



ICPCM Newsletter

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Person Centered Medicine: Truly an International Movement

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Introduction

No one can argue against the fact that modern medicine has been one of the major factors for increased health and longevity of humans. However, with increased specialization using ever more complex technology and with the increased use of clinical guidelines that primarily focus on pathological changes, clinical medicine has become fragmented with tendency to become non-personalized. The major basis for new treatment options is the advent of Evidence Based Medicine (EBM), a methodology the scientific community had embraced to full extent in the latter part of the last century. Guyatt et al [1] described this change from former practice in a landmark article as: “Evidence-based medicine de-emphasizes intuition, unsystematic clinical experience, and pathophysiologic rationale as sufficient grounds for clinical decision making and stresses the examination of evidence from clinical research” . EBM has however some shortcomings. One of them is its focused approach and the need for standardization such as in selection of participants. By using the various inclusion and not least exclusion criteria, many individuals are left out of the project in question. As a geriatrician, I have frequently witnessed that older persons were typically excluded in major research projects on disorders that nevertheless are very frequent in old age such as hypertension or coronary heart disease, although this has changed in more recent projects. Geriatricians therefore constantly had to extrapolate the results from middle age into old age, a practice that later has been shown to be insufficient as the physiology of the body changes and risk factors that apply in middle age are not always the same as in the elderly. Another and a related problem is how multi-morbidity is generally an exclusionary criterion in such studies in spite of the fact that individuals, most commonly the older ones that are suffering from many disorders at the same time are more in need for medical attention than most others. This was shown in a recent project on individuals in

need for cardiovascular intervention but that had been excluded from projects due to multi-morbidity. By using national data collected in Sweden (the SWEDEHEART registry), the outcome of these individuals, with and without intervention was evaluated [2]. It is possible to enter such a statistical exercise in countries in which extensive information has been collected into various databases but this is only possible in a handful of countries. There are however methods that are not in need of standardization to the same extent as EBM and thus can be applied more universally. It is here that Person Centered Medicine (PCM) comes into play but not only for research as PCM includes a set of general principles that are intended for all encounters with persons, patients and relatives alike.

Person Centered Medicine (PCM)

PCM is not a new ideology. It can even be found in ancient medicine such as in Ayurvedic and Chinese ancient medicine [3] but during recent decades, its ideology and content has been defined in more detail. Its main principles include a holistic approach with individualization of care and shared decision-making. Furthermore it is culturally sensitive and relationally focused [4]. It has a strong ethical foundation. The main objectives of PCM are for direct patient care making the full use of all of the main PCM principles but its use in research has not yet reached its full potential. As research using the classical EBM model can be insufficient due to the need for standardized approach, there is evidently a place for other methods such as those of PCM. Recently, it was shown how specific PCM metrics can easily be applied in research [4] and an international journal focused on PCM has been publishing research articles as well as review articles since 2011 [5].

The PCM movement

The current movement on PCM was established with involvement of primarily three international associations of health professionals, the World Psychiatric Association (WPA), the World Medical Association (WMA) and the International Council of Nurses (ICN). Other international organizations have been involved to great extent during the last decade, not least the World Association of Family Doctors (Wonca) and the International Alliance of Patient

Organisations (IAPO). The World Health Organization (WHO) has been actively involved in most of the annual Geneva Conferences that have been held under the auspices of the International College for Person Centered Medicine (ICPCM). The movement is subsequently becoming truly more international. The most prominent actors in this have been various Latin American Associations holding annual conferences on PCM and using its principles as basis for education and research [6]. The Indian Medical Association in collaboration with the ICPCM is currently organizing the sixth International Congress on Person Centered Medicine to be held in New Dehli on 22-24 November 2018. The main theme of the congress is “Person Centered Care for Non-Communicable Diseases” and it will hopefully increase the attention on PCM in this part of the world. The twelfth Geneva conference in April 2019 is now being planned by the ICPCM with Professor Robert Cloninger of St Louis as program director. The chosen main theme is “Promoting Well Being and Overcoming Burn Out”. The outlines of the conference have been laid out and the program will be finalized later this year. The theme was carefully chosen and it is the hope of the ICPCM Board that the conference will attract many participants, as the intention is not only to delineate the problems but also to point to solutions. Burn out is increasingly becoming a real threat to medical professionals and thereby a threat to the service they are providing for their patients. It goes without saying that the main ingredient in the solution is to increase the practice of Person Centered Medicine in our health services.

References

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