



The contribution of traditional, complementary and alternative medical systems to the development of person-centred medicine—the example of the charity association for person-centred medicine

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Abstract

Introduction

Traditional, complementary and alternative medical systems are essential to the development and implementation of person-centred medicine, which aims to place the person as a physical, psychological and spiritual entity at the centre of the therapeutic process. Through the development of person-centred medicine, patients and caregivers are empowered to become protagonists of the therapeutic process. Diagnosis and treatment are individualised considering all the aspects of the person. Salutogenetic practices strengthen resilience and encourage people to take better care of their own health. A therapeutic relationship based on empathy and trust becomes the foundation for this. The association charity for person-centred medicine is an example of how the paradigm of person-centred medicine can be developed and promoted at cultural and practical levels with the cognitive and practical tools of traditional, complementary and

alternative medical systems. This critical review discusses the contribution of traditional, complementary and alternative medical systems to the development of person-centred medicine.

Conclusion

The core contribution of traditional, complementary and alternative medical systems to the development of person-centred medicine is their holistic understanding of the human being as a unique bio-psycho-spiritual entity in health and illness, in diagnosis and treatment.

Introduction

The contribution of traditional complementary and alternative medicine to the development of person-centred medicine

Person-centred medicine (PCM) is a paradigm that places the *person* as a physical, psychological and spiritual entity, at the centre of the therapeutic process and of medicine, in general. PCM fits into the broader context of the development of a sustainable future that takes into consideration the interconnection between the human being, nature and the cosmos with attention to their full complexity as well as the relationship between them¹. To achieve this, we need to go beyond a mechanistic view of the human being and the world. We need to broaden the understanding of the human being, the diagnostic and the therapeutic advances of biomedicine with those of traditional, complementary and alternative medical (TCAM) systems. TCAM is a term

used to describe healing systems that stem from most of the world's cultures and traditions. Each from their point of view, share a holistic understanding of the human being, where the 'whole is more than the sum of its parts'². Their cognitive, diagnostic and therapeutic tools protect and restore health and encourage the human being's natural healing abilities. They bring into relationship physical symptoms with all other aspects of the human being. They see the human being as an inseparable unity of body, soul and spirit that includes all behavioural, psychological, spiritual, environmental and cultural aspects. It is the physiological or pathological interaction between these aspects that determines health or illness. TCAM systems are intrinsically person centred³.

TCAM practices are used by 80% of people in the so-called developing world, by 360 million people in China and by around 150 million citizens and 300,000 registered healthcare professionals in Europe. Seeking knowledge from TCAM systems on the part of caregivers and looking for TCAM consultations on the part of patients often stems from the need to be considered a person at the centre of the therapeutic process⁴. Patients as well as physicians are increasingly dissatisfied with de-personalising, generic treatments, uniformly applied⁵. These do not address the prevalence of diseases that present in ever more individualised ways, or the rising burden of multifactorial chronic diseases that require the active

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involvement of patients, families, work places and society in general, to be tackled. The therapeutic approach needs to be individualised not only in terms of genomics, metabolomics and proteomics⁶ but also to consider the person in its full expression. Diagnostic choices, treatment options need to be tailored to the individual in all his or her characteristics. TCAM systems, each from their point of view, have the tools to do this.

A therapeutic relationship based on trust, empathy, compassion and responsiveness to individual needs and values becomes the guiding principle in a person-centred therapeutic process⁷⁻⁹. Any clinical decision needs to be made as an informed, shared choice that stems from the cooperation between doctors, caregivers and patients. Good quality evidence from a variety of sources needs to inform decisions but cannot dictate them. The concept of 'evidence' itself needs to be broadened by a more pluralistic concept of what is scientific. It needs to consider circular methodology¹⁰, whole systems evaluation¹¹ and cognition-based medicine¹². Decisions need to take into consideration the person with their biography, their social context, their relationships as well as their clinical history. Caregivers and patients need to be given the tools to do this. Caregivers need to be educated to use their clinical judgment¹³ as the final decision-making tool and patients need to be informed and empowered to choose by receiving and finding independent information communicated in a meaningful way.

Salutogenesis and resilience are essential concepts in the development of PCM. According to salutogenic principles, illness like other adverse events can become the opportunity to increase resilience if it is lived as a meaningful and manageable step in the life of that individual¹⁴. The discomfort, the pain of illness that lead to ask for help to a caregiver can be the starting point of a

healing process that goes beyond the removal of symptoms towards creating a new wholeness and becoming the opportunity for a process of evolution¹. In this process, patients can no longer delegate their treatment and physicians need to be more than disease specialists. Patients move away from being objects of observation, estranged carriers of disease to becoming active participants in their own therapeutic process. Longstanding changes in lifestyle have been shown to be effective therapeutic and preventive interventions¹⁵⁻²⁰. However, learning to look after oneself without delegating one's health to others need to be supported by a therapeutic relationship based on trust and empathy^{3,20}. Empathy in the sense of Edith Stein²² is way of being with someone even before doing something to them²². It gives a cognitive value to feelings that is essential if we wish to know and help the human being in all aspects. It is a way of caring for someone that needs to become the centre of any therapeutic relationship. It needs to be present along technical expertise and be nurtured alongside it. TCAM systems give practical, cognitive and meditative tools to better develop empathy. It is often a lack of empathy and compassion that underlies dissatisfaction with the quality of therapeutic experience and can lead to poor quality of care and even unnecessary deaths in hospital and other healthcare institutions²⁴. A therapeutic relationship based on empathy can be cost-effective, improve adherence to treatment plans and enhance patient health outcomes²⁵. The aim of this critical review is to discuss the contribution of TCAM systems to the development of PCM with the main focus on the example of the Charity Association for Person Centred Medicine.

Discussion

The authors have referenced some of their own studies in this review. 'These referenced studies have been

conducted in accordance with the Declaration of Helsinki (1964) and the protocols of these studies have been approved by the relevant ethics committees related to the institution in which they were performed. All human subjects, in these referenced studies, gave informed consent to participate in these studies.

The Charity Association for Person Centred Medicine

Informing patients in an open, independent way, sharing decisions, giving them the cognitive and practical tools to take better care of their health and awakening the individual's healing abilities, are all essential steps towards the empowerment of patients and people in general. PCM aims to move patients and citizens from being passive recipients of care to being informed, competent, expert and demanding. These are the steps of empowerment that need to take place for better health, for active participation of patients, caregivers at an individual, organisational and community level.

There are increasing numbers of people and institutions that are recognising the importance of developing PCM for an epistemological and practical re-foundation of Medicine^{4,26-32}. One of these is the Charity Association for Person Centred Medicine founded in Bologna, Italy, on 1 December 2007 and registered at the Unified Charity Register Office of the Republic of Italy, in the Section for Social and Social-Health Assistance. The Mission of the Charity Association for Person Centred Medicine is:

- Promoting and protecting health through the humanisation and personalisation of medicine.
- Placing the person, as physical, psychological and spiritual entity at the centre of the therapeutic process.
- Broadening the approach of biomedicine to include the epistemological basis, the diagnostic tools

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and the treatment systems of complementary and alternative medicine (CAM), traditional medicine (TM) and non-conventional medicine (NCM) inasmuch as they are person-centred medical systems.

- Protecting and promoting the research and the application of all anthropological medical systems, Eastern or Western in origin, respectful of their origin, lineage and paradigm.
- Promoting health through the implementation of the prerequisites of health and education in salutogenetic practices.
- Protecting environments and removing obstacles that could prevent the acquisition or the maintenance of salutogenetic health practices.
- Providing free person centred, Traditional, Non Conventional, Complementary and Alternative Medicine (TM/NCM/CAM) treatments to financially or socially disadvantaged people.
- Facilitating the communication between colleagues and to the public of research updates, diagnosis and treatment in the field of PCM.
- Promoting and undertaking research projects in the field of PCM³³.

The Charity Association for Person Centred Medicine was founded by a group of doctors, professors and other people involved in health and social care, active in the fields of PCM and TCAM. They wish to bring forward the view that without TCAM systems there can be no true PCM.

The Charity was chosen because it is an independent organisation that promotes the issues described above without lucrative aims for the empowerment of citizens, be they healthcare workers or patients, people from disadvantaged backgrounds that are the ones in greatest need of education and care who may not be able to access it freely.

As an example of the multi-level work that needs to be done, the

Charity Association for Person Centred Medicine is active in the cultural sphere with lectures about different TCAM systems and their contribution to the PCM paradigm. Other lectures have been about developing person-centred research methods. All are free and open to the public. The Charity is also involved in promoting research in the field of PCM. It sponsors conferences in the field of PCM and TCAM.

In 2011, a Memorandum of Understanding (MoU) was signed between the European Association of Personalised, Preventive and Predictive Medicine⁶ (EPMA) and the Charity Association for Person Centred Medicine, which marked the cooperation between two associations that bring forward the themes of personalisation, prevention and prediction in medicine from different points of view. They recognise that one cannot progress without the other if Medicine is to proceed with all the advances that Biomedicine has to offer, without losing track of the complexities and the psycho-spiritual aspects of the human being and of the medical act. In the MoU, the Charity Association for Person Centred Medicine agreed to cooperate with EPMA for all aspects that concern PCM as part of its mission to promote personalised preventive and predictive medicine in Italy and Europe. EPMA agreed to support the Charity Association for Person Centred Medicine in its mission to promote PCM in Italy and Europe. EPMA and the Charity Association for Person Centred Medicine agreed to cooperate in a consulting capacity for all matters concerning PCM, TM, CAM and NCM³³. Another MoU will shortly be signed between the Charity Association of Person Centred Medicine and the Horst-Goertz Institute, Berlin³⁴. The Charity is also involved in the education of future healthcare managers by supporting the Masters Degree in 'Healthcare systems and traditional and non-conventional medical sys-

tems' held by the Observatory and Methods for Health at Milan-Bicocca University in collaboration with the faculty of sociology and sociological research³¹.

From a more practical point of view, there is an agreement between the Charity Association for Person Centred Medicine and the ANT Foundation that provides free home oncological and palliative care services to provide free TCAM consultations and therapies to palliative care patients. The Charity is working towards providing a clinic where TCAM consultations and therapies are provided free of charge for immigrants and other minorities.

Conclusion

The core contribution of TCAM systems to the development of PCM is their holistic understanding of the human being as a unique bio-psycho-spiritual entity in health and illness, in diagnosis and treatment. Their treatments are based on the knowledge of how to protect and restore health, encouraging the human being's natural healing abilities. They bring an element of respect for the processes of life, for the relationship between the human being, nature and the cosmos. The advances of biomedicine need to be broadened by this understanding to provide a sustainable future and address the needs of patients, caregivers and society at large. The choice of how to help an individual, of whether to integrate TCAM and biomedical methods comes as a consequence of considering the person in all his or her aspects. It comes as a consequence of a decision taken between two people, based on clinical judgment and patient-centred goals, informed by independent research, assessed using circular methodology or cognition-based medicine as well as evidence-based medicine. The guiding principle of any choice is the therapeutic relationship based on trust and a deep respect for individual autonomy.

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This is a long process that needs and leads to the empowerment of patients, citizens and caregivers. The Charity Association for Person Centred Medicine works to promote this paradigm at cultural and practical levels by organising lectures, by promoting research, by organising higher education courses, by forming connections with other organisations that work towards the personalisation and humanisation of medicine and by providing person centred, TCAM treatments for disadvantaged social groups such as people with advanced cancer or immigrants.

Abbreviations list

CAM, complementary and alternative medicine; EPMA, European Association of Personalised, Preventive and Predictive Medicine; MoU, Memorandum of Understanding; NCM, non-conventional medicine; PCM, Person-centred medicine; TCAM, traditional, complementary and alternative medical; TM, traditional medicine.

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