



LIMA DECLARATION 2016

SCIENCE AND HUMANISM IN PERSON CENTERED MEDICINE IN LATIN AMERICA

Emerging from the Second Latin American Conference of Person Centered Medicine held in Lima on December 16 and 17, 2016 with the participation of the National Academies of Medicine of Peru, Brazil, Colombia, Chile and Uruguay and other health and university institutions and edited for publication by the Latin American Network of Person Centered Medicine.



Preamble

Since ancient times, the Andean worldview of the first inhabitants in the Americas considered the human being as a whole, including its ecological surroundings and life circumstances, in a symbiotic unit of mutual and reciprocal influences. From such observations a contextualized and ecological humanism is inferred in the ancestral Latin American, settled on a respectful interest for nature and in harmony with it.

With such Latin American historic roots and those from other millenary Asian and European cultures, and facing critical limitations in modern medicine (which on one hand has facilitated important scientific advances for research, diagnosis and diseases treatment, and on the other has led to health services fragmentation, weakening of clinical relationships, reification of the patient, and commercialization and corruption in health care) the current perspective of Person Centered Medicine (PCM) has emerged.

This involves the articulation of science and humanism in medical practice and health systems, integrating them into a model in the center of which the person and the community constitute its reason to be and to work. The core concepts of this new perspective encompass ethical commitment, cultural awareness and responsiveness, holistic framework, relationship and communication focus, individualized care, common ground among clinical professionals, patients and family for collaborative diagnosis and treatment, health care systems centered on the person and the community and person centered health education and research. PCM cultivates a medicine informed by evidence, experience and values and is oriented towards restoring and promoting the health and well-being of the whole person.

Under such understanding, the practice of medicine in Latin America, as a profession at the service of society with a moral imperative, must consider the prevailing social and cultural circumstances that influence the emergence and manifestations of disease, its severity, and the levels of health, well-being and productivity of its population. Thus, it is not strange that PCM applied to the Latin American people links closely with the historical roots of their medicine, with attention to the perspectives of the protagonists of health actions as well as to the efforts to promote professional training and scientific research that afford solidity to their approaches and effectiveness to their interventions.

Early figures in the effort of integrating science and humanism, shine as living examples through their teaching and professional work. Stand out here Daniel Alcides Carrión, Honorio Delgado and Carlos Alberto Seguí in Peru, Darío Curiel in Venezuela, José Ángel Bustamante and Ángel Otero in Cuba, Rodrigo Fierro in Ecuador, Hernán Alessandri in Chile, Luis Patiño Camargo in Colombia, Carlos Alberto de Barros Franco in Brasil, Manuel Ruiz de Chávez Guerrero in Mexico, Luis Hurtado Gómez in Bolivia, Juan Ortiz Villalba in Paraguay, Mauricio Gajer in Uruguay and René Favaloro in Argentina, among others.

The Second Latin American Conference of Person Centered Medicine held in Lima in December 2016 with *Science and Humanism* as its central theme, has set a new milestone in the development of this movement in the Region. They were organized by the Latin American Network of Person Centered Medicine and the Peruvian National Academy of Medicine, with the participation of representatives of the National Academies of Medicine of Brazil, Colombia, Chile and Uruguay, the Peruvian National Institute of Health, the Peruvian Medical Council, San Marcos National University, Cayetano Heredia Peruvian University, Santo Toribio de Mogrovejo University, the World Medical Association, and the Health World Organization, and the co-sponsorship of the International College of Person Centered Medicine. These Latin

American Conferences, building on the achievements of previous events in Buenos Aires and Lima, are gradually consolidating a stream of scientific and humanistic thinking in medicine and health, of promising value for the social development and well-being of the population of Latin America.

Recommendations

These proposals are organized in terms of clinical care, health research, medical education, and public health, reflecting the organization of the Conference program aimed at covering the experience and challenges of the health field. It is sought in every case to articulate science and humanism, displaying the principles of Person Centered Medicine through strategies and practical activities.

A. Person Centered Clinical Care

1. In line with ethical imperatives, one must promote respect for persons' dignity, acknowledge their autonomy, empower individuals to assume responsibility for their health, to ensure informed consent for proposed interventions, and facilitate the delineation and fulfillment of everyone's life project. In order to facilitate the implementation of such imperatives, institutional ethics committees must be established and strengthened.
2. For implementing a holistic framework, attention must be paid to the biological, psychological, social, economic, cultural and spiritual aspects of diseases as well as of positive health and well-being. The family and social context must also be considered for understanding the health of the individual and for health restoration and promotion.
3. In regard to cultural diversity, the ancestry and the current context with which the patient identifies must be taken into account, as well as mother tongue, language preferences and the patient's explanations of health and disease. It is also important to deal with the impact of cultural differences between clinicians and patients.
4. Given the crucial value of communication and human relations in clinical care, it is necessary to listen to the patient attentively and respectfully, tuning into the patient's subjectivity and narrative, to establish empathy as a key communication support, and to cultivate horizontal interactions with the family and the team of professionals involved.
5. In order to ensure individualized clinical care, it is indispensable to know the person well, that is to consider his/her particular biological, psychological, social, and spiritual profile, the factors contributing to his/her health, his/her experience and specific needs, as well as to design a personalized schedule for care.
6. In order to promote collaborative clinical care with the patient and the family, it is important to establish at the outset common ground among all those involved and thus obtain a diagnosis that implies joint understanding of the situation and therapeutic decisions that represent shared commitment.
7. An exemplary model of person centered diagnosis articulated with therapeutic planning has been presented in the Latin American Guide for Psychiatric Diagnosis published by the Latin American Psychiatric Association. This Guide covers ill health as well as positive health, risk and protecting factors, and the patient's experience, values and preferences. For the description and coding of disorders it uses WHO ICD specifications, complemented with Latin American cultural annotations.
8. In summary, the articulation of science and humanism calls for clinical care informed by scientific evidence and by the patient's values and preferences, and aimed at restoring and promoting the health and well-being of the whole person.

B. Person Centered Health Research

1. It is advisable to deepen research on concepts of and procedures for Person Centered Medicine, as well as to promote medical research aimed at providing optimal care to the person in context and that also considers the person of the researcher.

2. The World Health Organization proposes that medical research in order to be ethical must be methodological sound and be centered on the person and the community. Ethical demands entail attention to codes such as the World Medical Association's Helsinki Declaration as well as the establishment of local supervising ethics committees and scientific journal editorial committees that reinforce the implementation of such imperatives and their impact upon society.
3. It is important to explore the articulation of precision medicine (focused on the genetic and biological) and a medicine centered on the whole person, in order to extend the value of both perspectives and their contribution to the health and well-being of all.
4. The design and use of research instruments to advance PCM in Latin America must be stimulated. This should include work at priority settings such as primary health care level as well as the validation of international instruments such as the Person-centered Care Index (PCI) and relevant local instruments.
5. Priority topics to be considered include: a) Studies of the multi-morbidity and complexity of health and of marginalized populations such as ancestral native communities, b) Research on clinical communication; c) Exploration and validation of person-centered diagnostic evaluation models, guides and instruments, d) Research of the principles and procedures of comprehensive person-centered health care, e) Studies of principles and procedures for person- and community-centered public health, f) Research on person centered professional education and training, g) Development of information platforms and structures based on the internet to support research and academic collaboration activities, and h) Studies of the dehumanization of medicine, its elements and contributing factors, with attention to a dehumanized society.

C. Person Centered Medical Education

1. Medical education should include the strengthening of the curriculum humanistic contents and the early, frequent and close contacts of the student with persons and families in the community. Curriculum improvements should encompass interdisciplinary integration and emphasize crucial areas such as primary health care.
2. Given the urgent need of team work in effective clinical care, wide opportunities for inter-professional learning should be included in curricula of the various health professional schools. This should involve disciplines such as medicine, nursing, obstetrics, psychology, public health, nutrition, rehabilitation, education, and social work.
3. The use of promising educational methods is critical. Among them is the living model practiced by the teacher, which is crucial and not subject to substitution. In the words of Albert Einstein, *"To show by example is not the main way to influence others; it is the only way"*. Another method is the diversification of educational environments in order to train students in the diverse clinical and community realities where they will practice professionally.
4. Ethical commitment is the first denoting characteristic of person centered medicine. In line with this, ethics teaching must be incorporated as core concept in educational opportunities throughout the career. Pertinent courses should be included, emphasizing discussion and reflection focused on illustrative cases, and complemented by the irreplaceable example of moral behaviors and respect by teachers for the person of the patient and the student.
5. Another crucial teaching area is training on clinical communication, given the deep human value of the encounter between the physician and the patient, and the opportunities offered by the growing Latin American experience with relevant methodologies. Teaching on establishment of empathy is particularly key here.
6. Programs on comprehensive mentoring should be created through which the student's development as a person and as a professional is promoted. Participating mentors must be properly trained and their development as health professionals, university educators and persons with high integrity must be actively promoted by their academic institutions.

D. Public Health Centered on the Person and the Community

1. In line with current World Health Organization's recommendations, health systems must be integrated and centered on the person and the community. Health services' humanization requires respect for every person's dignity and autonomy and the recognition that health is as much a right as it is everyone's responsibility. This ethical imperative constitutes a moral reserve and stronghold to face the brunt of health care commercialization and corruption.
2. The person referred to in PCM is that behind the patient, a relative, a health professional, and, in general, a community member. A contextualized understanding of a person (*I am I and my circumstance and if I do not save it I do not save myself*, in the words of José Ortega y Gasset) is in line with the view that person and community are the two sides of the same coin.
3. Public health policies centered on the individual and the community appear to contribute conceptually and strategically to the attainment of the United Nations Sustainable Development Goals. Such policies are understood to be the bases for moving forward to healthier, more equitable, and more solidary societies.
4. The design and formulation of person- and community-centered public health policies require a basic consensus on the need for these policies, that is, a society's cultural transformation. These policies require as well the participation of health experts, valid representatives of the various health professions, of groups of patients and relatives, of academic institutions, and of the civil society in general, with the support and leadership of government authorities. Among the actors in the health field is the pharmaceutical industry, the role of which must be delineated within the framework of its addressing the epidemiologically important health problems of each country.
5. Scientific research on concepts, strategies and models of public health centered on the person and the community, including evaluated pilot programs, may contribute decisively to the development and selection of pertinent options, along with the maturing of social and political consensus.
6. Facing the implementation of public health policies centered on the person and the community, re-training of health professionals around the person is necessary. This shall include optimizing clinical communication and inter-disciplinary collaboration.
7. In order to consolidate the implementation of relevant and sustainable health policies centered on the person and the community, the active and informed participation of the different components of general society must be stimulated through public health education programs initiated at the elementary school level. This should also involve co-management in the organization of health services, and their evaluation and auditing.
8. As recognized and recommended by the World Health Organization, primary health care should have a coordinating role of all health actions. Such actions must emphasize prevention and health promotion and constitute the main structural element for advancement towards healthy societies and well-being for all.
9. Development of programs and procedures is required to monitor advancement towards person- and community-centered care clinical care. Promising instruments are the Person-centered Care Index (PCI) developed and validated by the International College of Person Centered Medicine with support of WHO, and the Health Care Dehumanization Questionnaire (HCDQ) developed and validated by the National Academy of Medicine of Peru. These instruments are being studied locally under the auspices of the Latin American Network of Person Centered Medicine. Such indicators represent diagnostic instruments, strategic work guides, and widely applicable methodological tools.

The National Academies of Medicine of Peru, Brazil, Colombia, Chile and Uruguay and the other health and academic institutions participating in the Second Latin American Conference of Person Centered Medicine express their commitment towards the implementation of these recommendations, working collaboratively with the Latin American Network and the International College of Person Centered Medicine.

