and social care service delivery, research, and education.

The words people use to describe themselves in health care reflect their relationship with their illness or disability and can therefore have personal and emotional significance. Though service user is currently in vogue, it defines a person by a single narrow aspect of their life (using a specific service) and can be pejorative, demeaning and stigmatizing. It neglects those who do not or cannot access services, and it does not devolve power or respect to the people who use services.

Many 'patients' or 'service users' involved in health professional education are not ill or currently receiving medical care. The prefix 'lay' defines people in terms of who or what they are **not** (eg, a professional). It implies a lack of expertise, when in fact many patients are experts in their own illnesses.

The language does matter as individuals are labeled in different ways. These labels are descriptive not necessarily *of a person* but *of a relationship* and likely never will reflect the richness of each individual. That is why the prefix *person centered* is so important.

Person Centered Medicine was defined in that first Geneva Conference as Medicine

**Of** the person (of the totality of the person's health including its ill and positive aspects)

**For** the person (promoting the fulfillment of the persons life project)

**By** the person (with clinicians extending themselves as full human beings well grounded in science and high ethical aspirations), and

**With** the person (working respectfully in collaboration and in an empowering manner through a partnership of patients, family and clinicians).

With these foundations, the International Network evolved into an international College with increasing numbers of collaborating sponsors, long lasting research projects, and stronger organizational structure. And within this collegiate culture the *International Journal of Person Centered Medicine* has evolved to promote and disseminate knowledge and scholarship. Another impacting development emerging from the themes of the last three Geneva Conferences have been Geneva Declarations with a call for action to promote the person centered approach to care for chronic diseases (2012) , person-centered health research (2013) and Person and people-centered integrated care for all (2014). They are providing a growing library of 'living' policy documents.

And so, as we inaugurate a redesigned website, we invite other international health organizations, academic institutes and individuals committed to this mission to join us in the informal collegiate atmosphere at our Geneva Conferences and International Congresses, and the overall process of building together person-centered medicine.