

FROM THE FOURTH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE: STAKEHOLDERS' ROLES AND CONTRIBUTIONS BEYOND ANNUAL MEETINGS: NEST STEPS TO ADVANCE PERSON- AND PEOPLE-CENTERED CARE [LETTER]

International Federation of Medical Students' Association (IFMSA) perspectives on person-centered care

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To the Editor

The IFMSA is a non-political and non-profit organization recognized as one of the oldest and largest student-run organizations in the world.

IFMSA was established in 1951 to serve as a platform for unity, collaboration and peace among international medical students. It has since then expanded to include more than 100 national member organizations, representing over 1.2 million medical students worldwide. The United Nations, the World Health Organization and the World Medical Association recognize the IFMSA as the official voice of medical students internationally.

The activities of the IFMSA range from raising awareness on public health, human rights and reproductive health issues to involving students actively in medical curricula reforms and medical education. IFMSA activities also encompass the largest international student exchange program, with more than 11,000 medical students given the opportunity to experience medicine and research as practiced in countries other than their own. They are initiated by students either to supplement their education as future healthcare practitioners or to try to fill in a gap in their health system in support of the health of the population.

The mission of the IFMSA is to offer future physicians a comprehensive introduction to global health issues. Through our programming and opportunities, we develop culturally sensitive students of medicine, intent on influencing the transnational inequalities that shape international health.

Over recent decades, there has been a global increase in the incidence of non-communicable diseases such as diabetes and other lifestyle-related conditions. In a world with more and more patients suffering from chronic

diseases, new challenges for therapies arise that necessitate the need for a patient-centered approach.

It is important that medical professionals consider the adherence to therapy of the individual patient when drawing up a treatment strategy. The suitability of the treatment to the person is and should be more important than the treatment in itself. Comprehending the patient as a *whole person* allows clinicians to help the patient choose the most appropriate treatment, whether it is drug-based, physiotherapy, psychotherapy or part of other healing strategies.

Person-centered care is therefore an essential approach in primary care, where doctors have to face many patients with chronic diseases that can rarely be cured, only controlled. Person-centered medicine allows us to understand the patient as a whole, taking his socioeconomic, cultural and environmental contexts into consideration when evaluating the underlying causes of the patient's disease.

For this reason we should identify people at high risk of poor health outcomes as well as take fully into account related socioeconomic, cultural and environmental factors. This will enable us to prepare and implement policies that contribute to the health of the individual patient and, in effect, improve the available strategies for the benefit of communities.

IFMSA understands the importance of building the capacity of medical students to practise person-centered medicine and provides extensive support to projects which broaden a medical students' knowledge outside of the horizons of the standard medical curriculum. For instance, during medical training, students need to study extensively in order to become good doctors, mastering clinical and communication skills, practicing critical thinking, understanding the relationship between health and society, appreciating the need for life long learning, teaching and

teamwork as well as and in addition to acquiring theoretical knowledge [1]. It is, therefore, important to include within the core curriculum the in-depth study of social sciences and medical ethics in addition to and alongside biomedical sciences. This is key, if one is to be able to apply a person-centered approach within routine clinical practice. Students need these additional sources of knowledge to be able to understand cultural, religious and personal differences in the presentation of symptoms and the necessity of treatment.

The World Federation for Medical Education (WFME) encourages the integration of different areas of study within the theoretical and practical teaching of medicine. As the importance of the different study domains changes in different settings, it is important for all medical students to have their training not only in academic teaching hospitals, but also in other settings, such as primary health care centers, nursing homes, clinics and other relevant environments [2]. This way, person-centered clinical practice allows prevention, promotion, curing and rehabilitation to be enacted at the same time, making care considerably more efficient - and integrated - within health systems.

This awareness of the existence of different perspectives is essential, in order to be able to approach each patient appropriately and provide the most suitable treatment by respecting and understanding individual personality and personhood.

If we truly want to achieve the highest standards of wellbeing in our patients, then we need to adopt a person-centered approach and to address the social determinants of health. The IFMSA believes that health-enhancing policy options and a holistic understanding of what causes disease must be addressed by all healthcare professionals, changing the way we train future health professionals. This will help the international health community and everyone involved in medical education to create and provide an education which meets the challenges that underlie the health inequities of the 21st century. The IFMSA believes this approach to be a key principle of relevance to every health system and encourages every medical school to integrate this within their philosophy and teaching of medicine [3].

References

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