

## Special article Ειδικό άρθρο

# Promoting healthy lives and well-being for all: The contribution of the International College of Person-Centered Medicine (ICPCM)

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**T**his article defines the scope of Person-Centered Medicine, traces its roots in ancient conceptions, explains the reasons for the revival of this perspective in our times, and highlights the contribution of the International College of Person-Centered Medicine (ICPCM) in the promotion of the person-centered perspective in health and disease. The value of communication is underlined with reference to both diagnosis and treatment. The concept of Health is considered historically and the inclusiveness, holistic vista and positive health orientation of the WHO definition of Health (1948) is underlined. It is emphasized that Mental Health Promotion is differentiated conceptually from Disease Prevention in that promotion deals with health and prevention deals with illness, the relationship of Health Promotion with Salutogenesis (Antonovsky 1996) is noted and it is pointed out that among the targets of health promotion, preservation of peace is also included (WHO, 2004). In line with this, the ICPCM has supported and co-signed the Athens Anti-War Declaration (2016). Evaluating the impact of Health Promotion efforts is a necessary but difficult task as it requires targeted research and there are many inherent confounding factors. The social or environmental contexts of health behaviors should be taken into account as well as the subjective indicators of health. In an attempt to resolve the difficulties arising from this issue, the ICPCM has developed a prototype "Person-centered Care Index" (Kirisci et al 2016). With reference to Education it is pointed out that it is necessary for the educators to speak *with* the students rather than speak *to* them. Concerning research, the ICPCM in its 2013 Geneva Declaration has identified the main research areas in the person-centered field. The importance of assuring healthy lives and well-being for ALL is underlined and the difficulties associated with the achievement of this goal are noted. Lastly, the need to apply the principles of Person-centered Medicine to victims of natural, human-made and economic disasters (Christodoulou et al 2016) is underlined, especially in view of the frequent occurrence of these disasters in our times. In conclusion, the contribution of the ICPCM during the ten years of its existence, with reference to the sensitization of health professionals in the Person-centered approach is noted. This contribution has been carried out in line with the principles of the ICPCM and with its Geneva Declarations.

**Key words:** Health promotion, mental health, communication, evaluation, disasters, financial crisis, ICPCM.

## Introduction

Person-centered Medicine aims at the promotion of health and well-being of the totality of the person.<sup>1,2</sup> The person is perceived as the center and goal of health care and the emphasis is shifted from patient to person.

The Person-centered perspective is not a modern idea but a revival of ancient conceptions that can be found in ancient Western civilizations (notably Greek philosophical thinking of Socrates, Plato and Aristotle)<sup>3</sup> as well as in major Eastern civilizations, Chinese and Ayurvedic.<sup>2</sup>

Revival of the person-centered perspective was necessary because in everyday clinical practice the person does not receive the attention he or she deserves. Is it because our understanding of priorities does not leave space for interpersonal interaction, is it because we trust technology too much and we base our diagnoses solely on laboratory findings, is it because some of us refuse to deal holistically with our patients, is it because we as professionals are dissatisfied and even burned out and we cannot give any more, is it because our way of thinking has been infiltrated by commercial ideology ("consumers" and "clients" instead of persons or people)? We cannot say with certainty what should be blamed for this situation. It is true, however, that in spite of the wonderful advances in medical technology, the quality of care and especially prevention and health promotion<sup>4</sup> have not advanced to the desired extent. We feel that the person-centered ideology can contribute a lot to the solution of this serious problem.

Under this light, the International College of Person-Centered Medicine, along with other organizations, has worked in the direction of promotion of the person-centered perspective in health and disease. In the year 2017, ten years of consistent work in this direction have been completed.

## Communication

From the Person-centered perspective, communication is vital because by neglecting attention to the person through communication, we often miss the diagnosis and we certainly miss the therapeutic effect of interpersonal interaction.

With reference to diagnosis it is helpful to mention what Jaspers had to say on its difficulties and

its personified character. "Psychopathology is limited in that there can be no final analysis of human beings as such, since the more we reduce them to what is typical and normative the more we realize that there is something hidden in every human individual which defies recognition. We have to be content with partial knowledge of an infinity which we cannot exhaust".<sup>5</sup> It is indeed, clear to all clinicians that this "hidden something" that is associated with the personality and the circumstances of each individual person cuts through diagnostic categories. Communication is vital in trying to unveil this hidden constituent. Of course what Jaspers is saying refers to psychiatric diagnosis but there are certainly analogies with physical diagnosis. We should additionally be reminded of the fact that communication is also non-verbal and that there are additionally "underground" channels of communication (intuitive rather than rational "intersubjectivity" channels that result in positive or negative "chemistry") that function in parallel with the classical clinical channels.

The person-centered perspective in Diagnosis emphasizes positive health, elucidates risk and protective factors and assesses experience and values, thus promoting a personified approach.

With reference to the therapeutic effect of communication there is evidence indicating that communication with the patient is not only a social or humanitarian obligation but can have a strong beneficial effect on the outcome of the illness and this has been demonstrated for example in the improved outcome of surgical operations and even the long-term adjustment of the patients when such a communication preceded the operation. It is within this context that "the physician's compassion, competence, caring and empathetic attitude enable the person's own story to unfold within this interpersonal relationship".<sup>6</sup> It is also important to point out that mental health workers should communicate "with" the person rather than "to" the person.<sup>7</sup> The primacy of the person and of the person in relationship with others is central to the understanding of Person-Centered Medicine.

In conclusion, as health workers we have the ethical obligation to make use of the person-centered tool of communication, not for reasons of social correctness but for therapeutic and preventive reasons and for reasons associated with the preservation of health (health promotion).

## Health

Before considering Health Promotion it would be useful to briefly discuss Health. This concept is not as clear as one might imagine and this lack of clarity is not limited to ancient times. But, let us start from those times.

Before the 5th century BC, health was considered a gift of the Gods (and in line with this, illness was considered as a punishment) until Hippocrates (c 460–377 BC) angrily protested that the most typical “divine” illness, Epilepsy, was equally “un-divine” as the rest of the illnesses. This protest required a lot of courage in the society of that time in which respect to the Gods was *sine qua non*.

In ancient Greece and Rome the ideal health condition was soundness of both body and mind (“healthy mind in healthy body”) («vous υγιής εν σώματι υγιή»). In modern times, however, it was only soundness of the body that was accepted until “wellbeing” was introduced as a complementary component of health. This has been received with skepticism as its inclusion made the concept of health appear more close to happiness than health.<sup>8</sup> The WHO definition of Health (“health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”)<sup>9</sup> exemplifies this approach and although there have been some valid criticisms like, for example, that the inclusion of the word “complete” makes it unlikely that “anyone would be healthy for a reasonable period of time”<sup>10</sup> yet it is a very advanced definition and very much in line with the holistic approach and with the concept of positive health.

## Health promotion

Promotion of Health is a different concept than Prevention. Its scope is advancement of Health whilst the scope of Prevention is avoidance of Illness. The emphasis of Promotion is on Health whilst the emphasis of Prevention is on Illness.

Health Promotion is defined by WHO as action and advocacy to address the full range of potentially modifiable determinants of Health.<sup>11</sup>

Antonovsky's concept of salutogenesis<sup>12</sup> is closely associated with both health promotion and the person-centered perspective. Salutogenesis (creation of health) is considered by many as an antecedent and theoretical basis of health promotion<sup>13,14</sup> and many of its con-

cepts (like, for example the search for the person's total history) are related to the person-centered perspective.

It is important to note that health promotion is more closely linked with general measures not necessarily associated with the health sector, like social, economic and political actions that result in reduction of unemployment, improvement of schooling, reduction of discrimination, prevention of conflicts and management of economic and other crises as well as the protection of civil, economic, social, political and cultural rights. On an individual basis, health promotion is linked with concepts and actions like positive health, empowerment, resilience, self-help, holism, recovery etc.

Preservation of Peace and prevention of conflicts have been seen as targets of mental health promotion.<sup>15</sup> In line with this, the International College of Person-centered Medicine (ICPCM) has supported the Athens Anti-war Declaration (2016) ([www.psychiatricprevention.com](http://www.psychiatricprevention.com))<sup>16</sup> that has been co-signed by more than 100 Associations and is relevant to mental health-related issues of refugees and citizens of the host countries.

## Evaluation

Evaluating the impact of our health promotion efforts during the ten years that the ICPCM has been in existence is a very difficult task. It requires targeted research and owing to the great number of inherent confounding factors arising from the magnitude of parameters contributing to health or ill-health, this task is very difficult indeed.

It has been pointed out that health promotion research does not focus sufficiently on the social or environmental contexts of health behaviours and that it should ensure that efficacy and effectiveness are proven prior to policy and community implementation.<sup>17</sup> Additionally, it has been suggested that health promotion research should not be limited to the traditional bio-medical methodology but should also include subjective indicators of health, like feeling ill or well, whether or not a disease is present.<sup>14</sup> Under this perspective, mental health promotion outcomes should include issues like recovery, sense of hope, empowerment and resilience.

As mentioned by Kirisci et al<sup>18</sup> Economics Nobel Laureate Stiglitz stated that, with reference to his field, assessment tools should incorporate a broader concern for human welfare, not just economic

growth. If this is the case with Economics it should certainly be the case with Health. Under this light, person-centered care should be one of the most important matrices for health care evaluation.

A detailed review of evaluation of person-centered care in Health Services revealed that these services represent a complex multidimensional domain. In an attempt to resolve the difficulties arising from this issue, the ICPCM has developed a prototype "Person-Centered Care Index" that includes 33 items under eight broad categories. The preliminary validation of this instrument suggests its value for the generic assessment of person-centered health care across settings and populations.<sup>18</sup>

### Education

In order to achieve person-centered medical practice one needs person-centered medical education<sup>19</sup> and an essential principle to achieve this is for educators to speak *with* the students rather than speak *to* the students. Furthermore, the educators should be committed to be role models.<sup>7</sup> These points have been highlighted by the ICPCM.

### Research

The ICPCM recognized as early as 2012 the need to produce evidence for person-centered medicine. For this reason, it dedicated the 2013 Geneva Conference to this topic. The non-linearity and complexity of Person-Centered Care has been recognized and highlighted and instruments like the "Person-Centered Care Index" and the "Expert-based Collaborative Analysis"<sup>20</sup> that complements classical data analysis with prior expert knowledge have been suggested.<sup>21</sup>

The main research areas identified at the 2013 Declaration are the following:

- Conceptual, Terminological and Ontological issues
- Research concerning evidence on the main components of Person-Centered Medicine (PCM) and its implications for Mental Health
- Clinical communication in Mental Health
- PCM Diagnostic Models in Mental Health
- Person-Centered Care and Interventions in Mental Health
- People-Centered Care
- Research in Training and Curriculum Development
- e-tools for Person-Centered Mental Health.

### Health equity

Assuring healthy lives and well-being for ALL is a gentle, ethical and just scope and in view of evidence associating poor health with inequities, it certainly promotes population health. It would, however, be unrealistic to believe that this is an easy goal to achieve. Inequities are likely to continue in spite of all efforts to abolish them. A realistic goal would be to highlight their detrimental health effects in the hope that they will be reduced.

The "all" and "population" dimension provides a broader conceptual and operational framework that enlarges the "person-centered medicine" approach to also incorporate a "public health centered" one.<sup>4</sup>

Of special importance is the application of the person-centered perspective to victims of natural, human-made and economic disasters.<sup>22-26</sup> A reminder is timely in view of the "epidemic" occurrence of these three kinds of disasters in our days.<sup>24</sup>

### Conclusion

During the last 10 years the ICPCM has been able to sensitize health professionals and especially younger ones in the person-centered approach and in the awareness of the contribution of psychological, social, financial, political, cultural and spiritual factors to health promotion. The College has highlighted the necessity and benefit of multidisciplinary collaboration, it has collaborated with organizations of advocates, patients, relatives and carers and the cardinal importance of empathic attention to the needs of the recipient of our services (medicine for the person) has been emphasized. This has been achieved by the yearly conferences held in collaboration with WHO in Geneva, Switzerland, by the regional conferences, through the Journal (Journal of the International College of Person-centered Medicine) through the website (<http://www.personcentered-medicine.org/>) and especially the ICPCM Newsletter, through collaboration with a great number of organizations worldwide and through the radiation effect (transmission of information, dexterities and attitudes to colleagues in the professional environment of each member of the College).

The ICPCM must continue its efforts to promote person-centered promotion of health and well-being in line with its principles, the Geneva Declarations and especially its 2017 Geneva Declaration.<sup>27</sup>

# Προαγωγή της υγείας και της ευεξίας για όλους: Η συμβολή του Διεθνούς Κολλεγίου Προσωποκεντρικής Ιατρικής

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Σκοπός της Προσωποκεντρικής Ιατρικής (Person Centered Medicine) είναι η προαγωγή της Υγείας και της Ευεξίας του ανθρώπου στη συνολική (ολιστική) του υπόσταση. Η προσωποκεντρική αυτή θεώρηση δεν είναι νέα. Συνιστά αναβίωση πανάρχαιων αντιλήψεων που ανάγονται στην Ελληνική αρχαιότητα και σε πολιτισμούς της Ανατολής (Ινδία, Κίνα). Η σύγχρονη αναβίωση της Προσωποκεντρικής Ιατρικής οφείλεται σε μία σειρά αιτιών μεταξύ των οποίων σημειώνεται η κακή εκτίμηση των προτεραιοτήτων που δεν επιτρέπει τη διαπροσωπική διάδραση, η υπερβολική εμπιστοσύνη στη σύγχρονη τεχνολογία που οδηγεί σε διαγνώσεις βασισμένες μόνο σε εργαστηριακά ευρήματα, η απαξίωση της ολιστικής προσέγγισης, η επαγγελματική εξουθένωση των επαγγελματιών υγείας, η επικράτηση της εμπορικής νοοτροπίας στην ιατρική που εκφράζεται με τον χαρακτηρισμό των ασθενών ως «πελατών» και «καταναλωτών». Το Διεθνές Κολλέγιο Προσωποκεντρικής Ιατρικής (ICPCM), αναγνωρίζοντας ότι εξ αιτίας των παραπάνω δεν υπάρχει θεραπευτική και προληπτική προσέγγιση με προσωποκεντρική οπτική αποφάσισε να ασχοληθεί με την προαγωγή της Υγείας προς την προσωποκεντρική κατεύθυνση και κατά το έτος 2017 συμπλήρωσε 10 έτη δραστηριότητας στον τομέα αυτόν. Τονίζεται ότι η Επικοινωνία παίζει σημαντικό ρόλο στην Προσωποκεντρική Ιατρική γιατί έχει κεντρική θέση στη διάγνωση, στη θεραπεία και στη διατήρηση της Υγείας. Γίνεται μια ιστορική αναδρομή στην έννοια της Υγείας, επισημαίνεται η ευρύτητα του ορισμού του Παγκόσμιου Οργανισμού Υγείας (1948) που διατηρεί τη διαχρονικότητα και τη συνολική (ολιστική) του διάσταση και τονίζεται η συνάφεια του ορισμού με τη θετική ψυχική υγιεινή. Η Προαγωγή της Ψυχικής Υγείας διαχωρίζεται εννοιολογικά από την Πρόληψη, μια που το αντικείμενο της πρώτης είναι η Υγεία ενώ της δεύτερης η Νόσος. Επισημαίνεται ότι μεταξύ των στόχων της Προαγωγής Ψυχικής Υγείας εντάσσεται και η διαφύλαξη της Ειρήνης (WHO, 2004) και αναφέρεται η υποστήριξη του ICPCM στην Αντιπολεμική Διακήρυξη των Αθηνών (Athens Anti-War Declaration, 2016). Τονίζεται ότι είναι απαραίτητη η αξιολόγηση των προσπαθειών της Προσωποκεντρικής Ιατρικής και αναφέρεται ότι το Κολλέγιο (ICPCM) έχει δημιουργήσει ένα ειδικό εργαλείο αξιολόγησης, το Person-Centered Care Index (Kirisci et al, 2016). Σε σχέση με την Εκπαίδευση, το ICPCM τονίζει την ανάγκη οι εκπαιδευτές να ομιλούν με τους εκπαιδευόμενους και όχι προς τους εκπαιδευόμενους, και σε σχέση με την έρευνα τονίζεται η ανάγκη να παρέχονται πειστικές ενδείξεις αποτελεσματικότητας. Σχολιάζεται η σημασία της παροχής φροντίδας υγείας προς ΟΛΟΥΣ ώστε να περιορισθούν οι ανισότητες, με δεδομένο ότι οι ανισότητες συντελούν στην κακή υγεία του πληθυσμού. Τέλος, τονίζεται η ανάγκη εφαρμογής των αρχών της Προσωποκεντρικής Ιατρικής στα θύματα των φυσικών, ανθρωποεπαγόμενων και οικονομικών καταστροφών (Christodoulou et al, 2016) ιδιαίτερα στην παρούσα οδυνηρή συγκυρία.



Συμπερασματικά, επισημαίνεται η συμβολή του Διεθνούς Κολλεγίου Προσωποκεντρικής Ιατρικής (ICPCM) στην προσωποκεντρική θεώρηση της Υγείας σε εναρμόνιση με τις αρχές του Κολλεγίου και με τις Διακηρύξεις της Γενεύης (ICPCM Geneva Declarations).

**Λέξεις ευρητηρίου:** Προαγωγή υγείας, ψυχική υγεία, επικοινωνία, αξιολόγηση, καταστροφές, οικονομική κρίση, ICPCM.

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