

EDITORIAL INTRODUCTION

PERSON CENTRED HEALTH STRATEGIES

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Three years into the coronavirus disease 2019 (COVID-19) pandemic, the World Health Organisation (WHO) Director-General accepted the recommendation of the Emergency Committee on COVID-19 and declared it no longer fit the definition of a Public Health Emergency of International Concern (PHEIC), given the disease was by then well established and ongoing (WHO declared a PHEIC on 30 January 2020 and named the outbreak as a pandemic on 11 March 2020). That does not mean the pandemic itself is over, but the global emergency it has caused is, at least for now.

We all only remember too well how medical and health professionals were tested to the limit during COVID-19 and how many of our patients got by through self-help and mutual support. Müller & Bahrs, in their **Value of Learning Processes in Quality Circles for self-help members as actors in Person-Centred Care**, reported through a qualitative study how the “Quality Circle in Health Care” method, QuiG® for short, tracked the learning process of members of different self-help groups and how that could contribute to the need for quality-promoting measures in self-help work arising from the importance of self-help within the health care system as well as address an emerging demand for professionalisation.

Most of us would have learned something about the relevance and importance of resilience during COVID-19 from our patients if not first-hand ourselves. In **An innovative approach to measure mental resilience and wellbeing at the individual and societal level using the “Human Condition -4 – Satisfaction index”**, Rutz and Dorner reminded us that resilience is a complex multidimensional construct with multiple interacting factors such as epigenetic, socio-economic, cultural, and environmental factors and proposed an easy-to-use diagnostic resilience assessment tool that is person-centred and encompasses personal, community, and societal aspects of individual life.

The elderly is a growing sector of our global community, and we have been made acutely aware of their vulnerability during COVID 19.

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Uzcátegui-Martínez, a geriatric psychiatrist, provided a review in **Conceptual Profile of Older-Person-centred Care within the General Framework of Person Centered Medicine** which observed five of the eight principles of person-centred medicine (PCM) in the general population have higher representation in older persons. She argued that the considerable consistency found between the conceptual profile of PCM for older persons and the principles of PCM in the general population might reflect that the PCM perspective was historically pioneered within the old-age health field and in particular that ethical commitment was a key motivator for the pioneering development of PCM in the geriatric field which has further prompted various systematic conceptualisation studies of PCM for the general population.

In the brief communication, **The History of Person Centered Medicine: A South Asian Perspective**, Kalra drew our attention to the person-centred features of traditional South Asian schools of medicine and lifestyle. The fact that a team-based approach to health and medicine was already mentioned in *Quadruple of Atreya*, a centuries old Ayurvedic text, highlights that PCM is a fundamental and crucial clinical approach that is applicable across eras and cultures.

Self-Care, Inter-Care, and Wellbeing were the focus of the Geneva Declaration emerging from the 13th Geneva Conference on Person-Centred Medicine during COVID19 pandemic times. In **Self-Care and Mutual Care in the Context of Person-Centred Medicine**, Mezzich et al. explored through literature reviews the extent to which self-care and mutual care are related to the core concepts and to the key principles of PCM and found that both health strategies were related to the three core concepts of PCM and to virtually all key principles of PCM, except the holistic framework.