



Editorial

Introduction to conceptual explorations on person-centered medicine

The Geneva Conference on person-centered medicine represents the beginning of a process, the precedents of which included WPA Conferences on Person-centered Psychiatry in London, October 2007 and Paris, February 2008, and that is now extended to medicine at large and is an inter-institutionally collaborative.

In fact, the Geneva Conference on Person-centered Medicine took place on May 29 and 30, 2008 under the auspices and on the premises of the University Hospitals of Geneva, organized by the World Psychiatric Association (WPA) Institutional Program on Psychiatry for the Person (IPPP), in collaboration with the World Medical Association (WMA), the World Organization of Family Doctors (Wonca), the World Federation of Neurology (WFN), the World Federation for Medical Education (WFME), the Council for International Organizations of Medical Sciences (CIOMS), the World Federation for Mental Health (WFMH), the International Council of Nurses (ICN), the International Alliance of Patients' Organizations (IAPO), and the Paul Tournier Association.

The conference was aimed at presenting and discussing the experience on person-centered principles and procedures gained under the WPA IPPP as well as the conceptual bases of person-centered medicine, engaging interactively major international medical and health organizations, and identifying promising organizational steps for the further development of person-centered medical and health care.

The conference was presided by Juan Mezzich (IPPP Chair and WPA President), with Michel Botbol as Conference Coordinator, Ihsan Salloum and Tom Sensky as Rapporteurs, and with the organizational support of the IPPP leadership (J.E. Mezzich, G. Christodoulou, B. Fulford, I. Salloum, R. Montenegro, A. Tasman, T. Sensky, H. Herrman, M. Amering), a Geneva Task Force (J. Cox, F. Ferrero, O. Kloiber, B. Ruedi, H.-R. Pfeifer, A. Engstrom, P. Atiase), the Office of the WPA President in New York (E. Millan, Executive Assistant; M. Han, research associate), and small unrestricted grants from Johnson & Johnson and the International Federation of Pharmaceutical Manufacturers and Associations.

The conference was opened by the WPA President, the Chief Executive of the University Hospitals of Geneva, and the Rector of the University of Geneva, in the presence of the representatives of the collaborating organizations. The tradition of Geneva as being a setting for encounters of ideas was pointedly noted and celebrated.

Part 1 of the supplement corresponds to the first scientific session, which involved presentations of the leaders of the nine participating organizations on the meaning of person-centered medicine from the perspective of their respective institutions.

Part 2 presents four special initiatives relevant to person-centered care. These included the World Medical Association's Caring Physicians of the World, the UK Health Department's Shared Vision Project, the patient/family/professional dialogues initiated in Europe, and an innovative Geneva University educational project.

Part 3 reviews the conceptual bases of person-centered medicine, including historical, philosophical, and ethical perspectives. They highlighted the articulation of science and ethics as the core of person-centered medicine.

Part 4 deals with key experiential factors. The rich and empowering concept of personhood was analyzed, followed by the value of communication and narratives in medical healing, and the crucial framework of culture and spirituality.

Part 5 presents a session in honor of Paul Tournier, where the man and his vision were inspiringly reviewed. The crucial role of personal encounters leading to creative scientific and professional contributions were highlighted.

Part 6 contains a penetrating analysis of the key domains in the patient's overall health. Specific attention was paid to illness, suffering, disabilities, and the various aspects of positive health.

Part 7 covers clinical care, which was discussed in terms, first, of person-centered diagnosis that would describe ill health as well as positive health by employing categories, dimensions and narratives generated through the clinician, the patient, and family interactions. Also discussed in the seventh session were key elements of person-centered clinical practice and services.

Part 8 deals with person-centered public health by examining the patient's protagonic role in health care, and the enhancement of prevention and health promotion activities by attending to the whole person of the subject.

Some contributors came to the Geneva Conference assuming that clinicians always practice person-centered medicine and that no novel initiative was needed. The excellent quality and depth of the presentations and discussions, and their thoughtfulness, highlighted how much there was to share and to learn.

The meeting also highlighted the relevance to general medicine and health care of the work already started by the WPA Institutional Program on Psychiatry for the Person (IPPP). The emerging challenge is to develop specific concepts, competencies, procedures, and resources to facilitate the application of a truly person-centered approach in everyday clinical practice.

The Geneva Conference demonstrated the great benefits of collaboration in this venture among different medical specialists and across health professions. Presenters were invited to upgrade their papers to extend the value of the conference, with the feedback and guidance of the editors.

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