

EDITORIAL INTRODUCTION

The Zagreb Congress and Whole Person Health Education and Training

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Introduction

Health professional education and training is a major concern and activity in the field of medicine. Thus, not surprisingly, a person- and people-centered approach to health professional education has been a continuous topic in programmatic international efforts aimed at placing the whole person at the center of medicine and health. This has been certainly the case in the endeavors of the International College of Person Centered Medicine (ICPCM) through events such as its Geneva Conferences and International Congresses and its publications, particularly the *International Journal of Person Centered Medicine*. Further reflecting the ICPCM's educational priorities have been institutional collaboration with the educational units of the World Health Organization, the consistent engagement of the World Federation for Medical Education and the International Association of Medical Colleges, and the increasing collaboration with distinguished academic institutions around the world.

The First International Congress of the International College of Person Centered Medicine in Zagreb had as main theme Whole Person Health Education and Training. This event and its proceedings are highlighted in this editorial, which then briefly introduces the papers included in the present issue of the *Journal*.

The First International Congress of Person Centered Medicine

The First International Congress of the International College of Person-Centered Medicine (ICPCM) was held in Zagreb, Croatia on November 7-10, 2013. The ICPCM emerged from the ongoing annual Geneva Conferences and the aspiration to promote medicine of the person, for the person, by the person, and with the person [1]. Since 2012, the impact of the Geneva Conferences has been extended by Geneva Declarations related to the conferences' main theme [2, 3]. The main theme of the First International Congress in Zagreb was Whole Person in Health Education and Training. Selecting Zagreb was in no small measure connected to the enduring legacy of professor Andrija Stampar, president of the first WHO World Health Assembly and founder of Zagreb University's School of Public Health, who helped craft WHO's comprehensive definition of health [4] and is regarded a pioneer of person and people-centered health care. The Congress was held under the auspices of the president of the Republic of Croatia, Professor Ivo Josipovic.

Under the overall theme of Whole Person in Health Education and Training, the congress general topics were medical education, person-centered interdisciplinary health professional training, patient and family education, stakeholders in health education, student-centered health

Figure 1. [L to R] J. Snaedal, V. **Đorđević**, J. Groves, J. Mezzich, J. Appleyard, S. Van Dulmen, M. Botbol and T. Ghebrehiwet at the Opening of the First International Congress of Person Centered Medicine, Zagreb, November 7, 2013.



education, and art in health education. Clinical topics encompassed primary care, pediatrics, geriatric medicine, mental health, internal medicine, cancer, circulatory disorders, respiratory disorders, obesity, diabetes, pain management, and palliative medicine. Public health topics included prevention, health promotion, services and policies. These topics were developed through lectures, symposia, workshops, oral sessions, and poster presentations. The Congress was attended by delegates from 29 different countries from across the world.

The Opening Session

The congress Opening session started with a performance of Beethoven's Ode to Joy by the Optimists, a choir of laryngectomized persons. It also included other artistic presentations, a lecture by professor Veljko Đorđević, *From Andrija Stampar to Person-centered Medicine*, and welcoming words from the leaders of the ICPMC, Croatian Academy of Arts and Sciences, and the University of Zagreb. The honor table at the Opening is presented in Figure 1. After the Opening, a visual arts exhibit focused on expressions of pain was inaugurated.

Key Lectures

These lectures covered a number of major topics related to the Congress' main theme, Whole Person Health Education and Training. Among the topics covered were the medical interview, palliative care, geriatric medicine, neurology, dermatology, gynecology and obstetrics, cardiology, the child as a person, integrated e-health interventions, multidisciplinary approaches to pain, atlas of nursing care, primary care training in the United States, the

legacies of Paul Tournier and Viktor Frankl, health promotion, communication skills, establishing common ground, interactive learning, the place of culture, healthy personality, *ars medica*, patient perspective and initiatives, personhood and healthcare, quantitative methodology, and last but not least, subjectivity and inter-subjectivity.

Workshops

Eighteen workshops were held throughout the conference. They dealt with the following topics, among others: person-centered professional health education, the role of non-governmental organizations in person-centered medicine, appraisal and prospects for person-centered medicine in Croatia, psychodrama and person-centered care for oncologic patients, guiding principles for person-centered clinical care, person-centered integrative diagnosis (PID), person-centered medicine and the challenge of human diversity, and the role of publishing and media in person-centered medicine.

Symposia

Twenty-six symposia were held. Among their topics were the following: Alternative communication in palliative care; the role of personalized medicine in psychiatric hospitals; person-centered pulmonology; person-centered health care; stakeholders in person-centered medicine; self-harm across the life cycle; palliative medicine in psychiatric hospitals; group psychotherapy in the framework of person-centered care; quality and patient safety in healthcare; reducing risk for non-communicable diseases: a person-centered approach; the patient as a teacher - learning from the person at the bedside;

epistemology of medical science in the culture of health instead of in the culture of disease; pain management and psycho-oncology - person-centered approach; psychopathology or *deja vu*?; and person-centered care for children with disabilities (see Figure 2).

Other symposia's topics were: Art in person-centered education and training; the role of spirituality in understanding and treating depression; person-centered medicine - depressive disorder and anorexia nervosa in consultation liaison psychiatry; palliative care and pain management - person-centered approach; person-centered psychiatric care program in French speaking countries inpatient units; the role of communication skills in person-centered health education and training; interdisciplinary education for person and family-oriented addiction care; from competence to performance; what facilitates or hinders practice taught in medical school?; person-centered oncology; and person-centered hematology.

Figure 2. Professor James Appleyard (right) with a young participant in the symposium on person-centered care for children with disabilities.



Brief Oral Presentations

These presentations accommodated spontaneous contributions from the field. The presentations at the medical education session included: how to teach future healthcare professionals to practice person-centered medicine?, psychosocial factors in the development of eating disorders, changing discourses and the use of humor, teaching reflective learning for the professional development of medical students, foundational and educational developments of a relational-centered medicine curriculum, and psycho-education and long-term consequences of psycho-traumatization. The presentations at the health promotion & services session were: perceptions of homeless single adults and their access to healthcare services in the community, education and training for person-centered medicine in forensic psychiatry, person oriented approach in diabetology, role

of pharmaceutical industry for person-oriented medicine, and ten steps from war to goodness. The presenters at the interdisciplinary training session dealt with shoes, shots, and society, preparation for short-term service overseas, working through disclosure and apologizing to person and family: a humanizing approach to medical error, effective clinical communication, co-creating a community of belonging for enhanced person centered healthcare, risk perception and medical maternalism, and importance of education in cardiology - examples involving acute myocardial infarction.

The presentations at the primary care, pediatrics & family education session covered computer use in primary care consultations and doctor-patient communication, causal relationships between parenting self-efficacy, depression and family function of expectant mothers in Japan, patient oriented medical care, empathy - how can it be promoted during the daily work of family medicine doctors?, prevention in family medicine of falls in older people, and hagiotherapy in prevention and treatment of children's mental disorders in foster homes. The presentations at the art & medical education session dealt with dance movement psychotherapy with cancer affected women, personality dynamics as a regulator of the person's adaptive behavior, and intuitive eating and positive health: a paradigm fit for general consumption?. Presentations at the mental health and palliative medicine session discussed big data approaches to assessment of soldier stress resilience, the move to person-centered care at Austin state hospital, the role of non-governmental organizations in comprehensive care of people with mental disorders, person oriented approach to persons with dementia, psychiatric comorbidity in neurological diseases and vice versa, and psychiatrists in mobile palliative teams.

Young professionals program

A distinct part of the congress was dedicated to early-career psychiatrists. It was organized by the Branch of Young Psychiatrists and Trainees of the Croatian Psychiatric Association. The program consisted of a round table on the implementation of psychotherapy in the formal training for adult psychiatrists and a symposium on how to organize person-centered education in the psychiatric curriculum. Poster presentations reviewed the value of nutritional teams in clinical care, how to work with patients with Addison disease, the importance of psychotherapy when working with bereaved mothers, the significance of a comprehensive approach to people suffering from Alzheimer disease (which received an award as best poster), the advantages of medical education involving patients and family members, and how to work with patients with pulmonary disease.

Cultural Program

The entire cultural program of the Congress was organized in collaboration with the Arts Academies of the University

of Zagreb (the Academy of Fine Arts, the Academy of Dramatic Arts and the Academy of Music). In addition to the choir performance at the Opening ceremony, a highlight of the cultural program was the English-language theatre play *Silent Screams*, a component of the *Communication against Pain* project. It shed light on the internal experiences of a person dealing with self-harm impulses. Additionally, during the entire congress, dozens of patient groups presented their visual arts work.

Closing Session

This ceremony offered an opportunity to reflect on the success of the First International Congress of Person-centered Medicine with participants from 29 countries and high level scientific and artistic presentations. The Congress displayed the vibrancy of person centered medicine in Croatia with its multiple and diverse groups engaged into various forms of person centered care. Students had an important role throughout the proceedings, and innovative teaching methods were presented including the use of trained actors as simulated patients and having patients as teachers.

During this session, the Zagreb Declaration on Person-centered Health Professional Education was adopted, and a Zagreb Statement on the appraisal and prospects for person-centered medicine in Croatia was presented as well. Finally, invitations were extended for the 7th Geneva Conference in April 2014 and the Second International Congress in Buenos Aires in November 2014. These were anticipated as further landmarks in the process of building person- and people-centered health care across the world.

Prefacing the Articles being published in this issue of the Journal

The present issue of the International Journal of Person Centered Medicine starts with a set of pieces related to the First International Congress of Person Centered Medicine. The first one is the Zagreb Declaration on Person Centered Health Professional Education emerging from the the Congress and released by the Board of the International College of Person Centered Medicine [5]. Through a preamble and eight recommendations it addresses the conceptual bases, organization, culture, student selection and development, instructors selection and support, interactions among students, instructors, patients and families, curriculum issues, educational methods, and the commitment of the International College to these tasks and its call for wide collaborative action. The Declaration is accompanied by an academic paper by Appleyard et al [6], which reviews and documents its development and provides additional information on its transformative action points. It calls for overcoming reductionistic biomedical systems focused on disease, and for shifting

priorities towards promoting person centered medicine and health.

A paper by Đorđević, Braš, and Komnenić [7] discusses a Zagreb Congress statement appraising person centered medicine developments in Croatia and outlining its future prospects. It traces back Croatian contributions to Professor Andrija Štampar's legendary work in people-centered public health and crafting WHO's broad and still fresh definition of health as well as to Croatia's long history of patient associations and arrays of internationally recognized public health projects. It also reviews recent activities across the country, spearheaded by an academic group at the University of Zagreb. It further delineates the prospects for Croatian individuals and institutions to advance person centered medicine nationally and internationally.

Rakusic et al [8] present Croatian perspectives on person centered oncological care. They remark that recent biological discoveries in oncology have not always led to clear benefits to patients due to their frequent inattention to the whole person's bio-psycho-social features, context and wishes. They furnish information about Croatian's efforts to anchor oncological care on person-centered concepts and methods.

In a paper upgrading an initial presentation at the Zagreb Congress, and then externally reviewed as all published in the *Journal*, Stellato et al [9] present and discuss a person-centered collaborative model for the care of people with advanced heart failure. They outline the complex bio-psycho-social challenges experienced by afflicted individuals and the compelling need to attend to such complexity in care planning. To this effect, the authors delineate a model of care allegorized by a beehive which emphasizes integrations of efforts and patient and family empowerment. Upon commenting on the positive results initially obtained, they formulate a need for further evaluation.

Ierodiakonou [10] from the Aristotelian University in Thessaloniki analyzes the ethics views of *the philosopher* and cogently argues that they seem to have been fundamentally informed by the intricacies and vicissitudes of medicine. Such views brought philosophy to more human measures, emphasizing at the same time that medicine is not an exact activity as every person is to be considered as a special case and treatment should be tailored to individual needs within a holistic framework.

In another effort to articulate philosophical and medical insights, Walsh [11] conducts an analysis of Evidence Based Medicine from a Popperian viewpoint. As this perspective critically requires falsifiability (an opportunity to be found false), the author concludes that EBM (as formulated by its proponents in a rather loose manner that resists refutation) can hardly be considered a theory and that it seems to constitute basically a method popularized on the intuitive appeal of *evidence*. Additionally, Walsh proposes a path to move a theoretical analysis of EBM further.

Prospects for making pediatric care more child- and family-centered are advanced by Low et al [12] through a report from a structured study of the educational impact of parents serving as teachers in family-centered care

pediatrics. They examined such impact on knowledge and attitudes of medical students and pediatric residents and found that educational benefits seem to be broader in the case of residents.

Upon analyzing social changes in communication patterns fostered by widespread information technology leading to a purported *incapacity for conversation*, Hovey and Apelian [13] explore the impact of such social processes on medicine. Their analysis suggest that the reduction of medical communication to minimalistic and numeric information under increasing time pressures may be eroding further the already challenged capacity of the protagonists in clinical care for person centered conversation.

Announcements and information on upcoming events of the International College of Person Centered Medicine complete the contents of this issue of the Journal. The events include the Second International Congress of Person Centered Medicine in Buenos Aires and the Eight Geneva Conference on Person Centered Medicine.

Concluding Remarks

The Zagreb Congress was the inaugural International Congress of the ICPCM, outside the annual Geneva Conferences, and represented a first attempt at getting in close touch with the wide world. The institutional learning derived from interactions with a multiplicity of institutions and groups in Croatia and delegates from 29 different countries interested in cultivating person centered medicine and the dialogic interactions between science and art made of this event a deeply rewarding one for all involved. The Congress' thrust on Whole Person Health Education and Training is reflected in the Zagreb Declaration which intends to extend its impact. This issue of the Journal is largely focused on the Zagreb Congress and contains several papers presented in an initial form at the event and then upgraded substantially, which went through external reviews and consequent revisions to eventually achieve publication. Other papers coming from the field involving some conceptual and some data-based contributions and which experienced a similar screening and revision process round up the present Journal issue.

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