

Ten Years of Construction of Person- and People-Centered Medicine and Health

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Introduction

Almost from the beginning of its institutional journey, Person Centered Medicine (PCM) has been generally defined as an approach that places the person in context as the center of health and as the goal of health care. PCM in the clinical field has been presented as a medicine *of* the person (of the totality of the person's health, including its ill and positive aspects), *for* the person (promoting the fulfillment of the person's life project), *by* the person (with clinicians extending themselves as full human beings, professionally competent, and with high ethical aspirations) and *with* the person (working respectfully, in collaboration and in an empowering manner with persons presenting for care).

Complementing this, there has been an effort to articulate person-centered clinical medicine and people-centered public health as two sides of the same medal. As a theory of medicine, and in contrast to reductionist perspectives, MCP involves a medicine informed by evidence, experience and values, and oriented to promote the health and well-being of the whole person.

But PCM is not only a concept, a theory and a strategy; it is also an evolving collaborative process from which has emerged an International College of Person Centered Medicine (ICPCM). Such a process has involved close collaboration with a number of major global health institutions.

The unfolding of the programmatic development of Person Centered Medicine and People -centered Public Health as a longitudinal collaborative process is summarized in the following pages.

Initial Collaborative Steps

The first steps in building a person-centered programmatic perspective, started more than a decade ago, around 2005, with the establishment of an Institutional Program on Psychiatry for the Person at the World Psychiatric Association (WPA).

Its historical roots have been delineated by historians Garrabe and Hoff [1], who have proposed that it was the articulation of science and humanism what stimulated psychiatrists of the world to congregate in Paris in 1950 after the Second World War in a First International Congress of Psychiatry, which eventually led to the founding of WPA. Its ethics guidelines for psychiatric practice acquired its current shape with the name of Madrid Declaration [2]. The person-centered nature of this Declaration has been well documented [3]. Building on these roots and precedents, the WPA General Assembly established in 2005 an Institutional Program on Psychiatry for the Person [4, 5]. A number of scholarly developments took place at WPA along this programmatic line through the collaboration of several of its Scientific Sections.

Eventually, the Psychiatry for the Person initiative expanded into general medicine through interactions and collaboration with other global institutions since 2007. Particularly fundamental has been the enthusiastic support from the World Medical Association. It had carefully prepared, published, and sequentially refined two major medical ethics documents. One was the Declaration of Geneva [6] first published in 1948 as an updated oath for medical graduates and the other the Declaration of Helsinki [7], first published in 1964 and the most respected international guide for medical research ethics. The WMA had also published an impressive volume on Caring Physician of the World [8] highlighting prominent doctors nominated by a large number of national medical associations. Through several of its top leaders [9, 10] and its secretariat the WMA collaborated substantially from the very inception in 2008 of the programmatic movement for Person Centered Medicine.

Other global medical institutions involved from the beginning of the Person Centered Medicine movement were the World Organization of Medical Doctors (Wonca) [11, 12], the World Federation of Neurology [13], and the International Federation of Gynecology and Obstetrics [14] as well as broad medical institutions such as the Council of International Organizations for Medical Science [15], the World Federation of Medical Education [16], and the International Federation of Medical Students' Associations [17].

Also collaborating from the start were other key health professional organizations such as the International Council of Nurses [18, 19] and the International Federation of Social Workers [20]. This was also the case for the International Alliance of Patients' Organizations [21]. Further significant for its constituency was the early involvement of the World Federation for Mental Health [22, 23], the membership of which includes psychiatrists, other general health and mental health professionals, patients, families and advocates.

The World Health Organization has played in these developmental efforts a crucial collaborative role. This followed the World Health Assembly adopting in 2009 resolutions which for the first time included the promotion of *people-centered* care [24]. A more recent World Health Assembly adopted its Twelfth Global Program of Work 2014-2019 [25] which emphasizes achieving universal health coverage through integrated and people-centered health systems.

The Emergence of Person Centered Medicine from the Geneva Conferences Process

As presented by Van Stadden [26], for the South African *Ubuntu* traditions, encounters and communication more than means are a goal. This fundamental meaning of communication seem to have been fulfilled quite well in Geneva, *the city of encounters*, where the Geneva Conferences on Person Centered Medicine have been reedited yearly since 2008. The compelling reasons for placing these events in Geneva include a number of important international considerations. It hosts within its boundaries or relative vicinity one of the main headquarters of the United Nations as well as the global headquarters of the World Health Organization, the World Medical Association, the Council of International Organizations for Medical Science, the International Council of Nurses, the International Federation of Social Workers, and the International Pharmaceutical Federation. Also significant is the material support of one form or another received in Geneva from the World Medical Association, the World Health Organization, the Geneva University Medical School, and the Paul Tournier Association. The pioneering and inspiring work of its eponym being a factor for originally coming to Geneva and more recently for the collaborative establishment of a Paul Tournier Prize [27].

The Geneva Conferences have been co-sponsored by a considerable number of international entities, growing gradually from 10 in its first edition to over 30 in its latest ones. The latter number encompass, in addition to those already listed above, a number of other professional organizations, families' federations, medical schools, research institutes, and universities.

The process of the Geneva Conferences led to the emergence of the International Network (more recently named College) of Person Centered Medicine (INPCM, ICPCM) [28-30]. The College provides a key focus of fellowship for the cultivation and sharing of research, ideas, and experiences in a collegial, inter-cultural and multi-professional setting. The International Network and College are established and headquartered as non-profit organizations in multicultural New York.

Scholarly and Organizational Unfolding of the ICPCM

Among the scholarly contributions of the ICPCM is the development of the Person-centered Integrative Diagnosis model [31]. This model has recently been applied in a major world region in the form of the Latin American Guide for Psychiatric Diagnosis (GLADP-VR) published officially by the Latin American Psychiatric Association [32]. Another guide aimed at person-centered diagnosis in general medicine is in the works at the ICPCM.

Another major study on the systematic conceptualization and measurement of PCM [33] was undertaken by the International College of Person Centered Medicine with support from the World Health Organization. Through a critical review of the literature and broad international consultations, it elucidated the following as key concepts of PCM: 1) Ethical commitment, 2) Cultural awareness and responsiveness, 3) Holistic scope, 4) Relational and communicational focus, 5) Individualized programming of care, 6) Common Ground among clinicians, patient and family for collaborative diagnosis and shared decision-making, 7) People-centered and integrated organization of services, and 8) Person-centered health education and research. On the basis of these key concepts, a Person-centered Care Index (PCI) has been developed. Its metric structure as well as its applicability, reliability and content validity have been appraised through international studies [33].

A major scholarly achievement has been the establishment of the International Journal of Person Centered Medicine in collaboration with the University of Buckingham Press [34]. From the outset, the Journal affirmed its global outlook by appointing Regional Continental. In line with this, it has been receiving, peer reviewing, and publishing contributions from across the world. Through its quarterly issues, it is promoting research and scholarship on person centered medicine in many countries and world regions and across them.

A set of ICPCM textbooks has started to be published by Springer Switzerland. The first one was on *Person Centered Psychiatry* [35], co-sponsored by the World Psychiatric Association. Currently under preparation is *Person Centered Medicine*.

A major organizational development has been the celebration of annual International Congresses of Person Centered Medicine. They have taken place in Zagreb, Buenos Aires, London, Madrid, and New Delhi. The latest one in the capital of India in November 2018 involved the initial presentation of a core Educational Program on Person Centered Care. The International Congresses of Person Centered Medicine represent efforts to extend this perspective to different corners of the world. At the same time, they represent opportunities to learn about how person centered medicine is conceived and practiced in different geographical and cultural settings.

A series of Declarations on key topics are being developed and adopted during ICPCM's Conferences and Congresses to inform health professionals and policy makers and stimulate international action. They have been typically published along with academic support papers.

The ICPCM has been exploring recently the building of complementary Networks, some related to professional fields and others to world regions. Particularly successful and potent has been the Latin American Network for Person Centered Medicine [36]. It has already organized four annual Latin American Conferences on Person Centered Medicine, the first three in Lima, Peru and the latest one in La Paz. Each of them has produced a Declaration on the corresponding Conferences' main themes. They are in the process of being published along with academic papers accompanying them [37].

Introducing the Papers in this Issue of the Journal

The preceding review on the more than ten years of the ongoing construction of Person Centered Medicine and People Centered Public Health is continued in the ensuing brief introductions to the papers published in the present issue of the Journal. Several of these items in fact discuss various aspects of this longitudinal process.

Published first as a second editorial is the Declaration adopted by the participants of the 10th Geneva Conference on Person Centered Medicine concerning Ten Years Promoting Health Lives and Well-being for All and released by the Board of the International College of Person Centered Medicine [38]. It contains a historical preamble, followed by 10 recommendations as a call for international action on the theme of the Declaration.

The first regular article [39] published in the Journal's present issue is authored by Appleyard and international colleagues and accompanies the above mentioned 2017 Geneva Declaration. It argues that In spite of impressive advances in technology, the quality of care and especially prevention and health promotion have not progressed to the desired extent. In response, the International College of Person-centered Medicine (ICPCM) developed from a network of persons who shared the willingness and determination to contribute to the promotion of health and wellbeing through the person-centered perspective. It posits that the completion of over a decade of ICPCM's consistent work and advocacy with institutional independence and self-sufficiency is a definite accomplishment in itself. It considers that the meaning and implications of person centered medicine have been clarified with the development of the Person-centered Care Index and the Person-centered Integrative Diagnosis model. It also reviews a series of Declarations arising from the Geneva Conferences and the International Congresses of Person Centered Medicine held in different regions of the world, from which an interconnected matrix of practical policies is emerging.

The second regular article, by Saavedra et al from the Peruvian National Institute of Mental Health [40], presents an evaluation of the applicability and usefulness of the Latin American Guide for Psychiatric Diagnosis (GLADP-VR) in comparison to WHO's original ICD-10 as well as the DSM-IV and DSM-5 from the American Psychiatric Association, as reported by Latin American psychiatrists. The GLADP-VR represents an adaptation of ICD-10 to Latin American reality through cultural annotations and a person-centered comprehensive diagnostic formulation. On most of the comparisons, the GLADP-VR was

preferred by the Latin American psychiatrists, followed by the original ICD-10, and then by the two DSMs. The GLADP-VR was seen in Latin America as having higher diagnostic accuracy, yielding a more complete view of the clinical situation and its context, and being more suitable for teaching, research, and work in community mental health.

Published as a third regular article was a study by Helgesen et al from a health and welfare school in Norway [41] aimed at adapting the Quality of Care from the Patient's Perspective (QPP) Instrument for Persons with Dementia. They found that the developed instrument represents a meaningful tool for quality improvements of care in special care units by detecting areas of importance for persons with dementia. This made possible for care in such units for people with dementia to be more person centered.

The fourth regular article was authored by Falcoff, a psychopathology professor from Buenos Aires, Argentina. It was aimed at using a person-centered approach for understanding the relationships of Functional Somatic Symptoms and Somatization [42]. The purpose of this article is to review and critically analyze current knowledge on the subject, in search for conceptual links between different paradigms involving the underlying phenomena, proposing lines of work in an attempt to apply basic concepts of Person Centered Medicine.

The present Journal 's issue is completed with three informational items concerning major international events on person centered medicine.

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