NEWSLETTER

Proposal for the Development of a North American Network for Person-Centered Medicine (NANPCM)

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Background and Rationale
Person-centered medicine represents a necessary evolution beyond the traditional biomedical model. While the biomedical model has advanced scientific understanding, its reductionist focus is insufficient for addressing the full complexity of human illness, particularly in chronic disease, multimorbidity, and mental health.

The biopsychosocial-spiritual model offers a more complete framework, recognizing that health and illness emerge from interacting biological, psychological, social, and spiritual dimensions. Despite this, modern healthcare systems have become increasingly fragmented due to sub specialization and complex institutional structures. Care is often delivered in silos, leading to disjointed, impersonal experiences that fail to address the person as a whole.

Person-centered medicine responds to this gap by reorienting care around the individual as a whole person. Health is understood as a life project shaped by values, narratives, identity, goals, vulnerabilities, circumstances, priorities, needs, attitudes toward life, and relationships with family, friends, and community. Healing depends not only on interventions, but on relationships grounded in trust, listening, understanding, and ethical responsibility.

Mission and Vision
The North American Network for Person-Centered Medicine aims to make person-centered medicine the standard of care across North America (initially USA and Canada). The network promotes a holistic, ethical, culturally sensitive, and humanistic approach that prioritizes dignity, relationships, and individualized care.

Core Concept: The Person-in-Relationship-in-System
Care is organized around:
• The person as a whole, including lived experience and life context
• The therapeutic relationship, grounded in trust, communication, and understanding
• The clinician, with reflective capacity and ethical responsibility
• The system, including interprofessional teams and community networks

Aligned Foundational Tenets

1. Primacy of the Person
   Care is guided by the individual's values, goals, and dignity.
2. Therapeutic Relationship and Reflective Practice
   Care is delivered through trust-based relationships supported by clinician self-reflection.

3. Contextualized, Biopsychosocial-Spiritual Care
   Clinical understanding integrates biological, psychological, social, cultural, and spiritual dimensions.
4. Shared Understanding and Decision-Making
   Care plans are co-constructed, aligning clinical knowledge with the person's narrative.
5. Individualized, Narrative-Driven Care
   Each person is approached as unique, with care tailored to their life context.
6. Structured Person-Centered Inquiry
   Clinical reasoning is guided by deliberate inquiry into meaning, priorities, and concerns.
7. Interprofessional and Community Collaboration
   Multidisciplinary collaboration is essential for comprehensive and ethical care.
8. Continuous Learning and Person-Centered Evaluation
   Care is refined through feedback, outcomes, and reflective practice.

Expanded Proposed Infrastructure of the Network

Academic and Training Integration

Medical schools, universities, clinical centers, and community organizations serve as hubs for education, research, and dissemination. Core activities include integrating person-centered principles into curricula and developing person-centered medicine workshops for clinicians, trainees, and community stakeholders.

Clinical Integration

Person-centered principles are embedded in psychotherapy and general medical care through therapeutic relationships, narrative approaches, shared decision-making, and integration of mental and physical health.

Reflective Practice and Case-Based Learning

Structured case conferences and reflective forums support clinical reasoning, ethical awareness, and professional development.

Person-Centered Services

Care includes individualized plans, biopsychosocial-spiritual assessments, longitudinal relationships, and patient-reported outcomes.

Community Integration

Partnerships with community organizations, public health systems, and peer networks support culturally responsive care. Community-based person-centered medicine workshops and conferences extend engagement beyond clinical settings.

Interprofessional Collaboration

Care is delivered through coordinated multidisciplinary teams to address complex human needs comprehensively.

Digital Infrastructure

Shared platforms support communication, education, outcome tracking, and integration of clinical and community resources.

Proposed Structure
• Organizing Committee
• Academic and Clinical Hubs
• Regional Learning Networks
• Community Partnerships
• Support Networks
• Annual Congress and Community-Based Conferences
• Digital Platform

Strategic Plan
Pilot (New York Initiative): Implement and evaluate person-centered models in clinical and academic settings.
Expansion: Scale across institutions and regions.
Evaluation: Measure patient outcomes, experience, system performance, and clinician well-being.

Expected Impact
• Improved alignment of care with patient values
• Stronger therapeutic relationships
• Reduced fragmentation across systems
• Better integration of mental and physical health
• Increased patient engagement
• Reduced clinician burnout

Conclusion
The North American Network for Person-Centered Medicine advances a necessary transformation toward care that is humane, integrated, and ethically grounded. Person-centered medicine must function not only as a conceptual framework, but as a living practice embedded in clinical care, education, and community life.

Through multidisciplinary collaboration, community engagement, and person-centered medicine workshops, this initiative seeks to establish a sustainable model of care that fully recognizes the complexity, dignity, and humanity of every person.

Sincerely,
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