Kuwait Declaration 2021

Culture and Person-centered Care and Public Health

Emerging from the Ninth International Congress of Person-Centered Medicine in Kuwait on 18th-19th November 2021 organized by the International College of Person Centered Medicine and the Kuwait Medical Association

Considering That

1. Culture is universal, local and pervasive, as every living person is embedded within a cultural context. It refers to shared practices reflected in language, religion, beliefs, rituals, family structure, and moral/legal systems. Focusing on culture highlights the importance of contextualization of all shared experiences, including those in health and health care.

2. Culture is crucial in influencing patient care by shaping perceptions of health and sickness, treatment-seeking behavior, clinical care, and physician-patient-family interactions.

3. Culture has a major impact on public health as it determines and reflects health beliefs and health behavior at the individual, family, community, and population levels. Cultural contexts drive individual and group behavior and may exert a differential impact across social groups.

4. Person Centered Medicine affirms the whole person of the PATIENT IN CONTEXT as the center of clinical care and health promotion at the individual and community levels. It upholds science as the essential cornerstone of medicine and humanism as its essence.

5. Core principles of Person-centered medicine include ethical commitment, cultural awareness and responsiveness, holistic framework and treatment, relational focus, individualization of care, common ground for collaborative diagnosis and shared decision making, people centered organization of care and person-centered education, training, and research.

6. Eastern Mediterranean culture and medicine, with its tradition of benevolence, justice, and equity, and keen attention to public health is intrinsically person-centered.

7. The current Covid-19 pandemic, more gravely afflicting vulnerable groups of many societies, has underscored the role of health inequities, and societal and cultural context in addressing the pandemic at the local and national levels, and it has highlighted the importance of adequately attending to economically and culturally vulnerable groups in addition of promoting global solidarity.

8. The International College of Person-centered Medicine has made seminal contributions in defining the principles of person-centered medicine and in developing culturally informed person-centered diagnostic models, person-centered care models, along with person-centered health professional education and research programs.
We Recommend

1. To promote cultural consideration in health care and public health, including the patient’s ethnic identity, cultural values, and spiritual needs, as important social determinants of health and indivisible part of the full and in tandem observation of universal health rights and responsibilities.

2. To uphold the ethical imperative of respecting the dignity of every person involved in the process of care (patients, family, clinicians) with respect for the patients’ rights and autonomy, and attending to their personal values, choices, and needs.

3. To promote patients empowerment, self-care and inter-care (or mutual care), as they are protagonists of their own health and well-being.

4. To promote and adopt culture-informed and person-centered holistic approaches utilizing a bio-psycho-socio-cultural-spiritual framework for assessment and diagnosis.

5. To adopt individualized care, paying attention to the patient’s uniqueness, promoting the patient’s personal growth and development, considering the patient’s choices and beliefs, and supporting the fulfillment of the patient’s life project.

6. To promote the integration of person-centered education in health professional education and clinical training, and foster integrated approaches to public education and professional training.

7. To promote person- and people-centered medicine in public health with focus on health promotion, disease prevention and health restoration throughout the life span.

8. To advocate for person-centered models of assessment, care and treatment in a pandemic context building on the COVID pandemic and in strengthening healthcare system effectiveness and resilience.

9. To promote person-centered medicine research to address the complexity of understanding factors that impact on health and health care and the dynamic interplay among the various determinants of health including biological, contextual, ecological, socio-cultural, and spiritual factors.

10. To commit the International College of Person Centered Medicine and the Kuwait Medical Association and encourage like-minded institutions, groups and colleagues to the implementation of the above recommendations.