

EDITORIAL INTRODUCTION

## Ethics in Person Centered Medicine: Conceptual Place and Ongoing Developments

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### Keywords

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### Introduction

Person centered medicine may be defined by its placing the whole person at the center of health and health care. And because of this, ethics seems to be at the core of person centered medicine. The bases for this assertion are briefly delineated in this statement along with a capsular review of the articles in this issue of the *International Journal of Person Centered Medicine*. These articles encompass, among others, a set of papers on ethical standards for person centered health research as well as on incorporating ethics in medical education curricula and on tracing certain person centered medicine traditions to philosophical and human rights breakthroughs.

### The Centrality of Ethics

The urgency of this analysis in contemporary medicine is highlighted by Heath's [1] connecting in a penetrating manner promotion of disease with corrosion of medicine. Complementing this, Christodoulou [2] relates the failure

of modern medicine in achieving all what it could to hyperbolic dependence on technology and fragmentation of care, which have led to inattention, disrespect and disregard of the person. And as Slater [3] has pointed out, focusing attention instead on patient or client won't do, as these terms shift the balance of power to illness rather than to the person.

The promotion of the person as a fundamental ethical imperative is based on the Kantian proclamation that a person must never be taken as a means but as an end in itself. Elaborating on this, Heath [4] has noted that contemporary healthcare systems have a worrying tendency to treat both patients and doctors as the means to some ulterior purpose and neglect to treat them, at the same time, as ends in themselves. The greater purpose might be something very worthy, such as a cure or a longer life, but however worthy the end, she says, turning humanity into simply the means to achieve it, is to undermine what it is to be human in a very fundamental way and this holds even if those who are used as the means stand to benefit directly.

Striving to promote personhood requires appreciation of its scope and complexity. Cassell [5] reminds us that a

person is an embodied, purposeful, thinking, feeling, emotional, reflective, relational, human individual always in action, responsive to meaning, whose life in all spheres points both outward and inward, and that all persons have a past and a future and both are part of the person today. The contextualized meaning of personhood is affirmed in Ortega y Gasset's dictum *I am I and my circumstance*. Furthermore, Van Staden [6] points out, reflecting South African traditions, the importance of promoting both the person and groups of persons by virtue of an interconnectedness expressed in the isiZulu maxim "I am because you are, and you are because we are". The extent of professional responsibilities even under challenging conditions is highlighted by Brooker [7] when she concludes that the primary outcome of person-centered care for people with dementia is to maintain their personhood in the face of declining mental powers.

The centrality of ethics in person centered medicine is further documented through an ongoing study on systematic conceptualization and measurement of person- and people-centered care undertaken by the International College of Person Centered Medicine [8]. Through a critical review of the literature on person centered medicine and consultations with a broad international panel involving health professionals as well as patient and family representatives, eight main underlying concepts were elicited. The first one was in fact *ethical commitment*. The various aspects and phases of this study as well as the preliminary validation of a prototype measurement instrument are being worked out for publication.

## **Prefacing the Articles being published on Ethics and other Person Centered Medicine Topics**

The first four papers in the current issue of the Journal constitute elaborations of presentations made at a Symposium on Ethical Standards for Person Centered Health Research at the Sixth Geneva Conference on Person Centered Medicine, the main theme of which was in fact Person Centered Health Research. In the introduction to this set, Appleyard [9] cogently argues that a firm commitment by physicians to an ethical code along with doctor-patient mutual understanding constitute the bases for trust, a prerequisite for real advances in medicine and their effective application in clinical care. The papers that follow project diverse scholarly and institutional perspectives on display of the spirit of medical enquiry within an ethos of respect for the person.

From the World Health Organization (WHO), Bouésseau [10] makes a plea to put in place person centered research ethics review systems, coordinating the different stakeholders and ensuring that the rights of the research participants and their communities are respected. To strengthen research ethics review systems, WHO promotes a holistic approach based on principles of good governance such as inclusiveness, transparency and enforcement of a fair normative framework. She concluded

that the ethical conduct of research requires it to be person centered.

From the World Federation for Mental Health and the World Psychiatric Association, Christodoulou and Christodoulou [11] propose that principles of ethics are more important than rules, because it is the principles that provide the basis for the latter and determine the ethical stance of each individual practitioner through whom the rules are filtered. They point out that the essence of the above conclusion is reflected in the preamble of the Madrid Declaration, the ethical code of the World Psychiatric Association, where the psychiatrist's *individual sense of responsibility* is identified as the basis of ethical practice.

Completing the Ethics Symposium set, Vallotton and collaborators [12] from the Council of International Organizations for Medical Sciences (CIOMS) report on the objectives of this nongovernmental organization and, most particularly, on the protection of the person in its International Ethical Guidelines for the fields of clinical trials and epidemiological studies. They emphasize the terminology used to describe the subjects or the populations involved in these studies and discuss the possibility and nature of harm to persons involved in such studies.

Opening another group of articles based on presentations at the Sixth Geneva Conference on Person Centered Medicine, Caballero and colleagues [13] share the development by Francisco de Vitoria University of its own curricular pathway to promote high standards of ethics and professionalism in medical students. This curricular journey focuses on five main areas, as follows: student selection, curriculum design, role modeling, new teaching and learning methods, and assessment methods.

Rajan [14], from the World Health Organization, argues that for the complex task of reorienting health care and a whole health system towards people-centeredness, research, policy, and practice must be integrated at both global and country level. Furthermore, she argues, since health policy-making is complex and non-linear, research for and implementation of health policies must be contextualized. This paper also documents promising examples in research and practice bringing together evidence and stakeholder perspectives.

Kirisci et al [15] from the University of Pittsburgh report that effective prevention of substance use disorder is feasible when intervention resources are prioritized to individuals who are objectively determined as having high risk for substance. Their study was aimed at developing a screening instrument for determining current presence of and future risk for substance use disorder

Janca and Balaratnasingam [16] from the University of Western Australia explore how the dilemmas related to the boundaries of normality, abnormality and psychopathology fit with the issues of person centered medicine and psychiatric care. They propose that psychiatrists need to work towards both evidence informed and person centered care and develop clinical diagnosis models relevant to that framework, taking into consideration the patient's values in addition to biomedical assessments.

Farver-Vestergaard and collaborators [17] from the University of Cambridge and Aarhus University observe that patients with chronic obstructive pulmonary disease (COPD) face challenges in managing the physical and psychological consequences of the condition. They note that systemic self-management interventions based on the Wagner chronic care model seek to facilitate change in patient, healthcare professionals and healthcare system in order to support patients to self-manage their condition. Their study findings suggested two different ways of talking about self-management, i.e., biomedical and patient-centered.

Jones [18] from Lancaster University in Lancashire, United Kingdom, explores the dimensions of recovery using a singular conceptual framework known as Hodges' model, which encompasses individuals and groups and a care domain specific to both health and social services. His discussion is placed in the context of the current national socio-economic climate, notably the 'politics of recovery' at a time of austerity. He suggests that although everything may be culturally informed, a conceptual space that is politically agnostic is essential to facilitate progress in theory, practice, policy, as well as innovation in commissioning, outcomes, self-care, integration and service delivery.

Closing the circle, Kipman [19] from L'Observatoire Francophone de la Médecine de la Personne (OFMP) reviews the substantial French roots of the conceptualization and programmatic development of person centered medicine. One is the French Revolution concept of *human rights* later enshrined by the United Nations, and representing the legal roots for patients' demand to be respected. Another is Philippe Pinel's liberating mental patients from their chains. Kipman also refers to a range of specific French contributions to medicine of the whole person and the prospective role of a Francophone Observatory to enhance such contributions.

The issue is completed with an announcement of the Second International Congress of Person Centered Medicine.

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