

Fifth Geneva Conference on Person-centered Medicine

Chronic Diseases: Person- and People-centered Perspectives

Summary Report

The fifth edition of the Geneva Conference on Person-centered Medicine was held on April 28 -May 2, 2012, the latest in the series of annual Geneva Conferences on this perspective since May 2008 [1-4]. The gradual building of this conceptual and methodological perspective [5-8] has proceeded through collaboration with major global medical and health organizations, academic institutions, and an expanding community of committed international experts all engaged into an International Network [9], now International College of Person-centered Medicine [10].

As for all previous Geneva Conferences, the main venue of the Fifth one was the Marcel Jenny Auditorium and auxiliary halls of the Geneva University Hospital. Within the framework of growing institutional collaboration (from 27 entities in the preceding one to 33 in the latest), the Fifth Geneva Conference on Person-centered Medicine was organized by the International College of Person-centered Medicine (ICPCM) in collaboration with the World Medical Association (WMA), the World Health Organization (WHO), 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 World Organization of Family Doctors (Wonca), the World Federation for Mental Health (WFMH), the World Federation of Neurology (WFN), the Council for International Organizations of Medical Sciences (CIOMS), the International College of Surgeons (ICS), the International Federation of Gynecology and Obstetrics (FIGO), the Medical Women's International Association (MWIA), the International Federation of Ageing (IFA), the World Association for Sexual Health (WAS), the European Federation of Associations of Families of People with Mental Illness (EUFAMI), the World Federation for Medical Education (WFME), the International Association of Medical Colleges (IAOMC), the Paul Tournier Association, the World Association for Dynamic Psychiatry (WADP), the European Association for Communication in Health Care (EACH), the WHO Collaborating Center for Public Health Education and Training at Imperial College London, the International Federation of Medical Students' Associations (IFMSA), the Zagreb University Medical School, the University of Gothenburg Centre for Person Centred Care, the George Washington University Institute on Spirituality and Health, the Peruvian University Cayetano Heredia, the Università degli studi di Milano, the Medical University of Plovdiv, and the Buckingham University Press, and with the auspices of the Geneva University Medical School and Hospitals.



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

With the overall theme of *Chronic Diseases: Person- and People-centered Perspectives*, the Fifth Geneva Conference on Person-centered Medicine encompassed a number of sessions larger than ever before and composed of plenary symposia, practical workshops, brief oral presentations, and posters, all having an international framework. Additionally, institutional work meetings were held involving guiding principles for person-centered clinical care, person-centered diagnosis, an organizational informational base, and special institutional projects.

The Conference Core Organizing Committee was composed of Juan E. Mezzich (President, International College of Person Centered Medicine), Jon Snaedal (World Medical Association President 2007-2008), Chris van Weel (World Organization of Family Doctors President 2007-2010), Michel Botbol (World Psychiatric Association Psychoanalysis in Psychiatry Section), Ihsan Salloum (World Psychiatric Association Classification Section), Tesfamicael Ghebrehiwet (International Council of Nurses), Shanthi Mendis (WHO Chronic Diseases Department), and Ruben Torres (PAHO/WHO Health Systems Area).

Financial or in-kind support for the Conference was provided by 1) the International College of Person-centered Medicine (core funding), 2) the University of Geneva Medical School (auditorium services and coffee breaks), 3) the Paul Tournier Association (conference dinner), and 4) Participants' registration fees.



Partial view of collaborating organizations' leaders, speakers and participants at the Fifth Geneva Conference 2012

Pre-Conference Work Meetings

The first Work Meeting on April 28, 2012 focused on activities and projects related to the organizational and informational framework of the ICPCM.

- The *International Journal of Person Centered Medicine* was launched at the Fourth Geneva Conference on Person Centered Medicine in 2011. As the official journal of the International College of Person Centered Medicine (ICPCM) and created in partnership with the Buckingham University Press, the Journal is advancing the global communication of scholarship and research for personalized healthcare [11]. As it was reported and discussed, the full first volume of quarterly issues has been completed. The first issue of the second volume was presented at the Conference. In this short time, the journal has achieved considerable strength and prestige and is attracting a continuous stream of quality manuscripts from all regions of the world. A productive meeting of the Journal's Editorial Board took place at the end of the first day.



Standing LtoR: N Adams, J Appleyard, I Salloum, L Salvador, M Abou-Saleh, A Besse, Y Pongsupap, A Williamson, J Snaedal, M Botbol, J Cox, E Gayvoronskaya, J Trivedi, and L Kirisci. Seated LtoR: CW Van Staden, CR Cloninger, A Miles, JE Mezgich, and C Van Weel at the Editorial Board Meeting of the International Journal of Person Centered Medicine, Fifth Geneva Conference.

- *Upgrading of College and Journal websites.* The main institutional website for the initiative on person-centered medicine was established early in the course of the Geneva Conferences process and has been upgraded regularly [11]. Advances on videos and interactive capabilities are being planned. The website of the *International Journal of Person Centered Medicine* was launched along with the Journal itself and is serving as an increasingly effective manner to access the Journal as well as acquiring and managing subscriptions.
- *Use of Social Media in the Promotion of Person-centered Medicine.* Within the framework of the Internet and the World Wide Web (WWW), there is a popular trend to engage in Social Networking Sites. The potential use of these resources to promote person-centered medicine activities was discussed along with concerns and limitations.
- *International Conference and Publication Series.* This project dealing primarily with person-centered care for specific clinical conditions is due to start in the second half of 2012. Its general plan was outlined during the initial work meetings and it was the subject of a panel discussion during the course of the core conference.
- *Person Centered Medicine Book Projects.* Monographs have a distinct place in the development of a field, and in person centered medicine there are early precedents such as Paul Tournier's *Medicine de la Personne* in Switzerland [13] and recent contributions as well appearing in Croatia [14] and France [15]. Future projects were outlined for major textbooks with systematic presentations of the status of field in general as well as on broad specialty and discipline areas.

The second ICPCM Work Meeting focused on Person-centered Integrative Diagnosis (PID) and Related Diagnostic Projects. The importance of this work is predicated on the understanding that one of the key aspects of clinical care is comprehensive diagnosis as fundamental basis for treatment planning and care. This renders person-centered diagnosis as crucial for the implementation of person-centered medicine. The first session focused on moving forward the PID developmental process, which started in psychiatry and mental health, from theoretical model to practical guide. The conceptual bases and structure of the model

were published in the Canadian Journal of Psychiatry [16] and more recently a conceptual appraisal was conducted and published [17]. The presentations in this initial session dealt with general developmental strategies, the heuristic value of ontological analysis, the instrumentation of the various domains and levels of the PID, the utilization of descriptive categories, dimensions and narratives, and the establishment of common ground among clinicians, patients and families towards the formulation of a comprehensive diagnosis and a plan of care.

An ensuing session on Related Diagnostic Projects discussed first the ongoing revision of the Latin American Guide for Psychiatric Diagnosis (Guía Latinoamericana de Diagnóstico Psiquiátrico) (GLADP) [18-19], an official Priority Program of the Latin American Psychiatric Association, and its next steps leading to the publication of the revised version volume towards the end of 2012. Other presentations presented updates on the French Diagnostic Project, the World Federation for Mental Health Assessment Project, a pediatric diagnostic plan, and the grounds towards an internal and family medicine diagnostic effort.



LtoR: N Christodoulou, S Steffen, J Snaedal, J Wallcraft, J Appleyard, M Botbol, E Gayvoronskaya, and C Van Weel, at the Pre-Conference Workmeetings on Clinical Care Guidelines, Fifth Geneva Conference.

The third ICPCM Work Meeting was dedicated to the ongoing development of Person-centered Clinical Care Guiding Principles. Earlier work on this project was summarized and placed in perspective as an orientation to the next steps. Several brief presentations followed made by members of the corresponding workgroup, particularly those representing geriatric, pediatric, family medicine and mental health perspectives.

An extended 3-hour working luncheon took place on the second pre-core-conference day to further the discussions of each of the various ICPCM workgroups meeting separately from each other. These groups included those which had made earlier initial presentations as summarized above, plus those dealing with person-centered partnership and person-centered young health professionals (the Janus Group). This extended session facilitated the formulation of conclusions and the delineation of next steps. Such conclusions were then briefly highlighted in an ensuing plenary session.

Complementing the scientific program, two major ICPCM institutional meetings took place during the span of the Fifth Geneva Conference. One was a face-to-face meeting of the Board, which regularly manages the organization through monthly teleconferences. The other was the General Assembly which heard a report from the Board, reviewed prospective activities (6th Geneva Conference and other events, ongoing advancement of the International Journal and other publications, continued work of research groups and projects, and further development of ICPCM institutional structure and governance), and discussed a draft of the Geneva Declaration on Person-centered Care for Chronic Diseases, an effort to extend for the first time the public policy impact of the Conference concerning its main theme.



LtoR: T Ghebrehivet, M Botbol, JE Mezzich, J Snaedal, I Salloum, and C Van Weel, at the ICPCM Board Meeting, Fifth Geneva Conference.

Core Conference

The Core Conference was opened on April 30 by Prof. Panteleimon Giannakopoulos, Vice-Dean of the Geneva University Medical School and Dr. Manuel Dayrit, Director, World Health Organization. They were joined in the presidium by the members of the Board of the International College of Person Centered Medicine.

The opening address was delivered by the ICPCM president, who presented a progress report on institutional developments. Foremost was the consolidation of the International College of Person-centered Medicine which emerged from an International Network and the Geneva Conferences process [9, 10]. Among its signal activities are the engagement of a growing number (33 at present count) of international medical and health bodies (including WHO for the third time) as co-sponsors of the Fifth Geneva Conference, the quick growth in strength of the *International Journal of Person Centered Medicine* as a joint venture with the University of Buckingham Press [11], the advances of its workgroups particularly those on Person-centered Care Guiding Principles and Person-centered Integrative Diagnosis (the latter reflected on several journal publications and books)[16-19], path-opening research activities initiated with WHO support towards the systematic conceptualization and measurement of person-centered care, and collaboration in the anticipated launching of an International Conference and Publication Series addressing specific clinical conditions. The preparation for the first time of a Geneva Declaration focused on the conference's main theme (chronic diseases) promises to extend substantially the impact of our flagship event [20].



LtoR: J Snaedal, I Salloum, P Giannakopoulos, M Dayrit, JE Mezzich, C Van Weel, and M Botbol, at the Opening of the Fifth Geneva Conference.

The first scientific session of the core conference was a Symposium on the Effectiveness of Person-centered Care for Chronic Diseases. It started with an examination of the value of a contextualized approach to enduring clinical complexity. After affirming the crucial role of relationships and trust for person-centered care, it unfolded principal aspects of context in terms of family, social network, physical (including left and right brain integration), financial, occupational, spiritual and health literacy concerns. Next, the value of focusing on well-being was appraised, identifying work on personality development as highly important in this regard, particularly for dealing with people's chronic diseases. Finally, the critical role that the patient can and should play for tackling chronic diseases was addressed, identifying specific approaches for ensuring that the patient's voice is heard in clinical and public health settings.



LtoR: T Epperly, J Groves, C Van Weel, and R Cloninger, at the Symposium on the Effectiveness of Person-centered Care for Chronic Diseases, at the Fifth Geneva Conference.

A Workshop on Person-centered Care for Oncological Diseases started with a review of informational procedures to support patient's decision-making roles in cancer care. This was followed with a discussion of cancer pain which is currently acquiring a strong person-centered framework. This involves the need for a comprehensive evaluation of the situation and of the patient's attitudes and preferences, paying considerable attention to good clinical communication, patient engagement, and participation in decision making. Next, the interface between cancer and sexual health was visited. Substantial numbers of cancer patients experience long-term sexual dysfunctions, and these need to be addressed emphasizing exchange of information and fluent communication between clinicians and patients. Concluding the session, person-centered care at the end of life was discussed. This encompassed ensuring empathy, family engagement, advance planning, symptom control, fluid management, place of death, and spiritual support.

A Workshop on Person-centered Care for Chronic Psychiatric & Neurological Diseases, addressed first two of the most common psychiatric disorders, depression and substance abuse, that tend to be chronic and rank among the top human disease burdens. The benefits of employing a holistic theoretical framework, attending to the patient's experience, the range of contributing factors, and the integration of care were emphasized. Looking at the whole person of the patient with dementia was examined next. This would include a comprehensive examination of the patient's clinical condition as well as full consideration of his/her needs and preferences. Concerning child and adolescent chronic psychiatric condition, emphasis was placed on attending to the specific objective and subjective dimensions of the child's illness and health. Finally, a comparative analysis was presented of recovery-oriented and person-centered models of care, noting that the former developed and remains principally in the mental health field while the latter has broader origins and presence in general medicine and comprehensive health. Both largely coincide in theoretical perspectives, ethical commitment, and clinical procedures.



LtoR: J Snaedal, M Botbol, G Christodoulou, M Schmolke, and I Salloum, at the Workshop on Person-centered Care for Chronic Psychiatric & Neurological Diseases, Fifth Geneva Conference,

A Poster Session was held during lunch time the first day of the Core Conference. The presentations reviewed the relations of person-centered care and, respectively, Eastern Orthodox psychotherapy, reduction of self-report uncertainty in chronic heart failure, care experiences among hospitalized Swedish patients, experiences of “broken heart” syndrome patients, culture-specific patient education in Bulgaria, adherence and self-management in hypertension, and contextualization of functional symptoms in primary health care.

A Workshop on Person-centered Care for Chronic Circulatory and Respiratory Conditions started with a presentation of patient's experiences in acute coronary syndromes. These challenging situations emphasize the importance of individual treatment plans and person-centered care in order to help patients regain regular life pattern activities. Second, outcome studies on person-centered cardiovascular care were reviewed. Recommendations were offered to design such studies from the patients' perspectives and illustrations of such designs were presented. Third, person-centeredness in intensive care medicine was considered. It was noted that physiological circumstances often lead to limit patients' choices in intensive care units. Clinicians therefore have a high degree of responsibility to ensure that care is individualized and to respect patients as persons.



LtoR: J Snaedal, M Tonelli, A Fors, and I Ekman, at the Workshop on Person-centered Care for Chronic Circulatory and Respiratory Diseases, Fifth Geneva Conference.

A Workshop on Self-Care and Integrative Approaches to Non-communicable Diseases began with a WHO review of the evidence on self care for non-communicable diseases, and ended with a review of educational efforts needed in this field. It noted that today's chronic and non-communicable diseases (NCDs) are the main cause of morbidity and mortality in almost all countries around the world. It addressed approaches needed within our health and educational systems to increase awareness, practical knowledge and skills to prevent and manage cardiovascular disease, cancer, diabetes and chronic lung disease. It also pointed out that most NCDs are preventable and that most risks factors (smoking, obesity, lack of physical activity, hypertension, and excessive use of alcohol) can be managed if identified early. It emphasized that all approaches to control NCDs must be person-centered and that continuity of care is crucial for achieving better health outcomes at individual and population levels.



LtoR: S Rawaf and S Mendis, at the Workshop on Self-Care and Integrative Approaches to Non-communicable Diseases, Fifth Geneva Conference.

A Symposium on Person-centered Care and Modern Clinical Practice started with a presentation on ethics and social determinants of health. It then addressed case-based models of practice, arguing that these are more relevant than evidence-based ones for clinical decision-making in person-centered medicine. The casuistic approach seeks warrants from clinical research, pathophysiologic rationales, personal experience, patient's goals and preferences, and system features, which all must be weighed and negotiated by the clinician and the patient to arrive at reasonable decisions. A third presentation discussed Bayesian statistical procedures for systematically taking into consideration local factors and the results of large multi-center trials leading to more accurate estimations of intervention effects than with one or the other alone, and potentially contributing to the coalescence of evidence-based and person-centered models. Finally, remarks were offered stimulated by the above presentations and an ongoing review of the literature towards an integrated clinical care model.

A Symposium on Transformative Education for Person- and People- centered Care started with a presentation of the WHO Transformative Education Initiative. It pointed out that the World Health Report of 2006 documented the severe shortages of health professionals around the globe and their poor fit to health service delivery needs. Therefore, an adequate transformation of health professional education should put population health needs and expectations at the centre and should be directed by the reality of health service delivery. Second, a Health Improvement Card being developed by the World Health Professional Alliance to help prevent chronic diseases was outlined. The Card would seek to assess lifestyle and biometric risk factors to enable individuals and their health professionals to take preventive action. Third, professional training to optimize team work for person-centered care was discussed. It noted that in addition to shortages of health professionals there are severe limitations in opportunities for health professional students of different disciplines to learn together and interact adequately during their training. It then outlined innovative and strategic responses to this challenge. Finally, recommendations from academic medical centers were formulated to build up person-centered medical education and training.

These illustratively include group learning with patients and families, shadowing, video-recording, and role plays.



LtoR: T Ghebrehivet, E Wheeler, J Seyer, S Rawaf, and M Dayrit, at the Symposium on Transformative Education for Person- and People- centered Care, Fifth Geneva Conference.

A Symposium on Spirituality and Health started with a presentation on clinical applications towards integrating spirituality into healthcare. It proposed the recognition of spirituality as a component of health and as an important element of compassionate person centered care and outlined a procedure for a biopsychosocialspiritual assessment and plan. A second presentation discussed how healing the body and the spirit is integral to the mission of many faith traditions and the lessons learned by chaplains responding and caring for people living with AIDS. A third presentation examined religious and secular counseling to discuss the relevance of faith, the need for science, and the variety of available values. Remarks on personal spiritual experiences while facing health challenges and a scholarly summary of the presentations made completed the symposium.



LtoR: M Dayrit, ESN Dayrit, A Miles, C Puchalski, R Vitillo, and J Cox, at the Symposium on Spirituality and Health, Fifth Geneva Conference.

The Workshop on Conceptualization and Measurement of Person- and People- centered Care encompassed first the presentation of a literature review on conceptualizing person- and people-centeredness in primary health care. It explored the notions of person and people within primary care as defined in the 1978 Alma Ata Declaration and the 2008 World Health Report, as well as their relevance to the discussion of equity and social justice, causes of ill health, and the integration of primary care and public health. This was followed by a set of short papers on the conceptual refinement and further

development of a prototype Person-centered Care Index (PCI) conducted by the International College of Person-centered Medicine. The initial work engaged broad international panels composed of clinicians, public health experts, patients and family representatives, which through Delphi-type consultations discussed the results of a review of the literature and identified key elements of person-centered care, which led to the design of a prototype PCI. This was subjected to an initial evaluation of its content validity and general applicability to health systems. More recently, the prototype PCI was revised to improve the wording of its items and rating arrangement and was subjected to pilot studies of its internal structure, of its content validity among mental health users in London, and of its inter-rater reliability across various types of health programs in Santa Cruz, California and Lucknow, India.



LtoR: L Kirisci, J DeMaeseneer, J Wallcraft, C Leyns, N Adams, JE Mezgich, and J Trivedi, at the Workshop on Conceptualization and Measurement of Person- and People- centered Care, Fifth Geneva Conference.

A Workshop on Swedish Clinical Research on Person Centered Care encompassed six papers from a specialized and multidisciplinary research center at Gothenburg University, Sweden. It opened with a review of fundamentals in person-centered care. Two ensuing papers dealt with the effects of person-centered care concerning hip fractures and heart failure. A fourth one discussed patient reported outcomes. The implementation of person-centered care was the subject of the fifth paper. The last one discussed organization of person-centered care

A Workshop on Person-centered Pain Management started with an examination of the complexity and challenges imposed by pain in chronic conditions such as cancer. Maximizing quality of life must be a guiding principle and a multidisciplinary team approach is usually required. Progress may be achieved by evaluating systematically treatment options towards enhancing health outcomes. When considering invasive procedures for the management of cancer pain, attending to the patient's wishes is crucial. Maximizing quality of life and social integration are important outcomes here. Another presentation posited that pain management largely depends on a bio-psycho-social understanding of the situation as well as on analyzing pain mechanisms, patients' attitudes, and the role of culture. A presentation on person-centered pain management in the realm of palliative medicine completed this workshop.

A Workshop on Shared Care Plan and Personalized Diagnosis focused on the structure of a treatment plan with particular attention to the development of whole-health objectives. It proposed the integration of general medical, psychological and social interventions to promote wellness outcomes.

An Oral Presentations Session on Conceptual Studies on Person-centered Care begun with a presentation of neuroscience perspectives towards person-centered care. The prospects of personalizing education and mental health through neuroscience and neuroesthetics were then presented. Next were Islamic heritage

and traditions concerning person-centered medicine. Person-centered gynecological and obstetrics was the subject of an ensuing paper. A review of personality concepts and their impact on the development of Russian psychology and psychiatry was then presented. Bringing child-centered hospital care to Serbian children was reported through the presentation of a rights based approach. The subject of the next one was building a person-centered culture in a prevention and recovery care service. A role for traditional birth attendants in promoting person-centered care in Asia was reviewed. Finally, a paradigm in pediatrics to deliver family- and child-centered care was discussed.



LtoR: W Holzgreve, E Zimmerman, L Konopka, P Scherer, M Botbol, V Krasnov, P Rosen, D Nikolic, W Cross, and J Perkins, at the Oral Presentation Session on Conceptual Studies on Person-centered Care, Fifth Geneva Conference.

A second Oral Presentations Session encompassed Experimental Studies on Person-centered Care. The Project PARIS: Parents and Residents in Session is studying the teaching of person- and family-centered care in a pediatrics residency program in New York. An innovative medical school in Madrid reported on the effects of an early clinical experience program in medical school aimed at raising awareness of the relational and communicative needs of clinical practice and of the structure and performance of health systems. An UK Program on Type 2 Diabetes presented risk assessment results and their implications for practitioners and patients as well as a systematic review of barriers and facilitators in life style modifications for prevention purposes. A Swedish study presented their results on an analysis of the relationship between organizational culture and the implementation of person-centered care. A study from Cyprus reported on an evaluation of the implementation of person-centered medicine in treating patients with dementia. A study from Victoria, Australia reviewed the importance of interdisciplinary support to manage medications in an optimal way when dealing with patients with multiple chronic conditions. A report from Milan focused on a reliability and validity evaluation of a person centered medicine clinical method.

A Workshop on Person-centered Health Systems started with a presentation from WHO on integrated health systems, including conceptual and empirical elements. A second presentation also from WHO argued that a person-centered approach is of utmost need to attain reproductive health. It concluded that adoption of a person-centered approach will often preclude the need for complicated checklists and contribute greatly to improving quality of care and patient satisfaction. A third presentation represented a contribution to the early assessment and prevention of burn-out in the form of a person-centered approach to human resources management in health care. A final presentation dealt with educational factors in health systems. It pointed out that human interactions are the most important aspect of health systems, that learning opportunities are embedded in health system's facilities, and that an operational linkage between education and health systems needs a clear definition at the different stages of training and practice paying attention to local, national and global contexts.

A Workshop on Internet and Person-centered Medicine was based on the presenter's experience and perspectives on the use of the internet for health professional purposes. He suggested that the future of scientific professional communication is on the web, promoting useful and dynamic interactions among institutional members, for which videos may be quite helpful, and with webmasters continuously evaluating how contents are offered.

A Scientific Panel was organized to launch an International Conference and Publication Series on Person-centered Healthcare. It was composed of brief presentations on the aims and scope of the series and on their implications as perceived by officers of public health, clinical, educational and patient organizations.



LtoR: JE Mezgich, G Coggi, A Miles, J Groves, S Skovlund, M Dayrit, C Van Weel, J Snaedal, and S Pateman, at the Scientific Panel for the Launch of the International Conference and Publication Series on Person-centered Healthcare, Fifth Geneva Conference.

A Session on Region and Country Experiences on Person- and People- centered Care started with a presentation from Thailand on the measurement of responsiveness as part of person-centered healthcare. It used a set of questionnaires and vignettes to assess the experience at the intersection between person and health system. A presentation from Europe focused on the utilization of health ontologies (terminology, nomenclature, taxonomy) to discuss person-centeredness (as illustrated by the Person-centered Integrative Diagnosis model) and personal factors (as defined in WHO's International Classification of Functioning and Health). It posited that limitations in conceptualization and terminology are key barriers to scientific progress and the consolidation of a new scientific field. Another presentation described a collaborative project to promote person-centered care for diabetes and depression in South Africa, Lesotho, Bostwana, Swaziland and Uganda. It demonstrated that a holistic person centered approach may help the recognition, management and outcomes of diabetes and depression. A final presentation discussed African contributions to decision-making in person-centered health practice. It drew on indigenous knowledge, such as the isiZulu term "indaba" that refers to a meeting (such as that between a health professional and a service user) that is so substantive that it is an end in itself, and therefore person-centered.

A Workshop on Dance Therapy in Person Centered Medicine reflected interest in the field for experiential creative and artistic opportunities aimed at ameliorating illness and enhancing well-being. Initial introductions referred to the numerous studies documenting the value of dance for health. It may contribute to self-awareness, expression of feelings, improved communication, and personal development. One presentation focused on expressive psychoanalytic dance therapy; the other on integrative dance/movement psychotherapy addressed to facilitating the fulfillment of a personal life project. Each included an experiential practicum.

A Special Session on Stakeholders' Policies and Contributions for Person- and People-centered Care took place with the participation of major global medical and health institutions co-sponsoring the Fifth Geneva

Conference. It started with introductory statements from officers of the World Health Organization and the International College of Person-centered Medicine. They were followed by contributions from the World Medical Association, Wonca, International Alliance for Patients' Organizations, International Council of Nurses, International Federation of Social Workers, International Pharmaceutical Federation, Council for International Organizations of Medical Sciences, World Federation for Mental Health, International Federation of Gynecology & Obstetrics, International Federation of Medical Students' Associations, and European Federation of Associations of Families of People with Mental Illness.

Concluding Remarks

As discussed at the Conference's Closing Session, the Fifth Geneva Conference represented a strong step forward in the process of building person-centered medicine. It was co-sponsored by a record 33 global medical and health organizations, introduced new presentation formats, documented the advancement of our *International Journal* and scientific workgroups, and launched new initiatives. Furthermore, the inaugural *Geneva Declaration on Person-centered Care for Chronic Diseases* was wrapped-up at this session and was then issued in final form by the ICPCM Board on May 19. Also at the Closing Session, and earlier than ever before, an announcement was made for the 6th Geneva Conference to take place on April 27-May 1, 2013 having as main theme *Person-centered Health Research*.



Standing LtoR: H-R Pfejfer, L Salvador, H Montenegro, S Rawaf, S Moldovan, W Van Lerberghe, M Dayrit, A Miles, T Albarbi, O Bugnon, J Snaedal, J Perez-Miranda, G Christodoulou, V Dordevic, JE Mezzich, M Abou-Saleh, J Appleyard, I Salloum, A Fikin, R Truell, B Kadrijaj, M Botbol, H Trespalacios, H Millar, CW Van Staden. Seated LtoR: E Gayvoronskaya, J Tang, C Leyns, M Schmolke, M Kulygina, M Ammon, J Groves, and S Michaelidou, at the Closing Session of the Fifth Geneva Conference.

As a colophon to the Fifth Geneva Conference, the ICPCM president was invited the next day to a meeting at the World Health Organization headquarters with Assistant Director General Dr. Carissa Etienne and Directors Drs. Wim van Lerberghe and Manuel Dayrit. They expressed congratulations for the Conference that had just ended and strong interest for the Sixth Geneva Conference and the prospective development of a WHO Guide on Person-centered Care.



LtoR: Manuel Dayrit, Juan E. Mezzich, Carissa Etienne, and Wim Van Lerberghe, at WHO Headquarters following the Fifth Geneva Conference.

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Juan E. Mezzich (International College of Person-centered Medicine President), Jon Snaedal (World Medical Association President 2007-2008), Chris van Weel (Wonca President 2007-2010), Michel Botbol (WPA Psychoanalysis in Psychiatry Section), Ihsan Salloum (WPA Classification Section), and Tesfa Ghebrehiwet (International Council of Nurses), all members of the ICPCM Board and of the Fifth Geneva Conference Organizing Committee.