

## FROM THE THIRD GENEVA CONFERENCE ON PERSON-CENTERED MEDICINE: CONCEPTUAL PERSPECTIVES

### Building Person-centered Medicine through Dialogue and Partnerships: Perspective from the International Network for Person-centered Medicine

Juan E. Mezzich MD MA MSc PhD

Deputy Editor-in-Chief, *International Journal of Person Centered Medicine*, Professor of Psychiatry, Mount Sinai School of Medicine, New York University, USA, President, International Network for Person-centered Medicine

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#### Correspondence address

Prof. Juan E. Mezzich, Professor of Psychiatry, Mount Sinai School of Medicine, New York University Fifth, Avenue and 100<sup>th</sup> Street, Box 1093, New York NY 10029, USA. E-mail: juanmezzich@aol.com

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## Introduction

Person-centered medicine is to a large extent relationship-centered medicine. This involves, first, the understanding that a dialogic attitude lies at the foundation of medicine for the person and therefore represents a commitment to promote this interactive and communicational attitude in all aspects of clinical care. It also involves pursuing the development of partnerships as a natural path and mechanism for constructing the reality and the future of this initiative and its organization. Most immediately, these considerations informed the selection of *Collaboration across Specialties, Disciplines and Programs* as the overall theme for the Third Geneva Conference on Person Centered Medicine. At the same time, one can usefully reflect on how such considerations have emerged from the work of medicine and health pioneers who perceived and placed the whole person in context at the center of our field. And how these ideas are being nurtured by current innovative work on clinical procedures and strengthened by the cooperation of many global medical and health organizations and a growing community of scholars.

## Overall theme of the Third Geneva Conference

The general themes of the first two editions of the Geneva Conference on Person-centered Medicine corresponded to

the natural steps in the development of an innovative initiative. In fact, the inaugural Geneva Conference in 2008 had *Conceptual Explorations* as its overall theme [1] For the Second Geneva Conference, this was *From Concepts to Practice* [2].

The closing session of the Second Geneva Conference revealed great interest on a quite specific topic. Its core idea was the *team approach* in person-centered clinical medicine. This formulation evolved through discussions of the organizing committee of the Third Geneva Conference into *Collaboration across Specialties, Disciplines and Programs*. This overall theme affirmed the importance of dialogue and partnerships for the cultivation of a medicine for the whole person. In so doing, this overall theme informed in general terms the construction of the Third Geneva Conference program, and most pointedly led to the organization of a major symposium on the Team Approach in Person-centered Health Care, where the perspectives and contributions of physicians, nurses, social workers and pharmacists and their interactions, were articulated.

## Contemporary Relational Clinical Developments

While the development of modern medicine has shown impressive scientific advances on the study of illness and on innovative diagnostic and therapeutic technology, such development has been accompanied by a number of

distortions in the priorities of medicine [3]. The fulfillment of ethical aspirations, such as the promotion of personal autonomy, responsibility and dignity has suffered. A rigid and scientific observance of evidence-based practice has led to neglect of the person's experience and subjectivity and of health actions that in addition to curing are aimed at alleviation and consoling [4,5].

Past decades have shown significant efforts to refocus medicine on the person of the patient, the clinician and the members of the community at large, with a relational emphasis. In 1940, Paul Tournier, a Swiss general practitioner, discovered the transformational value of critical interpersonal experiences and coined his vision as *Medicine de la Personne* [6]. Around the same time, Carl Rogers, an American psychologist, demonstrated the significance of open communication and of empowering for individuals to achieve their full potential and proceeded to develop a *person-centered approach* to therapy, counseling and education [7]. Shortly afterwards, Frans Huygen in the Netherlands [8] and Ian McWhinney in the United Kingdom and Canada [9] developed a generalist medical specialty committed to a contextualized understanding of health and focused on *patient-centered care*.

There has been also an increasing recognition of the crucial role of a collaborative clinician-patient relationship. For example, Tasman [10] has cogently pointed out that this relationship must start from the first encounter and represents the fundamental matrix for the whole of care. It must ensure empathic listening, comprehensive diagnosis beyond symptom checklists, appreciation for symbolic meaning, broad treatment techniques and effective therapeutic partnership instead of narrow and reductionistic approaches. Likewise, Alanen and colleagues [11], through a well-known Finnish integrated model for Need-Adapted Assessment and Treatment, emphasizes the active engagement of the patient as an expert of his/her own life situation within the context of family and community.

## Partnering of International Organizations

The development of person-centered medicine has been strongly stimulated by the partnering around this aspiration of a number of global medical and health institutions, including the following:

The World Medical Association (WMA) through its Declaration of Helsinki for Medical Research and the International Code of Medical Ethics ([www.wma.net/press-releases](http://www.wma.net/press-releases)) has emphasized its concern for the whole person. Furthermore, the physicians' obligation to respect human life, rather than to extend it blindly, has been cogently argued by former WMA president Jon Snaedal [12]. The World Organization of Family Doctors (Wonca) has recorded its commitment to persons and community in its

basic concepts and values – continuity of care for all health problems in all patients within a societal context ([www.woncaeurope.org](http://www.woncaeurope.org)).

The World Psychiatric Association (WPA) revealed since its foundation in 1950 clear indications of interest in person-centered care through its aspirations for science and humanism [13]. That interest evolved to the point that in 2005 the WPA General Assembly established an Institutional Program on Psychiatry for the Person. This program sought to promote a psychiatry *of the person, for the person, by the person, and with the person* [14]. The fourth programmatic objective, psychiatry *with the person*, involves the commitment to work in respectful and collaborative partnership with the person who consults. This encompasses work with individuals as well as with patient groups including those critical of psychiatry. The latter obtained an opening for dialogue and advancement through a 2007 Thematic Conference on Coercive Treatment in Psychiatry [15].

The World Health Organization (WHO) incorporated in its foundational constitution a comprehensive definition of health and has recently introduced in it the term *dynamic*, meaning *interactive*, to characterize the relationship among dimensions of well-being and has started discussions on the possibility of adding a *spirituality dimension*. Furthermore, for the first time, WHO is placing people and the person at the center of healthcare and public health, as reflected in the resolutions of the World Health Organization's 2009 World Health Assembly [16].

Close collaboration among the above mentioned organizations initiated the Geneva Conferences on Person Centered Medicine. The most recent Geneva Conferences also involved cooperation with the following international medical and health institutions: 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 Council for International Organizations of Medical Sciences (CIOMS), the World Federation for Mental Health (WFMH), the World Federation of Neurology (WFN), the International Federation of Gynecology and Obstetrics (FIGO), the World Association for Sexual Health (WAS), the World Association for Dynamic Psychiatry (WADP), the International Federation of Medical Students' Associations (IFMSA), the World Federation for Medical Education (WFME), the International Association of Medical Colleges (IAOMC), the European Association for Communication in Health Care (EACH), the European Federation of Associations of Families of People with Mental Illness (EUFAMI), Ambrosiana University, Geneva University and the Paul Tournier Association.

## From the Geneva Conferences to the International Network for Person-centered Medicine

The three Geneva Conferences on Person-centered Medicine held in 2008, 2009 and 2010, as an evolving process, led to the development of the International Network for Person-centered Medicine [17,18]. Since its formal incorporation in New York, the International Network for Person-centered Medicine (INPCM) has assumed the principal responsibility for the organization of the Geneva Conferences for Person-centered Medicine, in close collaboration with the World Health Organization, the World Medical Association and the World Organization of Family Doctors as well as with the co-sponsorship of over twenty other international health bodies. The Fourth Geneva Conference is scheduled to take place during May 1-4, 2011 at the Geneva University Hospital and the World Health Organization Headquarters.

As an intrinsically collaborative organization, the INPCM is coordinating a number of other lines of work relevant to the advancement of person-centered medicine. One of them involves study groups focused on the preparation of person-centered clinical and public health procedures. An example is the Person-centered integrative Diagnostic Model [19], recently published in the *Canadian Journal of Psychiatry* [20]. The project was started in 2005 within the World Psychiatric Association and has unfolded through extended collaboration with global medical and health organizations participating in the International Network for Person-centered Medicine. It represents a key conceptual development in the process of building a psychiatry and medicine for the person. Its key structural features include the coverage of both ill and positive aspects of health, the person's experience and values and both risk and protective factors, through the use of descriptive categories, dimensions, and narratives and the cultivation of patient-family-clinician partnerships for achieving shared diagnostic understanding and shared commitment to care.

Another important line of collaborative work is exemplified by a joint project of the INPCM and the World Health Organization (WHO Department Health System Governance and Service Delivery) aimed at the design of metrics for assessing people-centered health systems development. It has arisen from recent World Health Assembly (2009) Resolutions on Primary Health Care and the work of the INPCM in collaboration with a wide range of organizations and scholars. The main components of this project are the systematic conceptualization and delineation of health systems development towards person- and people-centered care and the construction of procedures to measure the direction and magnitude of such development.

To advance more broadly the development of person-centered medicine (PCM), the INPCM and the Press of the University of Buckingham in the United Kingdom have launched as a joint venture *The International Journal of Person-Centered Medicine* (Int J Pers Cent Med) of which this article is a constituent inaugural paper. The *Journal* is dedicated to the development of the theory and practice of Person-Centered Medicine (PCM). Special supplements of the Int J Pers Cent Med, deriving from an international conference series, will describe in detail the development of person-centered medicine approaches to care across a wide range of common and uncommon diseases and conditions and which will exemplify and illustrate the direct applications of PCM principles in routine and advanced clinical practice. The *Journal* welcomes learned submissions from doctors, nurses, the allied professions and all those clinical and non-clinical colleagues with an interest in, or responsibility for, the development and application of person-centred approaches to clinical care and public health. Further information on the INPCM can be obtained by visiting [www.personcenteredmedicine.org](http://www.personcenteredmedicine.org) and on the journal by visiting [www.ijpcm.org](http://www.ijpcm.org) and on the international conference series by contacting Professor Andrew Miles ([andrew.miles@keyadvances.org.uk](mailto:andrew.miles@keyadvances.org.uk)).

## Concluding Remarks

The dialogue and partnership bases of person-centered medicine have been elucidated. Crucial in this regard is a renewed commitment to the clinician-patient relationship, optimizing clinical communication and building an effective dialogue among clinicians, patients and families, while respecting the diversity of their perspectives. Continued collaboration with international medical and health organizations and creative scholars across the world and the full use of the new *International Journal of Person Centered Medicine* augur well for the promotion of the whole person as the soul and science of medicine and health care.

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