FROM THE FOURTH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE: CONFERENCE OPENING

The construction of person-centered medicine and the launching of an International College

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Abstract
The International College of Person-centered Medicine (ICPCM), formerly named International Network of Person-centered Medicine (INPCM), emerged from the processes of the Geneva Conferences on Person-centered Medicine which, as a paradigmatic initiative, had its roots in both the wisdom of ancient civilizations and the vision of certain contemporary developments in clinical care and public health. The ICPCM has represented since its inception the joint efforts of global medical and health institutions and of an international community of scholars, both institutions and scholars committed to re-prioritizing medicine and healthcare around the whole person in context.

Keywords
Geneva Conferences, medicine of the whole person, person-centered medicine, science and humanism

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Introduction

The earliest roots of person-centered medicine can be found in ancient civilizations, both Eastern (such as Chinese and Ayurvedic) and Western (particularly ancient Greek), which tended to conceptualize health broadly and holistically. Also noticeable in medical traditions since early civilizations is a personalized approach to healthcare [1]. These notions and traditions are reflected in the encompassing definition of health inscribed in the constitution of the World Health Organization [2].

The modern development of medicine has, however, neglected the above considerations and privileged conceptual reductionism, paid absorbed attention to disease, super-specialization and fragmentation of services as well as commoditization and commercialism in the field [3]. This has interfered with attentiveness to the whole person and the broad range of health as the natural foci of medical science and practice and to the ethical imperatives connected to promoting the autonomy, responsibility and dignity of every person involved [4].

Endeavors to re-focus medicine on the person of the patient, the clinician and the members of the community at large, have been distinctly noted in the past century. Illustratively, Paul Tournier, a Swiss general practitioner, discovered the transformational value of critical interpersonal experiences and of attending to the whole person and the biological, psychological, social and spiritual aspects of health. He presented his vision on *Medicine de la Personne* [5] and in 19 other books translated into over 20 languages. Around the same time, American psychologist Carl Rogers demonstrated the significance of open communication and of empowering individuals to achieve their full potential and proceeded to develop a *person-centered approach* to therapy, counseling and education [6].

During the second half of the 20th Century, Frans Huygen in the Netherlands, Ian Mc Whinney in the UK and Canada and Jack Medalie in the United States and Israel struggled with the ongoing limitations of modern medicine noted above and committed themselves to promoting a broad and contextualized understanding of health with high concern for their patients' wellbeing. They went on to develop a generalist medical specialty under the terms of general practice and family medicine which has characteristically focused on *patient-centered care* [7,8]. Another inspirational medical figure has been the Finn psychiatrist Yrjo Alanen, who engaged patients by paying careful attention to the meaning of their experiences and the nature and significance of their needs and artfully combined pharmacological and psychosocial therapeutic techniques. His *need-adaptive assessment and treatment* approach has impressed not only professional colleagues but even critical patient groups [9]. Noteworthy

too are the emerging responses from a number of global medical and health organizations. The World Health Organization, which incorporated in its Constitution the above mentioned comprehensive definition of health, has recently introduced the term dynamic, meaning interactive, to characterize the relationship among dimensions of wellbeing and has started discussions on the possibility of adding a spirituality dimension. Furthermore, WHO is now placing people/person at the center of healthcare and public health, as reflected on the resolutions of the World Health Organization's 2009 World Health Assembly [10].

Linked to person-centered care perspectives is an ethical frame of reference that seeks to assure equal opportunities for all, particularly in terms of access to care, with an emphasis on the rights of individuals in need of healthcare (www.wma.net/policy). The triad of caring, ethics and science are reaffirmed as the enduring traditions of the medical profession [11]. The physician's obligation to respect human life, rather than to extend it blindly, has been cogently argued [12]. This has been incorporated by the World Medical Association (WMA) into the Declaration of Helsinki for Medical Research and the International Code of Medical Ethics (www.wma.net/press releases). Moreover, the renaissance of family medicine after the Second World War was informed by holistic perspectives which grounded the role of the general practitioner/family physician in an integrated approach to the care of patients and their families in the context of a specific local community [8]. The World Organization of Family Doctors (Wonca) has recorded its commitment to persons and community in its basic concepts and values – continuity of care and care for all health problems in all patients within a societal context (*www.woncaeurope.org*).

The tension between the disease and the person experiencing the disease is particularly tangible in mental healthcare. In fact, as documented by Garrabe & Hoff (2011) [13], the beginnings of the World Psychiatric Association (WPA) in 1950 already revealed interest in the concept of the person as central to the field. 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 articulate science and humanism to promote a psychiatry *of* the person, *for* the person, *by* the person and *with* the person [14]. Among its signal conferences were those organized in London (October 2007) in collaboration with the UK Department of Health and in Paris (February, 2008) in cooperation with the WPA French Member Societies. In addition to a number of journal papers, monographic sets have been prepared on the Conceptual Bases of Psychiatry for the Person [15] and on Psychiatric Diagnosis: Challenges and Prospects [16].

Geneva Conferences on Person-centered Medicine

The Geneva Conferences on Person-centered Medicine took place at the Geneva University Hospitals on May 29-30, 2008 and May 28-29, 2009, additionally at the Executive Board Room of the World Health Organization on May 3-5, 2010 and May 2-4, 2011, as landmarks in a process of building an initiative on medicine for the person through the collaboration of major global medical and health organizations and a growing group of committed individuals. In general terms, the institutions formally involved in the Geneva Conferences included the International Network for Person-centered Medicine (INPCM), the World Medical Association (WMA), the World Organization of Family Doctors (Wonca) and the World Health Organization (WHO), in collaboration with 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 International College of Surgeons (ICS), the World Federation for Mental Health (WFMH), the World Federation of Neurology (WFN), the International Federation of Gynecology and Obstetrics (FIGO), the Medical Women's International Association (MWIA), the World Association for Sexual Health (WAS), the World Association for Dynamic Psychiatry (WADP), the World Federation for Medical Education (WFME), the International Association of Medical Colleges (IAOMC), the International Federation of Medical Students' Associations (IFMSA), the International Federation of Ageing (IFA), the European Association for Communication in Health Care (EACH), the European Federation of Associations of Families of People with Mental Illness (EUFAMI), the Ambrosiana Institution, Buckingham University Medical School and the Paul Tournier Association under the auspices of the Geneva University Medical School and Hospitals.

The First Geneva Conference on Person-centered Medicine in May 2008 was aimed at exploring the conceptual bases of person-centered medicine, discussing the experience gained through a Person-centered Psychiatry Program and engaging interactively major international medical and health organizations [17]. It included sessions on international organization perspectives on person-centered medicine, related special initiatives, conceptual bases of person-centered medicine, personal identity, experience and meaning in health, a review of Paul Tournier's vision and contributions, person-centered health domains, clinical care organization, person-centered care in critical areas and person-centered public health.

The Second Geneva Conference, having *From Concepts to Practice* as the overall theme, was aimed at probing further key concepts of person-centered medicine and reviewing a number of practical procedures for the implementation of this approach through a collaborative effort with an enlarged number of international health organizations [18]. Through nine sessions, it covered institutional perspectives and activities on person-centered medicine, other relevant initiatives, concepts and meanings of person-centered medicine, procedures for diagnosis, treatment and health promotion in medicine for the person, person-centered medicine for children and older people, as well as training, research, health systems and policies on

person-centered medicine. Proposals for future conferences included building bridges across the various specialties in medicine, the participation of different patient groups and the inclusion of representatives of additional health disciplines. Emphasis was given to consolidating the ideas from the first two conferences and to use that for further work to enhance person-centered medicine [19].

The International Network for Person-centered Medicine

The Second Geneva Conference discussed ensuing steps such as the development of an International Network for Person-centered Medicine (INPCM) to stimulate and to organize among others the following initiatives and activities: a) Publication of a monograph containing the papers presented at the Second Geneva Conference; b) Collaboration with WHO on Person-centered Medicine topics related to the 2009 World Health Assembly Resolutions; c) Organization of scientific events relevant to person-centered medicine, such as a New York Conference on Well-Being and Person in Medicine and Health; d) Organization of the Third Geneva Conference on Person Centered-Medicine in early May 2010, prospectively focused on a team approach across specialties and disciplines; e) Establishment of a clearinghouse of Person-centered Medicine documents and f) Upgrading an internet platform to support our archival, informational, communicational and programmatic needs. The International Network for Person-centered Medicine (INPCM) that emerged from the Geneva Conferences process is a non-for-profit educational, research and advocacy organization registered in New York and aimed at developing opportunities for a fundamental re-examination of medicine and healthcare in order to refocus the field on genuinely person-centered care [20].

Person-centered medicine is dedicated to the promotion of health as a state of physical, mental, social and spiritual wellbeing as well as to the reduction of disease and founded on mutual respect for the dignity and responsibility of each individual person. To this effect, the INPCM seeks to articulate science and humanism in a balanced manner, engaging them at the service of the person. The purposes of the INPCM may be further summarized as promoting a medicine *of* the person (of the totality of the person's health, including its ill and positive aspects), *for* the person (promoting the fulfillment of the person’s life project), *by* the person (with clinicians extending themselves as full human beings with high ethical aspirations) and *with* the person (working respectfully, in collaboration and in an empowering manner).

The New York Conference on Well Being and the Person took place on November 6-9, 2009 organized by the Anthropedia Foundation and the International Network for Person-centered Medicine in collaboration with the World Psychiatric Association Section on Classification and Diagnostic Assessment and the Washington University Center for the Science of Well-Being. The Conference encompassed a Symposium on Well-Being and the Person in Health and Society and a Work Meeting on Person, Psychiatry and Medicine Its objectives involved an examination of the meaning and dimensions of wellbeing and health, the importance of wellbeing as a focus of clinical activities, the bases of wellbeing in physical, emotional and social life, a person-centered approach to psychiatry and medicine and the design of tools and procedures for person-centered care.

One of the prominent activities of the INPCM has been the design of Person-centered Integrative Diagnosis (PID) as a component and contributor to person-centered psychiatry and medicine more broadly. Its broader and deeper notion of diagnosis goes beyond the more restricted concepts of nosological and differential diagnoses and seeks to understand what is going on in the body, mind and context of the person presenting for evaluation and care [21]. The proposed Person-centered Integrative Diagnostic model is defined by three keys: a) broad informational domains, covering both ill health and positive health along three levels: health status, experience of health and contributors to health; b) pluralistic descriptive procedures (categories, dimensions and narratives) and c) evaluative partnerships among clinicians, patients and families. An unfolding research program is focused on the construction of a practical guide and its evaluation, to be followed by efforts to facilitate clinical implementation and training [22].

The Third Geneva Conference on Person-centered Medicine, organized in May 2010 by the established INPCM, examined under the overall theme of *Collaboration across Disciplines, Specialties and Programs* the guiding value of person- and people-centeredness, ethical aspirations, basic communication skills, fundamental clinical care activities, the challenge of surgical and intensive care procedures, the vicissitudes of the life cycle and the implications of cultural diversity. The Director of the WHO Department for Health System Governance and Service Delivery formulated comments recognizing the importance of the presented reports for person- and people-centered care and pointed out the need for advances in systematic conceptualization and measurement. The WHO Assistant Director General for Health Systems and Services highlighted the importance of the event in contributing to the objectives of the 2009 World Health Assembly resolutions on the renewal of primary health care and the promotion of people-centered care. Among the next steps proposed at the Third Geneva Conference were the broadening of the engagement of health organizations, academic institutions and experts across the world, further developmental construction of the International Network for Person-centered Medicine, its institutional identity, governance and operational structure, upgrading of the INPCM Website, informational base and clearinghouse functions, continuing publications in major journals and development of an international journal in the emerging field, research projects on diagnosis, clinical care and public health, increasing collaboration with WHO and planning for a Fourth Geneva Conference on Person-centered Medicine in early May 2011.

Late in 2010 the International Network for Person Centered Medicine (INPCM) with the University of Buckingham Press took steps to launch the *International Journal of Person Centered Medicine* as a joint institutional effort and as the official journal of the INPCM [23]. This occurred when person-centered clinical medicine and people-centered public health are emerging as key priorities within international healthcare. With the growing momentum for this paradigmatic approach, the *Journal* is receiving high levels of submissions from across the world and beginning to achieve major international impact. Papers presented at the Third Geneva Conference were published as formal academic works in the inaugural issue of the *Journal* in the first quarter of 2011. By the end of 2011, the *Journal* had completed its first full volume and is currently being considered for indexation.

Launching the International College of Person-Centered Medicine

In Geneva on April 30 - May 4, 2011, the Fourth Geneva Conference on Person-centered Medicine was held. Its overall theme, *Articulating Person-centered Clinical Medicine and People-centered Public Health,* was stimulated by the 2009 WHO World Health Assembly Resolutions. The Conference examined how the values and clinical care practices of person-centeredness could be organized in diverse settings, from the bedside to the community. The Conference was not only a new landmark in the event series initiated in 2008, but it was of specific importance because it reported on a research study commissioned by WHO for addressing the systematic conceptualization and measurement of person- and people-centered care, witnessed the launching of the *International Journal of Person Centered Medicine* [23] and held for the first time a General Assembly which established the International College of Person-Centered Medicine as successor of the International Network. The General Assembly was attended by forty-five colleagues among representatives of major international organizations and individual scholars. Brief presentations were made on the Geneva Conferences process and the emergence and advancement of the INPCM, as well as on the development and launching of the *International Journal of Person Centered Medicine*. The main agenda item was the presentation and discussion of an Institutional Plan that reviewed the organization's identity, mission, activities, structure, governance and support and which then formally established the International College of Person-Centered Medicine as institutional successor of the INPCM. The General Assembly approved this Institutional Plan by acclamation and asked the Board to take steps to implement it and report to the 2012 General Assembly.

The expected ICPCM activities include the following: a) Organization of conferences and other scientific meetings promoting person-centered care in medicine at large and in its various specialties and related health fields; b) Preparation of person-centered clinical practice guidelines relevant to diagnosis, treatment, prevention, rehabilitation and health promotion; c) Preparation of educational programs, including curricula aimed at the training of health professionals on person-centered care; d) The conducting of studies and research projects to explore and validate person-centered care concepts and procedures; e) Preparation of publications to disseminate and advance the principles and practice of person-centered medicine; f) Development of advocacy fora and activities to extend and strengthen person-centered medicine with the participation of clinicians, patients and families, as well as members of the community at large and g) Establishment of an internet platform to support archival, informational, communicational and programmatic efforts on person-centered medicine.

The constitutional membership of the ICPCM includes medical and health organizations and individuals participating actively in relevant programmatic activities such as person-centered medicine conferences and publications. The ICPCM is fundamentally constituted for the advancement of person-centered medicine. Therefore, equally important in the ICPCM General Assembly are its set of member organizations and its community of committed individual members.

The highest governing body of the ICPCM is the General Assembly, the functions of which are: a) Determining the policies of the ICPCM; b) Receiving the report of the ICPCM Board concerning the work of the ICPCM; c) Electing on scheduled occasions the leaders of the ICPCM; d) Deciding on changes of the institutional normative instruments. The ICPCM is governed in between General Assemblies by a Board that includes a president and is composed of other persons with a strong track record of work on person-centered medicine and commitment to the promotion of the fundamental purposes of the organization. An expansion of Board membership is anticipated to be established through elections in 2013.

Support for the ICPCM and its activities is expected to come, as has been since the initial steps of the INPCM, from academic institutions, professional societies, governmental organizations, foundations, conference registration fees and publications. Support from industry sources may be accepted in the form of unrestricted educational grants, details of which will be made available in the public domain. Organizational and individual members do not presently pay membership dues.

Further information on the ICPCM and its official journal can be obtained by visiting: www.personcenteredmedicine.org and www.ijpcm.org.

Colophon

Early efforts carried out through the annual Geneva Conferences are finding institutional fruition in the International College of Person-centered Medicine. Sources of encouragement are the wide array of collaborating professional and academic organizations, the scholarly dedication of committed individuals and the conviction that the greatest asset of any community is its capacity to organize itself for the wider public good.

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