

2019 Geneva Declaration on Person-centered Promotion of Well-being and Overcoming Burn-out



Adopted by the participants of the 12th Geneva Conference on Person Centered Medicine and released by the Board of the International College of Person Centered Medicine on 24 April 2019.

Preamble

The growing disparity between the capacity to provide health care effectively and the burden of disease in the world signals an urgent need to change the way health care is currently being provided in the 21st century. The signs of the inadequacy of healthcare systems around the world come from both the providers and the recipients of health care. There is an increasing shortage and maldistribution of healthcare professionals in all continents and in more than 50 countries, particularly in Sub-Saharan Africa where the shortage is critical. In addition, a majority of healthcare professionals in high-, middle-, and low-income countries are suffering from burnout, which leads to poor access and quality of healthcare. Likewise, recipients are dissatisfied with the focus on the symptoms and complications of disease rather than person-centered promotion of well-being. Consequently, there is a growing trend for both healthcare professionals and seekers of healthcare to turn away from organized medical systems and engage with more accessible and less costly alternative providers and consultants with variable training. This is even welcomed in some countries as health care providers with a low level of education and training are a cheap workforce. Consequently, human dissatisfaction and suffering increase along with impaired provision and access to care due to growing social and financial inequities.

Well-being is a state of complete physical, emotional, social, and spiritual health. Well-being is conceived in terms of physical vitality, positive emotional and cognitive functioning, and virtuous behavior (e.g. moderation, compassion, altruism), which involves service to others as persons with intrinsic dignity and value. Processes that limit the creativity, autonomy, or plasticity of persons are dehumanizing and incompatible with well-being. Such dehumanizing practices always lead to a downward spiral into ill-being and burn-out, which are the opposite of well-being and health.

Unfortunately, burnout has been pervasive throughout healthcare during the 21st century. Symptoms of burnout are more frequent among physicians than other professionals outside of healthcare (e.g., around 50% of physicians versus 28% of other professionals in the USA). Burnout is the erosion of a person's sense of value, dignity, spirit, and will. Burnout is measured by physical exhaustion (feeling tired, drained, exhausted), a low sense of personal accomplishment (not having a positive influence, feeling unsatisfied or unfulfilled), and feeling dehumanized or depersonalized (causing the individual to become callous, treating others as impersonal objects, not caring about the welfare of others). Burnout is caused by a variety of dehumanizing processes in which there is a gap between who a person is and what they are required to do. For example, having to work in situations in which social inequity prevents the providers and recipients of health care from having access to needed medical resources, or having to work in healthcare systems that prioritize volume and profit-making over human well-being, results in injury to the well-being of both providers and recipients of healthcare.

The high rates of burn-out in healthcare and other critical societal institutions are a warning signal of the unsustainability of practices that dehumanize people and that neglect the essential processes needed for well-being. Burnout is not just a response to stress; rather it is the result of spiritual insults and moral injuries that impair the natural human mechanisms that promote well-being when people are able to function, adapt, and interact with one another in ways that are flexible, virtuous, and creative. Physicians and other healthcare professionals often feel a calling to serve others altruistically, and they are injured when bureaucrats frustrate what gives their work personal meaning.

There is a growing trend for people to turn away from dehumanized systems of health care when they can and to seek personalized services that promote well-being. There is a generation difference in which millennials expect healthcare services to be as readily available as their access to social media and medical information on the internet. Millennials also want to know how their work will be meaningful to them as a person and ask why their elders accept healthcare systems that are not focused on health promotion and prevention of disease? People of all ages are extensively supplementing Western evidence-based practices with Eastern traditional practices that focus on health promotion and disease prevention.

Effective improvement in the well-being cannot succeed without recognizing that the foundation for well-being in healthcare is respect for the intrinsic dignity of every person. Western medical institutions initially tried to minimize or ignore the toxicity of organizational environments in which medical students and practitioners must operate. Hospitals and medical schools tried to improve the resilience of healthcare providers to stress, rather than admitting the need to change toxic organizational conditions. Unfortunately, there has been little benefit from such efforts because the fundamental problem was not addressed. Specifically, person-centered healthcare and people-centered healthcare systems are essential for promoting well-being and overcoming burnout.

Recommendations

The current crisis of dehumanized healthcare must be urgently addressed to improve the quality and effectiveness of healthcare for individuals, populations, and health systems in an integrated way that will promote well-being and reduce burnout. Therefore, the 12th Geneva Conference on Person-centered Medicine issues the following recommendations, all based on establishing person-centered healthcare as the foundation for promoting well-being in individuals, organizations, and society as a whole.

1. The common vision of health care must be person-centered. Organizations of healthcare providers and recipients need to work together to develop and communicate a common vision of the future dedicated with respect for the intrinsic dignity of all people, rather than treating people as dehumanized objects, consumers, or dispensable employees.
2. Person-centered healthcare needs to be integrated at several interdependent levels. Commencing with the clinician-patient relationship, these levels include the individual person, the person's family and social network, the workplace, communities of people in various levels of society (cities, countries, continents), and the world as a whole.
3. Collaborators and sponsors of the International College of Person-Centered Medicine, such as the World Health Organization, the World Medical Association, the World Organization of Family Doctors, the International Council of Nurses, the Council of International Organizations of Medical Science, and others, can be instrumental in communicating a shared vision of person-centered care, which is highly consistent with other calls to action from these worldwide organizations.
4. The implementation of the common vision of person-centered healthcare will require growth in the awareness and understanding of people at all levels involved in healthcare, including trainees, educators, practitioners, and administrators at all levels of practice and governance. There must be opportunities for free choice and tolerance of diversity using approaches that recognize and respect differences in resources, cultures, and traditions.
5. Top-down central management has frequently been impersonal and has contributed greatly to the toxic organizational environments that now impair healthcare. More effective approaches to promote well-being must be simultaneously bottom-up (e.g. trainees to educators, recipient to provider, local to regional, national, international) and top-down (world and national governments to local providers and recipients of health care).
6. Health educational reform needs to occur to achieve better balance between health promotion (including health literacy, self-care, primary care and specialty care), disease prevention and management, and between cognitive and other personal skills. Healthcare professionals need more than facts in order to understand themselves and to interact authentically and collaboratively, including participation in multidisciplinary healthcare teams. To promote well-being of the whole person we must shift the current emphasis on organ- and disease-based instruction to a more balanced and person-centered approach to both healthcare and health promotion.
7. Students and trainees need to be given a more influential role in their own education. This can be accomplished with the help of national and international student organizations with input from local trainee groups so that education is continuously updated.
8. The dedication of healthcare to the well-being of people means that healthcare must be universal and equitable. This is not possible as long as healthcare is delivered in financially inequitable profit-driven systems where burnout is the most severe at present, or in socially inequitable or authoritarian systems that are dominant in many countries.
9. International organizations of physicians, nurses, patients, hospitals, and governments will have to exercise all their leadership skills to accomplish the transformations needed to make healthcare person-centered rather than disease-centered and/or profit-driven.
10. Such persons-centered transformations are relevant not only to the health field but to all areas of social life where humanization is of paramount importance. This is also required by the inter-sectorial coordination integral to the attainment of the Sustainable Developmental Goals proclaimed by the United Nations in 2015.