2018 LA PAZ DECLARATION

Person-Centered Primary Care:

Popular and Scientific Knowledge, Ecology and Community Participation

Resulting from the Fourth Latin American Conference of Person-Centered Medicine held in La Paz, Bolivia on September 7 and 8, 2018, organized by the Latin American Network of Person-Centered Medicine and the National Academy of Medicine of Bolivia under the auspices of the Latin American Association of National Academies of Medicine, the Peruvian Association of Person-Centered Medicine, the Representation in Bolivia of the Pan American Health Organization / WHO, the Major University of San Andrés (Bolivia), the Franz Tamayo University (Bolivia) , the Major National University of San Marcos (Peru), and the International College of Person Centered Medicine.

PREAMBLE

In Latin America the earliest roots of person and the community centered medicine can be found in their ancient pre-Columbian civilizations, particularly the Andean ones. These took place within the context of a holistic and integrating worldview where everything that exists (individual internal world, social community and environment) is intertwined and in a harmonic denotative balance of health in its different spheres. Similar roots are suggested for what is known as Primary Health Care (PHC) both in terms of equity and coverage. We find the living echo of such original proposals in saying Quechua "One Force, One Idea, One Heart", in the Aymara proverb "Let's All Go Together, Nobody Left Behind, Let Everything Reach For Everyone, Let Nobody Lacks Nothing ", and in the concept of health and well-being, both in Aymara and in Quechua, as" Buen Vivir ". Population growth and the progressive complexity of socio-economic structures have cracked the equilibria and primitive harmonies, although without substantially affecting the essence of their legacy.

The scientific and technological development of contemporary medicine has produced remarkable advances in the knowledge of organs and diseases, and the generation of valuable diagnostic and therapeutic procedures. At the same time, there has been a lamentable conceptual reductionism (for example, biologism that disdains the psychological and social and traditional medicine), disproportionate professional super-specialization, fragmentation of clinical care, hospital-centrism that thrives at the expense of the first level of attention and isolation between services. These limitations and / or distortions have frequently been accompanied by a weakening of the vocation of service, of a sense of solidarity and of respect for human dignity, as well as of mercantilism and corruption in health systems.

Fresh air circulated from the International Conference on Primary Health Care held in 1978 in Almaty, Kazakhstan (former USSR). Its postulates on primary care promoted Health for All with social justice, equity and community participation. One of its architects was the Peruvian doctor David Tejada de Rivero, at that time Deputy Director General of the World Health Organization (WHO), and eponymous of the Latin American contributions to public health, who has defined the proposal still in force. Alma Ata as "the integral care of health for all and for all". The implementation of the principles of the Alma Ata Declaration was limited due to a perceived neglect of the quality of health care and the restriction of its initially postulated generality and universality through its selective application to subgroups of morbid conditions. This led to frequent disparities and inadequate effectiveness in the processes and results of health care.

A comprehensive and integrating response to the contradictions of contemporary medicine has been offered by the programmatic movement built by the International College of Person Centered Medicine in collaboration with the World Medical Association, the World Health Organization, the World Medical Organization of Family, the World Association of Psychiatry, the International Council of Nurses and the International Alliance of Patient Organizations, among others. Through its Geneva Conferences and International Congresses since 2008, it is seeking to respond to the challenges mentioned above. This involves placing the person and the community as the center of health and the goal of health actions and proposing clinical care informed by evidence, experience and values. It also involves a growing empowerment (rights and duties) of people in the care of their health, all aimed at the restoration and promotion of health and well-being of the person in their total context.

On the other hand, and in addition, the World Health Organization in its 2008 World Health Report and its World Health Assembly in 2009, argued that primary health care should be community-centered and organized around the needs and expectations of people. The WHO is writing through specialized working groups, a declaration that relaunches the proposals of the 1978 Conference, this time with the expectation of commitment of the heads of State themselves to carry them forward in all countries.

The other world development of the highest importance is the proclamation by the United Nations in 2015 of the Sustainable Development Goals. Its 17th main objectives, interactive among them, include Objective III focused on Health with a richly comprehensive and formulated content with emphasis on positive health (promotion of healthy life and well-being for all). It can also be noted that Objectives II (Zero Hunger) and VI (Safe Water and Sanitation), among many others, include immediate goals and indicators of health and can be considered as social determinants of health.

In Latin America there have been significant contributions in this field from the Pan American Health Organization / WHO, of the Latin American Association of National Academies of Medicine (ALANAM) (particularly with its Declaration on Person Centered Medicine issued in Bogotá in 2017) , and of the emerging Latin American Network of Person-Centered Medicine that organizes four annual Latin American Conferences since 2015 in collaboration with university and professional institutions, including national ones such as the Peruvian Association of Person-Centered Medicine.

RECOMMENDATIONS

1. To reaffirm our commitment to the principles of the International Conference on Primary Health Care held in Alma-Ata in 1978 and the Sustainable Development Goals promulgated by the United Nations in 2015, urging the development of solid strategies for its implementation, sharing exemplary multicultural community experiences, and promoting dialogue between governments and communities, and the binding political decisions of both.

2. Promote in Latin America the development of a medicine that considers the person and the community as a center of health and as goals of health actions, consistent with popular and scientific knowledge, the diverse ecological reality and the intertwined community ethnics, and following the guidelines of the recent Declaration of the ALANAM on Person Centered Medicine.

3. Promote primary health care and universal access to health in Latin America consistent with their traditions and knowledge, taking advantage of their scientific development to achieve quality health where people, family and community are empowered to assume their responsibilities in the care of your health and your participation in the design and implementation of health services. This denotes opportunities for convergence and collaboration between the perspectives of PHC and CCM.

4. Promote a person-centered clinical care that includes the establishment of a common matrix among health, patient and family professionals towards a diagnosis as a shared understanding of the clinical condition and its biopsychosocial context and the shared taking of therapeutic decisions. In line with this, it would be desirable to promote the widespread use of Latin American pioneering procedures in areas of broad general value, such as the Latin American Guide to Psychiatric Diagnosis.

5. Promote professional training focused on the person. This should be displayed in the undergraduate, residency / specialty and continuing medical education curricula. Mentoring programs should also be designed to promote not only professional technical competence but also full human development in students and professors, interprofessional training that ensures collaborative work among different health professionals, openness to the participation of patients in the training of professionals, and Emphasis on the health centers of the first level, ambulatory and community, as training environments.

6. Promote studies of scientific research on primary health care aimed at implementing and refining the concepts of health and quality of life in the general population, the advance of preventive, diagnostic and therapeutic procedures focused on the person and conducting epidemiological studies on the distribution of diseases and the biopsychosocial determinants of disease and positive health. These projects can be optimized through the collaboration of researchers from various Latin American countries and openness to the participation of patients and communities in research teams.

7. Promote in Latin America the development of a Public Health focused on people, families and the community. This should include fair health policies promoting universal access to integrated and comprehensive health services at all levels, with full participation of people and the community.

The Latin American Network of Person-Centered Medicine is committed to working towards the achievement of these objectives in collaboration with the different entities of the Pan American Health Organization, the Latin American Association of National Academies of Medicine, the Latin American Association of Medical Schools, national entities and other relevant governmental and non-governmental institutions.