EDITORIAL INTRODUCTION

Person-centered medicine: addressing chronic illness and promoting future health

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Introduction

Long term conditions (LTCs) now represent, collectively, one of the greatest challenges to modern medicine and healthcare worldwide. Indeed, the World Health Organisation (WHO) *Global Status Report on Non-communicable Diseases* is clear that the NCD epidemic continues to exact an enormous toll in terms of human suffering and is inflicting serious damage on human development in both social and economic terms [1]. In 2008, of the 57 million deaths occurring globally, 63% were due to NCDs, principally cardiovascular and chronic respiratory diseases, diabetes and the cancers. It is, however, some 3.5 years since the conclusion of the year of sampling employed by the Report [1] and a variety of epidemiological predictions of disease burden indicate that continuing increases in the incidence and prevalence of these illnesses are likely to have occurred since the finalization of the 2008 analysis. Thus, there is every objective indication that this global crisis of health and wellbeing is worsening and not abating, making even more urgent the conclusion of the Report that: 'This state of affairs cannot continue. There is a pressing need to intervene. Unless serious action is taken, the burden of NCDs will reach levels that are beyond the capacity of all stakeholders to manage' [1].

It is increasingly well recognised that a primary pathology or disease typically affects, by its nature, the *person* of the patient more broadly, especially over time and as the trajectory progresses, causing secondary effects which impact upon the psychological, emotional, spiritual and social dimensions of health. For this reason, and given that some chronic diseases are eminently communicable and remain of global significance, for example HIV/AIDS, we ourselves prefer to talk more generally (and perhaps more accurately) of the long-term conditions as *chronic illnesses* [2-4]. While prevention remains as fundamental to public health as medicine's imperatives to ameliorate, attenuate and cure, it cannot be claimed that the preventive strategies employed by governments in the context of chronic illness have been entirely successful in terms of their outcomes. While this observation provides no reason whatsoever to abandon continued efforts to implement existing strategies and to develop new methods, we are nevertheless in the interim confronted by a global crisis of long term illness and by a need to act quickly in the face of this considerable dilemma [5]. How, then, to care for people with both stable and unstable disease trajectories in the face of the complexities of chronic illness which extend well beyond the somatic and typically encompass the psychological, emotional, spiritual and social dimensions of the person of the patient?

Sturmberg [6] presents one particular approach in this context and has termed it 'muddling through'. As that author describes, 'muddling through' has as a phrase evolved from considerations of how to manage chronic illness within a complex, dynamic, uncertain environment and the term now features prominently within the lexicon of complexity theory. Not that its use is entirely novel. On the contrary, the term was first employed a little over 50 years ago by Linblom in order to conceptualise health

policy decision-making as an evolutionary rather than a revolutionary process in an environment of diversity of understandings and values. For Sturmberg [6], there are two approaches to the problem of chronic disease at the current time, classifiable as pragmatic and political. The *pragmatic approach* necessitates from its very beginning a need to take a fuller account of patients' narratives and actively to seek from them a description of the characteristics of health services which they feel would directly address their individual needs. Here, continuity of care, effective communication, shared decision-making and a compassionate and empathic attitude have been observed as consistently highly prized components, as have simplified access to healthcare services more generally, the construction of individualised care plans and an integrated approach to care that is managed by *one* co-ordinator and where the situation of the patient within his/her social setting is recognised and responded to. The *political* approach requires in Sturmberg's view an urgent shift of health policy that re-directs the position of the patient within health services to the centre of care. With regard to this latter imperative, we concur as absolutely as with the former. Indeed, the construction of the International Network (now College) of Person Centered Medicine (ICPCM), the annual Geneva Conferences on Person-centered Medicine and the creation of the *International Journal of Person Centered Medicine* (IJPCM) as well as the ongoing initiatives of the ICPCM such as the development of the Person-centered Integrative Diagnosis (PID) Model, the WHO-ICPCM Person-centered Care Index (PCI), the International Conference and Publications Series on Person-Centered Healthcare (ICPSPCH) and a variety of forthcoming book and journal publications all represent signal efforts within the international movement which are directly aimed at achieving such a goal within operational clinical practice and public health.

While appreciating the reasoning which underpins Sturmberg's selection and endorsement of the term 'muddling through', we ourselves are not immediately attracted to its use, given the almost inevitable misunderstanding of the employment of such terminology within the wider medical and patient communities as indicative of a certain sense of confusion or reticence in the face of difficulty and uncertainty. Instead, we argue for a terminology that is at once more immediately descriptive, having in recent years argued strongly for its use from a conceptual standpoint and more recently having set in place the development of methodologies to enable its realisation in routine clinical care. That term – *and method* - is, for us, person-centered medicine/healthcare [7]. Certainly, we believe that stasis or paralysis in the face of the dilemma of the rapid increases in chronic illnesses worldwide are unthinkable and we concur absolutely with the World Health Organisation in affirming that '... (t)his state of affairs cannot continue… ' and that '… (s)omething must be done… ' [1]. Therefore, notwithstanding the initiatives and activities of the ICPCM described above, we alert here the reader to another development which has occurred within the last few weeks of the time of writing. This is represented by the *Geneva Declaration on Person-centered Care for Chronic Diseases* [8] emerging from the Fifth Geneva Conference on Person-Centered Medicine and it is with this *Declaration* that we open the current issue of the IJPCM. The *Declaration* is set to stimulate a great deal of ongoing debate in the field of chronic illness prevention and management and sets out the relevant imperatives for health policy decision-making and operational action by States, national and regional health systems, health facilities, clinical teams, individual clinicians themselves and civil society at large. For this reason, it has not been our intention to devote a fuller discussion on its contents here, but rather to issue an editorial invitation to all readers to respond in the established forms of a Letter to the Editor or in any of the other forms of communication currently employed by the IJPCM, details of which can be found on the journal website.

The current issue of the IJPCM also completes the publication of the greatest number of the remaining articles deriving from the Fourth Geneva Conference, the first set having been published within the preceding issue [9]. We have divided this second set into three principal sections: (1) Education in Person-Centered Medicine [10 - 12]; (2) Person-centered Integrative Diagnosis [13-21] and (3) Person-centered Special Developments [22-27]. Those 18 papers which constitute that set are followed by 8 regular papers [28-35], by 4 essay reviews of recently published volumes of relevance to PCM [36-39] and we close the current issue with 2 letters to the Editor [40,41].

In conclusion, then, we advocate the continuing and increasing engagement of clinicians, policymakers, academics and all other interested parties alike in the person-centered clinical medicine and people-centered public health movements to address the current worldwide epidemic of chronic illness and thus to promote better health for all.

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