

## EDITORIAL INTRODUCTION

# The Fourth Geneva Conference on Person-centered Medicine: articulating Person-centered Medicine and People-centered Public Health

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## Introduction

The Fourth Geneva Conference on Person-centered Medicine was held during April 30 - May 4, 2011, the latest in a series of annual Geneva Conferences on this topic since May 2008 [1-3]. It continued building an initiative on *Medicine for the Person* [4] through collaboration with major global medical and health organizations and a growing group of committed international experts all engaged into an International Network for Person-centered Medicine [5].

The conference took place at the Marcel Jenny Auditorium and auxiliary halls of the Geneva University Hospital and at the Executive Board Room of the World Health Organization. It was organized by 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, the Paul Tournier Association and under the auspices of the Geneva University Medical School and Hospitals Box 1.

Box 1 Logos of the institutions collaborating in the organization of the Fourth Geneva Conference on Person-centered Medicine.



Under the overall theme of *Articulating Person-centered Clinical Medicine and People-centered Public Health*, stimulated by the WHO World Health Assembly Resolution promoting people-centered care [6], the Fourth Geneva Conference on Person-centered Medicine examined, through a set of diverse sessions, how the values and clinical care practices of person-centeredness could be organized in diverse settings, from the bedside to the community.

The Conference Core Organizing Committee was composed of: J.E. Mezzich (President, International Network for Person Centered Medicine), J. Snaedal (World Medical Association President 2007-2008), C. van Weel (World Organization of Family Doctors President 2007-2010), M. Botbol (World Psychiatric Association Psychoanalysis in Psychiatry Section Co-Chairman), I. Salloum (World Psychiatric Association Classification Section Chairman) and W. Van Lerberghe (WHO Health Systems Governance and Service Delivery Director). Also collaborating organizationally were: O. Kloiber (WMA Secretary General), A.M. Delage (WMA Secretariat), M. Dayrit (WHO), R. Kawar (WHO) and J. Dyrhaug (WHO).

Financial or in-kind support for the Conference was provided by: 1) the International Network for Person-centered Medicine (core funding); 2) the World Health Organization (covering invited participants' travel and accommodation expenses and some secretarial and logistic services); 3) University of Geneva Medical School (auditorium services and coffee breaks); 4) Paul Tournier Association (the conference dinner); 5) The World Medical Association (local secretariat and printing services) and 6) participants' registration fees.

## Pre-conference workmeetings

The first workmeeting on April 30, 2011 focused on three substantive projects related to the informational framework of the INPCM. These included a presentation on the

launching of the *International Journal of Person Centered Medicine* (IJPCM) as a joint venture of the INPCM edited by Professor Andrew Miles and published by the University of Buckingham Press UK. The first volume of the *Journal* has already been published and subsequent issues are in preparation with papers submitted from across the world. The second presentation provided an overview on the updated INPCM institutional website and interactions with related ones, while the third presentation offered an overview on the bases for the development of a bibliographical clearing house and institutional database.

The second workmeeting was dedicated to the development of Person-centered Clinical Care Guidelines. This project was undertaken from a range of perspectives such as pediatrics, family practice, research, programmatic and patient vantage points. The attendees were engaged in stimulating discussions on the conceptualization and role of guiding principles within the context of person-centered medicine.

The first workmeetings on May 1, 2011, paid detailed attention to the topic of Person-centered Integrative Diagnosis (PID). An overview of the current status of PID development was followed by 11 brief presentations and discussions addressing the major aspects and domains of the PID. These included diagnostic assessment procedures, such as utilizing categories, dimensions and narratives, the evaluators and the assessment process involving interactions among clinicians, patients and carers. The presentations also reviewed the PID domains: disorders and comorbidity, disabilities and functioning, positive health and wellbeing, experience of illness and health, contributors to illness and health (etiopathogenic and risk factors as well as strengths and protective factors). This workmeeting concluded with discussions on diagnostic summary, treatment planning, case illustrations and validation of the PID model and guide.

The second INPCM workmeeting on May 1, 2011, highlighted person-centered special developments. These included a pediatric diagnostic model, the revision of the Latin-American Guide of Psychiatric Diagnosis, a French

diagnostic project, a person-centered partnership project, a South Asian project, a World Federation for Mental Health-INPCM collaborative project, person-centered care for people abusing substances and a Mexico-INPCM collaborative project on person-centered care on chronic diseases and a Janus Project for person-centered young health professionals.

## Core conference – Day 1

The Core Conference was opened on May 2 2011, by Prof. Panteleimon Giannakopoulos, Vice-Dean of the Geneva University Medical School and by Dr. Hernan Montenegro on behalf of Dr. Carissa Etienne, WHO Assistant Director General for Health Systems and Services. They were joined in the presidium by the core members of the Organizing Committee.

## Opening address

*The Opening Address* was delivered by the INPCM President, who presented a progress report on institutional achievements and horizons. He highlighted the Network's growing number of participating international organizations from 10 in our inaugural 2008 Geneva Conference, to 27 in our fourth annual event. He emphasized the presence of the World Medical Association which inspired and supported the INPCM from its inception and the World Health Organization which has agreed since 2010 to co-organize the Geneva Conference, given that people-centred care is one of the policy directions for the renewal of primary healthcare approved by the World Health Assembly in 2009 (WHA62.12) and which has commissioned INPCM to undertake a study on the systematic conceptualization and measurement of person- and people-centered care. At the same time, the INPCM scholarly community is moving forward with the procedural construction of person-centered medicine as exemplified by the recent publication of the Person-centered Integrative Diagnosis model in the *Canadian Journal of Psychiatry* [7]. An institutional landmark was the launching in May 2011 of the *International Journal of Person Centered Medicine* [8] which is already enhancing immeasurably the prospects for our initiative on Medicine for the Person.

## The scientific program

### First session

The first session of the scientific program was a *Symposium on the Person-centered and Contextualized Study of Disease*. The first two speakers reviewed epistemological and conceptual perspectives, prioritizing phenomenological narratives, in order to broaden the theoretical framework beyond reductionistic biological and behavioral approaches. They also examined possibilities to

study disease in a robust and rigorous manner that respects the subjectivity, context and uniqueness of the patient's experience. The other two presentations examined dementia and public health and revealed the feasibility and usefulness of multi-level person-centered approaches. Emerging as convergent recommendations were the need to develop single subject studies, integration of quantitative and qualitative findings and assessment measures informed by comprehensive theories (such as the one used in the Person-centered Integrative Diagnostic model).

### Second session

The second scientific session addressed the *Components of Care in Person-centered Medicine*, making clear that in addition to illness- focused treatment, good medical care also involves understanding and support, education and counseling, as well as prevention and health promotion.

A considerable body of evidence was summarized indicating that crucial elements of clinician-patient interaction such as empathy, respect, acceptance, non-judgmental attitudes, openness, information-sharing and joint decision-making may lead to greater patient satisfaction, acceptance of treatment and better health outcomes. Also emphasized was the importance of building trust and striving to attain professional competence, ethics, faithfulness and effective communication and collaboration.

### Parallel and sequential sessions

Six sessions in parallel and sequential arrangements followed in the program, involving interactive workshops, brief oral presentations and INPCM project discussions.

- The interactive workshop on *Enhancing Person-centeredness in Diagnosis and Treatment Planning* showed how these two crucial aspects of medical practice can become a powerful tool to enhance person-centeredness. This is certainly the case for diagnosis if this is considered as a process going beyond a mere nosographical effort. The Person-centered Integrative Diagnostic model carries this process out through the articulation of health status, experience of health and factors contributing to health, the consideration of both positive and ill aspects of health at each level and adding narratives to categorical and dimensional descriptions. Although sometimes neglected by clinicians as burdensome administrative paperwork, a treatment plan can become a very helpful instrument to bring about person-centered medicine. It is based on a shared understanding of the patient's health goals and the identification of biopsychosocial barriers that may interfere with positive outcomes.
- The interactive workshop on *Research on Clinical Communication* focused on practical conditions to promote international research on communication. It

offered vivid examples on the 'pros' and 'cons' of observational research on clinical consultations and stimulated participants to consider conducting such projects.

- The interactive workshop on the *Person with the Disease at the Center of Teaching* presented Western European, Eastern European and North American approaches to introduce person-centeredness in medical education. In addition to interesting particularities in these regional approaches, joint emphasis was given on the need to train students in empathy, subjective observation, communication and relational skills and the need to achieve these skills through early and supervised contacts with patients.
- The interactive workshop on *Advancing Well Being and Health Promotion* reviewed the place and enhancement of positive health in person-centered medicine at individual and public health levels. Work on personality development appeared to be helpful in this regard. Applications to disabled persons and to work in low resource countries were also discussed, highlighting WHO concerns and experience.
- A session presenting *Brief Oral Contributions to the Advancement of Person-centered Care*, was generated by participants at large. The topics discussed included the importance of context and method in person-centered medicine, experiences from Cyprus' medical education, the teaching of person- and family-centered care in a New York pediatrics residency program, a personal account of experienced disability in the UK, combating fragmentation through integration of health services in the Americas, primary care in the East Mediterranean Region, a case study from Bulgaria, fertility care in the Netherlands, person-centered psychiatry in Russia, British perinatal psychiatry, an orthogonal personality assessment procedure from Puerto Rico and person-centered young health professionals' perspectives.
- A session with *Complementary INPCM Workgroups Meetings* was also held. It discussed the advancement of Diagnostic Projects, Clinical Care Guidelines, the Partnership Project (linking professionals with users and carers) and collaboration with the World Federation for Mental Health.

## General Assembly

The *General Assembly* of the International Network of Person-centered Medicine (INPCM) then took place. It was attended by 45 colleagues acting as either representatives of major international organizations or 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. An International College of Person-centered Medicine was established as institutional successor of the INPCM and the Board was asked to take steps to implement it and report to the 2012 General Assembly. The General Assembly approved this Developmental Plan by acclamation. A Conference Dinner at a typical Geneva restaurant organized by the Paul Tournier Association followed.

## Core conference – Day 2

The scientific program

### First session

The second day of the core conference was held at the WHO Executive Board Room and commenced with a *Session on Making Progress in People-centered Care: Country Experiences* with the aim of identifying health system conditions that are conducive for people-centred care. It opened with an address by Dr. Carissa Etienne, WHO Assistant Director General, who insisted on the necessity to link person-centered clinical medicine with people-centered public health and to involve a wide range of professional and patient organizations to implement and promote such perspectives. Relevant experiences from four countries (New Zealand, Spain, Chile, and Uganda) were then presented, followed by an analysis of these cases in terms of aspects of people-centredness that were addressed and ending with a final synthesis of main lessons learnt.

### Second session

The aim of the second *Session on Systematic Conceptualization and Progress Measurement* was to identify and obtain agreement on metrics for measuring progress towards people-centred care. In the first presentation, INPCM presented the results of a study that was commissioned by WHO. It involved a substantial literature review and the engagement of a broad international array of health professionals and some patient and family representatives through a Delphi method and other systematic consultational approaches. This yielded a preliminary person-centered care index, which was subjected to initial content validity and applicability evaluations. The second presentation from Australia was on the People-centred Health Care National Indicators Project which is a WHO initiative for the Western Pacific and South-East Asia Regions that resulted in a regional policy framework on people-centered care and is currently developing related monitoring indicators. The final presentation was delivered by colleagues in Belgium and the Netherlands on operationalizing the concept of people-centered care and this also involved a proposed indicators matrix.

### Third session

The *Session on Stakeholders' Roles and Contributions to Advance Person- and People-centered Care* revealed specificities on the prospective contributions of major international health institutions (from professionals to patients and carers) as well as converging perspectives among them. The strong interest stimulated in all session participants led to recommendations to include a similar session at the Fifth Geneva Conference, during which, institutions would aim to present formal policy statements on person-centered medicine, enabling, perhaps, a formal Declaration to be made.

### Core conference – Day 3

#### The scientific program

The third and last day of the core conference delivered a *Plenary Symposium on Education in Person-centered Medicine*. It presented country perspectives from the UK, Italy, Peru and India. The presentations highlighted the efforts of medical educators to strike a balance between the ever-expanding scientific content of the undergraduate and postgraduate curricula with the need to preserve the humanistic, cultural and spiritual dimensions of education. The presentation of the WHO Initiative to scale up and transform health professional education emphasized the challenges and actions towards producing health professionals in poor countries where there are shortages of health workers and where graduates emigrate after completing their training. The presentation focused on current efforts to develop evidence-based recommendations which might guide policymakers and educators in undertaking interventions to address the shortages and imbalances of health professionals in countries in ways which address needs in a people-centered manner.

### Concluding remarks

The Fourth Geneva Conference was not only a new landmark in the event series initiated in 2008, but it was notable, additionally, in other ways. It was sponsored by a record number (27) of international health institutions, it included for the first time parallel sessions which expanded the type and number of sessions offered (including for the first time oral presentations directly contributed by general participants), it reported on the INPCM research study commissioned by WHO on addressing systematic conceptualization and measurement of person- and people-centered care, it witnessed the launching of the *International Journal of Person Centered Medicine* and it held our first General Assembly which established the International College of Person-centered Medicine as a successor of the International Network. At its Closing Session, Dr. Carissa Etienne, WHO Assistant Director

General, invited all participants to return to Geneva in 2012 to continue to consolidate the work of the ICPCM via a 5<sup>th</sup> Geneva Conference on Person Centered Medicine.

The papers presented at the Fourth Geneva Conference are published, as formal, peer-reviewed academic works, in the first two issues of the 2012 volume of the *Journal*. The present Issue 1 contains the majority of the papers presented in the Core Conference sessions, while Issue 2 will present the remaining papers and also those from the Pre-Conference Workmeetings.

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