



Hipólito Unanue

2017 LIMA DECLARATION

PERSON-CENTERED MEDICAL EDUCATION



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Resulting from the Third Latin American Conference on Person-Centered Medicine held in Lima on December 15 and 16, 2017, organized by the Latin American Network of Person-Centered Medicine and the Peruvian Association of Person Centered Medicine with the collaboration of the Latin American Association of National Academies of Medicine, the Peruvian Association of Medical Schools, the National University of San Marcos, the Santo Toribio de Mogrovejo Catholic University, the National Institute of Health of Peru, the Medical College of Peru, Medicus Mundi Navarra Aragón Madrid / Delegación Perú, and the International College of Person Centered Medicine.

PREAMBLE

The conception of Person-Centered Medicine (PCM) means the convergence between the full validity of human rights in the field of human health, the effective exercise of ethical principles in professional performance, and the articulation of science and humanism for the optimization of 21st century medicine. At the same time, it appreciates the full validity of scientific advances in current medicine as appropriate to apply as determined by the beneficial criteria opportunely agreed with the person involved.

Considering the importance of the development of PCM, particularly in the training of future physicians, its advance appears as an urgent need and has determined the call for the Third Conference on Person-Centered Medicine, held in Lima on the 15th and 16th December 2017. Its theme has focused on the educational aspects of clinical care, scientific research and public health, as well as on educational principles and methodology, because the paradigm change represented by PCM implies nothing less than a cultural transformation. This involves understanding, accepting, and acting in consequence to a reorientation of the axis of medicine towards people. This anthropocentric shift should encompass the persons in an integral sense and not only focused on their illnesses. To reflect this, we should talk about "Persons-Centered Medicine and Health".

The event precedes the celebration in 2018 of the 40th anniversary of the Alma Ata World Health Conference. We can find one of the roots of PCM in the grand Conference of 1978 and Alma Ata can find in PCM a strategic contribution. In this sense, recent explorations being conducted by the World Health Organization in reference to these celebrations are finding the perspective of person-centered and community-centered care as fundamental.

Several meetings on person-centered medicine in the last five years have had as their main or prominent theme person-centered medical education. These include the International Congresses of PCM in Zagreb in 2013 and in Madrid in 2016, as well as the Latin American Conferences of PCM in 2015 and 2016.

Particularly relevant is the Declaration on Person-Centered Medicine from the Celebration of the Fiftieth Anniversary of the Latin American Association of National Academies of Medicine (ALANAM) in November 2017. The arguments presented there by the representatives of its constituent 14 National Academies, reflecting various medical specialties, sanitary problems and national realities, found high conceptual coincidence around the need to cultivate person-centered medicine, including its application to medical education in undergraduate, postgraduate, and continuous professional development, with extension to the various health professions in the requirement to train and work collaboratively in the service of people.

RECOMMENDATIONS

The high level of debate raised on the presentations by the participating experts from different countries can be summarized in the essentially proactive paragraphs printed below.

1. To inform the educational formation of the doctor and of the totality of health professionals with the nuclear aspects of PCM in such a manner as to assure person-centered health care by inter-professional teams. **Consequently, the inclusion of PCM as a transversal discipline is recommended in the curricula of the various medical faculties that train health professionals for our societies.**
2. Restoring the central tripod of the formative clinical relationship: student, teacher and patient, their status as individuals in the exercise of professional training will consolidate this relationship, providing new and fertile perspectives, as well as guiding teaching concerning the real needs of the patient. "We are People Who Care for People" (Frontis of the Ministry of Health of Peru). **Therefore, we understand that achieving a true protagonism of the people involved in the training process will make it possible to overcome ongoing misunderstandings in this field.**
3. Moving the current prevailing center of training from the hospital to where people live will create the circumstances that facilitate a relationship between the members of the educational effort, impregnating it with profound humanism; and advancing the ideals expressed in Alma Ata as the true axis of Primary Health Care (PHC), without neglecting the other levels: This involves

"Comprehensive Health Care for All and By All" in the words of David Tejada. **As a corollary, this climate of understanding forged on humanistic bases must configure the best environment to understand and study well the real health needs of persons and community.**

4. Recognizing that some teaching in the hospital is still necessary for medical training, it is imperative to transfer the main scenario of this training to the first level of care, revaluing the PHC and avoiding in all cases using the patient and his family only as means of the educational process. **Consequently, Universities must train health professionals according to the profile defined by the society of each country.**
5. At the same time, the formative and human needs of the students must be better contemplated than at present, under a more adequate, comprehensive and permanent integral promotion of the teacher. In order to consolidate this processes of change, it will be essential to encourage the students to develop the corresponding leadership. **The living example of the teacher must recover its full referential value, projecting all its powerful and beneficial influences on the other members of the educational tripod.**
6. If the authentic role of the patient, his family and the community is to be respected, said actors must be the object of a specific educational plan, which enables them to participate effectively in the determination of their real health needs, as well as as in the search for their respective solutions. The aforementioned program should be in charge of the health professionals themselves, as an integral part of their responsibilities, after substantially improving their social and communication skills. **The foregoing reflects and amounts to expressing the need to build an active citizenship in health.**
7. Consequently, we understand that it is necessary to redesign an authentic Person-Centered Teaching of the Patient, and of the Student and Professor, enhanced by the use of information and communication technologies, beginning by modifying the circumstances under which teaching is currently carried out. An innovative, bold and creative curricular change is required to transform medicine and health of the 21st century, which brings us to the needs of people. in the continuum of their lives, families and communities, including an approach to inequities and the social determinants of health that affect it. **This postulate will mean redefining the guidelines of a new Health Personnel Education Policy, as the most appropriate way to contribute, in our societies and, from the educational field, to the need for the PCM's growing consolidation.**
8. We believe it is time to join efforts around person centered medicine and health focused on individuals, families and communities, to build and promote health models, truly comprehensive and inclusive, equitable and supportive, capable of contributing to development and well-being of all the people. We would thus make effective the call to action, emanating from Alma Ata article 4: "The people have the right and the duty to participate individually and collectively in the planning and implementation of their health care." **For this reason, we propose to the national and Latin American authorities to join activities relevant to the statements of the Declaration, under the horizon of setting up People-Centered Health Systems, as the best way to celebrate the 40th anniversary of the Alma Ata meeting.**
9. In order to assess the profound impact on the educational processes of medical training, including the formation of a new health culture in the communities, resulting from the application of this new paradigm, a rigorous monitoring of the degree of real application is proposed for the Recommendations of this Declaration, with the decisive role in the same of the Faculties of Medicine, National Academies of Medicine, Patient Associations, the Association of Person-Centered Medicine, the Latin American Network of Person Centered Medicine, and the International College of PCM. Such organizations would be acting identified with the people and communities of Latin America. **We urge governmental, intergovernmental and civil society organizations to fully embrace these approaches.**

