



ICPCM Newsletter

January 2018

Person Centered Medicine: The First Ten Years and the Way Forward

Prof. Jon Snaedal
ICPCM President 2017-2019

The first ten years

In May this year, the 10th Geneva Conference on Person Centered Medicine was held at the premises of the Geneva University Hospital. The milestone was celebrated and the next steps were laid out through an action plan, adopted by the General Assembly of the International College of Person Centered Medicine (ICPCM).

The 1st Geneva conference in 2008 was the first step of an initiative established by the leaders of the World Psychiatric Association (WPA) chaired by its outgoing president, Juan Mezzich. At the outset, he sought collaboration with other interested partners such as the World Medical Association, since then a solid companion. Other active partners in the first years were ICN (International Council of Nurses) and IAPO (International Alliance of Patients Organizations) as well as the WHO (World Health Organization) but the list of collaborators after the first three years extends to 18 different associations. During the first years, the collaboration was described as a network but in 2012, the ICPCM was formally established. One year earlier the International Journal of Person Centered Medicine had its first publication through a formal contract with Buckingham University Press in the UK. The main theoretical basis of its publication can be found in an article by Juan Mezzich in the first issue of the Journal in April 2011 (1):

“The dialogue and partnership bases of person-centered medicine have been elucidated. Crucial in this regard is a renewed commitment to the clinician-patient relationship, optimizing clinical communication and building an effective dialogue among clinicians, patients and families, while respecting the diversity of their perspectives. Continued collaboration with international medical and health organizations and creative scholars across the world and the full use of the new *International Journal of Person Centered Medicine* augur well for the promotion of the whole person as the soul and science of medicine and health care.”

The following is a very brief account of other major activities of the ICPCM during the last ten years:

- An institutional website since 2009 (2)
- Person Centered Integrative Diagnosis, a theoretical model for person-centered diagnosis that not only has been accepted by enthusiastic academics but has also been put into practice, most advanced by Latin American Psychiatric Association (3).
- Person Centered Care Index (PCI), a systematic conceptualization of relevant measures of person centered medicine. The project was initiated by the ICPCM in collaboration with the WHO in 2011 leading to the design of the PCI and efforts to assess its applicability, replicability and validity (4).
- A book on Person Centered Psychiatry published by Springer in 2016 (5)
- A series of annual international Geneva Conferences since 2008.
- Declarations on the manifold aspects of person centered medicine, accepted by the conferences and the Board of the ICPCM.
- International annual Congresses on Person Centered Medicine at different locations, the last one in Madrid in 2016.

The way ahead

The General Assembly in Geneva in 2017 elected a new Board and adopted an action plan for the coming years. The plan is reflecting the aspirations and hopes of the new Board and is based on the valuable experience and successes of the last years. The action plan covers these elements:

1. Future conferences:

- a. *Fifth International Congress of PCM, Zagreb, 23. -25. Oct 2017.* The main reason for this invitation is to celebrate Andrijas Stampar, the first president of the World Health Assembly of the WHO and the main author of the important preamble of the constitution of the organization, sometimes called the Magna Carta of Health. Preparations are proceeding as planned with invited speakers, internationally through the ICPCM as well as with prominent local scientists. The main focus of the congress is person-centered oncology.
- b. *Eleventh Geneva Conference on Person-centered Medicine, 9. -11. April 2018.* The main topic of the conference will be “Person Centered Womens Health”. A program director has been appointed, Ruth Wilson from Wonca who has been in this role before. There is a dialogue with the WHO to have focus on person centered maternal health at the last day of the conference

2. Publications

- a. Continued publication of the *International Journal of Person Centered Medicine* and to increase its importance as a scientific journal in person centered medicine.
- b. To enter collaborations with Springer on another book on Person Centered Medicine. The working title is *Person Centered Clinical Care* to be organized in line with the successful book on Person Centered Psychiatry, published in 2016.

3. Advancement of ICPCM Projects.

- a. A working group has been drafting *Person Centered Clinical Care Guiding Principles*. This was and discussed at the preconference to the 10th GCPCM last April. It was decided to finalize this during the coming year with an academic paper.
- b. *Person Centered Diagnosis* in another project of the ICPCM that already has had some success as outlined previously. It is necessary to continue to increase the use of the template and by that to help to focus more widely on person centered medicine.

4. Networks. The plans are for establishment of two different types of networks:

- a. *Networks for Nursing, Mental Health, and Public Health*. For each proposed network, a responsible board member has been appointed.
- b. *Regional Networks*. The first one, in South East Asia is being established by Yongyuth Pongsupap in Bangkok.

5. The Paul Tournier Prize was established at the 10th Geneva conference as described by Dr. Jim Appleyards, the former President of the ICPCM in the last newsletter of the College (6). The prize has been funded for the first two years by Association Paul Tournier (7).

Conclusion

Comparing with human life span, the ICPCM is in late childhood and is developing fast. In the coming years, the Board, with the help of close allies will do its utmost to advance the cause of person-centered medicine. The ICPCM needs to attend to various institutional matters such as composition and practicalities of membership and the Board communicates every month in telephone conferences. Each Board member is having a special role for the various initiatives and the various action plans are discussed at each conference. Face to face meetings are organized in conjunction with the official conferences.

Ten years have now passed and the future seems to be bright but only with commitment of the individuals that now are responsible for the person centered cause.

References

1. Juan Mezzich. Building Person-centered Medicine through Dialogue and Partnerships: Perspective from the International Network for Person-centered Medicine. *Int J Person Centered Med.* 2011;1:10-13.
2. www.personcenteredmedicine.org
3. Mezzich JE, Salloum IM, Cloninger CR, Salvador-Carulla L, Kirmayer L, Banzato CE, Wallcraft J and Botbol M: Person-centered Integrative Diagnosis: Conceptual Bases and Structural Model. *Canadian Journal of Psychiatry* 55:701-708.
4. Mezzich JE, Kirisci L, Salloum IM, Trivedi JK, Kar SK, Adams N and Wallcraft J: Systematic Conceptualization of Person Centered Medicine and Development and Validation of a Person-centered Care Index. *International Journal of Person Centered Medicine*, 6: 219-247, 2016.
5. Mezzich JE, Botbol M, Christodoulou GN, Cloninger CR, Salloum IM (eds): *Person Centered Psychiatry*. Springer, Switzerland, 2016.
6. www.personcenteredmedicine.org/doc/2017-PDF/ICPCM-Newsletter-May-2017.pdf
7. www.paultournier.org/en