

Articulating Person-centered Medicine and People-centered Public Health: A Report from the Fourth Geneva Conference

The Fourth Geneva Conference on Person-centered Medicine was held on April 30 -May 4, 2011, the latest in a series of annual Geneva Conferences on this topic since May 2008 [1-3]. It continued building an initiative on *Medicine for the Person* [4] through collaboration with major global medical and health organizations and a growing group of committed international experts all engaged into an International Network for Person-centered Medicine [5].

The conference took place at the Marcel Jenny Auditorium and auxiliary halls of the Geneva University Hospital and at the Executive Board Room of the World Health Organization. It was organized by the International Network for Person-centered Medicine (INPCM), the World Medical Association (WMA), the World Organization of Family Doctors (Wonca) and the World Health Organization (WHO), in collaboration with the International Alliance of Patients' Organizations (IAPO), the International Council of Nurses (ICN), the International Federation of Social Workers (IFSW), the International Pharmaceutical Federation (FIP), the Council for International Organizations of Medical Sciences (CIOMS), the International College of Surgeon's (ICS), the World Federation for Mental Health (WFMH), the World Federation of Neurology (WFN), the International Federation of Gynecology and Obstetrics (FIGO), the Medical Women's International Association (MWIA), the World Association for Sexual Health (WAS), the World Association for Dynamic Psychiatry (WADP), the World Federation for Medical Education (WFME), the International Association of Medical Colleges (IAOMC), the International Federation of Medical Students' Associations (IFMSA), the International Federation of Ageing (IFA), the European Association for Communication in Health Care (EACH), the European Federation of Associations of Families of People with Mental Illness (EUFAMI), Ambrosiana University, Buckingham University Medical School, and the Paul Tournier Association, and with the auspices of the Geneva University Medical School and Hospitals.



Logos of the institutions collaborating on the organization of the Fourth Geneva Conference on Person-centered Medicine.

Under the overall theme of *Articulating Person-centered Clinical Medicine and People-centered Public Health*, stimulated by the WHO World Health Assembly Resolution promoting people-centered care [6], the Fourth Geneva Conference on Person-centered Medicine examined through a set of diverse sessions how the values and clinical care practices of person-centeredness could be organized in diverse settings, from the bed side to the community.

The Conference Core Organizing Committee was composed of J.E. Mezzich (President, International Network for Person Centered Medicine), J. Snaedal (World Medical Association President 2007-2008), C. van Weel (World Organization of Family Doctors President 2007-2010), M. Botbol (World Psychiatric Association Psychoanalysis in Psychiatry Section Co-Chair), I. Salloum (World Psychiatric Association Classification Section Chair), and W. Van Lerberghe (WHO Health Systems Governance and Service Delivery Director). Also collaborating organizationally were O. Kloiber (WMA Secretary General), A.M. Delage (WMA Secretariat), M. Dayrit (WHO), R. Kawar (WHO), and J. Dyrhaug (WHO).

Financial or in-kind support for the Conference was provided by: 1) the International Network for Person-centered Medicine (core funding), 2) the World Health Organization (covering invited participants' travel and accommodation expenses, and some secretarial and logistic services), 3) University of Geneva Medical School (auditorium services and coffee breaks), 4) Paul Tournier Association (the conference dinner), 5) The World Medical Association (local secretariat and printing services) and 6) Participants' registration fees.

Pre-Conference Workmeetings

The first workmeeting on April 30, 2011 focused on three substantive projects related to the informational framework of the INPCM. These included a presentation on the launching of the International Journal of Person Centered Medicine (IJPCM) as a joint venture of the INPCM and the University of Buckingham Press. The first issue of the Journal has already been published and subsequent issues are in preparation with papers submitted from across the world. The second presentation provided an overview on the updated INPCM institutional website and interactions with related ones, while the third presentation offered an overview on the bases for the development of a bibliographical clearing house and institutional databases.

The second workmeeting was dedicated to the development of Person-centered Clinical Care Guidelines. This project was undertaken from a range of perspectives such as pediatrics, family practice, research, programmatic, and patient vantage points. The attendees were engaged in stimulating discussions on the conceptualization and role of guiding principles within the context of person-centered medicine.

The first workmeetings on May 1, 2011 paid detailed attention to the topic of Person-centered Integrative Diagnosis (PID). An overview of the current status of PID development was followed by 11 brief presentations and discussions addressing the major aspects and domains of the PID. These included diagnostic assessment procedures such as utilizing categories, dimensions, and narratives, the evaluators and the assessment process involving interactions among clinicians, patients, and carers. The presentations also reviewed the PID domains: disorders and comorbidity, disabilities and functioning, positive health and wellbeing, experience of illness and health, contributors to illness and health (etiopathogenic and risk factors as well as strengths and protective factors). This workmeeting concluded with discussions on diagnostic summary, treatment planning, case illustrations, and validation of the PID model and guide.

The second INPCM workmeeting on May 1, 2011 highlighted person-centered special developments. These included a pediatric diagnostic model, the revision of the Latin-American Guide of Psychiatric Diagnosis, a French diagnostic project, a person-centered partnership project, a South Asian project, a World Federation for Mental Health-INPCM collaborative project, person centered care for people abusing substances, and a Mexico-INPCM collaborative project on person-centered care on chronic diseases, and a Janus Project for person-centered young health professionals.

Core Conference

The Core Conference was opened on May 2 by Prof. Panteleimon Giannakopoulos, Vice-Dean of the Geneva University Medical School and by Dr. Hernan Montenegro on behalf of Dr. Carissa Etienne, WHO Assistant Director General for Health Systems and Services. They were joined in the presidium by the core members of the Organizing Committee.

The opening address was delivered by the INPCM President, who presented a progress report on institutional achievements and horizons. He highlighted the network's growing number of participating international organizations from 10 in our inaugural 2008 Geneva Conference to 27 in our Fourth annual event. He emphasized the presence of the World Medical Association which inspired and supported the INPCM from its inception and the World Health Organization which has agreed since 2010 to co-organize the Geneva Conference given that people-centred care is one of the policy directions for the renewal of primary health care approved by the World Health Assembly in 2009 (WHA62.12) and has commissioned INPCM this year to undertake a study on the systematic conceptualization and measurement of person- and people centered care. At the same time, the INPCM scholarly community is moving forward with the procedural construction of person-centered medicine as exemplified by the recent publication of the Person-centered Integrative Diagnosis model in the Canadian Journal of Psychiatry [7]. An institutional landmark has been the launching this May of the International Journal of Person Centered Medicine [8] which shall enhance immeasurably the prospects of our initiative on *medicine for the person*.

The first session of the scientific program was a symposium on the Person-centered and Contextualized Study of Disease. The first two speakers reviewed epistemological and conceptual perspectives, prioritizing phenomenological narratives, in order to broaden the theoretical framework beyond reductionistic biological and behavioral approaches. They also examined possibilities to study disease in a robust and rigorous manner that respects the subjectivity, context and uniqueness of the patient's experience. The other two presentations examined dementia and public health and revealed the feasibility and usefulness of multilevel person-centered approaches. Emerging as convergent recommendations were the need to develop single subject studies, integration of quantitative and qualitative findings, and assessment measures informed by comprehensive theories (such as the one used in the Person-centered Integrative Diagnostic model).

The second scientific session addressed the Components of Care in Person-centered Medicine, making clear that in addition to focused illness treatment, good medical care also involves understanding and support, education and counseling, as well as prevention and health promotion.

A considerable body of evidence was summarized indicating that crucial elements of clinician-patient interaction such as empathy, respect, acceptance, non-judgmental attitudes, openness, information-sharing and joint decision-making may lead to greater patient satisfaction, acceptance of treatment, and better health outcomes. Also emphasized was building trust and striving to attain professional competence, ethics faithfulness, and effective communication and collaboration.

Six parallel sessions followed in the program, involving interactive workshops, brief oral presentations, and INPCM project discussions.

- The interactive workshop on Enhancing Person-centeredness in Diagnosis and Treatment Planning showed how these two crucial aspects of medical practice can become a powerful tool to enhance person centeredness. This is certainly the case of Diagnosis if considered as a process going beyond a mere nosographical effort. The Person-centered Integrative Diagnostic model carries this process out through the articulation of health status, experience of health, and factors contributing to health, the consideration of both positive and ill aspects of health at each level, and adding narratives to categorical

and dimensional descriptions. Although sometimes neglected by clinicians as burdensome administrative paperwork, a treatment plan can become a very helpful instrument to bring about person-centered medicine. It is based on a shared understanding of the patient's health goals and the identification of biopsychosocial barriers that may interfere with positive outcomes.

- The interactive workshop on Research on Clinical Communication focused on practical conditions to promote international research on communication. It offered vivid examples on the pros and cons of observational research on clinical consultations, and stimulated participants to consider conducting such projects.
- The interactive workshop on the Person with the Disease at the Center of Teaching presented Western European, Eastern European and North American approaches to introduce person-centeredness in medical education. In addition of interesting particularities in these regional approaches, joint emphasis was made on the need to train students on empathy, subjective observation, communication, and relational skills and the need to achieve them through early and supervised contacts with patients.
- The interactive workshop on Advancing Well Being and Health Promotion reviewed the place and enhancement of positive health in person centered medicine at individual and public health levels. Work on personality development appeared to be helpful in this regard. Applications to disabled persons and to work in low resource countries were also discussed, highlighting WHO concerns and experience.
- A session presenting brief oral contributions to the Advancement of Person-centered Care, was generated by participants at large. The topics discussed included the importance of context and method in person-centered medicine, experiences from Cyprus' medical education, the teaching of person and family centered care in a New York pediatrics residency program, a personal account of experienced disability in the UK, combating fragmentation through integration of health services in the Americas, primary care in the East Mediterranean Region, a case study from Bulgaria, fertility care in the Netherlands, person-centered psychiatry in Russia, British perinatal psychiatry, an orthogonal personality assessment procedure from Puerto Rico, and person-centered young health professionals' perspectives.
- A session with complementary INPCM workgroups meetings was also held. It discussed the advancement of Diagnostic Projects, Clinical Care Guidelines, the Partnership Project (linking professionals with users and carers), and collaboration with the World Federation for Mental Health.

The first General Assembly of the International Network of Person-centered Medicine (INPCM) took then place. It was attended by forty-five colleagues among representatives of major international organizations and individual scholars. Brief presentations were made on the Geneva Conferences process and the emergence and advancement of the INPCM, as well as on the development and launching of the International Journal of Person Centered Medicine. The main agenda item was the presentation and discussion of an Institutional Plan that reviewed the organization's identity, mission, activities, structure, governance and support, established an International College of Person-centered Medicine as institutional successor of the INPCM, and asked the Board to take steps to implement it and report to the 2012 General Assembly. The General Assembly approved this Developmental Plan by acclamation. A Conference Dinner at a typical Geneva restaurant organized by the Paul Tournier Association followed.

The second day of the core conference was held at the WHO Executive Board Room and started with a Session on Making Progress in People-centered Care: Country Experiences with the aim of identifying health system conditions that are conducive for people-centred care. It opened with an address by Dr. Carissa Etienne, WHO Assistant Director General, who insisted on the necessity to link person centered

clinical medicine with people-centered public health and to involve wide professional and patient organizations to implement and promote such perspectives. Relevant experiences from four countries (New Zealand, Spain, Chile, and Uganda) were then presented, followed by an analysis of these cases in terms of aspects of people-centredness that were addressed and ending with a final synthesis of main lessons learnt.

The aim of the second Session on Systematic Conceptualization and Progress Measurement was to identify and get agreement on metrics for measuring progress towards people-centred care. In the first presentation, INPCM presented the results of a study that was commissioned by WHO. It involved a substantial literature review and the engagement of a broad international array of health professionals and some patient and family representatives through a Delphi method and other systematic consultational approaches. This yielded a preliminary person-centered care index, which was subjected to initial content validity and applicability evaluations. The second presentation from Australia was on the People-centred Health Care National Indicators Project which is a WHO initiative for the Western Pacific and South-East Asia Regions that resulted in a regional policy framework on people-centred care and is currently developing related monitoring indicators. The final presentation was done by colleagues in Belgium and the Netherlands on operationalizing the concept of people-centred care and this also involved a proposed indicators matrix.

The session on Stakeholders' Roles and Contributions to Advance Person- and People-centered Care revealed specificities on the prospective contributions of major international health institutions (from professionals to patients and carers) as well as converging perspectives among them. The strong interest stimulated in all session participants led to recommendations to have a similar session at the next Geneva Conference during which institutions would try to present formal policy statements on person-centered medicine and perhaps a conference declaration may be possible.

The third and last day of the core conference offered a plenary symposium on Education in Person-centered Medicine. It presented country perspectives from the UK, Italy, Peru, and India. The presentations highlighted the efforts of medical educators to strike a balance between the ever-expanding scientific content of the curriculum with the need to preserve the humanistic, cultural, and spiritual dimensions of education – education ennobled the healer in both mind and heart allowing him/her to be truly person-centered. The presentation of the WHO Initiative to scale up and transform health professional education emphasized the challenges and actions towards producing health professionals in poor countries where there were shortages of health workers and where graduates emigrated after completing their training. The presentation focused on current efforts to develop evidenced-based recommendations which might guide policymakers and educators in undertaking interventions to address the shortages and imbalances of health professionals in countries in ways which truly addressed the needs of people (people-centered care).

Concluding Remarks

The Fourth Geneva Conference was not only a new landmark in the event series initiated in 2008, but it was special in the following regards. It was sponsored by a record number (27) of international health institutions, it included for the first time parallel sessions which expanded the type and number of sessions offered (including for the first time oral presentations directly contributed by general participants), it reported on the INPCM research study commissioned by WHO on addressing systematic conceptualization and measurement of person- and people-centered care, it witnessed the launching of the *International Journal of Person Centered Medicine*, and it held our first General Assembly which established the International College of Person-centered Medicine as a successor of the International Network. At its

Closing Session, Dr. Carissa Etienne, WHO Assistant Director General, invited all participants to come back next year for an even greater 5th Geneva Conference on Person Centered Medicine.



Standing LtoR: E Ramirez, A Miles, M Dayrit, R Montenegro, C Maguina, S Rawaf, I Salloum, RA Kallivayalil, G Brera, W van Lerberghe, M Botbol, J Snaedal, T Epperly, J Appleyard, D Matheson, and H Montenegro. Seated LtoR: E Velasquez, C Etienne, R Kaitiritimba, JE Mezzich and A Fort, at the Closing Session of the Fourth Geneva Conference, WHO Executive Board Meeting Room.

References

1. Mezzich JE, Snaedal J, Van Weel C, Heath I. Person-centered Medicine: A Conceptual Exploration. *International Journal of Integrated Care*, Supplement, 2010.
2. Mezzich JE. The Second Geneva Conference on Person-centered Medicine. *World Medical Journal* 55: 100-101, 2009.
3. Mezzich JE, Miles A. The Third Geneva Conference on Person-centered Medicine: Collaboration across Specialties, Disciplines and Programs. *International Journal of Person Centered Medicine* 1: 6-9, 2011
4. Mezzich J, Snaedal J, van Weel C, Heath I. Toward Person-Centered Medicine: From Disease to Patient to Person. *Mount Sinai Journal of Medicine* 77: 304-306, 2010.
5. Mezzich JE, Snaedal J, van Weel C, Heath I. The International Network for Person-centered Medicine: Background and First Steps. *World Medical Journal* 55: 104-107, 2009.
6. World Health Organization: Resolution WHA62.12. Primary health care, including health system strengthening. In: *Sixty-Second World Health Assembly, Geneva, 18–22 May 2009. Resolutions and decisions*. Geneva, 2009 (WHA62/2009/REC/1), Page 16.
7. Mezzich JE, Salloum IM, Cloninger CR, Salvador-Carulla L, Kirmayer LJ, Banzato CEM, Wallcraft J, Botbol M. Person-centered Integrative Diagnosis: Conceptual bases and structural model. *Canadian Journal of Psychiatry* 55:701-708, 2010.

8. Miles A, Mezzich JE. Advancing the global communication of scholarship and research for personalized health care: the International Journal of Person Centered Medicine. International Journal of Person Centered Medicine 1: 1-5, 2011.

Prof. Juan E. Mezzich, President, International College of Person-centered Medicine;

Prof. Jon Snaedal, President 2007-2008, World Medical Association;

Prof. Chris van Weel, President 2007-2010, World Organization of Family Doctors;

Prof. Michel Botbol, Co-Chair, Section on Psychoanalysis in Psychiatry, World Psychiatric Association;

Prof. Ihsan Salloum, Chair, Section on Classification, World Psychiatric Association;

Dr. Wim Van Lerberghe, Director, Department of Health System Governance and Service Delivery, World Health Organization.

All members of the Fourth Geneva Conference Organizing Committee.

E-mail: ICPCMsecretariat@aol.com