Geneva Declaration on Person-centered Care for Chronic Diseases

Emerging from the Fifth Geneva Conference on Person-centered Medicine and finalized by the Board of the International College of Person-centered Medicine on 19 May 2012

The 21st century is emerging as *the century of person-centered care,* and this perspective is especially compelling concerning chronic diseases. As the World Health Organization and the United Nations have recently documented and proposed, every government and component of society needs to act now to combat the growing epidemic of chronic and non-communicable diseases that threaten the lives and quality of living for so many people around the world. What we must emphasize now is that a person-centered approach to the promotion and care of health is crucial to counteract this massive epidemic. People with chronic diseases cannot be effectively cared for without fully engaging them in their own health. Consequently, we believe that bold new approaches to health promotion and illness intervention need to be developed and integrated in our health systems. Furthermore, the patient needs to remain at the heart of these approaches. Effective public health, clinical, medicinal and technological procedures must be developed and implemented having the whole person at the core within a broad biological, psychological and socio-cultural framework.

Around a third of the world's population currently suffers from at least one chronic disease. More than 60% of deaths in 2008 resulted from cardiovascular, cancer, diabetes and respiratory illnesses. A quarter of these deaths occurred in people under the age of 60. Other chronic diseases such as mental and musculoskeletal conditions have disproportionally high disease burden. Death and disability have a devastating effect on individuals, their families and the societies they live in, with wide economic consequences.

Four essential components of an effective approach to chronic and non-communicable diseases are:

(i) Monitoring both risk and protective factors (intrinsic and extrinsic; biological, psychological and social)

(ii) Monitoring well-being, including outcomes for positive health (vitality and resilience despite exposure and adversity) and illness (morbidity and disease-specific mortality)

(iii) Individual and population-level responses to engagement in health promotion (utilization of resources for health promotion, adherence to prevention programs, level of knowledge of effective health promotion and maintenance practices, as well as obstacles and resources needed for their actual application in life)

(iv) Health system responses to illness (policies and plans, infrastructure, human resources and access to essential healthcare including medicines and other therapies)

It should never be forgotten that *people* have risk and protective factors; that *people* experience vitality and resilience, morbidities and disabilities; that people select the goals and lifestyle practices that they value and should be cared for by services responding to their needs, goals and values. Chronic diseases, the services that seek to tackle them and their wider economic impact ultimately involve persons, each with a unique life story and a unique outlook on life. This shapes their lifestyle colored by their experiences and environments, including the course of their diseases and associated risk and protective factors.

Effective prevention and treatment of diseases should monitor and promote wellbeing and should not be reduced to symptomatic treatment and prevention of diseases and their risk factors, as recognized by WHO's definition of health. Attention to health promotion is also important to motivate adherence to treatment. People are more easily convinced to maintain actively their wellbeing than to restrain from unhealthy practices leading to disease onset and chronicity.

Such a framework of health promotion and illness intervention should take full account of the patient's life goals, values, stories and aspirations. The application of the person-centered approach should always be empathetic, respectful and empowering to enhance the person's functioning, resilience and wellbeing through joint understanding and joint decision-making for clinical care and health-promotion.

Thus, the 5th Geneva Conference on Person-centered Medicine issues the following recommendations:

1. Governments should adopt a comprehensive person- and people-centred approach to integration of health promotion and illness intervention to prevent and control chronic diseases. To achieve this, governments should invest in their health systems recognizing that investment in people's health is investment in social welfare, economic prosperity and security.

2. The health sector has a responsibility to champion this and to ensure that health systems are able to engage and respond to the growing burden of chronic diseases. Health services must also be engaged to prevent, diagnose and treat these diseases through the integration of primary care, multidisciplinary specialist services and public health.

3. Person- and people-centred care should be supported by a close collaboration between clinical care and public health. Each person with a chronic disease should be fully engaged in partnership to achieve joint understanding and joint decision-making to prevent and treat such diseases.

4. Health professional organizations must work with their members to advance person-centered health promotion and care. It should also ensure the integration of health and social services.

5. Person-centered public education, professional training and health research are crucial to support effectively clinical care and public health actions for chronic diseases.

6. Last but not least, civil society in general must be engaged in efforts to tackle chronic diseases, as the effectiveness of these efforts will largely rest on the commitment of every person and component of society involved.