

# **IV° GENEVA CONFERENCE IN PERSON CENTERED MEDICINE**

WHO Symposium on medical Education

**How to change Medical Education  
toward a Person Centered Paradigm ?  
The Italian Experience**

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# Change of the Paradigm

- **Person Centered Medicine (PCM) is the foundation of the first extrinsic paradigm of Medicine and Medical Science, enunciated in 1999 in the “ Person Centered Medicine Epistemological Manifesto”, a change from the dominant intrinsic bio-molecular one.**
- Brera G. R. . The relativity of biological reactions and the first formulation of an interactionist epistemological paradigm for medical science and its application in clinical research and medical education. *Medicine, Mind and Adolescence*. 1997; 12, 1-2: 7-15.
- Brera G.R. The manifesto of Person Centered Medicine. *Medicine, Mind Adolescence* ,1999; Vol. XIV, n. 1-2,
- Brera G.R. Epistemology and medical science: change of the paradigm. in G.R. Brera-Claudio Violato Eds . *Proceedings from the Conference: “Return to Hippocrates: Quality and Quantity in Medical Education*:. Milano : Università Ambrosiana : 2005

# THE PCM EPISTEMOLOGICAL STRUCTURE

- **INTERACTIONISM**
- ( SUBJECTIVE-ENVIRONMENTAL-BIOLOGICAL  
VARIABLES INTERACTION INTEGRATED BY THE  
PERSON)
- **INDETERMINISM**
- (THE MYSTERY OF POSSIBILITIES EXISTENCE)
- **BEING PERSON** (DIGNITY AND FREEDOM)
- **TELEONOMY** (QUEST FOR A MEANING)

# SHIFT OF MEDICAL EDUCATION CURRICULA

## a. Theoretical and practical learning (WHY - WHAT-HOW)

From 1999-2000 the Milan School of Medicine structured a shift in Medical Education in PG courses curricula- and projected a Person Centered Medicine MD degree curriculum.

### 1. KEY SHIFT 1

#### The PCM THEORETICAL FRAMEWORK

#### FALL OF THE MECHANISTIC AND DETERMINISTIC PARADIGM

### 2. KEY SHIFT 2

INTRODUCTION OF THE CONCEPTS OF “ BEING PERSON ‘S “  
TELEONOMY, THE C “POSSIBILITIES-RESOURCES”- RESILIENCE  
(PROTECTIVE FACTORS) AND VULNERABILITY (RISK FACTORS)  
AS NECESSARY AND OBLIGED PASSAGE FROM SCIENCE TO  
CLINICS -NEW HEALTH DEFINITION

### KEY SHIFT 3

2 PRACTICAL THEACHING OF THE PERSON CENTERED CLINICAL  
METHOD WITH STANDARDIZED PROCEDURES IN THE  
UNIVERSITY QUALITY SYSTEM

# KET SHIFT 1: LEARNING THE EPISTEMOLOGIC CHANGES IN MEDICAL SCIENCE

- 1 . CLINICS - RBR THEORY: 1 Interactionism- 2 Human possibilities and resources – 3 Resilience (GR Brera 1995)
2. PHYSIOLOGY : ALLOSTASIS “ Stability through change” ( P. Sterling 1987)
- 3 AFFECT SCIENCE : Interaction between affects, relation and health via neurophysiologic links –hormones- neuromodulators
- 4QUANTISTIC BIOLOGY : DNA form and electric changes via energy caused by human intentions and emotions (REIN Glen: Effects of conscious intention on DNA)
- 5.GENETICS- EPIGENETICS Gene expression on environmental stimula (1984)

# KEY SHIFT 1: THE 5 COLUMNS OF THE PARADIGM CHANGE

**PSYCHO-NEURO-ENDOCRINE-  
IMMUNOLOGY**

**INDETERMINABLE  
INTERACTIONISM**

**ALLOSTASIS**

**THE EPISTEMOLOGICAL  
REVOLUTION IN PHYSIOLOGY**

RELATIVITY OF  
BIOLOGICAL REACTIONS  
TO COPING POSSIBILITIES  
AND QUALITY

**EPIGENETICS**

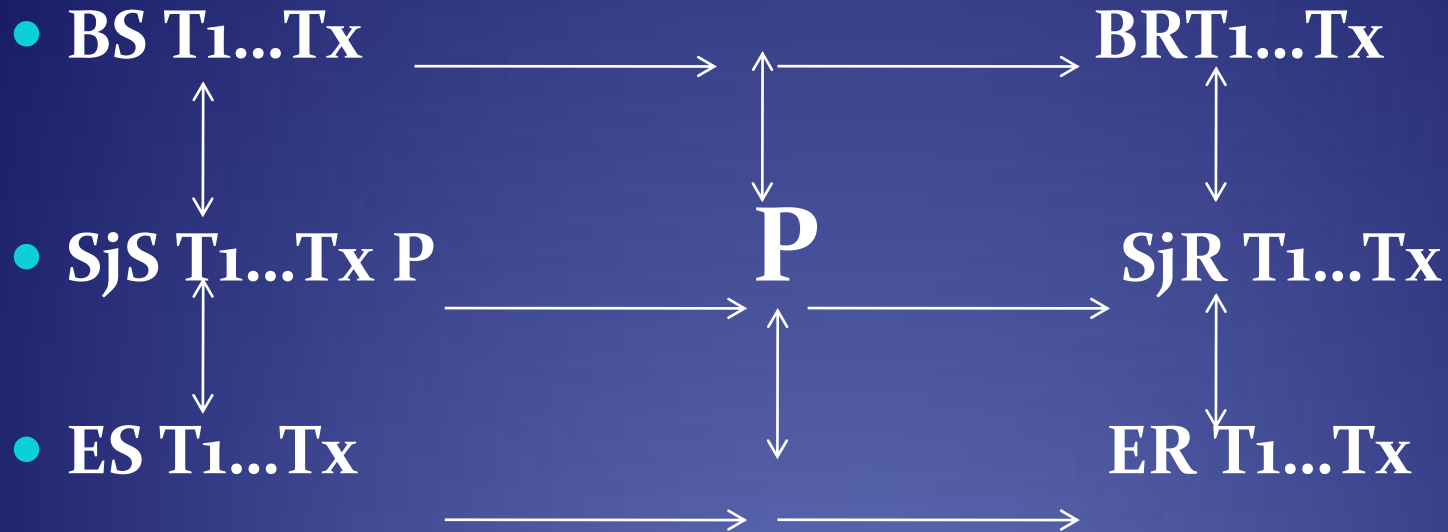
**GENE EXPRESSION ON  
ENVIRONMENT DEMAND BASED  
ON AN  
PSYCHONEUROIMMUNOLOGICAL  
INFORMATION SYSTEM**

**AFFECT SCIENCE**

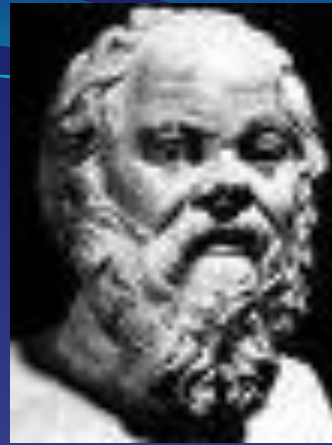
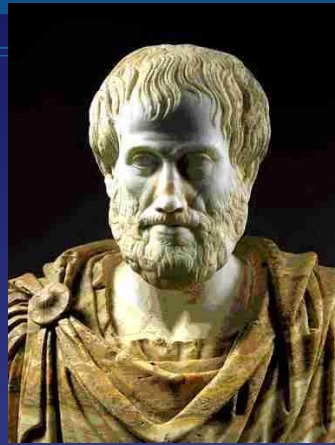
**INTERACTION BETWEEN  
AFFECTS AND INTENTIONS  
QUALITY AND CLINICAL  
EPIDEMIOLOGICAL OUTPUTS**

# KEY SHIFT 2 :THE PERSON CENTERED HEALTH MODEL (SBE MODEL)

- **INTERACTIONIST-INDETERMINISTIC-  
CONSTRUCTIVISTIC MODEL**







## KEY SHIFT 2: INTRODUCING THE CONCEPT OF “BEING AN HUMAN PERSON” AND TELEONOMY

*Socrates..... Well then, could we ever know what art makes the man himself better, if we were ignorant of what we are ourselves ?*

*Alcibiades: Impossible ! [i]*

[i] Plato. Alcibiades major <http://www.ac-nice.fr/philo/textes/Plato-Works/o7-Alcibiades.htm>

THERE IS SCIENCE WHICH INVESTIGATES BEING (PERSON) AS BEING (PERSON).....  
TO ALLOW THE BEING AN HUMAN PERSON  
(ARISTOTLE INTEGRATED BY BOETHIUS (KILLED IN PAVIA) AND TOMMASO D'AQUINO

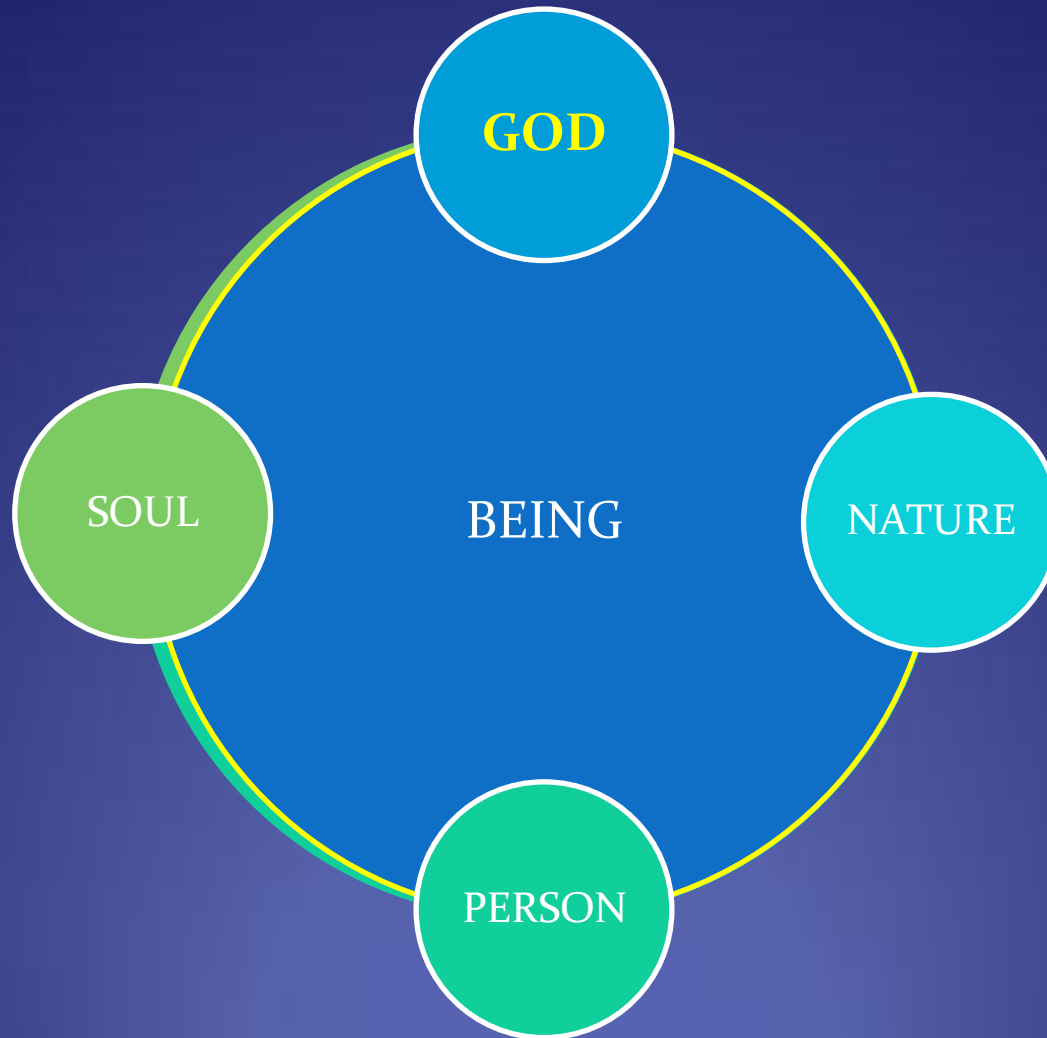
HUSSERL PHENOMENOLOGY AND EDITH STEIN (KILLED IN AUSCHWITZ) PHENOMENOLOGY AND  
PHYLOSOPHY, KAROLO WOITILA'S AND IOSEF SEIFERT 'S PERSONALISM;

KAIROLOGY HERMENEUTICS OF HUMAN NATURE AS NATURAL AND MYSTERIOUS QUEST  
FOR AN OBJECTIVE MEANING IN EXISTENCE: TRUTH, LOVE, BEAUTY IN THE POSSIBILITIES  
EXPERIENCE



# KEY SHIFT 2 :THE PHILOSOPHY STRUCTURE FUNDAMENT

OF THE WESTERN CULTURE TO DATE (Brera GR 2011)



PERSON CENTERED HEALTH HOLOGRAM (BRERA 2005)



# KEW SHIFT 3 THE PERSON CENTERED CLINICAL METHOD (PART 1)

DIACRISIS “WHO IS THE PERSON I’M SPEAKING WITH”  
and not  
What it is the cause of his symptoms  
( if there isn’t a biological emergency

1. GENERATION OF AN ATHROPIC FIELD

(PERSON MUST FEEL HER/HIM SELF ACCEPTED, COMPREHENDED, HELPED)

2. PERCEPTION AND ASSESSMENT OF EMPATHIC PHENOMENA

2. BUILD A PERSONAL RELATIONSHIP

3 LISTENING TO THE PERSONAL PROBLEM AND INTERLOCUTORY BEGINNING

4. CLINICAL EPOKE

PERSON’S DIAGNOSIS ( STANDARDIZED ASSESSEMENT OF  
PROTECTIVE AND RISK FACTORS – INDIVIDUATION OF  
POSSIBILITIES AND RESOURCES-MENACES-PROBLEMS  
ACCORDING THE SBE SYSTEM)

# PERSON'S DIAGNOSIS

Person's diagnosis means to build a cross/ratio between the person's strenght point/menaces – Resources/problems to the date and in hystory with a threedimensional approach allowing the identification of protective factors and risk factors and giving structure to the operational concept of

RESILIENCE ( P/R) AND VULNERABILITY  
(R/P)

Person's diagnosis is re-assessed after physical examination



# KEY SHIFT 3 :PERSON CENTERED CLINICAL METHOD (PCCM) – (PART 2)

- **2 Physical examination**

Traditional but coping with a subject not with an object

- **3. Clinical synthesis**

- **Re-assessment of the “ SRMP Cross model”**

- **4 Assessment of Clinical Objectives**

a. Possible further examinations

b Therapeutic Project, Strategy and Plan

- **5 Clinical Portrait**

Starting from 1.2.3 drawing a portait in literary form  
giving evidence to person' diagnosis , clinical synthesis  
and therapeutic plan

- **6 Therapy and therapy assessment over time**

# RATE OF POSITIVE ANSWERS of a 20 physicians sample (16.000 assisted people)

ITEM	N	% of answers	% of cases
Enables a better comprehension of patient and his own problems	19	17.8	95.0
Is effective on patients' quality of life and health improvement	15	14.0	75.0
Saves useless examinations and drug prescriptions	14	13.1	70.0
Spares unnecessary hospitalizations	11	10.3	55.0
Requests more time to dedicate to patient	11	10.3	55.0



Creates more patient possibilities for self-health management	9	8.4	<b>45.0</b>
Improves professional realization	8	<b>7.5</b>	<b>40.0</b>
Improves the finalization of specialty referrals and technical examinations	6	5.6	<b>30.0</b>
Creates new possibilities for research	6	5.6	30.0
Shortens recovery times	6	5.6	30.0
Reduces hospitalisation times (only hospital MD))	2	1.9	10.0
Overall	107	100.0	535.0

# Objective dependent variable assessment

- One “base” pediatricien scored 85% less drug
- prescription compared with the mean of peers' prescription in Regione Lombardia (2002-2003)
- (800 children assisted)

# KEY CHANGES IN UNIVERSITY MEDICAL SCHOOLS

- **CENTERING ON INTERACTIONISM AND ON THE PERSON  
PRECLINICAL AND CLINICAL CURRICULA**
- **NEW PERSON CENTERED SELECTION REQUIREMENTS FOR  
ADMISSION TO MD DEGREE BASED ON PERSONAL RESOURCES :  
EMPATHYC SKILLS - OBJECTIVE ETHICAL VALUES) –IDEALS GIVEN  
TO MOTIVATIONS AND SCIENTIFIC SKILLS- ( MEDCINE AS  
EXISTENTIAL MISSION)**
- **INTRODUCING INTO PRE-CLINICAL COURSES INTERACTIONISM  
AND PERSON'S TELEONOMY LERNING OBJECTIVES  
,COUNSELLING METHOD TEACHING (HORSE TROY FOR PCCM)**
- **PREPARATION AND CERTIFICATION TO PERSON CENTERED  
CLINICAL METHOD AND MEDICAL COUNSELLING CLINICAL  
TEACHERS**
- **USE OF DOCUMENTED QUALITY PROCEDURES FOR TEACHING  
AND ASSESSING PREPARATION IN PCM,BASE OF THE MEDICAL  
SCHOOL CERTIFICATION PROCEDURES**

## GOVERNANCE AT MEDICAL EDUCATION SYSTEM

- **CREATION OF A QUALITY INTERNATIONAL AGENCY TO CERTIFICATE NATIONAL AGENCY FOR THE QUALITY CERTIFICATION OF TEACHING PROCEDURES TO PCM OF MEDICAL SCHOOLS AND/OR DIRECTLY OF CLINICAL TEACHERS**

### **QUALITY CERTIFICATION TO PCM OF MEDICAL SCHOOLS**

**INTERNATIONAL AND NATIONAL FUNDING BY A FOUNDATION FOR PCM OF MEDICAL SCHOOLS WHICH RE-ORIENT MEDICAL EDUCATION TO PCM FOR A QUALITY CERTIFICATION PROCEDURE**

**BIRTH OF THE PERSON CENTERED MEDICAL EDUCATION ACADEMY FOR ESTABLISHING AN INTERNATIONAL NETWORK OF MEDICAL SCHOOL ORIENTED TO PCM, FOR TEACHING MEDICAL EDUCATION IN PCM, FOR RESEARCHING ON PCM AND MEDICAL EDUCATION ON IT (2010)**

# GOVERNANCE AT LEVEL OF HEALTH SYSTEMS AND INSTITUTIONS

- CREATION OF AN INTERNATIONAL QUALITY AGENCY FOR QUALITY CERTIFICATION TO PCM OF QUALITY NATIONAL AGENCIES
- PHYSICIANS ' and HEALTH INSTITUTIONS QUALITY CERTIFICATION TO PCCM BY AN INTERNATIONAL AGENCY (PCMIA ) AND THEN BY NATIONAL AGENCIES AND INCENTIVATIONS BY HEALTH SYSTEMS OF CERTIFICATED PHYSICIANS TROUGH SALARY BENEFITS AND/OR THE NECESSARY REDUCTION OF ASSISTED PEOPLE CHARGE FOR TERRITORY PHYSICIANS (PCCM REQUESTS MORE TIME FOR APPLICATION)  
( CREATION OF MEDICAL EDUCATION A DEMAND IN PCCM )
- PCCM ALLOWS AN IMPORTANT SPARE OF COSTS FOR PUBLIC HEALTH

# FUNDING

- 1. DIRECTLY FUNDING BY NATIONAL PUBLIC HEALTH SYSTEMS THROUGH THE BIRTH OF PUBLIC/PRIVATE FOUNDATIONS FOR PCM APPLICATION AND MEDICAL EDUCATION IN PCM (IT IS CONVENIENT FOR HEALTH SYSTEMS TO ADOPT THE PERSON CENTERED HEALTH PARADIGM)
- 2. FUNDING MEDICAL EDUCATION IN PCM AND RESEARCH ON IT BY NATIONAL-CONTINENTAL ORGANISMS ( EUROPEAN COMMISSION-NIH-PCMIA)

# WHO

- WHO CAN OPERATE STIMULATING WITH RECOMMENDATIONS AND DOCUMENTATION MEDICAL EDUCATION IN PCM NATIONAL AND REGIONAL HEALTH SYSTEMS
- AT RESEARCH LEVEL WHO CAN STIMULATE INTERNATIONAL RESEARCH FUNDING SYSTEMS .(UE-NIH)



## **Person Centered Medicine Academy (PCMIA)**

- In June 2010 the Person Centered Medicine Academy is born. It has been founded by the Milan School of Medicine. Its activity is addressed to promote Medical Education in PCM all over the world with the preparation of clinical teachers and investigators that are called for becoming PCMIA referees in their countries and institutions to educate in PCM and to research on clinical effects of its teaching.
- The Funding system is programmed to be supported by a PCM Foundation financed by public and private funds in order to finance formation and research through grants. The work to involve public and private institutions is in progress in the Foundation is in progress.
- PCMIA requested to EU a fund to constitute an European network among the European Schools of Medicine and Health Institutions (PCM Europe) addressed to PCM teaching and is promoting courses and conferences on medical education and research in PCM.