

EDITORIAL INTRODUCTION

The World-wide Matrix of Person Centered Medicine

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Keywords

World-wide matrix, global, continental regions, person centered medicine, World Medical Association, World Health Organization, International Alliance of Patients' Organizations, Geneva Conferences, International College of Person Centered Medicine, International Congresses of Person Centered Medicine, International Journal of Person Centered Medicine

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Introduction

One of the fundamental features of our approach to person centered medicine is its world-wide matrix. This applies to the historical roots of person centered medicine, to its contemporary antecedents, to the scope of the multiple organizations that are collaborating to develop it, to the reasons behind the selection of Geneva as the site of its foundational conferences, to the nature of the non-profit organization that has been established to formalize it, to the aims of its official journal and the geographical sources of the articles it publishes, and to the horizons informing the planning of its congresses and evolving projects. These diverse and complementary international perspectives and domains, and the papers published in this particularly international issue of the Journal, will be highlighted next.

International antecedents

Indicators of Person Centered Medicine (PCM) seemed to have been mainstream in ancient civilizations across the world. Early traces of person-centered care can be found in major Eastern civilizations, particularly Chinese and Ayurvedic, which are still alive and practiced today as traditional medicine [1]. The same, *mutatis mutandis*, can be said about the ancient civilizations of Africa [2] and the Americas [3]. With rich philosophical, experiential and experimental bases, they focus on the patient's total health rather than only on disease. They tend to articulate a comprehensive and harmonious framework of health and life and promote a highly personalized approach for the treatment of specific diseases and the enhancement of quality of life [4].

Looking to Hellenistic culture as the cradle of Western civilizations, one finds that the need for holism in Medicine had been strongly advocated by ancient Greek philosophers, ethicists, and physicians. Socrates and Plato taught that "if the whole is not well it is impossible for the part to be well" [5]. This position was enriched by Aristotle, the *philosopher* and naturalist *par excellence* [6,7] as well by Hippocrates, who brought theory, emotion, and individuality together into the practice of medicine and delineated its ethical and person-centered foundations [8].

Such broad and enlightened concept of health (full well-being and not merely the absence of disease) has been incorporated into WHO's definition of health [9]. This notion has maintained its vitality throughout recent vicissitudes in health care. The relevance of this definition appears now as compelling as ever. Its holistic framework is one of the key elements of PCM.

Among contemporary antecedents of PCM, particularly prominent is the seminal work of Paul Tournier, who wrote *Medecine de la Personne* in Switzerland [10]. Also worthwhile are the contributions of Rogers' person-centered approach focused on open communication and empowerment in the United States [11], McWhinney's family medicine movement in the UK and Canada [12], Brera's person-centered medicine program in Italy [13], and Alanen's need-adaptive assessment and treatment approach in Finland [14].

Global institutional collaboration

The formal building of PCM has been strongly anchored on international institutional developments, involving some of the top medical and health institutions of the world.

The World Psychiatric Association (WPA), which was born from the articulation of science and humanism [15], established at its 2005 General Assembly an Institutional Program on Psychiatry for the Person [16,17]. A number of scholarly developments took place at WPA along this programmatic line through the collaboration of several of its Scientific Sections [18, 19].

The above person-centered initiative expanded into general medicine through collaboration with other global institutions since 2008. Fundamental here was the role of the World Medical Association. It had published an impressive volume on *Caring Physician of the World* [20] highlighting prominent doctors nominated by a large number of national medical associations. Through several of its top leaders [21,22] and its secretariat the WMA collaborated enthusiastically from the very inception of these efforts in 2008. Global medical specialty institutions involved also from the beginning were the World Organization of Medical Doctors (Wonca) [23], and the World Federation of Neurology [24], as well as broad medical institutions such as the Council of International Organizations for Medical Science [25] and the World Federation of Medical Education [26].

Another key health professional organization cooperating from the start was the International Council of Nurses [27]. This was also the case for the International Alliance of Patients' Organizations [28]. Worth noting as well was the early involvement of the World Federation for Mental Health [29], the constituency of which includes psychiatrists, other general and mental health professionals, patients, families and advocates.

The World Health Organization has played in these efforts a crucial collaborative role. This followed the World Health Assembly adopting in 2009 resolutions which for the first time included the promotion of *people-centered care* [30]. The recent World Health Assembly adopted its Twelfth Global Program of Work 2014-2019 [31] which emphasizes achieving universal health coverage through integrated and people-centered health systems.

The Geneva Conferences foundational process

The first Geneva Conference on Person-centered Medicine took place on May 28 and 29, 2008, and since then it has been held annually, the latest one in 2013. The reasons for placing these events in Geneva include a number of important international considerations. Geneva has been traditionally regarded as a city of encounters, particularly international ones, as attested by its hosting one of the main quarters of the United Nations. It also offers for people assembling there close reach to a number of key health institutions such as the World Health Organization, the World Medical Association, the International Council of Nurses, the Council of International Organizations for Medical Science, the International Federation of Social Workers, and the International Pharmaceutical Federation.

The Geneva Conferences have been co-sponsored by a considerable number of international entities, growing

gradually from 10 in its first edition to 35 in the latest one. The latter number encompass, in addition to those already listed above, the International Federation of Gynecology and Obstetrics, the International College of Surgeons, the Medical Women's International Association, the International Federation of Ageing, the World Association for Sexual Health, the European Federation of Associations of Families of People with Mental Illness, the International Association of Medical Colleges, the Paul Tournier Association, the World Association for Dynamic Psychiatry, the European Association for Communication in Health Care, L'Observatoire de Medecine de la Personne, the International Francophone Psychiatric Federation (ALFAPSY), the French Psychiatric Association, and the International Federation of Medical Students' Associations (IFMSA), as well as ten major universities from across the world having distinct programs and interests on person centered medicine.

Emergence and projections of the International Network and College of Person Centered Medicine

The process and impact of the series of Geneva Conferences led to the emergence of the International Network (recently named College) of Person Centered Medicine (INPCM, ICPCM) [32-34]. The College provides a key focus of fellowship to the cultivation and sharing of research and ideas in an international and multi-professional setting. The International Network and College are established and headquartered as non-profit organizations in New York, one of the most multi-cultural urban centers in the world.

Among the scholarly contributions of the ICPCM is the development of the Person-centered Integrative Diagnosis model [35]. This model has recently been applied in a major world region in the form of the Latin American Guide for Psychiatric Diagnosis (GLADP-VR) published officially by the Latin American Psychiatric Association [36]. Another guide aimed at person-centered diagnosis in general medicine is in the works at the ICPCM.

A major institutional achievement has been the establishment of the International Journal of Person Centered Medicine in collaboration with the University of Buckingham Press [37]. From the outset, the Journal affirmed its global outlook by appointing Regional Editors for North America, Latin America, Europe, Africa, Asia and Oceania. In line with this, it has been receiving, peer reviewing, and publishing contributions from across the world. Through its quarterly issues, it is promoting research and scholarship on person centered medicine in many countries and world regions and across them.

A series of Declarations on key topics are being developed and agreed during ICPCM's Conferences and Congresses to inform health professionals and policy makers and stimulate international action. These include the 2012 Geneva Declaration on Person Centered Care for

Chronic Diseases [38] and the 2013 Geneva Declaration on Person-centered Health Research [39, 40].

Introduction to a particularly international issue of the Journal

This issue of the International Journal of Person Centered Medicine has as many of the previous ones quite an international profile. It includes distinguished contributions from each of the world's regions. The authors and groups responsible for the referred papers are in fact based in countries located in Africa, Asia, Europe, North America and Latin America. Additionally, these articles reflect on fundamental aspects of person centered medicine as it is being conceived and practiced in such countries and regions. As the Table of Contents of this issue show, most of the included papers were presented in an early form at the Sixth Geneva Conference on Person Centered Medicine, while some others are not related to this event.

From Africa comes a paper by Van Staden [41] which explores creatively suitable objects and settings for assessing and measuring person centered medicine. The conceptual considerations it engages are drawn from African insights. Illustratively, international person centered medicine has been enriched in recent years by attending to Ubuntu views such as *I am because you are and you are because we are*.

Appearing from Asia is Yongyuth Pongsupap's article on family medicine and community orientation as a new approach to quality primary and person-centered care in Thailand [42]. It reflects on pioneering public health advances in South Asia and illustrate the application of WHO's emerging policies on person- and people-centered care. The author, a former scholar at WHO, is the Journal's regional editor for Asia. His work reflects the ongoing collaboration between WHO's and ICPCM's networks.

From Latin America comes a paper presenting the recent revision of the Latin American Guide for Psychiatric Diagnosis [43]. It features the work of a broad panel of scholars and clinicians from many Latin American countries organized by the Latin American Psychiatric Association to produce an official diagnostic guide for the use of the region's health professionals. It represents an adaptation of the latest edition of WHO's International Classification of Diseases to suit in a culturally-informed and person-centered manner the reality and needs of the Latin American population.

Coming from North America, the present issue of the Journal encompasses three papers originating in different sections of the United States. From the North East comes an article proposing person- and family-centered health care for children that minimizes waiting for service [44]. From the South East travels a paper exploring the application of the Person-centered Integrative Diagnosis model to the care of people experiencing alcoholism and bipolar disorder [45]. And from the Western United States there is a contribution arguing cogently for person-centered care at the end of life [46].

From Europe comes a paper dealing with the role of physician immunization to prevent influenza outbreaks [47] as part of a campaign of the World Medical Association headquartered outside Geneva. Last but not least, a set of papers from Germany and France highlight and discuss research on positive health oriented psychotherapy [48-51]. They represent elaborations from presentations made at a symposium at the Sixth Geneva Conference on Person-centered Medicine. Their focus on positive health illuminates an important aspect of PCM.

Colophon

The international matrix of person centered medicine represents its roots, the nature of its current activities and institutional reality, and the scope of its projections into the future.

Acknowledgements and Disclosures

The authors wish to acknowledge the stimulation and inspiration provided by their colleagues in the Board and the various work groups of the International College of Person Centered Medicine. They report neither financial support nor conflicts of interest related to this paper.

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