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Research on Person-centered Medicine & Health Care

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Biomedical research has been defined as the area of scientific inquiry aimed at developing knowledge into understanding the mechanisms underlying normal and diseased processes, which may lead to the development of interventions to enhancing health status, preventing diseases and ill health and treating diseases as well as facilitating recovery and health promotion.

Person centered medicine (PCM), shifts the emphasis of health care from a narrow focus on disease and ill health to the totality of the person's health status to include ill as well as positive aspects of health. PCM articulates a vision for the application of science and humanism to address the totality of health of the person in context for clinical and public health arenas. It proposes a paradigm shift in health care with three key pillars that are equally important in the practice of PCM. These include, first the implementation of a diagnostic process that goes beyond the diagnostic formulation of identifying a disease state or ill health to a process of diagnosis of the totality of health status, including ill health, and as equally important, the positive aspects of health [1]. Second is the empowerment of the person's seeking help by including subjective experiences, values and meanings of illness and health as well as personal preferences and choices in treatment and care. The third key paradigm shift is the partnership approach to the process of diagnosis and care. This partnership process includes all stakeholders in the care process from the health providers to the person seeking care to the caregivers and



Bas-relief sculpture "Research holding the torch of knowledge" (1896) by Olin Levi Warner. Library of Congress, Thomas Jefferson Building, Washington, D.C. (in the public domain)

significant others to community stakeholders involved in the care process.

The overarching principles of PCM include the following: 1) Ethical Commitment which refers to respect for the dignity of every person involved (patients, family, clinicians), respect for the patient's rights, promoting the patient's autonomy, empowerment and the fulfillment of the patient's life project, paying attention to the patient's personal values, choices, and needs. 2) Cultural Sensitivity which refers to being attentive to the patient's ethnic identity, cultural values and spiritual needs, the patient's language, communication needs and preferences, the patient's gender and sexual needs. 3) Holistic Approach utilizing a bio-psycho-socio-cultural-spiritual framework and focusing equally on both ill-health (diseases, disabilities) and positive health or wellbeing (functioning, resilience, resources, and quality of life). 4) Relational Focus, cultivating the clinician-patient relationship, displaying empathy in clinical communication and the care process, and cultivating trust during clinical communication and the care process. 5) Individualization of Care paying attention to the patient's uniqueness, promoting the patient's personal growth and development, considering the patient's personal choices in life and social context. 6) Shared Understanding and Shared Decision-making promoting shared understanding of patient's health situation, conducting a diagnosis of health (rather than just ill-health) and shared decision-making for treatment planning and the care process. 7) People-centered Organization of Services which comprise advocacy for the health and rights of all people in the community, people's participation in the planning of health services, promoting partnership at all levels of service organization, promoting quality and excellence in personalized services, service responsiveness to community needs and expectations, and integration and coordination of services around patients' needs. It also includes emphasis on people-centered primary care services to ensure continuity of care, and services informed by international perspectives and developments for person-centered care. And 8) Person-centered Education, Training and Research with a health system committed to promoting person-centered public health education, person-centered health professional training, and person-centered clinical research [2].

Common definitions of biomedical research have emphasized the systematic effort from basic to applied and translational research aimed at developing a body of knowledge mostly focused on ill health or diseases with much less emphasis on positive aspects of health. Person-centered Health Research may represent a paradigm shift in the conceptualization, conduct dissemination and implementation of emerging knowledge related to PCM with equal focus on both ill health and positive aspects of health and on the dynamic interplay among determinants of health.

Person centered medicine health research spans conceptual and philosophical framework, methodological innovations, and applied and collaborative research. Person centered medicine health research is multidisciplinary and inclusive of patients and stakeholders' perspectives. It attempts to understand the complex and dynamic interplay and interactions among biological, environmental and contextual domains of risk and health promoting factors. It encompasses research in ethical, communications and relational systems among the various stakeholders as well as services, health systems, people and community public health and policymakers research.

The 6th Geneva Conference on Person-centered Medicine, dedicated to Person-centered Health Research produced the 2013 Geneva Declaration on Person-centered Health Research to raise global awareness of the need for more research in person-centered medicine (PCM) and identified a range of research areas in person centered medicine [3, 4]. The International Journal on Person-centered Medicine, a multidisciplinary scientific journal involving all discipline in health care is a conduit of research publications on person-centered medicine and an international forum for exchange of ideas on this important emerging vision for health care.

References:

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