

EDITORIAL INTRODUCTION

Continuing Development of Person-centered Medicine and Addressing Chronic Disease

Juan E. Mezzich^a MD MA MSc PhD and James Appleyard^b MA MD FRCP FRCPC

^a Editor in Chief, International Journal of Person Centered Medicine; Secretary General, International College of Person-centered Medicine; Professor of Psychiatry, Mount Sinai School of Medicine, New York University, New York, USA.

^b President, International College of Person-centered Medicine; Former President, World Medical Association

Keywords

Person-centered medicine, chronic disease

Correspondence address

Juan E. Mezzich, M.D., Ph.D., Professor of Psychiatry, Mount Sinai School of Medicine, New York University, Fifth Avenue and 100th Street, Box 1093, New York, New York 10029, USA. E-mail: juanmezzich@aol.com

Introduction

The ongoing development of person centered medicine to which our International College is committed proceeds through several key activities. These include our Geneva Conferences and its Geneva Declarations, upcoming International Congresses, research projects on conceptualization and measurement, integrative diagnosis, and clinical care guidelines, and this International Journal of Person Centered Medicine. The Board of the International College, the University of Buckingham Press as publisher, and the renewed editorial team of the Journal are fully dedicated to the continuing development and flourishing of this fundamental institutional and academic enterprise.

A momentous issue we are addressing is the global epidemic of chronic disease to attend to which the United Nations and the World Health Organization [1] have called all components of society to action. Addressing chronic disease is particularly compelling for our International College given that effective care for such conditions requires indispensably the engagement of persons and their sense of responsibility to undertake actively and creatively the adjustments in life style that we all must make to improve our health [2, 3]. Consequently, we focused on person-centered care for chronic disease as the main theme of our Fifth Geneva Conference and issued our first Geneva Declaration dedicated to this topic [4].

The Fifth Geneva Conference

The Fifth Geneva Conference on Person-centered Medicine was held on April 28 -May 2, 2012, building on previous annual editions of this event [5-8]. The gradual construction of this conceptual and methodological perspective [9-12] has been carried out through collaboration with major global medical and health

organizations, academic institutions, and an expanding community of committed international experts all engaged into an International Network [13], now International College of Person-centered Medicine [14].

The venues for the Fifth Geneva Conference were the University of Geneva Hospital and the World Health Organization headquarters. It was organized by the International College of Person-centered Medicine in collaboration with 32 other international medical and health institutions. Their logos appear in Figure 1.

The Conference Organizing Committee was composed of members of the Board of the International College of Person-centered Medicine and two officers of the World Health Organization. With the overall theme of *Chronic Diseases: Person- and People-centered Perspectives*, the Conference encompassed plenary symposia, practical workshops, brief oral presentations, and posters.

Pre-Conference Work Meetings

Prior to the Core Conference, institutional work meetings were held involving guiding principles for person-centered clinical care, person-centered diagnosis, an organizational informational base, and special institutional projects [15].

Worth noting are the work meetings related to the ongoing development of Person-centered Integrative Diagnosis (PID) and related diagnostic projects. The importance of this work is predicated on the understanding that one of the key aspects of clinical care is a fully adequate diagnosis as fundamental basis for treatment planning and care. This renders person-centered diagnosis as crucial for the implementation of person-centered medicine. The conceptual bases and structure of the PID model were published in the Canadian Journal of Psychiatry [16] and more recently a conceptual appraisal was also published [17].

The discussions dealt with developmental strategies, the heuristic value of ontological analysis, the instrumentation of the various domains and levels of the

Figure 1. Logos of the institutions collaborating on the organization of the Fifth Geneva Conference on Person-centered Medicine.



PID, the utilization of descriptive categories, dimensions and narratives, and the establishment of common ground among clinicians, patients and families towards the formulation of a comprehensive diagnosis and a plan of care.

It has been particularly stimulating the application of the PID model, along with WHO's ICD-10 categories, in the revision of the Latin American Guide for Psychiatric Diagnosis (Guía Latinoamericana de Diagnóstico Psiquiátrico) (GLADP-VR) [18-19]. This person-centered diagnostic guide has been recently published by the Latin American Psychiatric Association for the use of mental health professionals in Latin America [20].

Core Conference

The Core Conference was opened by Prof. Panteleimon Giannakopoulos, Vice-Dean of the Geneva University Medical School and Dr. Manuel Dayrit, Director, World Health Organization. They were joined in the presidium by the members of the Board of the International College of Person Centered Medicine.

The opening address was delivered by the ICPCM president, who presented a progress report on institutional developments. The preparation for the first time of a Geneva Declaration focused on the conference's main theme (chronic diseases) and has been distributed widely to extend the conference's impact [4].

The first scientific session was a Symposium on the Effectiveness of Person-centered Care for Chronic Diseases. It started with an examination of the value of a contextualized approach to enduring clinical complexity.. Next, the value of focusing on well-being was appraised, identifying work on personality development. Finally, the critical role that the patient can and should play for tackling chronic diseases was addressed.

Several workshops followed on person-centered care for several important chronic diseases, including cancer, circulatory and respiratory conditions, and neuropsychiatric disorders, as well as self-care and integrative approaches to non-communicable diseases.

A Symposium on Person-centered Care and Modern Clinical Practice started with a presentation on ethics and social determinants of health. It also addressed case-based models of practice, arguing that these are more relevant than evidence-based ones for clinical decision-making in person-centered medicine. Bayesian statistical procedures were proposed for systematically taking into consideration local factors and the results of large multi-center trials towards the coalescence of evidence-based and person-centered models.

A Symposium on Education for Person- and People-centered Care started with a presentation of the WHO Transformative Education Initiative which argued that health professional education should put population health needs and expectations at the centre. Then, a Health Improvement Card being developed by the World Health Professional Alliance to help prevent chronic diseases was outlined. Third, professional training to optimize team work for person-centered care was discussed. Finally, recommendations from academic medical centers were formulated to build up person-centered medical education and training.

A Symposium on Spirituality and Health encompassed presentations on clinical applications, a biopsychosocialspiritual assessment and plan, lessons learned by chaplains responding to and caring for people living with AIDS, and remarks on personal spiritual experiences while facing health challenges.

A Workshop on Conceptualization and Measurement of Person- and People- centered Care encompassed first a literature review on person- and people-centeredness in primary health care. This was followed by a set of short papers on the conceptual refinement and further

development of a prototype Person-centered Care Index (PCI) conducted by the International College of Person-centered Medicine.

A Workshop on Swedish Clinical Research on Person Centered Care encompassed six papers from a specialized and multidisciplinary research center at Gothenburg University. They stimulated the consideration of person-centered health research as the main theme for a future Geneva Conference.

A Workshop on Person-centered Pain Management included an examination of the complexity and challenges imposed by pain in chronic conditions such as cancer. Maximizing quality of life must be a guiding principle and a multidisciplinary team approach is usually required. A presentation on person-centered pain management in the realm of palliative medicine completed this workshop.

A Workshop on Shared Care Plan and Personalized Diagnosis focused on the structure of a treatment plan with particular attention to the development of whole-health objectives. It proposed the integration of general medical, psychological and social interventions to promote wellness outcomes.

Two Oral Presentations Sessions were conducted. One focused on conceptual studies and another on experimental studies concerning person-centered care.

A Session on Region and Country Experiences on Person- and People- centered Care started with a presentation from Thailand on the measurement of responsiveness as part of person-centered healthcare. A presentation from Europe focused on the utilization of health ontologies (terminology, nomenclature, taxonomy) to discuss person-centeredness. Another presentation described a collaborative project to promote holistic and person-centered care for diabetes and depression in South Africa, Lesotho, Botswana, Swaziland and Uganda. A final presentation discussed African contributions (such as the Zulu *indaba*) to decision-making in person-centered health practice.

A Workshop on Dance Therapy in Person Centered Medicine reflected interest in the field for creative and artistic opportunities aimed at ameliorating illness and enhancing well-being. They included an experiential practicum.

A Special Session on Stakeholders' Policies and Contributions for Person- and People-centered Care took place at WHO headquarters with the participation of WHO officers and major global medical and health institutions collaborating at the Conference with the International College of Person-centered Medicine (ICPCM).

Colophon

The day after the Fifth Geneva Conference, the ICPCM president was invited to meet at WHO headquarters with Assistant Director General Dr. Carissa Etienne and Directors Drs. Wim van Lerberghe and Manuel Dayrit. They expressed congratulations for the Conference that had just ended and interest for participating in future ones and the prospective development of guides for person- and people centered care.

Concluding Remarks

This issue of the International Journal of Person Centered Medicine presents first a selection of papers from the Fifth Geneva Conference. These were upgraded by their authors for submission and then were independently peer-reviewed. They include academic papers on person-centered health promotion in chronic disease, conceptualizing person- and people-centeredness in primary health care, person-centered care in intensive care medicine, psychological issues on person-centered care for cancer pain, and contrasting the essentials of recovery orientation and person-centered care.

Also part of this issue is a wide ranging set of articles submitted from outside the Fifth Geneva Conference process. They include peer-reviewed papers on a Heideggerian critique of evidence-based medicine, the manifestation of job satisfaction in doctor-patient communication, development of a patient-centered outcome measure for inpatient settings, person centered medicine in the US VA health system, the concept of context in psychiatric diagnosis, Russian traditional and postnonclassical psychological perspectives on person-centered mental health care, and the initiator and timing of referral to breast cancer genetic counselling as an exploration of everyday person-centered practice.

Announcements of future person centered medicine events complete this issue.

Acknowledgements and disclosures

No financial support or conflicts of interest reported.

References

- [1] World Health Organization (2012). Global Health Status Report on Non-communicable Diseases. Geneva: World Health Organization.
- [2] Greenhalg T (2009). Patient and public involvement in chronic illness: beyond the expert patient. *British Medical Journal* 338: 49.
- [3] Cloninger CR (2013). What makes makes people healthy, happy, and fulfilled in the face of current world challenges? *Mens Sana Monograph* 11:16-24.
- [4] International College of Person-centered Medicine (2012). Geneva Declaration on Person-centered Care for Chronic Diseases. *International Journal of Person Centered Medicine* 2: 153-154.
- [5] Mezzich JE, Snaedal J, Van Weel C, Heath I (2010) Person-centered Medicine: A Conceptual Exploration. *International Journal of Integrated Care*, Supplement 10.
- [6] Mezzich JE, Snaedal J, van Weel C, Botbol M, Salloum IM (2011): Introduction to Person-centered Medicine: From Concepts to Practice. *Journal of Evaluation in Clinical Practice* 17: 330-332.
- [7] Mezzich JE, Miles A (2011). The Third Geneva Conference on Person-centered Medicine: Collaboration across Specialties, Disciplines and Programs. *International Journal of Person Centered Medicine* 1: 6-9.

- [8] Mezzich JE, Miles A, Snaedal J, van Weel C, Botbol M, Salloum IM, Van Lerberghe W (2012): The Fourth Geneva Conference on Person-centered Medicine: Articulating Person-centered Medicine and People-centered Public Health. *International Journal of Person Centered Medicine* 2: 1-5.
- [9] Heath, I (2005): Promotion of disease and corrosion of medicine. *Canadian Family Physician*; 51:1320-22.
- [10] Mezzich JSnaedal J, van Weel C, Heath I (2010). Toward Person-Centered Medicine: From Disease to Patient to Person. *Mount Sinai Journal of Medicine* 77: 304-306.
- [11] Snaedal J (2007): Presidential Address. *World Medical Journal* 53: 101-102.
- [12] World Health Organization (2009): Resolution WHA62.12. Primary health care, including health system strengthening. In: *Sixty-Second World Health Assembly, Geneva, 18–22 May 2009. Resolutions and decisions*. Geneva, 2009 (WHA62/2009/REC/1), p 16.
- [13] Mezzich JE, Snaedal J, van Weel C, Heath I (2009). The International Network for Person-centered Medicine: Background and First Steps. *World Medical Journal* 55: 104-107.
- [14] Mezzich JE (2012): The construction of person-centered medicine and the launching of an International College. *International Journal of Person Centered Medicine* 2: 6-10.
- [15] Montenegro RM (2012). Upgrading the ICPCM institutional website and interactions with related ones. *International Journal of Person Centered Medicine* 2: 323-325.
- [16] Mezzich JE, Salloum IM, Cloninger CR, Salvador-Carulla L, Kirmayer LJ, Banzato CEM, Wallcraft J, Botbol M (2010). Person-centered Integrative Diagnosis: Conceptual bases and structural model. *Canadian Journal of Psychiatry* 55:701-708.
- [17] Salloum IM, Mezzich JE (2011): Conceptual appraisal of the Person-centered Integrative Diagnosis Model. *International Journal of Person Centered Medicine* 1: 39-42.
- [18] Otero A, Saavedra JE, Mezzich JE, Salloum IM (2011). La Guía Latinoamericana de Diagnóstico Psiquiátrico y su proceso de revisión. *Revista Latinoamericana de Psiquiatría* 11:18-25.
- [19] Saavedra JE, Mezzich JE, Otero A, Salloum IM (2012): The revision of the Latin American Guide for Psychiatric Diagnosis (GLADP) and an initial survey on its utility and prospects. *International Journal of Person Centered Medicine* 2: 214-221.
- [20] Asociación Psiquiátrica de América Latina (APAL) (2012). Guía Latinoamericana de Diagnóstico Psiquiátrico, Versión Revisada (GLADP-VR). Lima: APAL.