

LIMA DECLARATION 2022

Mutual and Integral Care for Persons-Centered Total Health

Resulting from the Tenth International Congress and Eighth Latin American Conference on Person-Centered Medicine, an event organized by the International College (ICPCM) and the Latin American Network of Person-Centered Medicine (RLMCP), in collaboration with the Peruvian Association of Faculties of Medicine (ASPEFAM), the Pan American Health Organization (PAHO/WHO), the Andean Health Agency - Hipólito Unanue Agreement (ORAS-CONHU), Latin American Association of National Academies of Medicine (ALANAM), the National Academy of Medicine of Peru, the Peruvian Association of Person-Centered Medicine and the Universidad Nacional Mayor de San Marcos.

Preamble

1. Based on twentieth-century person-centered care proposals (illustrated by Carl Rogers, Tom Kitwood, and Paul Tournier) in critical response to the reductionist and dehumanizing models prevalent at the time for medical education and health care, the twenty-first century witnessed collaborative programmatic movements on Person-Centered Medicine, articulating science and humanism promoted by the International College of Person-Centered Medicine (ICPCM) with the support of the World Psychiatric Association, the World Medical Association and the World Health Organization.

2. The ICPCM has been maturing concepts and procedures through annual Geneva Conferences and International Congresses, research programs on conceptualization and measurement of Person-Centered Medicine (PCM) and comprehensive person-centered diagnostic models, and the publication of the International Journal of Person Centered Medicine and books such as Person Centered Psychiatry and Person Centered Medicine. Its regional development is illustrated by the Latin American Network of Human-Centered Medicine (RLPCM), which has held annual PCM Latin American Conferences since 2015, focused on covering the development of clinical care, medical education, scientific research and people-centered public health.

3. The paradigmatic concepts of medicine and health centered on the person are delineated as follows: a. The contextualized person represents the conceptual center of health and is the protagonist and central objective of health actions; b. Person-centered medicine involves a medicine of the person (of the totality of his health), *for the person* (aimed at promoting his well-being and flourishing); by the person (the actors of health actions), and with *the person* (professionals collaborating respectfully and empoweringly with people seeking health care); c. The MCP is informed by scientific evidence and by the experience and values of the persons involved and is aimed at restoring and promoting the health and well-being of the total person.

4. The most important health strategies at the same time include those generated in Alma-Ata in 1978 (Comprehensive Health Care for All for All), whose aspirations were ratified, although not fully achieved at the Astana Conference (2018). Also important has been the movement articulated by WHO in its 2008 Annual Report and 2009 World Health Assembly Resolution promoting integrated and people- and community-centered health services. The RLMCP through annual Latin American Conferences since 2015 has been exploring innovative general health strategies, articulating PCM with the postulates of Alma Ata, the Social Determinants of Health (SDH), the Sustainable Development Goals (SDGs) and the Essential Functions of Public Health (EPHF).

5. More recently, the main themes of the Seventh and Eighth Latin American Conference of MCP were formulated respectively as *Mutual and Integral Health Care Oriented to the Well-being of All Persons* (2021), and *Mutual and Integral Care for Persons-Centered Total Health* (2022). These approaches, particularly those on *Care*, are set chronologically with meetings organized in 2022 by the United Nations and its Economic Commission for Latin America towards new development concepts based on a care society, in which people, those who care and our planet are cared for.

Recommendations

1. Develop the concept of Total Person that conforms to the demands of its integrity and indivisibility. The integrality of the person encompasses longitudinal and transversal contexts. The person is an end in himself and is the main protagonist of health actions.

2. Investigate and deepen the concept of Total Health. The concept of total health includes both disease (negative health) and positive aspects of health. It also involves a holistic eco-bio-psycho-socio-spiritual theoretical framework. And it articulates and synergistically implements the postulates of Person Centered Medicine (PCM), Social Determinants of Health (SDH), Sustainable Development Goals (SDGs) and Essential Public Health Functions (EPHF).
3. Develop more fully the concepts and procedures related to Mutual and Comprehensive Health Care. Mutuality involves reciprocity and interactivity in health care and complements the aspects of responsibility of individuals with respect to their own health (self-care), with the actions of support and reciprocal care (intercare) that are deployed between people as a form of coexistence.
4. Promote Health Rights and Responsibilities and Community Empowerment for Comprehensive and Mutual Health Care. Comprehensive health care is a fundamental human right and co-responsibility of all individuals, families, the community, society and the State, under constitutional norms. Community, neighborhood-to-government participation, solidarity and global cooperation are key to preventing and controlling pandemics and other broader health and social challenges.
5. Strengthen concepts and procedures for the crucial intersectoral coordination (particularly between health, education, and the economy) required for the effective implementation of persons-centered health programs and policies.
6. Explore experiences and models of regional and Latin American integration that on historical and anthropological bases and through the cultivation of equity, inclusion, solidarity and mutual care can promote the full health and well-being of all people.
7. Develop mechanisms for academic research and discussion to deepen the historical, philosophical, scientific, and practical bases of fundamental strategies such as those involving community empowerment, intersectoral coordination, and regional and Latin American integration toward the promotion of health and full well-being of all persons and for the preparation of evaluable projects that strengthen and optimize persons-centered health care, education, scientific research and public health.
8. Commit the institutions involved in this event and similar ones towards the cultivation, promotion and fulfillment of the recommendations made.