

Summary Report of the Eleventh Geneva Conference on Person Centered Medicine

Person-Centered Women's Health 40 Years after Alma Ata

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Report prepared by Ruth Wilson and Juan E. Mezzich

For the 11th time, the International College for Person-Centered Medicine (ICPCM) held its annual conference on Person-Centered Medicine in Geneva, Switzerland. As in previous years, the conference was supported by the World Health Organization, the World Medical Association, the World Organization of Family Doctors, the International Council of Nurses, the International Alliance of Patients' Organizations and thirty other global health professional and academic institutions. The organizing committee was composed of the ICPCM Board members, with Ruth Wilson as program director. Material support was provided by the World Medical Association, the World Health Organization, the Geneva University Hospital, and the Paul Tournier Association.

The program included presentations covering a large number of topics and issues relevant within the broad field of person-centered women's health, forty years after Alma Ata. Some presentations are briefly mentioned as examples of the variety of talks that were presented. Throughout the conference, the duration of a presentation was restricted to about 8 minutes which allowed ample time for lively discussions and interactions with the audience.

Concerning venue, the Pre-Conference Work meetings and the first two days of the Core Conference took place at Geneva University Hospital. The last day meetings were held at the World Health Organization's Headquarters.



Partial view of collaborating organizations' leaders, speakers and participants at the Eleventh Geneva Conference.

Pre-Conference Work meetings

These sessions started with a review of upcoming person-centered care educational programs.

Next there was consideration of two proposed books. The first is to be a textbook on person centered medicine as it expressed in various medical disciplines, with an emphasis on the practical applications of this kind of care. The second is proposed to be on people centered health systems, taking an approach of elucidating the key elements of health care systems which can support people centered care.

Discussions continued on the work on Person Centered Diagnosis, examining proposed elements of this framework.

Reports were received on institutional matters such as membership and fundraising, the proposed person-centered nursing network, the person-centered mental health network, and the emerging global research network.

Next, the Editorial Board of the *International Journal of Person-Centered Medicine* held its annual meeting. The Pre-Conference workmeetings ended with a session of the ICPCM Board. In addition to its regular developmental and institutional activities

Core Conference First Day

The day began with the Opening of the Conference. Welcome words were offered by Jim Appleyard as president of the ICPCM, O Kloiber on behalf of the WMA, Manjulaa Narasimhan (WHO), Lembit Rago (CIOMS), Bettina Borisch (Geneva University), Jon Snaedal representing the World Medical Association, and Ruth Wilson on behalf of WONCA and as program director of the 11th Geneva Conference.

In an inaugural lecture, Ruth Wilson addressed the intersection of women's health, primary health care, and person-centered care. Women's health definitions recognize the validity of women's life experiences and their own beliefs about their health. The emphasis in person centered medicine on engaging in joint decision making in a mutually respectful relationship is very compatible with these definitions of women's health. Maternal and child health care are key components of primary health care and along with other aspects of primary care are foundational for the health of women.

During the first plenary symposium, a critique and appreciation for progress in primary health care 40 years after Alma Ata was offered by several participants. Wim Van Lergerghe, a key author of a report on primary health care 30 years after Alma Ata highlighted issues of commercialization and globalization hindering progress. Laurence Kirmayer, expanding on the themes of globalization, including migration, discussed the need to overcome systemic racism and discrimination. Robert Cloninger offered some exciting new perspectives on person centered medicine. He posits that the psychosocial variables influencing health care are related to personality variables which can be understood using epigenetic techniques. Salman Rawaf reviewed the impact on health services of the increasing longevity trends internationally and reflected on the key role of primary care in addressing these new biological trends.

The second plenary session addressed the issue of precision medicine, and who it differs from but is parallel to whole person medicine. Robert Cloninger expanded on his research into the causes of human personality and as way of understanding the biological bases needed for person centered medicine. Thomas Schulze expanded on this theme with particular reference to the care of psychiatric patients and their responses to personalized prescribing. Jim Appleyard concluded the session with a discussion of the ethical dilemma raised by the enormous amount of data generated by whole - genome sequencing. These include the challenges for informed consent, and returning results such as secondary and incidental findings, keeping in mind privacy and confidentiality. Bettina Borisch concluded by elucidating the apparent contradictions of integrating public health with a population health lens, and personal centered medicine which may appear to be focused on the individual.

Sessions in the afternoon of the first day of the conference covered several interesting themes. Burnout is a significant barrier to person centered medicine, as professionals who are challenged to feel empathy for the persons they care for are not in a position to engage completely with them.

Another parallel session addresses several research issues in gender and person-centered care, including research on empathy, history-taking, and communication. A particular feature of the afternoon sessions was a series of presentations and discussions on person centered nursing care.

After the closure of the afternoon parallel sessions, the General Assembly of the ICPCM took place. In addition to a summary of the work of ICPCM in the past year and a plan of action for the next twelve months, a draft of the 2018 Geneva Declaration was presented by Ruth Wilson for discussion. The General Assembly was followed by a Cultural Group Walk through the streets of old Geneva, understanding legacy of John Calvin and the Protestant Reformation on the development of the city and of democracy. Following the walk participants enjoyed the Conference Dinner organized by the Paul Tournier Society at the Restaurant des Vieux-Grenadiers.

Core Conference Second Day

The second day of the conference started with a plenary session on gender and non-communicable diseases in the context of primary health care. Non-communicable diseases now afflict more than half of the world's adult population and are increasing scourge in women's health. Only well-designed primary care systems can address these issues which have their determinants in larger societal trends. A second parallel session addressed how to design primary health care systems to meet women's needs.

The parallel sessions in the afternoon included a workshop on clinical communication presented by Evelyn Van Weel on behalf of EACH, the European Association for Communication in Health Care. This practical workshop taught good clinical techniques such as how to establish initial rapport, how to identify the reasons for consultation from the patient's perspective, and how to find common ground. A second parallel session addressed how to design primary health care systems to meet women's needs.

The afternoon plenary on the second day was devoted to the respectful maternity care movement. During the second plenary session, Ozge Tuncalp from the WHO talked about guidelines for safe maternity care. Patrician Perrenoud addressed issues of equity in access to midwifery care. Meg Casson discussed the ethical dilemmas posed by maternal requests for Caesarean section. Ornella Lincetto from the WHO outlined some new initiatives in care for neonates, involving parents in the person and family centered care to this vulnerable group

Continuing the theme of respectful maternity care, a parallel session in the later afternoon examined practical implementation of these principles. Maternity and prenatal programs in Canada, Kenya, and Tanzania were described. Bela Ganatra from the WHO explored challenges in provision of abortions, pointing out that one in three or four women will undergo an elective termination of pregnancy in her lifetime.

A number of additional parallel sessions rounded out the afternoon; one on human rights and women's health, the second on person centered mental health, and finally a series of brief oral presentations on the main themes of the conference.

Core Conference Third Day

The Paul Tournier Prize was awarded to C. Robert Cloninger by Jon Snaedal and Alain Tournier, along with a laudatio presented by Juan Mezzich. Prof Cloninger elaborated on the biological basis of personality difference, with a description of his ground-breaking research in this area.



LtoR: JE Mezzich, A Tournier, CR Cloninger, J Snaedal, and HR Pfeifer in the Presentation of the 2018 Paul Tournier Prize to Prof. C Robert Cloninger

The Conference Closing Session included a brief summary of the event, the presentation of the 2018 Geneva Declaration on Person-**Centered Women's Health 40 Years after Alma Ata** for adoption, and a formulation of institutional next steps.

The actual concluding activity of the 11th Geneva Conference was a Special Session at WHO headquarters on person centered neonatal health. This included a description of the value of midwifery care presented by Fran McConville of the WHO, as well as a discussion of the role of family physicians in woman centered maternity care. Ornella Lincetto of the WHO outlined the challenges and principles of person-centered neonatal health. The most innovative presentation was by Arti Maria from New Delhi. Speaking by teleconference, she informed conference participants of her transformational work in neonatal intensive care units, largely improved by the active participation of parents in the care of very ill neonates. Discussion centered on how to scale up and spread this innovation in person centered care.