

EDITORIAL INTRODUCTION

International Journey and the Development of Person Centered Medicine

Juan E. Mezzich MD PhD^a, James Appleyard MA MD^b, Michel Botbol MD^c, Tesfa Ghebrehiwet PhD^d, Joanna Groves BSc MSc^e, Ihsan M. Salloum MD MPH^f and Sandra van Dulmen PhD^g

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

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

^c Board Director, International College of Person-centered Medicine; Chair, World Psychiatric Association Section on Psychoanalysis in Psychiatry; Professor of Child and Adolescent Psychiatry, University of Western Brittany, Brest, France.

^d Board Director, International College of Person-centered Medicine; Former Consultant, International Council of Nurses, Alberta, Canada.

^e Board Director, International College of Person-centered Medicine; Former Chief Executive Officer, International Alliance of Patients' Organizations, London, United Kingdom.

^f Board Director, International College of Person-centered Medicine; Chair, Section on Classification, World Psychiatric Association; Professor of Psychiatry, University of Miami Miller School of Medicine, Miami, Florida, USA

^g Board Director, International College of Person-centered Medicine; Former Officer, European Association for Communication in Healthcare; Professor, Department of Primary and Community Care, Radboud University Nijmegen Medical Center, Nijmegen, The Netherlands.

Keywords

Person Centered Medicine, International Journey, Geneva Conferences, International Network, International College, Experience, Concepts.

Correspondence Address

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

Introduction

Building on historical precedents, both ancient and contemporary, the concept of Person Centered Medicine as a theoretical proposal and a practical approach has been explored since the earliest Geneva Conferences on Person Centered Medicine [1-3]. At the same time, it can be said from personal and group reflection and insights that Person Centered Medicine is also an experience, an attitude, and a process [4-6].

Experience is a crucial aspect of everybody's life. Experience and trajectory is also a fundamental domain of any institution's identity and life. This denotes the value of appraising, recognizing, and delineating institutional journeys such as that underlying the development of Person Centered Medicine.

The meaning of such institutional journey may be illuminated by the consideration of Odysseus' journey to Ithaca in Homer's Iliad [7]. The delineation of the itinerary and vicissitudes in the process of constructing Person Centered Medicine might contribute to the clarification and understanding of what is Person Centered Medicine as

much as a philosophical analysis of its principles and arguments.

Journey Initiation Collaborative Landmarks

Historians Garrabe and Hoff [8] have posited that the World Psychiatric Association (WPA) was born in 1950 from the articulation of science and humanism. Earlier versions of the WPA ethics guidelines for psychiatric practice acquired its current shape with the name of Madrid Declaration [9]. Its person-centered nature has been documented more recently [10]. Building on these roots and precedents, the WPA General Assembly established in 2005 an Institutional Program on Psychiatry for the Person [11, 12]. A number of scholarly developments took place at WPA along this programmatic line through the collaboration of several of its Scientific Sections [13-21].

This person-centered psychiatry initiative outlined above expanded into general medicine through interactions

and collaboration with other global institutions since 2007. Particularly fundamental here were the helpful attitude and guiding role of the World Medical Association. It had carefully prepared, published, and sequentially refined two major medical ethics documents. One has been the Declaration of Geneva [22] first published in 1948 as an updated oath for medical graduates and the other the Declaration of Helsinki [23], first published in 1964 and the most respected international guide for medical research ethics. The WMA had also published an impressive volume on Caring Physician of the World [24] highlighting prominent doctors nominated by a large number of national medical associations. Through several of its top leaders [25-28] and its secretariat the WMA collaborated enthusiastically from the very inception of Person Centered Medicine in 2008.

Medical specialty institutions involved at the global level from the beginning were the World Organization of Medical Doctors (WONCA) [29-30], the World Federation of Neurology [31], and the International Federation of Gynaecology and Obstetrics [32] as well as broad medical institutions such as the Council of International Organizations for Medical Science [33], the World Federation of Medical Education [34], and the International Federation of Medical Students' Associations [35].

Also collaborating from the start were other key health professional organizations such as the International Council of Nurses [36-37] and the International Federation of Social Workers [38]. This was also the case for the International Alliance of Patients' Organizations [39]. Further significant for its constituency was the early involvement of the World Federation for Mental Health [40-41], the membership of which includes psychiatrists, other general health and mental health professionals, patients, families and advocates.

The World Health Organization has played in these developmental 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 [42]. A recent World Health Assembly adopted its Twelfth Global Program of Work 2014-2019 [43] which emphasizes achieving universal health coverage through integrated and people-centered health systems.

The Geneva Conferences as Cradle of Person Centered Medicine

According to South African *Ubuntu* traditions [44], communication is not a means but a goal. This fundamental meaning of communication seem to have been fulfilled quite well in Geneva, *the city of encounters*, where the Geneva Conferences on Person Centered Medicine have been reedited yearly since 2008. The compelling reasons for placing these events in Geneva include a number of important international considerations. It hosts within its boundaries or relative vicinity one of the

main headquarters of the United Nations as well as the global headquarters of the World Health Organization, the World Medical Association, the Council of International Organizations for Medical Science, the International Council of Nurses, the International Federation of Social Workers, and the International Pharmaceutical Federation. Also significant is the material support of one form or another received in Geneva from the World Medical Association, the World Health Organization, the Geneva University Medical School, and the Paul Tournier Association (the pioneering and inspiring work of its eponym being a factor for coming to Geneva [45]).

The Geneva Conferences have been co-sponsored by a considerable number of international entities, growing gradually from 10 in its first edition to over 30 in its latest ones. The latter number encompass, in addition to those already listed above, a number of other professional organizations, families federations, medical schools, research institutes, and universities.

The process of the Geneva Conferences led to the emergence of the International Network (more recently named College) of Person Centered Medicine (INPCM, ICPCM) [46-48]. The College provides a key focus of fellowship for the cultivation and sharing of research, ideas, and experiences in a collegial, inter-cultural and multi-professional setting. The International Network and College are established and headquartered as non-profit organizations in New York, admittedly 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 [49]. 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 [50]. 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 [51]. 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 adopted during ICPCM's Conferences and Congresses to inform health professionals and policy makers and stimulate international action. They have been typically published along with academic support papers. These documents include the 2012 Geneva Declaration on Person Centered Care for Chronic Diseases [52], the 2013 Geneva Declaration on Person-centered Health Research [53, 54], and the 2014 Geneva Declaration on Person- and People-centered Integrated Care for All [55, 56].

Exploring New Person Centered Medicine Settings through International Congresses

The International Congresses of Person Centered Medicine represent efforts to extend this perspective to different corners of the world. At the same time, they represent opportunities to learn about how person centered medicine is conceived and practiced in different geographical and cultural settings.

The First International Congress in Zagreb

The Zagreb Congress was the inaugural International Congress of the ICPCM, outside the annual Geneva Conference. It was held in Zagreb, Croatia on November 7-10, 2013. The main theme of the First International Congress in Zagreb was *Whole Person in Health Education and Training*. Selecting Zagreb was largely connected to the presence at the University of Zagreb of a strong academic group experienced in the scholarly pursuit of person centered medicine [57]. It was also related to honoring the legacy of Professor Andrija Stampar, president of the first WHO World Health Assembly and founder of Zagreb University's School of Public Health. He helped craft WHO's comprehensive definition of health [58] and is regarded a pioneer of person- and people-centered health care.

The institutional learning derived from interactions with a multiplicity of institutions and groups in Croatia and delegates from 29 different countries interested in cultivating person centered medicine and the dialogic interactions between science and art made of this event a deeply rewarding one for all involved [59]. The Congress' thrust on Whole Person Health Education and Training is reflected in the Zagreb Declaration [60] and its support paper [61], both of which intend to extend the Congress' impact.

The Second International Congress in Buenos Aires

The Second International Congress of Person Centered Medicine (PCM), organized by the International College of Person-Centered Medicine (ICPCM) in collaboration with the Argentinean Association for Mental Health (AASM) and a wide local medical academic group was held in Buenos Aires, Argentina on November 7-9, 2014. The Congress main theme was *Advancing Humanistic and Interdisciplinary Health Care*, and covered a wide range of topics including person- and people-centered care for circulatory, respiratory, oncological, endocrine and neuropsychiatric conditions as well as person-centered diagnosis, shared decision-making for treatment planning, prevention and health promotion, the training, personal development and wellbeing of health professionals, the patient and family as teachers, and other aspects of relationship-based and team-approach care.

One of its symposia engaged leaders of Latin American Faculties of Medicine of Argentina, Peru and Ecuador, with Person-centered Medical Education as

overall theme. They identified the following as existing barriers to attaining PCM in educational programs: insufficient impact of medical ethics, insufficient emphasis on communication skills, insufficient training on medical psychology and psychiatry, insufficient education on medical sociology and public health, and reduction in generalist medical training and too early specialization. A number of specific opportunities for enhancing the training of health professionals in a person-centered manner were discussed.

Another crucial symposium was organized by the Academies of Medicine of Argentina, Bolivia, Chile and Peru. Its topic was Ethics (a central concern of Latin American Academies) and Person-centered Medicine. It dealt with the need to humanize medicine in Latin America and delved on anthropological considerations. The Latin American population is heterogeneous in ethnic, social and cultural elements, but shares to large extent a common history, language, and manner to perceive and approach reality. Latin American medicine, thus, emerges from a cultural matrix that is fundamentally mixed, *mestiza*, with native, European, African and Asian components, and that is historically and ecologically contextualized.

The Buenos Aires Declaration emerging from the Second International Congress of Person Centered Medicine was adopted at this closing session. It endeavored to build on Latin American humanistic and scientific traditions and the commitment of the Academies of Medicine and Faculties of Medicine of the Region towards the construction of person centered medicine through the development of a Latin American Network to promote this perspective.

Introducing this Issue's Papers and the Journeys they Reflect

Two important documents accompany as editorials this Editorial Introduction. One is the text of the Buenos Aires Declaration [62] emerging from the Second International Congress of Person Centered Medicine. It took stock of the historical, ecological and cultural traditions and context of Latin American medicine, from which prevailing and innovative concepts, practices, research and education are evolving. It then presented seven recommendations for action on conceptualization and measurement, education, comprehensive diagnosis, health policies, goal-oriented cooperation among health institutions, inter-sectorial collaboration, and associative regional networks for the cultivation of person centered medicine.

Also as an editorial statement, the Acta of Lima [63] produced at the meeting of Latin American Academies of Medicine held in Lima in December 2014 is presented. The protagonists of this encounter were the national academies of Bolivia, Chile, Colombia, Paraguay and Peru along with representatives of the local academic community. They recognized the early person centered medicine efforts of the assembled Latin American academies as well as the active program on this perspective established at the Peruvian academy. They then endorsed

the Declaration of Buenos Aires [62], its analysis and recommendations. They concluded by proposing the organization of a Latin American network for cultivating person centered medicine based on the Academies of Medicine, universities, ministries, and other health institutions in the continental region, and linked to the International College of Person Centered Medicine.

The first full article in this issue present Latin American Bases and Perspectives on Person Centered Medicine and Health [64] authored by representatives of a group of Latin American national academies of medicine, major universities and health professional institutions. It reflects a review of the region's historical, ecological and cultural traditions as well as its scientific literature and experiences on this issue. It posits that person centered medicine values biologic, psychological and socio-cultural scientific advances, articulating them within the comprehensive framework of the *person*, combining science as an essential instrument and humanism as the essence of medicine. It argues that in contraposition to reductionist epistemological formulations, person centered medicine proposes a medicine informed by evidence and experience and oriented towards the totality of the person.

The second article on an ethical analysis of person centered psychiatry [65] originates in France. It argues for a significant shift from major contemporary ethical theories based on a subject-centered approach towards caring for an interpersonal one. The paper proposes that person centered psychiatry needs to go beyond the simple shift from illness-centered to patient-centered in order to achieve an interpersonal relationship approach, which the author posits as the core principle of health care and a 'remediation' of humanity. Coming from the country that gave us the Declaration of Human Rights, this article connects us in a creative manner with Emmanuel Mounier's [66] communitarian person.

Moving from Latin America and Western Europe to Asia, the third article presents and discusses Research and Policy Synergism for Advancing People-centered Care in Thailand [67]. The author shares with us that when the push for universal health coverage gained political momentum starting in Ayutthaya province, in the 1990s, primary care reform became necessary and urgent. A strategy which proved instrumental in facilitating reforms was that of 'demonstration' and 'diffusion'. When a universal coverage policy was adopted some years later, family practice as a cornerstone for health sector development had already proven its worth and was therefore taken up as a tested model of care.

From Oceania, the fourth article presents a novel instrument for the assessment of recovery, the Continuity of Life Interview (COLI) [68]. The Australian authors posit that recovery is not simply the absence of symptoms, but a journey and process of establishing a meaningful life. The instrument attempts to capture an individual's perceptions of continuity of life in order to assess recovery in the spirit and context of person-centered medicine. The COLI appeared to be a feasible and reliable instrument that may engage the client and clinician in substantial

conversations about provision of care and engender hopefulness in the recovery process.

From the Veterans Administration health system in the United States comes a study on Staff Perceptions of Implementation of a Team-Based Model of Patient-Centered Primary Care [69]. The authors' objectives were to evaluate the process, barriers, and facilitators to implementing Patient-Aligned Care Teams as part of a Veterans Administration (VA) quality improvement effort. A sample of 35 key leaders and staff members were approached with a semi-structured interview. They found that implementation of a team-based care model should include staff preparation and support (awareness, education, and encouragement) in advance. Once implementation is achieved, continued attention to team-building efforts and staff engagement are needed for sustainability.

The last article in the set, from Central Europe, presents Patterns of and Copying with Cyberbullying in Croatia [70]. This study was aimed at examining children's behavior and experiences of violence in social media. The sample consisted of 1,489 children aged 11 to 18 in rural and urban areas that completed the Scale of Victimization on Facebook and Scale of Committing Violence via Facebook. The results of prevalence of cyberbullying in this study appeared similar to those of previous population based studies. Cyberbullying seems to be a serious and growing problem. Further research on practical prevention and intervention programs are needed.

The issue ends with a summary report from the Second International Congress of Person Centered Medicine in Buenos Aires, the program of the Eight Geneva Conference on Person Centered Medicine, and an announcement of the Third International Congress of Person Centered Medicine in London.

Acknowledgements and Disclosures

No conflicts of interest are reported concerning this paper.

References

- [1]. Mezzich JE, Snaedal 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.
- [2]. Mezzich JE, Snaedal J, vanWeel C, Heath I (eds) (2010): Conceptual Explorations on Person-Centered Medicine. *International Journal for Integrated Care*, Supplement, Vol. 10.
- [3]. 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.
- [4]. Botbol, M., Lecic-Tosevski, D. (2013) Person Centered Medicine and Subjectivity. In: Whites JHD et al (eds) *Interdisciplinary Applications of the Person Centered Approach*. Springer, New York.
- [5]. Van Dulmen S, Van Bijnen E (2011). What makes them (not) talk about proper medication use with their patients? An analysis of the determinants of GP communication using reflective

- practice. *International Journal of Person Centered Medicine* 1: 27-34.
- [6]. Mezzich JE (2007): The dialogal bases of our profession: Psychiatry with the Person. *World Psychiatry*, 6: 129-130.
- [7]. Bittlestone R, Diggle J, and Underhill J (2005): *Odysseus Unbound: The Search for Homer's Ithaca*. Cambridge, UK: Cambridge University Press.
- [8]. Garrabe J, Hoff P (2011). Historical views on Psychiatry for the Person. *International Journal of Person Centered Medicine* 1: 125-127.
- [9]. World Psychiatric Association (1996). Madrid Declaration. WPA Website www.wpanet.org (accessed December 1, 2013).
- [10]. Christodoulou GN, Christodoulou A (2013). Person-centered Perspective in The Madrid Declaration. *International Journal of Person Centered Medicine* 3: 266-269.
- [11]. Mezzich JE (2007): Psychiatry for the Person: Articulating Medicine's Science and Humanism. *World Psychiatry*, 6: 65-67.
- [12]. Christodoulou GN, Fulford KMW, Mezzich JE (2008): Conceptual bases of Psychiatry for the Person. *International Psychiatry* 5(1): 1-3.
- [13]. Salloum IM, Mezzich JE (2009): *Psychiatric Diagnosis: Challenges and Prospects*. Chichester, UK: Wiley-Blackwell.
- [14]. Thomashoff H-O & Sukhanova E (2008): *The Person in Art*. Hauppauge, New York, Nova Publishers.
- [15]. Amering M, Schmolke M (2009): *Recovery in Mental Health: Reshaping scientific and clinical responsibilities*. Chichester, UK: Wiley-Blackwell.
- [16]. Botbol M, Alanen YO, Schmolke M (2011). Psychological Perspectives on Psychiatry for the Person. *International Journal of Person Centered Medicine* 1: 134-136.
- [17]. Cloninger CR, Abou-Saleh MT, Mrazek DA, Möller H-J (2011). Biological Perspectives on Psychiatry for the Person. *International Journal of Person Centered Medicine* 1: 137-139.
- [18]. Rutz W, Fernandez M, Trivedi J (2011). Social Perspectives on Psychiatry for the Person. *International Journal of Person Centered Medicine* 1: 140-142.
- [19]. Fabrega Jr H, Wintrob R (2011). Ethnomedical and cultural foundations of psychiatry for the person. *International Journal of Person Centered Medicine* 1: 143-145.
- [20]. Cox J, Verhagen PJ (2011). Spirituality, Religion and Psychopathology: Towards an integrative psychiatry. *International Journal of Person Centered Medicine* 1: 146-148.
- [21]. Wallcraft J, Steffen S, Amering M (2011). Service User and Family Perspectives on Psychiatry for the Person. *International Journal of Person Centered Medicine* 1: 152-154.
- [22]. World Medical Association (2014). Declaration of Geneva. Reprinted latest edition. *International Journal of Person Centered Medicine* 4: 156-158.
- [23]. Wiesing U, Parsa-Parsi RW, Kloiber O (Eds) (2014). *The World Medical Association Declaration of Helsinki: 1964-2014, 50 years of evolution of medical research ethics*. Koeln, Germany: Deutscher Aerzte-Verlag.
- [24]. World Medical Association (2005). *Caring Physicians of the World*. Ferney-Voltaire, France: World Medical Association.
- [25]. Snaedal J (2010) World Medical Association perspectives on person-centered medicine. *International Journal of Integrated Care* 10: Supplement 10: 8-9.
- [26]. Appleyard J (2011). Child-centered medical care. *International Journal of Person Centered Medicine* 1: 460-462.
- [27]. Appleyard J (2013). Introduction to ethical standards for person-centered health research. *International Journal of Person Centered Medicine* 3: 258-262.
- [28]. Snaedal J (2014). World Medical Association Perspectives on Ethics and Person Centered Medicine. *International Journal of Person Centered Medicine* 4: 159-162.
- [29]. Heath I (2010). Wonca perspectives on person centered medicine. *International Journal of Integrated Care* Vol 10: Supplement 10: 10-11.
- [30]. Van Weel C, Uijen A, Schers H (2011). Person Centered Medicine and the Primary Care Team – Securing continuity of care. *International Journal of Person Centered Medicine* 1:18-19.
- [31]. Aarli J (2010). Neurological perspectives on person centered medicine. *International Journal of Integrated Care* Vol 10: Supplement 10: 12-13.
- [32]. Holzgreve W, Serour G (2011). Person Centered Medicine and the perspective of the International Federation of Gynaecology and Obstetrics: The example of screening for chromosomal abnormalities. *International Journal of Person Centered Medicine* 1: 98-100
- [33]. Vallotton M (2010). Council of International Organizations for Medical Science perspectives: protecting persons through international ethical guidelines. *International Journal of Integrated Care* 10: Supplement 10: 18-20.
- [34]. Karle H (2010) World Federation for Medical Education perspectives on person centered medicine. *International Journal of Integrated Care* 10: Supplement 10: 14-17.
- [35]. Kruihof R, Kaduru CC (2011). International Federation of Medical Students' Associations: Views on Person Centered Medicine. *International Journal of Person Centered Medicine* 1:90-91.
- [36]. Bartz CC (2010). International Council of Nurses perspectives on person-centered care. *International Journal of Integrated Care* Vol 10: Supplement 10: 24-26.
- [37]. Ghebrehiwet T (2011) Nurses and Person-Centred Care. *International Journal of Person Centered Medicine* 3: 429-432, 2011.
- [38]. Bamford T (2011). The Team Approach in Person-centred Health Care: The Social Work Perspective. *International Journal of Person Centered Medicine* 1: 23-26.
- [39]. Groves J (2011). The International Alliance of Patients' Organizations' New Strategic Plan Involving Person Centered Care. *International Journal of Person Centered Medicine* 1: 429-432.
- [40]. Copeland JR (2010). World Federation for Mental Health perspectives on person-centered medicine. *International Journal of Integrated Care* Vol 10: Supplement 10: 21-23.
- [41]. Millar H, Abou-Saleh MT (2011). The World Federation for Mental Health (WFMH) – International Network for Person Centered Medicine (INPCM) Project. *International Journal of Person Centered Medicine* 1: 92-97.
- [42]. 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), Page 16.
- [43]. World Health Organization (2013). Twelfth Global Program of Work 2014-2019. Geneva: Author.
- [44]. Van Staden W (2011). African approaches to an enriched ethics of person-centred health practice. *International Journal of Person Centered Medicine* 1: 14-17.
- [45]. Tournier P (1940): *Medicine de la Personne*. Neuchatel: Delachaux et Niestle.
- [46]. 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.
- [47]. Mezzich JE (2011): The Geneva Conferences and the emergence of the International Network of Person-centered Medicine. *Journal of Evaluation in Clinical Practice* 17: 333-336.
- [48]. Mezzich JE (2011): The construction of person-centered medicine and the launching of an International College. *International Journal of Person Centered Medicine* 1: 6-10.
- [49]. Mezzich JE, Salloum IM, Cloninger CR, Salvador-Carulla L, Kirmayer L, Banzato CE, Wallcraft J, Botbol M (2010): Person-centered Integrative Diagnosis: Conceptual Bases and Structural Model. *Canadian Journal of Psychiatry* 55:701-708.

- [50]. Latin American Psychiatric Association (APAL) (2012): Guía Latinoamericana de Diagnóstico Psiquiátrico, Versión Revisada (GLADP-VR). Lima: APAL Section of Diagnosis and Classification.
- [51]. Miles A, Mezzich JE (2011): Advancing the global communication of scholarship and research for personalized healthcare: The International Journal of Person Centered Medicine. *International Journal of Person Centered Medicine*, 1: 1-5, 2011.
- [52]. 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.
- [53]. International College of Person Centered Medicine (2013). Geneva Declaration on Person Centered Health Research. *International Journal of Person Centered Medicine*, 3:106-107.
- [54]. Salvador L, Cloninger CR, Thornicroft A, Mezzich JE et al (2013). Geneva Declaration on Person Centered Health Research. *International Journal of Person Centered Medicine* 3: 109-113.
- [55]. International College of Person Centered Medicine (2014): 2014 Geneva Declaration on Person- and People-centered Integrated Health Care for All. *International Journal of Person Centered Medicine* 4: 66-68.
- [56]. Cloninger CR, Salvador-Carulla L, Kirmayer L J, Schwartz MA, Appleyard J, Goodwin N, Groves J, Hermans MHM, Mezzich JE, van Staden CW, and Salman Rawaf (2014): A Time for Action on Health Inequities: Foundations of the 2014 Geneva Declaration on Person- and People-centered Integrated Health Care for All. *International Journal of Person Centered Medicine* 4: 69-89.
- [57]. Đorđević V, Braš M, Miličić D (eds.)(2012). Person in Medicine and Healthcare - From bench to bedside to community. Zagreb, Croatia: Medicinska Naklada.
- [58]. World Health Organization (1946). Constitution of the World Health Organization. Geneva: Author.
- [59]. Đorđević V, Braš M, and Komnenić N (2014). Person-centered medicine in Croatia: Analyzing achievements and creating future goals. *International Journal of Person Centered Medicine* 4: 14-18.
- [60]. International College of Person Centered Medicine (2014): The Zagreb Declaration on Person Centered Health Professional Education. *International Journal of Person Centered Medicine* 4: 6-7.
- [61]. Appleyard J, Ghebrehiwet T, Mezzich JE (2014). Development and implications of the Zagreb Declaration on Person-centered Health Professional Education. *International Journal of Person Centered Medicine* 4: 8-13.
- [62]. International College of Person Centered Medicine (in press). Declaration of Buenos Aires. *International Journal of Person Centered Medicine*.
- [63]. International College of Person Centered Medicine (in press). Acta de Lima. *International Journal of Person Centered Medicine*.
- [64]. Wagner P, Perales A, Armas R, Cudas O, de los Santos R, Elio-Calvo D, Mendoza-Vega J, Arce M, Calderón JL, Llosa L, Saavedra J, Ugarte O, Vildózola H, and Mezzich JE (in press). Latin American Bases and Perspectives on Person Centered Medicine and Health. *International Journal of Person Centered Medicine*.
- [65]. Jousset D (in press). An Ethical Analysis of Person Centered Psychiatry. *International Journal of Person Centered Medicine*.
- [66]. Mounier E (1952). Personalism. Notre Dame: Notre Dame University Press.
- [67]. Pongsupap Y (in press). Research and Policy Synergism for Advancing People-centered Care in Thailand. *International Journal of Person Centered Medicine*.
- [68]. Janca A, Lillee A, Sng A, and Cooper J (in press). Continuity of Life Interview: Development and Evaluation of a Novel Instrument for the Assessment of Recovery from Mental Illness. *International Journal of Person Centered Medicine*.
- [69]. LaVela SL and Hill JN (in press). Staff Perceptions of Implementation of a Team-Based Model of Patient-Centered Primary Care. *International Journal of Person Centered Medicine*.
- [70]. Flander GB, Štimac D, Bagarić ES, and Vinšćak M (in press). Patterns of and Copying with Cyberbullying in Croatia. *International Journal of Person Centered Medicine*.