

ARTICLE AND ANNOUNCEMENTS

The European Society for Person Centered Healthcare

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Introduction

We are pleased to announce to the reader the creation of a *European Society for Person Centered Healthcare* (ESPCH).

The creation of the Society is predicated on the observation, made by a variety of authors from a multiplicity of institutions and including the World Health Organisation itself, that as healthcare has become more scientific it has also become increasingly depersonalised. Medicine in particular appears to have become distracted from its duty to care, comfort and console, focussing preferentially on its duty to ameliorate, attenuate and cure [1,2]. Such a 'de-coupling' of medicine's humanistic character from its scientific knowledge is exerting negative effects on the patient's experience of illness and the capacity of clinicians to attend well to it [3]. This is particularly true within the context of the long term chronic illnesses which are currently responsible for almost 70% of deaths globally, representing the greatest challenge of our time to health services worldwide [4].

Medicine does science well, but humanism badly and the separation of the 'caring' and 'curing' functions of medicine diminishes its practice, not enriches it. In the face of the growing epidemic of chronic illness and given the observation that we typically manage chronic disease poorly, the time has surely come for a series of actions to be taken to improve what we do in order to secure much better clinical outcomes for patients and much better value for money for health services. The chronic illness crisis, which threatens to bankrupt health systems worldwide [4], demonstrates that simple, medication-focussed approaches to care have become of themselves radically insufficient. There appears a clear need to build on such approaches in a way which takes us 'beyond the pill', in the direction of developing far more adequate levels of service provision for those who carry the heavy burden of these illnesses. We believe the way forward to be represented by a new approach to clinical practice and service delivery that we term 'person-centered healthcare' (PCH) [1,2,5-8]. The description 'person' is preferred to 'patient', given that the

new approach articulates science with humanism in a way which recognises the patient not as a dependent subject, but more properly as an autonomous individual rich in biography [1,2,5,6].

An approach to management that treats the patient as a person and extends care and compassion, in addition to biomedicine and technology, may be thought *intuitively* the 'right thing to do'. And indeed it is, given that medicine is primarily a human endeavour which employs science, but does not equate to it [2,3]. But there is more to this new model of care than intuition. In fact, a growing empirical research base is indicating that person-centered approaches to healthcare can increase adherence to both simple and complex medication regimens, decrease disease exacerbations, decrease hospitalization rates, decrease length of stay when in hospital, reduce primary and secondary care consultation frequency and increase psychological coping and self-care. Through these effects, PCH can often decrease costs, while increasing patient and clinician satisfaction with care, securing better clinical and cost outcomes for patients and health systems [5,6].

One of the central mediators of the effects we describe appears to be the clinician-patient relationship, built on a knowledge of who the patient is as an individual and the generation of an ethical friendship and a position of mutual trust. Here, the very first meeting of clinician and patient sees the clinician ask "Who are you and what is important to you?", before asking "What is wrong?". Patient education and shared decision-making are vital within this model of care and directly empower the patient, so that the clinician does not dictate the treatment decision, which would be paternalism, nor simply provide a sea of treatment options which would be abandonment. Rather, the clinician situates him/herself *with* the patient at the centre of care and in this way *accompanies* the patient as part of the illness journey over time [5,6].

It is often asserted that person-centered approaches have the potential to intensify clinical workloads and fatigue. Certainly, the initial process of 'discovering' the person of the patient as part of building the clinical relationship in order to secure its benefits will involve the

investment of additional time above what is currently considered usual or acceptable. However, this additional time is more than well recovered subsequently. Indeed, while some patients will need to be 'kept close' and seen frequently as a function of their physical or psychological/emotional fragility, others may need to be seen only at six or even twelve month intervals. Moreover, PCH approaches are inversely correlated with clinician burnout, the mediating factor here appearing to be the 'reward' clinicians feel from the high professionalism of 'a job well done' [5,6].

In the text which follows, we provide to the reader an overview of the characteristics of the new Society as a preface to the formal Announcement of Inauguration (pp. 9-26) and its associated secondary announcements (pp. 27-40).

The mission and vision of the Society

The Society's mission is to address directly the challenges that medicine and healthcare systems now face in terms of the depersonalisation of clinical care and the realities of the current epidemic of long term chronic illness [4]. Thus, the Society aims to promote the re-personalisation of health services, to re-sensitize medicine to fundamental notions of compassion and care and to re-inculcate in clinicians an *ambition* to treat patients as persons [1,2,5-8]. In this context, the reader is referred to a Letter from the ESPCH President which may be read on pages 11 and 12.

While the Society holds a strong strategic vision of how to achieve its aims (which we outline below in advance of the publication of our Strategic Plan), it would be incorrect to state that little attention has so far been paid by others to the phenomenon of depersonalisation in healthcare and to the challenges that the long term chronic illnesses pose. Indeed, notable research groups in Europe (and many groups elsewhere) are actively developing their scholarship and research activities in this field. For example, some groups are working on strategies to maximise medication adherence in one area of Europe, whereas others are working in another area of Europe on the use of patient narratives and stories of illness in decision-making. Elsewhere, other groups are working on the use of patient, clinician, healthcare system and Society values for decision-making, distinct from others working elsewhere on patient preference sensitivities. Likewise, some other groups are working on defining and providing culturally-sensitive healthcare and others are studying methods of improving psychosocial, existential and spiritual care in clinical practice. Still further, other groups are working on the refinement of decision aid and option grid methods. Some of these groups are focussed on cardiorespiratory disease, others on the cancers, others on the neurodegenerative diseases, others on mental health and others on diabetes and on lifestyle-related diseases. Other groups are focussed on economic evaluation, service reconfiguration and on the policy and political implications of person-centered healthcare.

With reference to these observations, we have been struck by the sheer amount of activity taking place *via* various programmes of scholarship and research across the whole of Europe. We have been equally struck by the working in relative isolation of these various research groups and this may be thought a suboptimal state of affairs. One of the major functions of the new Society will therefore be to bring all of such groups into discourse with one another, with the aim of synthesizing coherent models of clinical practice that are constituted by a summation of the individual parts of the person-centered healthcare approach, avoiding an otherwise inevitable 'one component dominated' account of care. In this way, singular visions can be replaced with a more cohesive and coherent account of what constitutes excellence (rather than basic competence) in clinical practice. We will return to this core function shortly, but will first provide some detail on the Society's structure and implementation.

Overall structure of the Society

The Society has a President (also Chairman of Council), a Senior Vice President (also Secretary General/CEO), 4 Vice Presidents (one in each demarcated area of Europe, see below) and 80 Special Interest Group (SIG) Chairmen. The Vice Presidents work in close association with the Senior Vice President who in turn works in close association with the President. Each VP is allocated general oversight of 20 of the 80 SIGs (see pages 18-21), with SIGs working in parallel and in interaction with each other under the dynamic leadership of their respective chairmen. The President, Senior VP, VPs and SIG chairmen collectively constitute the Council of the Society. The Council is the Ruling Body of the Society and resolutions are passed with a two thirds majority. Ordinary members of the Society are admitted across the following categories: (a) Distinguished Fellow; (b) Fellow; (c) Professional Member; (d) Patient Member, (e) Industry Member; (f) Associate & (g) Student. The Society has a Code of Practice which applies to all members, irrespective of grade and position. Further details of the Society's structure may be found on pages 15-17.

Rolling out the Society across Europe

The Society has demarcated Europe into Southern Europe, Northern Europe, Western Europe and Eastern Europe in accordance with the United Nations map of Europe. At the time of writing, the Society has commenced a 'roll out' programme across the entirety of Europe. In southern Europe, the Society's development is being co-ordinated from universities in Rome and Madrid, in northern Europe from universities in London, Gothenburg, Oslo and Trondheim; in Eastern Europe from universities in Plovdiv and Sofia, with university partners in Western Europe being the subject of current negotiations. All 6 presidencies

have now been appointed to and some 20 of the 80 Special Interests Groups now have chairmen in place, with further appointments pending (see pages 27-28). An early Corporate Member of the new Society is represented by the Italian Society of Medicine and the Person (see page 29). The headquarters of the Society are based in the City of London, UK.

Activities of the Society

How will the Society fulfil its mission?

In order to fulfil its mission, the Society recognises the need to engage functionally with a wide range of stakeholders. These include clinicians, academics, patient groups, commissioners and funders of health services, health service managers, policymakers, governments and their advisers and the global healthcare industries. The Society will establish dialogue with each of these stakeholders through major: (1) Clinical Projects and (2) Academic Projects (see below), each project consisting of several components and specifically designed to result in the availability of a range of documents, clinical tools and academic and clinical resources as the basis for the initiation and maintenance of dialogue and service development.

(1) Clinical Projects in the work of the Society

Each *Clinical Project* will focus specifically on what constitutes the individual components of a person-centered model of care for the specific clinical condition under study and how these components can be integrated together into a coherent model of practice for operational delivery. Each clinical project consists of: (a) a European clinical condition-specific conference and associated peer reviewed special Supplement of the *European Journal for Person Centered Healthcare* [9]; (b) a Clinical Handbook & (c) a quarterly clinical condition-specific journal. Each of these three components is discussed immediately below.

(a) The clinical conferences and journal Supplements

The conferences will bring together recognised experts in the study of each of the various components of the PCH approach, together with the range of stakeholders detailed. Following the conference, the plenary and parallel session speakers will submit a paper documenting in detail what they have presented necessarily in outline at the conference (see pages 22-23). These individual papers will be peer reviewed, edited and collected together into a unitary special Supplement of the *European Journal for Person Centered Healthcare*. The special Supplement will represent a high level research and teaching document, providing a state-of-the-art account of knowledge of what constitutes a person-centered model of care for the condition under study. The special *Supplement* will be made available Open Access on-line to enable universal

consultation and use. An example of a clinical conference can be found at pages 30 and 31.

(b) The clinical and academic handbooks deriving from the work of the 80 Special Interest Groups of the Society

The initial function of the Society SIGs is to provide a handbook on person-centered healthcare within their area of specific interest. While non-clinical SIGs (e.g., SIG49: Health Politics, Policy and PCH) will publish a state-of-the-art Academic Handbook documenting and discussing the range of issues of current relevance to that topic area, the clinical SIGs (e.g., SIG22: HIV/AIDS and PCM) will produce a Clinical Handbook. Clinical Handbooks are designed specifically for use as practical guides for clinician education, patient empowerment and as tools for shared decision-making as part of the clinician-patient consultation and relationship. Two key features of the clinical handbooks are: (i) their *superimposition* of person-centered prompts and suggestions onto the biomedical and technological algorithmic guidance of accepted, published European guidelines for the management of the given condition & (ii) the availability of an Audit Proforma through which adherence to the person-centered prompts can be quantitatively measured and qualitatively described as part of retrospective health record reviews. Such data can then be directly employed in service development and in increasing the degree of person-centeredness of clinical care. Also, reviews of this nature, if conducted across many healthcare facilities, can generate powerful information for monitoring and commissioning purposes. The practical nature of the handbooks therefore directly complements the high level academic, research and teaching resources represented by the special Supplements deriving from the European conferences. Further details on the Clinical Handbook can be found on pages 25 and 26.

(c) The quarterly clinical condition-specific journals

The Society plans to repeat the European conferences on an annual or biannual basis in order to update previous debates and publications with new science, new knowledge and revised practice guidelines, *etc.* However, to ensure *continuous* development in the interim, the Society will oversee the publication of a range of clinical condition-specific quarterly journals. The quarterly issues will each be 120 pages in extent and the new journals will represent a third level of educational resource complementing the European Conference Special Supplements and the Clinical Handbooks. The first such periodical, the *European Journal for Person-centered HIV/AIDS Care*, commences publication in the first operational quarter of 2014. Further details on these journals can be found on page 26.

(d) Using the educational and clinical resources from the Clinical Projects

The educational and clinical resources detailed are not intended for solitary deposition in university libraries, but to form the basis of communication between all of the stakeholders we have described earlier. Systematically employed, all three components of a given person-centered healthcare project represent powerful tools for inter-stakeholder dialogue and exchange, with the ultimate aim of improving the person-centeredness and thus the intrinsic quality of clinical care. A prominent function of the Society will be to enhance such a process by working directly with stakeholders to consider, implement and evaluate change. Indeed, when these 'generic' models of care are developed through the Society's work, they will be discussed directly with the governments of individual European States and at the level of the European Parliament itself, by relevant Society officers, country-specific patient advocacy groups and other agencies. While it is recognised that such models will need in many cases to be particularized to the specific requirements of the given European health system, its manpower and economics, we do not preclude an ability of the developed models *per se* to argue successfully for system changes, whether minor or major, trial-based or long term, within a diverse range of European health contexts.

(2) Academic Projects in the work of the Society

(a) Seminal Volumes

In addition to the educational activities and their applications detailed above, the Society is also engaged in the production of two major 'Oxford Textbook' type volumes. The first of these, 'Person-centered Healthcare. How to Practise and Teach PCH' (a 50+ chapter volume), is designed as a fundamental reference volume to acquaint teachers and students alike with the basic theory and practice of person-centered approaches to healthcare and to form part of the recommended reading for students of the healthcare professions and those who are already qualified. The second volume, 'Person-centered Undergraduate Clinical Education: A Vision for the 21st Century', will result from a major conference of the Society on the innovations necessary within undergraduate clinical education if we are to inculcate and maintain in students modern versions of the old Hippocratic ideal (see pages 32-33).

(b) Official Journal

A learned society requires a learned journal and this is provided by the *European Journal for Person Centered Healthcare* in which we currently write. The *Journal* is described in detail in a separate paper [9].

(c) Annual Conference and Awards Ceremony of the Society

In addition to the clinical and academic projects detailed above, the Society will hold an Annual Conference and an

Awards Ceremony (see page 23). The Annual Conference will debate unresolved and contentious issues within the person-centered healthcare field and will be preceded by a full meeting of the Council of the Society, chaired by the President. The 2-day conference is punctuated by the Annual Awards Ceremony and Conference Dinner at which the Society's Platinum, Gold, Silver and Bronze medals for excellence in person-centered healthcare will be awarded, together with their accompanying Certificates. Details of the forthcoming Annual Conference can be found on pages 34-35.

(d) The Society's part-time higher degree fee sponsorships

The Society plans to offer a number of part-time higher degree fee sponsorships in 2014. These are intended to pay the fees of those clinicians who are already institutionally employed and who wish to conduct part-time research on key areas of person-centered care within their own and their institution's practice. An invitation to apply for these grants, along with preliminary guidance, is detailed on page 36.

(e) Intensive residential training courses for clinical practitioners and for practitioner-leaders

The Society is currently organising the first of its residential training courses. The courses are offered at two levels: (i) for clinical practitioners who wish to become more familiar with the concepts and methods of person-centered healthcare than they are at the present time & (ii) for those clinical practitioners who can already show proficiency in the basic concepts and practice of person-centered healthcare, but who wish to become teachers, mentors and leaders in the field. A description of these residential courses of the Society can be found on pages 37-38.

(f) e-Bulletin of the Society

In addition to the wide ranging academic and clinical publications described above, the Society will produce a monthly e-Bulletin for members, communicating updates on the Society's work, news of recently published 'recommended reads' and carrying various advertisements of relevance to the field (see page 26).

Funding of the Society and an Invitation to sponsor the Society's work

The Society currently benefits from private philanthropy and from grants of unrestricted educational sponsorship from the healthcare industry. The Society encourages potential sponsors to be in contact with the Senior Vice

President (see contact details at the beginning of this article) as a means of enhancing its rapid development. On commencement of the European Conference Programme, the Society will additionally benefit from conference delegate fees and commercial exhibition fees. From January 2014, Society membership fees become payable and are annually renewable. Further income will derive from sales of Society publications to individuals and to the healthcare industry. The Society's accounts are prepared and certified by registered UK accountants and auditors and will be published on an annual basis as required by Law.

Conclusion

In this article, we have noted the growing depersonalisation, even dehumanization, of healthcare services across the globe. We have argued that, in the context of the current epidemic of long term chronic illness, to continue to do nothing in the face of such an emergency [4] has become an untenable position and that specific actions must be taken to deal with the current crisis - a crisis of knowledge, care, compassion and costs. We have contended that a new approach to clinical service delivery, 'person-centered healthcare', has the potential to transform health services in a way which radically increases their quality, but which can limit their costs.

We have described how a new organisation, the European Society for Person Centered Healthcare, has been created to assist healthcare services and the healthcare industries themselves, in addressing the current crisis. In presenting some core characteristics of the new Society, we have illustrated how the ESPCH is engaged in the development of pragmatic models of clinical care which address the patient's subjective experience of illness in addition to - and in functional integration with - the objectively established and accumulating biomedical and technological knowledge base of clinical practice. We have indicated that when these 'generic' models of care are developed through the Society's work, they will be discussed directly with the governments of individual European States and at the level of the European Parliament itself, by relevant Society officers, country-specific patient advocacy groups and other agencies with the aim of stimulating change.

We conclude by urging clinical, academic and managerial colleagues working within health systems across Europe and those colleagues within the pharmaceutical and health technology industries with responsibility for patient education, empowerment and advocacy, to join the Society and participate in its work. An Application Form for Society membership is provided at Appendix 9 (see pages 39-40).

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EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE



ANNOUNCEMENT OF INAUGURATION

&

CALL FOR EXPRESSIONS OF INTEREST IN SOCIETAL OFFICES AND MEMBERSHIP

Appendix 1

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Appendix 1

A. Letter from the President and Chairman of Council

Dear Colleague

It is an honour to be invited to the Inaugural Presidency of the European Society for Person Centered Healthcare. I accept this responsibility wholeheartedly and look forward with no small enthusiasm to serving the Society to the best of my ability and in every way I can.

The foundation of the new Society comes at a critical juncture in the development of international healthcare. In every country, the demands placed on health services continue to rise inexorably and the costs of service provision and of access to new therapeutic modalities are increasing with them. Globally, the world is faced with a major shift in the nature of human disease from acute presentations to long term chronic illnesses and these are actively exerting an unsustainable drain on economic and human resources. What can we do in the face of such developments? How do we respond to the challenges with which the long term illnesses confront us? The answer must surely be to change - and to change quickly - since to do nothing in the face of an emergency of this type is no longer an option.

Chronic illnesses, by their nature, require altogether different methods of management and support to those which existing systems currently provide. Indeed, our present systems are now all but defunct as adequate mechanisms with which to address, successfully, the new clinical and social needs of long term illnesses. Here, I refer of course to the community and home-based setting that has become clearly requisite for the new environment. New systems require new models of care to function as their fundamental units of construction - without them, it becomes impossible to design, commission and operationalize services for the benefit of patients, their carers, families and friends. We need, for sure, to move 'beyond the pill' and to develop our services accordingly.

In recent years, while the academic and managerial rhetoric of person-centered care has had its place and has functioned to increase the awareness of the problems we face and their attendant imperatives for action, no amount of continued oratory or organisational position statements or declarations of policy intent can substitute for the genuine strategic vision and compelling inspirational leadership that is now required to move the field forward with the energy and urgency that is needed. The order of the day here is as follows: research, education, professional skilling, research transfer, imaginative implementation, evaluation and audit.

We know that person-centered, relationship-based approaches to care increase patient adherence to both simple and complex medication regimens; that they maximise desired clinical outcomes; that they reduce the frequency of primary care presentations, that they decrease the frequency of symptom exacerbations and distress; that they reduce frequency of hospitalization and that they decrease length of hospital stay following admission. Further, they are associated with increased patient and clinician satisfaction with care and, by virtue of these modifications of illness trajectories, satisfaction and service use, are positively correlated with decreased economic and human resource utilization. It is, for me, exciting, personally exciting, that such clear and direct benefits are increasingly demonstrated by rigorous empirical studies and that, therefore, solid quantitative data are now being added to the results of so much qualitative research conducted over recent years.

It is with these urgent developmental necessities in mind that I am greatly encouraged to have been able to approve as my first act as President the creation of some 80 Special Interest Groups (SIGs) which will constitute the ongoing driving force of the new Society. The professionals that will lead these engines of activity within the Society have a very important role - to collect and review the current knowledge of the specific field of their SIG, to identify and recommend research and educational priorities and to write and submit research grant applications to this end.

And let me say this. While the new Society has been constituted as a professional body of clinicians, researchers and scholars, it in no way excludes from its work the essential and indispensable voices of those whom it serves: our patients, their carers, their families and their friends. Indeed, far from

Appendix 1

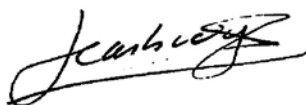
representing what some unenlightened professionals may consider to be an existential threat to professionalism or an irritating distraction, the new political environment of patient advocacy, education and empowerment represents a real opportunity that healthcare professionals must grasp tightly with outstretched hands.

As a nurse by training and as a former government ‘Tsar’ for patient and public involvement in healthcare in the United Kingdom, I have long since become convinced of the inestimable value of the involvement of patients in healthcare development and delivery - and in the evaluation and audit of healthcare services on an on-going basis. Such involvements codify the dialogical partnerships between clinicians and patients that form the bedrock of empathic and compassionate healthcare. They provide us with the salutary lessons that directly inform the pursuit of excellence in our clinical practice.

In conclusion, let us all be clear that person-centered care is here to stay. It is anything but a passing fad or fashion. On the contrary, its re-emergence in healthcare, after so many decades of absence, is invigorating. It certainly leads me to believe that we are, at last, preparing to return to humanity and common sense in the exercise of our respective professions and in recognising and discharging our moral commitments to those who are ill.

I have little doubt that the new Society will drive forward the solid principles of excellence that I have referred to above - and with dynamic vigour. I am proud to have become associated with a Society of such vital and contemporary importance.

Yours sincerely



Professor Sir Jonathan Asbridge DSc (*hc*)
London, United Kingdom: 1 September 2013

[About the President & Chairman of Council

Professor Sir Jonathan Asbridge DSc (*hc*) has a long and distinguished record of achievement within British healthcare system organisation, accreditation, re-configuration and regulation. Gaining appointment to the positions of Chief Nurse of the Oxford University and Cambridge University Teaching Hospitals early in his career, he moved to St. Bartholomew’s and The Royal London Foundation NHS Trust as Chief Nurse and Executive Director of Quality, later to lead the Trust, one of the biggest and most complex in the UK, as Chief Executive. He was the Inaugural President of the UK Nursing and Midwifery Council with responsibility for the fitness for practice and regulation of the UK’s 700,000 nurses and midwives. He is a previous Deputy Chairman of the UK Council for Healthcare Regulatory Excellence and has acted as a Government ‘Tsar’ for Patient Experience in Emergency Care and for Patient and Public Involvement in Healthcare. Sir Jonathan has been involved in the development of several major NHS policies and conducted several formal Inquiries both in the UK and overseas. He was appointed Foundation Professor of Nursing at the University of Buckingham UK in 2010 and was a Founding Board Member of the European Federation of Nursing Regulators and a Member of the International Council of Nurses Global Observatory on Licensure and Registration. Sir Jonathan was awarded the Degree of Doctor of Science *honoris causa* for services to healthcare by the City of London University in 2004 and was invested with the Honour of Knighthood by Her Majesty Queen Elizabeth II for services to Healthcare on the occasion of The Sovereign’s 80th Birthday in 2006. Sir Jonathan is married with four children and is professionally based in Oxford, England. Sir Jonathan can be contacted at: jonathan.asbridge@btinternet.com]

Appendix 1

B. Letter from the Senior Vice President and Secretary General/CEO

Dear colleagues,

At the outset, may I say that I am delighted that Professor Sir Jonathan Asbridge DSc (*hc*) has accepted the Inaugural Presidency of the new Society. His experience in the field of healthcare organisation, accreditation, reconfiguration and regulation in the UK, across Europe and indeed at the international level, is second to none and I have no doubt that the Society will benefit immeasurably from his tenure as President.

The *first action* of the Society has been to put firmly in place its general architecture and infrastructure and to implement the various systems of governance that will be essential for its success. With the President and Senior VP and the 4 Vice Presidents in place, together with 20 of the 80 Special Interest Group (SIG) chairmen so far appointed, the Society is currently considering applications for the chairmanship, deputy chairmanship and membership of those of the Society's Special Interest Groups which currently lie vacant. The Society continues to invite formal applications for Ordinary Membership. Colleagues wishing to apply for ordinary membership or to be considered for SIG leadership roles should write in the first instance to me (andrew.miles@phealthcare.org.uk) requesting an Application Form and Notes of Guidance (see pages 39-40). As the President has already indicated, the SIGs have primary responsibility for driving forward development and debate within the specific fields of study with which they will be tasked and they are therefore vital to the ability of the Society to fulfil its mission.

Some of the senior colleagues with whom we consulted during the early conceptual building of the Society added greatly to the number of SIGs, whereas others understandably asked: 'Why so many SIGs?' 'Is there not a risk of significant overlap between some of them as a consequence?' 'Will such a large number of SIGs not fragment, rather than consolidate, a coherent understanding of PCH?' In weighing up the 'pros', but also the 'cons' of reducing the number of SIGs, it was judged that a 'mergers exercise' would in reality function to reduce the overall academic output of the SIG infrastructure, by increasing the tasked workload of merged SIGs beyond what could reasonably be expected of them. Nevertheless, the President and I are acutely aware that sustained efforts will be needed to ensure cross-collaboration and dynamic communication between the individual SIGs, so that the inter-relationship of their various areas of interest is as fully considered as the specific area of study itself. It is for this reason that we have decided to make each individual SIG Chairman a full Member of Academic Council of the Society, so that cross-communication is ensured and that, in addition, SIG Chairmen can contribute actively to the governance of the Society itself. The Society has adopted a (primary) diagnosis-related structure for the SIGs. Co-morbidities if or when present will be considered integrally, not ignored.

It is with direct reference to the proper governance of the Society that a *second early action* of the Society will be to set in place proper preparations for democratic elections. Academic and clinical societies work best - and authentically - when they function as democratically constituted bodies of scholars, working in accordance with the provisions of a formal Constitution and where the art of leadership of executive officers is evidenced in delegation, encouragement, enablement and successor planning. The Society will therefore publish its proposals for a one-member, one-vote Election immediately following the completion of infrastructure and governance implementation, so that in this way newly elected Officers and others can be fully functional by January 2017 at the very latest.

A *third early action* of the Society has been to establish an on-going Publications Programme. Here, several initiatives have already been agreed and include: (a) A monthly *Bulletin of the European Society for Person Centered Healthcare* as the formal mechanism of communication of the Society with its established members and for the interest and use of those actively considering membership at the appropriate level; (b) An official journal, the *European Journal for Person Centered Healthcare* (EJPCH), as the Society's principal organ of much wider communication with clinicians, academics,

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policymakers, politicians and health service managers across Europe and internationally. The EJPCH will also publish major special Supplements deriving from the Society's European Conferences; (c) A major, 50+ chapter academic textbook on how to study, practise and teach PCH; (d) A major Series of diagnoses-specific clinical handbooks designed specifically to provide practising clinicians and students in training with practical guides on how to achieve person-centered clinical care in the context of the major chronic illnesses as well as companion such handbooks on non-clinical, but health services research related issues; (e) A major textbook on how to increase the person-centeredness of undergraduate clinical education and (f) A major Series of new clinical condition-specific quarterly journals aimed at enhancing communication within clinical condition-specific areas of person-centered care study.

A fourth early action of the Society has been to commence the planning of its first Annual Conference and first Annual Awards Ceremony. We aim to invite applications for consideration of the Society's four major awards (The Platinum, Gold, Silver and Bronze Medals) in late January 2014, with the successful recipients presented with their respective Medal and monetary prize and Certificate by the President in a formally robed Academic Ceremony prior to the Conference Dinner as part of the 28 & 29 April 2014 First Annual Conference of the Society in Rome at which the Medical and Healthcare Press will be present.

At the time of writing, the Websites for the Society and its Journal are being finalized and their electronic addresses will be advertised shortly.

Finally, I urge all colleagues, of whichever clinical discipline as well as healthcare managers, health policy-makers and also members of the pharmaceutical and healthcare technology industry and also expert patients and patient advocacy organisations, to join the new Society as soon as you are able. We cannot drive forward the development of excellence in clinical care without you. With the President, I look forward to welcoming you into membership of the European Society for Person Centered Healthcare.

With kindest, collegial regards, I am and remain,

Yours sincerely

Andrew Miles

Professor Andrew Miles MSc MPhil PhD DSc (*hc*)
Westminster, London, United Kingdom: 1 September 2013

[About the Senior Vice President & Secretary General/(CEO)]

Professor Andrew Miles is Editor-in-Chief of the *European Journal for Person Centered Healthcare* and Editor-in-Chief of the *Journal of Evaluation in Clinical Practice*, currently based at the World Health Organisation Collaborating Centre for Public Health Education and Training, Faculty of Medicine, Imperial College London UK. Gaining his first Chair at the age of 30, he was formerly Professor of Clinical Epidemiology and Social Medicine & Deputy Vice Chancellor of the University of Buckingham UK, holding previous professorial appointments in the departments of primary care and public health medicine at Guy's, King's College and St. Thomas' Hospitals' Medical School London and at St. Bartholomew's and The Royal London School of Medicine, London. He is a Visiting Professor at the University of Milan Italy, at Universidad Francisco de Vitoria Madrid Spain, at the Medical University of Plovdiv and at the University of Sofia, Bulgaria. He is a Distinguished Academician of the National Academy of Sciences and Arts of Bulgaria and at the New York Academy of Medicine USA. He trained in Biomedicine (and also in Catholic Theology) at the University of Wales UK and holds two Master's degrees and two Doctorates, one of the two latter being awarded *honoris causa* for his contribution to the advancement of person-centered medicine internationally. He has co-edited 47 medical textbooks in his field and has organised and presided over more than 100 clinical conferences and masterclasses in London as part of a major and long term contribution to British postgraduate medical education. Professor Miles is widely accredited with having changed the direction of the global EBM debate away from scientific reductionism based on population-derived aggregate biostatistical data, towards the embrace of the complex and the personal within international medicine and health policy-making. He can be contacted at: andrew.miles@pchealthcare.org.uk

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C. NATURE, PURPOSE AND ACTIVITIES OF THE SOCIETY

Nature of the Society

The European Society for Person Centered Healthcare (ESPOCH) is a learned society of clinical and academic researchers, scholars and teachers, healthcare managers, health policy-makers, members of Industry and patients themselves. It is founded on the observation that as healthcare has become more powerfully scientific, it has also become increasingly depersonalised, so that in many areas of clinical practice a preoccupation with biological dysfunction in isolation from a proper concern with the wider effects of the disease on the patient's life - *the illness* - is leading to a collapse of humanistic values with profound implications for professionalism, ethics and authentic progress in the care of the sick. The creation of the Society is a response to such observations.

Purpose of the Society

The Society is principally interested in the development of models of clinical practice which allow affordable biomedical and technological advances to be delivered to patients, but within a humanistic framework of care that applies science in a manner which respects patients as *persons* and which takes full account of their values, preferences, narratives, cultural context, fears, worries, anxieties, hopes and aspirations and which thus recognises and responds to their emotional, psychological and spiritual necessities in addition to their physical needs. The Society takes as read that such models of practice would extend empathy and compassion to the sick patient within a dialogical process of shared decision-making and within a relationship of equality, mutual responsibility and trust. The Society's purpose is to promote this vision and to drive forward a shift of European (and international) clinical practice away from impersonal, fragmented and decontextualized models of healthcare, towards personalisation, integration and contextualization. When the Society's models of care and publications become available they will be discussed directly with health policy-makers and governments.

Activities of the Society

In order to move healthcare away from a reductive anatomico-pathological focus to an authentically anthropocentric grounding, where scientific modification of biological dysfunction becomes imbedded within more comprehensive strategies to heal sick people, the Society has instituted an extensive number of academic Special Interest Groups, a new scholarly periodical, seminal textbooks, a major clinical handbook publications programme, a European clinical condition/s-specific conference programme, an annual conference, intensive training programmes and higher degree fee sponsorships.

D. CONSTITUTION OF THE SOCIETY

The founding observations, principles and purposes of the Society will be laid out in greater detail within its Constitution and Strategic Plan, to be published in late January 2014. The Founding Constitution is provisional and will be subject to amendment by a two-thirds majority of the Academic Council. Academic Council will hold its first meeting in Rome on 27 April 2014.

E. OVERALL STRUCTURE OF THE SOCIETY

The Society has a: (i) President and Chairman of Council, (ii) Senior Vice President and Secretary General/CEO; (iii) Four Vice Presidents representing the four major geographical demarcations of Europe as defined by the United Nations; (iv) 80 Special Interest Groups (the Chairmen of which will function additionally as Members of Academic Council); (v) Treasurer; (vi) Senior Administrator; (vii) Librarian & (viii) Membership Secretary. The President, working with his various vice presidents, will implement the infrastructure, governance and systems of the Society in preparation for democratic elections to the various Offices and positions on a one member, one vote system in late 2016.

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F. OFFICERS OF THE SOCIETY

President of the Society and Chairman of Council

Professor Sir Jonathan Asbridge DSc (*hc*)
Oxford, England, United Kingdom

Senior Vice President and Secretary General/(CEO)

Professor Andrew Miles MSc MPhil PhD DSc (*hc*)
Westminster, London, United Kingdom

Vice President (Eastern Europe)

[Appointment confirmed – see related Announcement]

Vice President (Northern Europe)

[Appointment confirmed – see related Announcement]

Vice President (Southern Europe)

[Appointment confirmed – see related Announcement]

Vice President (Western Europe)

[Appointment confirmed: see related Announcement]

Members of Council of the Society

The Academic Council of the Society will be constituted by the Presidents and by the Chairmen of the Special Interest Groups of the Society when appointed (see ‘J’, below).

Senior Administrator/Membership Secretary to the Society

Mr. Andrew Williamson (London, UK)*

**Interim – full time appointment of dedicated Administrator pending*

Treasurer of the Society

Mr. Jose Lopes MSc (Finance) ACA (London, UK)

Librarian to the Society

Dr. Margot Lindsay MPhil PhD MCLIP (London, UK)

G. MEMBERSHIP OF THE SOCIETY

The Society will consider applicants for 7 levels of individual membership (A Certificate is issued with each successful application). These are as follows:

(a). Distinguished Fellow

Criterion: Outstanding contribution to the field of person-centered clinical practice. Membership fee: €150 (annually renewable).

(b). Fellow

Criterion: Major contribution to the field of person-centered clinical practice. Membership fee: €100 (annually renewable).

(c). Member

Criterion: Significant contribution to the field of person-centered clinical practice. Membership fee: €75 (annually renewable).

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(d). Patient Member

Criterion: Currently a patient or a patient's carer. Membership fee: €75 (annually renewable)

(e). Industry Member

Criterion: Profound interest or active working in the field. Membership fee: €250 (annually renewable)

(f). Associate

Criterion: Promising contribution to the field of person-centered clinical practice. Membership fee: €0 (annually renewable)

(g). Student

Criterion: Detectable commitment to the principles of person-centered clinical practice. Membership fee: €25 (annually renewable)

H. BENEFITS OF MEMBERSHIP

Ten things you need to know about membership benefits of the Society:

1. Free on-line access to the *European Journal of Person Centered Healthcare*. (Priced for non-members at €70, £225, for print and online and €95, £165 for online only and for non-member institutions at €345, £275 for print and online and €250, £200 for online only).
2. Monthly Bulletin of the ESPCH by e-mail direct from the President, detailing new bibliography of relevance to the field, forthcoming European and other conferences and all details relating to the Society's activities, including updates on the work of the Special Interest Groups.
3. A Directory of Members documenting their areas of interest, current research activities and contact details, to enable cross-institutional collaboration and networking.
4. Eligibility for consideration of award of the Society's Platinum, Gold, Silver and Bronze Medal in recognition of individual contribution to the development of excellence in person-centered clinical care
5. 25% discount of the Annual Conference and Awards Ceremony delegate fee (currently set at €175 for 2-days or €100 for 1 day for 1st Annual Conference in Rome on 28 & 29 April 2014 and a 25% discount on the delegate fees for events within the European Conference Series on Person Centered Healthcare (currently set at €395 for 2-days or €200 for 1-day).
6. 25 - 50% discount on the published price of the Society's publications. (e.g., the price of €40, versus €75, for the forthcoming major textbook: *Person-Centered Healthcare. How to Practise and Teach PCM*. And the same price for the forthcoming textbook *Person-centered Healthcare Education: A Vision for the 21st Century*. Similar preferential prices are also available to members for each publication within the Society's forthcoming 'Clinical Practitioner Handbooks on Person Centered Healthcare', which will generate diagnoses-specific guides for immediate use within routine clinical practice in the management of a wide range of chronic illnesses and to assist study of a wide variety of non-clinical areas of relevance to PCH.
7. Eligibility for invitation to lecturing positions on the intensive educational courses to be organised by the Society (Fellows and Members only) in various European countries and also within the USA.
8. Eligibility to apply to the Society for research grants and Higher Degree Studentship grants.

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9. Automatic 10% discount on registration for the Society's 7-day residential intensive study courses on person-centered healthcare, whether at practitioner-learner level or practitioner-teacher/mentor/leader level.

10. A 15% discount on the subscription costs to any of the Society's clinical condition-specific quarterly journals and an automatic invitation to apply to membership of their Editorial Boards and Peer Reviewer Directories.

I. CORPORATE MEMBERSHIP AND CORPORATE SPONSOR MEMBERSHIP

Corporate Membership of the Society (and Corporate Sponsor Membership) at the level of Platinum, Gold, Silver and Bronze is invited and encouraged and available at an agreed cost based on the size of the organisation and the World Bank status of its geographical location.

Benefits of Corporate Membership and Corporate Sponsor Membership are highly substantial and include: (1) High visibility of the Institution's Logo and Statement of Commitment to Person-Centered Healthcare; (2) Free advertising opportunities in the Society's Monthly Bulletin; (3) A *gratis* Advertising/Marketing Stall at the Society's Annual Conference & Annual Academic Awards Ceremony; (4) Personal Introductions to Distinguished Clinicians of the Society by the President/Senior VP; (5) Generous reductions on block purchases of delegate places at the Society's Annual Conference and Academic Awards Ceremony & (6) Preferred Sponsor Status of the Society's publications and also of its Intensive Training Courses for practising clinicians wishing to: (a) become PCH trained practitioners and (b) those practitioners who seek to become PCH Mentors and Leaders in their field of practice.

For further information, teleconference or face-to-face meetings and indicative cost estimates, please contact in the first instance: Mr. Andrew Williamson at: andrew.williamsonprofunit@gmail.com

J. SPECIAL INTEREST GROUPS (SIGs) OF THE SOCIETY

The Society has created a large number of Special Interest Groups (SIGs).

The SIGs have been designed to enable the rapid advancement of research, scholarship and teaching in the specific field of study. No fragmentation of study of person-centered healthcare into the highly demarcated areas of study is intended. On the contrary, it is fully anticipated (and will be required) that chairmen of individual SIGs will liaise inter-collegially with the chairmen of all other SIGs, so that not only will a deepened understanding and accelerated progress be achievable within the specific area of the SIG, but a similarly deepened and accelerated understanding will also be gained of the *essential inter-relationship and mutual dependence* of the individual areas of study with each other. Full details of the mechanisms as how such functions will be achieved will be laid out in the formal Constitution of the Society (see 'D', above).

The Special Interest Groups created are as follows:

THE CANCERS

1. Special Interest Group – Breast Cancer
2. Special Interest Group – Gastrointestinal Cancer (Colorectal)
3. Special Interest Group – Gastrointestinal Cancer (Upper GI)
4. Special Interest Group – Gynaecological Cancers
5. Special Interest Group – Lung Cancer

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6. Special Interest Group – Multiple Myeloma
7. Special Interest Group – Non-Hodgkin’s Lymphoma (& Hodgkin’s)
8. Special Interest Group - Pain and Associated Symptomatology
9. Special Interest Group – Prostate Cancer (& Male Urological)
10. Special Interest Group – Survivorship

THE CHRONIC ILLNESSES

11. Special Interest Group – Chronic Disease and PCH (General Considerations)
12. Special Interest Group – Chronic Illness: PCH and Affective Illness/Anxiety
13. Special Interest Group – Chronic Illness: PCH and Arthritis (RA & OA)
14. Special Interest Group – Chronic Illness: PCH and Cardiovascular Disease
15. Special Interest Group – Chronic Illness: PCH and Crohn’s Disease (& UC)
16. Special Interest Group – Chronic Illness: PCH and Cystic Fibrosis
17. Special Interest Group – Chronic Illness: PCH and Dementia
18. Special Interest Group – Chronic Illness: PCH and Diabetes
19. Special Interest Group – Chronic Illness: PCH and Epilepsy
20. Special Interest Group – Chronic Illness: PCH and Fibromyalgia
21. Special Interest Group – Chronic Illness: PCH and HCV
22. Special Interest Group – Chronic Illness: PCH and HIV/AIDS
23. Special Interest Group – Chronic Illness: PCH and Lupus Erythematosus
24. Special Interest Group – Chronic Illness: PCH and Motor Neurone Disease
25. Special Interest Group – Chronic Illness: PCH and Multiple Sclerosis
26. Special Interest Group – Chronic Illness: PCH and Muscular Dystrophy
27. Special Interest Group – Chronic Illness: PCH and Myasthenia Gravis
28. Special Interest Group – Chronic Illness: PCH and Parkinson’s Disease
29. Special Interest Group - Chronic Illness: PCH and Psoriasis
30. Special Interest Group – Chronic Illness: PCH and Respiratory Disease
31. Special Interest Group – Chronic Illness: PCH and Schizophrenia
32. Special Interest Group – Chronic Illness: PCH and Stroke

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33. Special Interest Group – Bioethics and PCH
34. Special Interest Group – Burnout Syndrome and PCH for Patients and Professionals
35. Special Interest Group – Case-based Decision-Making and PCH
36. Special Interest Group – Child and Family-Centered Care
37. Special Interest Group – Commissioning Person-centered Healthcare
38. Special Interest Group – Communication and Communication Skills for PCH
39. Special Interest Group – Complexity Theory, Non-Linearity and PCH
40. Special Interest Group – Cultural Competence (Transcultural Care) and PCH
41. Special Interest Group – Developing Countries and PCH
42. Special Interest Group – Diagnostic Categorisation, Nosology and PCH
43. Special Interest Group – PCH of Drug and Alcohol Addiction
44. Special Interest Group – Epistemology and Ontology of PCH
45. Special Interest Group – Ethics and Medical Law for PCH
46. Special Interest Group – Evidence-based Medicine, Patient-centered Care and PCM
47. Special Interest Group – Health Economics of PCH
48. Special Interest Group – Health Philosophy (General) and PCH
49. Special Interest Group – Health Politics, Policy and PCH
50. Special Interest Group – Health Professional Regulation and PCH
51. Special Interest Group – Implementation of PCH
52. Special Interest Group – Medical Humanities and PCH
53. Special Interest Group – Mental Health (General Considerations)
54. Special Interest Group – Mind-Body Medicine in PCH
55. Special Interest Group – Mindfulness and Reflective Practice for PCH
56. Special Interest Group – Multi-moribidity and PCH
57. Special Interest Group – Narrative-enriched Care for PCH
58. Special Interest Group – Non-conventional Medicine and PCH
59. Special Interest Group – Obesity & PCH
60. Special Interest Group – Pain (Chronic Non-Malignant)

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61. Special Interest Group – Palliative Care
62. Special Interest Group – Patient Advocacy, Education and Empowerment for PCH
63. Special Interest Group – Person-Centered Clinical Guidelines Development Group
64. Special Interest Group - Person-Centered Healthcare Quantitative and Qualitative Healthcare Measurement Indices Development Group
65. Special Interest Group – Person-Centered Hospital and Health Facility Design
66. Special Interest Group – Patient Preferences-guided Care for PCH
67. Special Interest Group – People-Centered Public Health and PCH
68. Special Interest Group – Person-Centered Health Records
69. Special Interest Group – Postgraduate Medical and Clinical Training for PCH
70. Special Interest Group – Psychosexual Care in PCH
71. Special Interest Group – Psychosocial Care in PCH
72. Special Interest Group – Research Methods for PCH
73. Special Interest Group – Self-care and PCH
74. Special Interest Group – Shared Clinical Decision-Making for PCH
75. Special Interest Group – Social Care and PCH
76. Special Interest Group – Sociological Dimensions of PCH
77. Special Interest Group – Spiritual and Religious Care
78. Special Interest Group – Undergraduate Medical and Clinical Education for PCH
79. Special Interest Group – Values-informed Care
80. Special Interest Group – Wellbeing and Positive Health

K. APPLICATIONS FOR APPOINTMENT TO A SPECIAL INTEREST GROUP AS A CHAIRMAN, A DEPUTY CHAIRMAN OR AS AN ORDINARY MEMBER

The Society invites Expressions of Interest and Applications to the (a) Chairmanship and (b) Deputy Chairmanship and (c) Ordinary Membership of the SIGs. Applications may refer in the first instance to one or more of the SIGs. A working knowledge of and proficiency in the English language is assumed. Applications are invited from colleagues working actively within the field of person-centered care across Europe, but also and without exception from all other areas of the globe, so that the entitling of the Society as ‘European’ should not deter from interest and application those colleagues who are institutionally affiliated outside of Europe.

Expressions of Interest and Applications in the positions detailed as: (a), (b) & (c) immediately above should be made to the Senior Vice-President and Secretary-General of the ESPCH

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(andrew.miles@phealthcare.org.uk), enclosing a Letter of Interest giving details of the basis of the interest shown and attaching a full, updated *Curriculum Vitae*. Applications will be acknowledged by return and considered by the President and Senior Vice-President in the interim and, when constituted, by the Academic Council of the Society.

Chairmen and Deputy Chairmen and Ordinary Members of SIGs are expected to become and remain fully paid up members of the Society at the grade of membership appropriate (see 'G', above). The detailed responsibilities of Chairmen and Deputy Chairmen of the Society will be published in the Constitution of the Society. For the purposes of this *Announcement of Inauguration*, the outline responsibilities of SIG Members will be as follows:

A **Chairman** will: (1) Set the *Agendum* of the SIG with reference to the broad requirements of the Society's Leadership and monitor progress against agreed objectives; (2) Coordinate the SIG's contribution to the Society's Publications Programme; (3) Contribute to the organisation of the Society's Annual Conference; (4) Act as an Ambassador for the Society at international meetings and when delivering lectures, *etc.* & (5) Lead the recruitment of individual members of the SIG in an effort to build a strong and multi-disciplinary European and International Membership of the SIG.

A **Deputy Chairman** will: (1) Assist the Chairman in the overall operation of the SIG as described in functions 1 - 5 immediately above & (2) Deputise for the Chairman of the SIG when he/she is unable to undertake any or all of the Chairman Functions 1 - 5 listed.

Ordinary Members will: (1) Contribute individually or collectively, as appropriate, in enabling the realization of the individual objectives that constitute the overall *Agendum* of the SIG; (2) Act as an Ambassador for the specific SIG (s) of which he/she is a Member and also as an Ambassador for the Society as whole wherever possible; (3) Actively encourage colleagues to join the SIG or the other SIGs of the Society, as appropriate to the interests and expertise of the given colleague.

L. CONFERENCES OF THE SOCIETY

a. EUROPEAN CONFERENCE SERIES ON PERSON CENTERED HEALTHCARE

The European Conference and Publication Series on Person-Centered Healthcare ('The Series') is a major developmental initiative of the new Society. It will function to provide detailed reviews of recent advances in biomedicine and technology and expert clinical interpretation/opinion for the diagnosis, treatment and follow-up of a wide variety of chronic malignant/non-malignant conditions and diseases and to examine how these advances in science can be delivered to patients within models of practice which take due account of the patient's broader needs and circumstances, including his/her lifestyle, psychological, emotional, social and spiritual requirements in addition to his/her physical needs.

Structurally, conferences in the Series will take the form of intensive 2-day events, commencing at 08.30 hours and concluding at 18.30 hours, with some 40 - 50 presentations delivered over this time by leading clinicians and scientists brought together from all over Europe (and elsewhere). Conference presentations typically take the form of 20 minute overviews of the clinical literature and current thinking/opinion on its interpretation and relevance for individual patients. These are written up in each case as 3000 - 5000 word, fully referenced academic papers which are collected together and guest edited into a *Special Supplement* of the *European Journal for Person Centered Healthcare* (the official journal of the Society - see 'N', below) and uploaded open access on-line as part of the knowledge dissemination strategy of the Series. A case-based Masterclass has been built into each conference in order to demonstrate the application of general person-centered care principles and methods to individual and complex patients.

Delegates attending these conferences will receive an intensive and data-rich update on new scientific and technological advances for the investigation, management and follow-up of the given

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illness/disease, but also - and importantly - knowledge of how to address with the multidisciplinary team the needs and circumstances of the ill patient viewed as a whole person. The Series therefore acts to provide CPD in accordance with both current WHO thinking and the increasingly person-centred treatment models of health services and systems in high, medium and low income countries across Europe and elsewhere.

b. ANNUAL CONFERENCE OF THE SOCIETY

The 1st annual conference of the ESPCH will be held in **Rome on 28 & 29 April 2014**. Academic enquiries may be made to Professor Andrew Miles, Senior Vice-President & Secretary General/CEO of the ESPCH at: andrew.miles@phealthcare.org.uk. Administrative enquiries (including sponsorship and exhibition requests) may be made to Mr. Andrew Williamson at: andrew.williamsonprofunit@gmail.com. Enquiries by post may be made to: European Society for Person Centered Healthcare, 77 Victoria Street, Westminster, London SW1H 0HW, UK. The 2nd annual conference of the Society will be held in Madrid, Spain, the 3rd in Sofia, Bulgaria and the 4th in Heidelberg, Germany. Dates will be announced in due course.

M. ANNUAL AWARDS CEREMONY AND *LECTIO MAGISTRALIS*

Each year, the Society will offer a *Platinum Medal*, a *Gold Medal*, A *Silver Medal* and a *Bronze Medal* for Excellence in Person-Centered Healthcare. Each prize is associated with a monetary award in recognition of the given achievement. (Platinum: €1000; Gold: €750; Silver: €500; Bronze: €250) and a formal, printed and framed Certificate of (respective) Achievement. Eligibility for Awards is open only to paid-up Distinguished Fellows, Fellows, Members, Associates and Students of the Society. Criteria for the judging and determination of awards will be set out in detail within the Constitution of the Society (see 'D', above).

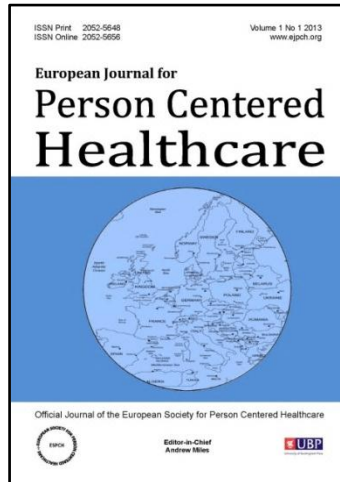
The first Annual Awards Ceremony of the ESPCH will be held in Rome on the evening of **28 April 2014**, immediately before the Conference Dinner and the 1st Annual Conference of the Society. The Annual Oration of the Society will be made by the President, Professor Sir Jonathan Asbridge DSc (*hc*) at which new Fellows, Members, Associates and Students of the Society will be formally admitted and where the Society's medal winners will be announced the medals presented with their associated Certificate. The winner of the *Platinum Medal for Excellence in Person-Centered Healthcare* will deliver the *Lectio Magistralis* to be published in the *European Journal for Person Centered Healthcare*.

The award ceremonies will be formal and academically robed, with members of the Medical and Popular Press in attendance for photographic opportunities, journal and newspaper coverage and interviews.

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N. PUBLICATION PROGRAMME OF THE SOCIETY

(a). EUROPEAN JOURNAL FOR PERSON CENTERED HEALTHCARE (EJPCH)

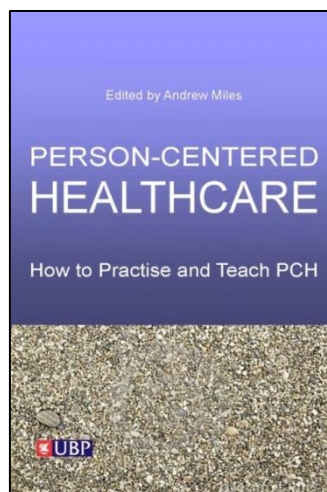


ISSN (Print): 2052-5648. ISSN (Online): 2052-5656. Website: www.ejpch.org (under construction). Editor-in-Chief: Professor Andrew Miles.

A learned Society needs An *Official Journal* to function as its major vehicle for the stimulation of scholarly interchange and collaboration and to publish basic and applied research of direct relevance to the development of person-centered models of healthcare. The Society has therefore commenced the publication of a new periodical for this purpose, entitled the *European Journal for Person Centered Healthcare* (EJPCH).

The new journal will be available free of charge on-line to paid up members of the Society at all grades of membership. The journal will also publish *Special Supplements* deriving from the European Conference Series on Person Centered Healthcare (see 'L', above).

(b) MAJOR ACADEMIC/CLINICAL TEXTBOOK FOR THE STUDY, PRACTICE AND TEACHING OF PERSON-CENTERED HEALTHCARE



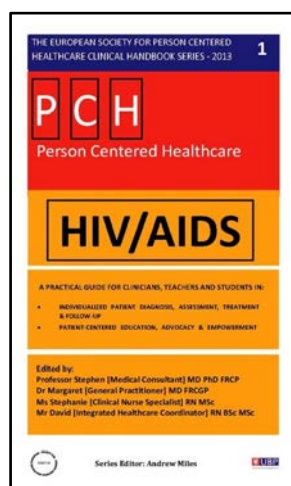
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Person-Centered Healthcare. How to Practise and Teach PCH. (Miles, A., Ed).

European Society for Person Centered Healthcare and the University of Buckingham Press Ltd. [ISBN 978-1-908684-27-1]. 50 chapters. pp. 750 (approx.) €75.00. (Pre-publication price: €55. ESPCH members: €40). Available end June 2014.

A further major initiative within the Publications Programme of the Society will be the production of an important and substantial text. The new volume, illustrated above, is being designed specifically to guide person-centered clinical practice and to provide material for undergraduate and postgraduate person-centered teaching and the design of educational courses. Several of the 50 individual chapters are already being written and others are currently being commissioned. The Editor of the volume is Professor Andrew Miles, with senior colleagues drawn internationally acting as Section Editors within the text. It is hoped that the new volume will be launched at the 1st annual conference of the Society in Rome on 28 & 29 April 2014. The volume is a joint publication between the Society and the University of Buckingham Press, UK. Details of the major academic endorsements of the volume will be announced in subsequent communications of the Society. For further information and to place orders at the pre-publication or especially discounted ESPCH membership prices, please contact Mr. Andrew Williamson at: andrew.williamsonprofunit@gmail.com

(c). THE CLINICAL PRACTITIONER HANDBOOK SERIES ON PERSON-CENTERED HEALTHCARE



Over the last 30 or so years, clinical practice guidelines (CPGs) have proliferated across all healthcare institutions worldwide and increasingly form the basis of practitioner decision-making and healthcare commissioning and associated cost reimbursement by Payers. At the time of writing, several countries have indicated that CPGs may also become increasingly employed in the regulation of healthcare professionals and in the formal assessment of their fitness to practice. While CPGs have both ‘pros’ and ‘cons’ (and these are argued variously by supporters or detractors), one principal feature of CPGs is their generally reductive focus on the biology of disease alone, *rather on a more comprehensive assessment and treatment* of the patient focussed on the patient’s psychology, emotions, spirituality and social concerns in addition to the somatic dysfunctions of the disease process. If, therefore, we are to treat patients as *persons* and not as ‘complex biological machines’, then there is a clear need for CPGs and the health systems in which they are applied, to become far less mechanistically reductive and far more person-centered. Here, the wide range of ‘person factors’ should be as fully considered as the patient biology and practitioners should begin to see *both* approaches as essential *and not select one or the other*, as if either one approach could ever function credibly as a valid alternative to the other.

In order to provide practical guidance for clinicians on how to increase the person-centeredness of their clinical care, i.e., how to combine science with humanism in the care of the sick patient, a flagship initiative of the Society, the ‘Clinical Practitioner Handbook Series’, will produce (*via* the

Appendix 1

SIG Network of the Society), a large range of diagnoses-specific clinical handbooks. The handbooks will augment the biomedical and technological algorithms approved by European and World clinical societies with person-centered prompts and evaluative audit indices alongside the 'EBM'-type prescriptions. In this way, practitioners can become confident that by using such handbooks they will provide for the patient a superior form of clinical practice: one that remains fully science-based, but one which is also completely humanistic.

(d). CLINICAL CONDITION-SPECIFIC PCH JOURNALS

In addition to the EJPCH, the Official Journal of the Society, the ESPCH will in addition publish a range of quarterly clinical condition-specific clinical journals. The journals are designed specifically to enhance the level of communication in their areas of interest and will be edited and led by distinguished experts in the field assisted by strong editorial boards of clinicians, academics, managers and health policy-makers from across the entirety of Europe and elsewhere.

(e). BULLETIN OF THE EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE

In addition to the above three publication initiatives, the Society will also publish a monthly e-Bulletin. The purpose of the e-Bulletin is to maintain constant contact of the Society with its members and provide information judged useful to members by the Society. The e-Bulletin will contain: (1) A Message from the President and Chairman of Council, (2) Continuous Updates from the Senior VP on the work and progress of the Special Interest Groups (SIGs), (3) Publication Alerts to 'hot off the press' publications of relevance to PCH appearing within the international literature, (4) A Conferences Diary, (5) Communications from members in the form of *Letters* to the Society and (6) Advertisements of relevance to PCH.

O. INTENSIVE EDUCATION AND TRAINING COURSES ORGANISED BY THE SOCIETY

The Society has engaged in the organisation of two specific types of intensive training courses:

- (a) An intensive 7-day residential course for the education of practising clinicians in person-centered healthcare.
- (b) An intensive 7-day residential course for the formation of Professional Mentors in person-centered healthcare intended to function as leaders in this field within their organisations and as authoritative teachers of students.

These two types of courses will be delivered at recognised, State-accredited academic and clinical educational establishments across Europe. For further information on content, fees and to book places, please e-mail: andrew.williamsonprofunit@gmail.com

P. NOTE TO THE MEDICAL, HEALTHCARE AND SCIENTIFIC PRESS & CONTACT

Interested colleagues can learn more about the Society and ask questions by contacting Professor Andrew Miles, Senior Vice President & Secretary General/CEO *via* e-mail in the first instance to: andrew.miles@phealthcare.org.uk

SOCIETY ANNOUNCEMENT



The President and Senior Vice President are delighted to announce the following first wave appointments to the offices and membership of the Society

OFFICERS OF THE SOCIETY - RECENTLY APPOINTED

President and Chairman of Council

Professor Sir Jonathan Asbridge DSc (*hc*), Oxford and Westminster, United Kingdom. (Inaugural President of the Nursing and Midwifery Council of the UK, former Deputy Chairman, UK Healthcare Council for Regulatory Excellence, former 'Tzar' for Patient Experience in Emergency Care, former Tsar for Patient and Public Involvement in Healthcare, Department of Health, London, UK).

Senior Vice President & Secretary General/CEO

Professor Andrew Miles MSc MPhil PhD DSc (*hc*), World Health Organisation Collaborating Centre, Faculty of Medicine, Imperial College London UK. (Previously Professor of Public Health Sciences, St. Bartholomew's and The Royal London School of Medicine and Dentistry and at Guy's, King's and St. Thomas' Hospitals', King's College, University of London. Formally Professor of Clinical Epidemiology and Social Medicine & Deputy Vice Chancellor, University of Buckingham, UK). Visiting Professor, University of Milan; Francisco de Victoria University, Madrid; Medical University of Plovdiv & University of Sofia, Bulgaria.

Vice President (Northern Europe)

Professor Inger Ekman RN, PhD, Director, Centre for Person Centered Care, University of Gothenburg, Sweden

Vice President (Southern Europe)

Dr. Marco Bregni MD. President, Society of Medicine and the Person, Italy & Consultant Haemato-oncologist, Brescia, Italy

Vice President (Eastern Europe)

Professor Drozdtoj St. Stoyanov MD PhD, Medical University of Plovdiv, Bulgaria

Vice President (Western Europe)

Dr. Katja Goetz DPhil, Department of General Practice and Health Services Research, University of Heidelberg, Germany

Chairmanships of the Special Interest Groups of the Society

Special Interest Group - Chronic Disease and PCH (General Considerations)

Dr. Ross Upshur BA MSc PhD, Canada Research Chair in Primary Care Research; Professor, Department of Family and Community Medicine and Dalla Lana School of Public Health, University of Toronto, Canada

Special Interest Group - Bioethics and PCH

Professor Gonzalo Miranda LC, Dean of Faculty of Bioethics, Pontifical Athenaeum 'Regional Apostolorum', Rome, Italy

Special Interest Group - Burnout Syndrome and PCH for Patients and Professionals

Professor Drozdtoj St. Stoyanov MD PhD, Associate Professor, Medical University of Plovdiv, Bulgaria

Special Interest Group - Case-based Decision-making and PCH.

Dr. Mark Tonelli MD MA, Professor of Intensive Care Medicine, Division of Pulmonary and Critical Care Medicine, University of Washington Medical Center, Seattle, Washington USA.

Special Interest Group - Child and Family-Centered Care

Professor Linda Shields MD (Higher, Doctorate), PhD, MMedSci, BAppSci, FACN, Professor of Nursing, James Cook University, Townsville, Queensland, Australia

Special Interest Group - Communication and Communication Skills for PCH

Dr. Roger Ruiz Moral MD PhD, Professor of Medicine and Medical Education, Universidad Francisco de Victoria, Madrid, Spain

Appendix 2

Special Interest Group – Complementary and Alternative Medicine

Professor Paolo Bellavite MD MSc, Professor of General Pathology, Department of Pathology and Diagnostics, Medical School, University of Verona, Italy

Special Interest Group - Complexity and Non-linearity and PCH

Dr. Joachim Sturmberg MD PhD, Associate Professor of General Practice, Monash University, Australia & Dr. Carmel Martin MD PhD, Associate Professor, Trinity College Dublin, Ireland

Special Interest Group - Epistemology and Ontology of PCH

Professor Lin Getz MD PhD, Professor in Biopsychosocial Medicine and Senior Researcher, General Practice Research Unit, Department of Public Health and General Practice, Norwegian University of Science and Technology, Trondheim, Norway.

Special Interest Group - Evidence-based Medicine, Patient-centered care and PCH

Dr. Peter Wyer MD, Associate Clinical Professor of Medicine, Columbia University & Chairman, Section on Evidence-based Healthcare, New York Academy of Medicine, USA & Dr. Suzana Silva MD MSc, Consultant Cardiologist, Federal University of Rio de Janeiro, Brazil & Co-ordinator, Brazilian Workshop of Evidence-Based Clinical Practice for Decision-Making.

Special Interest Group - Health Philosophy (General) and PCH

Dr. Michael Loughlin PhD, Reader in Health Philosophy, Manchester Metropolitan University, UK.

Special Interest Group - Health politics, policy and PCH

Dr. Sandra Tanenbaum PhD, Associate Professor, College of Public Health, Ohio State University, USA

Special Interest Group – HIV/AIDS

Professor Nathan Clumeck MD PhD, Professor and Head of Department of Infectious Diseases, Saint-Pierre University Hospital Brussels, Belgium & Member/Treasurer, Governing Board, European AIDS Clinical Society

Special Interest Group - Medical Humanities and PCH

Dr. Stephen Post PhD, Director, Centre for Medical Humanities, Compassionate Care and Bioethics, Stony Brook University, NY, USA

Special Interest Group - Postgraduate Medical and Clinical Training for PCH

Professor Ed Piele MB BS EdD FRCP FHEA FRCEP FRCPCH FAcadMed MRCS DCH DRCOG, Professor Emeritus (Medical Education), University of Warwick, Visiting Research Professor, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, Inaugural Ronald Harden Visiting Professor, International Medical University, Malaysia & Editor-in-Chief *Education for Primary Care*

Special Interest Group - Research Methods for PCH

Dr. Stephen Buetow PhD, Associate Professor & Director of Research, Department of General Practice and Primary Health Care, University of Auckland, New Zealand

Special Interest Group - Spiritual and Religious Care

Dr. Christina Puchalski MD MS FACP, Director, Institute for Spirituality and Health & Professor of Medicine and Health Sciences, George Washington School of Medicine, Washington DC, USA

Special Interest Group - Undergraduate Medical and Clinical Education for PCH

Dr. Fernando Caballero MD, Director of Medicine, Francisco de Vitoria University, Madrid, Spain



Professor Sir Jonathan Asbridge DSc (hc)



Professor Andrew Miles DSc (hc)

SOCIETY ANNOUNCEMENT



ITALIAN SOCIETY OF MEDICINE AND THE PERSON

The President, Senior VP and Officers of the ESPCH are pleased to announce the appointment of the Italian Society of Medicine and the Person as a Corporate (Academic) Member of the ESPCH.

About the Italian Society:

The Italian Society of Medicine and the Person was founded on 16 February 1999, as an independent association of healthcare professionals to consider and debate the radical changes and reforms occurring throughout Italy. Its philosophy is grounded upon the need to use finite healthcare resources to promote and develop patient and caregiver relationships as central to the profession of medicine and the achievement of the best possible clinical outcomes from medical intervention. To be successful in doing so, the Italian Society has been determined to obviate political and cultural prejudices from its work and members and seeks to build and promote 'common good' in its work. The Italian Society is constituted of doctors, nurses, administrators and medical students and entirely rejects so called 'class interests' in its vision and activity. The Italian Society continues to publish an official journal, the *Journal of Medicine and the Person (JMP)* and, in solidarity and collaboration, exchanges editorial board memberships between the *JMP* and the *European Journal for Person Centered Healthcare (EJPCH)*.

Speaking of the Agreement, Dr. Marco Bregni MD, President of the Italian Society, has said: "I am delighted that our Society, of almost 1,000 members, has entered into formal association with the ESPCH. This allows us to maintain our distinctive identity and history, while enabling us to work closely with the European Society for Person Centered Healthcare in developing person-centered healthcare across Europe."

Professor Sir Jonathan Asbridge DSc (*hc*) has said: "It is a personal pleasure to welcome such a dedicated group of colleagues as constitute the Italian Society into close collaboration with the ESPCH. Let me assure them of the ESPCH's warm welcome and of our determination to work with them in advancing the progress of humanistic healthcare in our times."

FIRST ANNOUNCEMENT



FIRST ANNUAL EUROPEAN CONFERENCE ON PERSON-CENTERED HIV/AIDS CARE

27 & 28 MARCH 2014: Madrid, Spain

About the 1st Annual Conference

Recent decades have seen major increases in the scientific understanding and clinical treatment of HIV infection that have radically transformed the morbidity and mortality resulting from disease. The accompanying shift of HIV/AIDS care from acute hospital-based presentations of disease to long term chronic illness management in the community has done much to empower the patient and to encourage self-care and wellbeing. Such monumental progress has nevertheless been accompanied by some less positive results. Of these, a greater distance between the patient and the clinician in terms of the therapeutic relationship has been noted. Intervals between outpatient consultations of 6 months are now less than uncommon and actions during the consultation are often limited to monitoring of adherence to drug regimens, toxicity and symptom control, with a cursory enquiry as to the patient's general health. With such observations in mind, the forthcoming Conference will discuss and debate a variety of key issues and questions, including (among others), those that follow:

- There is a growing global consensus that much greater attention needs to be afforded to the cultivation of humanistic values in healthcare, so that clinicians become better qualified to understand and respond to the subjective experience of illness by the patient, as well as holding an objective account of biological dysfunction and its interventional treatment. The global shift to patient-centered care as well as the ongoing progress in biomedicine and technology pose inherent challenges to the philosophy, nature and delivery of 21st Century healthcare. *What will this change in the political and health policy environment of international medicine mean when considered specifically in the context of HIV Medicine/Care and how should we respond to this new 'environment' in terms of HIV Care policies?*
- Person-centered care is a philosophy and a method of 'being and doing' in clinical practice, being constituted by many components and actions that collectively aim to deliver a more effective and complete model of medicine/healthcare than is typically provided currently. *What questions do we need to ask ourselves if we are agreed that we need to respond in some way to the new environment and collaborate in the development of the relevant tools, their validation and their use and evaluation in our work?*
- Patient advocacy, education and empowerment are acknowledged in general rhetorical terms to be important for patients and as key general components of patient-centered care. However, they are ill-defined in terms of the academic rigour that as clinicians we require. *How are we to understand these concepts and their lexicons in the context of HIV Medicine/Care in order to address them more coherently in clinic?*
- Patient-centered care advises and requires clinical practitioners to ask a multiplicity of questions of themselves and of their patients. *What are the relevant questions for HIV/Medicine Care? For example, are we now meant to elicit the patient's narrative in our work and, if so, how do we do it and how do we use it to understand the patient's values and preference sensitivities? Are we being sufficiently culturally sensitive in our work? What of the existential and spiritual concerns that the patient may be experiencing? Are we aware of the patient's psychosocial status and of concerns relating to relationship and psychosexual functioning? Are we screening for anxiety, depression and for possible alcohol and substance misuse? Are we employing a shared decision-making approach in our work, so that we are accompanying patients, rather than directly instructing or even abandoning them to a sea of decision options?*

Appendix 4

- Patient-centered care argues, even defines, that unless the above questions are posed and adequately considered, clinical practitioners cannot demonstrate that they take seriously the need to assist healthcare's transition from a reductive anatomico-pathological account of disease to a fuller, more humanistic model of serving the sick. *Is it true that without an appropriate consideration of these clinical factors, HIV clinicians cannot but fail to 'know' the patient and run the risk of treating patients more in the manner of a complex biological machines than as unique individuals, which is to say persons? Is it true that in order to move our high technical skills in the direction of high clinical excellence and to further the development of our specialty and HIV Care more broadly, we now need to apply our science within a far more humanistic framework than perhaps we have at the current time?*
- Patient-centered care insists that, far from being an idealist, outdated Hippocratic account of healthcare, it has a rapidly expanding empirical research base to demonstrate its superiority over 'care as usual'. *Is it true that person-centered, relationship-based models of care increase patient adherence to both simple and complex medication regimens, that they maximise desired clinical outcomes, that they decrease the frequency of symptom exacerbations and distress, that they reduce frequency of hospitalization, that they decrease length of hospital stay following admission and reduce the frequency of secondary and primary care consultations? Is it true that these approaches are additionally associated with increased patient and clinician satisfaction with care, that they are negatively correlated with clinician burnout and that they are positively correlated with decreased economic and human resource utilization? Are, then, solid quantitative and thus 'hard' data therefore now being added to the results of so much qualitative and thus 'soft' research conducted over recent years and that these data argue strongly for the clear and direct benefits of this approach: an increased quality of care and clinical professionalism and a cost-reduced or cost-contained care? How and why are these data important for HIV Medicine/Care?*
- Patient-centered care advises various levels of clinical service reconfigurations and reorganizations to enable us to deliver it more effectively and to remove barriers, including also developments in IT and medical informatics, in order to enable more humanistic care. *What does HIV Medicine/Care need to do in this context and who should do it and how?*
- Patient-centered care is focussed in considerable measure on the achievement of healthcare outcomes defined by the patient and clinician together. *How can we recognise when these have been accomplished in the context of HIV Care and how can we demonstrate them using quantitative and qualitative measurement tools?*
- Patient-centered care, via its empirical research base, promises major benefits to patients, clinicians and health systems as well as a contribution to medicine's philosophy. *When these have been realized, what then remains to be done? How do we go further from there? What will be necessary next as part of service development?*

Additional et pro nota bene

- The conference will bring together leading European and non-European experts across a wide variety of medical and healthcare specialties, principally HIV Medicine and Nursing, but also and equally, clinicians and academics drawn from all of the disciplines relevant to the provision of effective, humanistic HIV services. In this way, the broadest account of what constitutes optimal care of the patient with HIV/AIDS will become possible to define.
- All delegates to the Conferences are invited to the launch of the *International Journal for Person-Centered HIV/AIDS Care*, which will take place immediately before the Conference Dinner at the conclusion of Day One.
- The Conference will issue a *Declaration* on the next steps necessary for the development of Person-centered HIV Care in Europe, to which all those delegates in agreement may add their signature in support, prior to discussions on the *Declaration* with relevant European clinical societies and governments.

The full programme of the Conference and a listing of the educational institutions and specialist European and global clinical societies and other sponsors who are supporting the Conference will be available in due course. Places are limited and colleagues are therefore encouraged to register their interest in securing a delegate place as soon as possible via the contact details provided within this First Announcement (see 'Contact Us', below).

Contact us:

For further information, registration details and costs, contact Andrew Williamson at:

andrew.williamsonprofunit@gmail.com

For sponsorship & exhibition enquiries and to pose any clinical questions, contact Prof. Andrew Miles at:

andrew.miles@phealthcare.org.uk

Acknowledgement:

The Society is grateful to Viiv Healthcare UK Ltd for a generous grant of unrestricted educational sponsorship.

FIRST ANNOUNCEMENT



FIRST ANNUAL EUROPEAN CONFERENCE ON PERSON-CENTERED UNDERGRADUATE CLINICAL EDUCATION

25 & 26 SEPTEMBER 2014

Aula Magna, Francisco de Vitoria University, Madrid, Spain

About the 1st Annual Conference:

The President, Senior VP and the Officers of the Society are pleased to announce the dates of the First Annual International Conference of the ESPCH on Person-centered Undergraduate Clinical Education, which will take place over two intensive study days punctuated by the Conference Dinner and will address key issues and questions, including (among others), those that follow:

- There is a growing international consensus that much greater attention needs to be afforded to the cultivation of humanistic values in healthcare, so that clinicians become better qualified to understand and respond to the subjective experience of illness by the patient, as well as holding an objective account of biological dysfunction and its interventional treatment. The global shift to patient-centered care as well as the ongoing progress in translational medicine, pose inherent challenges to the philosophy, nature and delivery of 21st Century healthcare and thus to clinical teaching and training, observations which argue for an urgent re-appraisal of traditional medical and healthcare education. *How should Academic Medicine and the healthcare professions respond to this new 'environment' in terms of policies?*
- The enormously competitive admissions process for medicine in particular and the healthcare professions in general allows the opportunity, if it is used, to select students disposed to healthcare's inherent humanism, as well as to its scientific advances, so that, as Cohen has said, candidates can be selected not only in accordance with what is in their heads, but also in terms of what is in their hearts. *How do we best select medical students and students in nursing and the other healthcare professions with such imperatives in mind?*
- The Conference will debate the contention that high technical skill in the application of biomedical knowledge and technology is high technological skill *only* and that for the achievement of *excellence* in clinical practice, the science of medicine must be fused with humanism, without which functional integration clinical excellence remains *ipso facto* out of reach. *What do we need to*

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teach and 'do' within undergraduate medical and clinical curricula in order to inculcate a growing humanism in students selected for study and to ensure that they maintain it throughout their entire period of undergraduate training?

- A person-centered, humanistic undergraduate education requires person-centered and humanistic teachers. *How do we teach the teachers and train the trainers?*
- The Conference will debate and formulate a *Declaration* on the next steps necessary for the development of person-centered clinical education in Europe as one tool aimed at causing an accelerated shift of clinical education away from a reductive anatomico-pathological focus, towards one that is more authentically anthropocentric in its nature. *What should be included in and excluded from the Declaration and how should it be used and with which colleagues, agencies and governments should it be discussed across Europe?* (all those delegates in agreement with the final Draft may add their signature in its support)

Additional *et pro nota bene*

- The Conference is the first of an annually recurring series in undergraduate and postgraduate education, devised and organised by the European Society for Person Centered Healthcare (ESPCH).
- The full programme of the Conference and a listing of the educational institutions and specialist European and global clinical societies and other sponsors who are supporting the Conference will be made available in due course. Places are limited and colleagues are therefore encouraged to register their interest in securing a delegate place as soon as possible *via* the contact details provided (see 'Contact Us', below).

Delegates at the Conference will be offered a substantial (50%) discount on the price (€75) of the major textbook *Person-centered Healthcare Education: a Vision for the 21st Century* to be generated by the Conference and made available in December 2014 and a substantial (50%) discount on the costs of membership (*via* Society membership of the appropriate grade) of the Special Interest Group (SIG 78) on Person-centered Undergraduate Medical and Clinical Education, thereby affording them access to and involvement in the work of the SIG and receipt of its communications, publications and news bulletins.

Contact us:

For further information, registration details and costs, contact Andrew Williamson at:
andrew.williamsonprofunit@gmail.com

For sponsorship & exhibition enquiries and to pose any clinical or academic questions, contact Prof. Andrew Miles at:
andrew.miles@pchealthcare.org.uk

FIRST ANNOUNCEMENT



FIRST ANNUAL CONFERENCE AND AWARDS CEREMONY OF THE EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE

28 & 29 APRIL 2014: Rome, Italy

About the 1st Annual Conference and Awards Ceremony

The President, Senior VP and the Officers of the Society are pleased to announce the dates of the First Annual Meeting of the ESPCH, which will take place over two intensive study days, punctuated by the Annual Awards Ceremony and Conference Dinner. The Conference itself will address key issues and questions, including (among others), those that follow:

The Conference

Person-centered healthcare (PCH), while retaining a broad appeal to those healthcare practitioners and healthcare systems which seek to deliver more humanistic models of care above those that are currently available, continues to hold an incomplete theoretical and empirical research base in terms of an epistemological justification of its own claims that it represents a superior model of care over and above those models of care that currently exist. Given the epistemological and methodological weakness of the current PCH approach and a need not to commit the epistemic errors of EBM, a further theoretical strengthening and conceptual underpinning of person-centered healthcare (PCH) is therefore urgently indicated. *The Conference will discuss and debate the current status of PCH in terms of its epistemology and empirical research base and will delineate the way forward in relation to how the necessary conceptual clarifications can be achieved and in terms of how the empirical research base can be strengthened.*

PCH is a philosophy of care, but it is also a method. *The Conference, with reference to the current conceptual base of PCH, will review, debate and discuss the development of a wide range of 'hands on' clinical tools and audit criteria currently being developed by various multi-disciplinary SIGs of the Society, with the aim of identifying strengths and weaknesses and generating a series of recommendations to guide and inform ongoing methodological developments.*

PCH, even when theoretically justified and with the necessary methodologies developed and validated, is unlikely to achieve operational implementation without the generation of additional data. *The Conference, acknowledging the same, will discuss and debate how developments in the health policy and political dimensions of PCH must be analyzed as they relate to PCH in health services generally and within the European Union in particular in order to guarantee progress. Methods of political advocacy in this context will additionally feature as part of necessary debate.*

PCH has economic implications, but the empirical research base accumulated to date suggests that the practice can cost-contain if not cost-reduce healthcare expenditure, while simultaneously increasing the quality and patient focus of care. *The Conference will debate and discuss currently available health economic analyses of PCH and re-imburement perspectives, aiming to guide and inform further analyses and research activity in this context.*

PCH must be *taught*, not 'caught'. Strategies for the incorporation of PCH into undergraduate and postgraduate clinical curricula are therefore of vital necessity in order to move the re-humanization of healthcare services forward, especially given data demonstrating reductions in student humanism and empathy during the middle years of training. *The Conference will therefore discuss and debate the elements of PCH teaching that would valuably be introduced into*

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undergraduate clinical curricula, in advance of the Society's major conference on this specific matter to be held in Madrid on 25 & 26 September 2014 (an accompanying Announcement refers; see pages 32-33).

PCH is not easily delivered within the constraints of current health services infrastructure and management. *The Conference will therefore debate and discuss the necessary clinical service reconfigurations and new information technologies that will be necessary to deliver more adequate PCH models of clinical practice that are fit for purpose for 21st Century healthcare.*

The Awards Ceremony

At the Awards Ceremony, the President will confer the annual *Platinum, Gold, Silver and Bronze* medals of the Society together with their accompanying certificates for distinguished achievement in PCH, followed by the annual *Book Prize* and the annual *Essay Prize*. The winner of the Platinum Medal of the Society will then deliver a *Lectio Magistralis* on Day 2 and will be joined in the ensuing Panel Discussion by the winners of the Gold, Silver and Bronze medals in their respective roles as panel discussants. The *Lectio Magistralis* will be published in unabridged form within the *European Journal for Person Centered Healthcare*, accompanied by an over-arching Editorial by the EJPCH Editor-in-Chief.

The Book Launch

The Conference will launch the 55 chapter seminal volume *Person-centered Healthcare. How to Practise and Teach PCH*. The volume, a seminal text for the teaching and practice of PCH, is available to Society members at a substantial discount and to non-members attending the conference at a significant discount. The volume is advanced as essential reading for all medical and healthcare students and early postgraduates.

The Declaration

The Conference will conclude with the publication of a *Declaration* on the next steps necessary for the effective development of PCH in Europe, to which all those delegates in agreement may add their signature in support, prior to discussions on the *Declaration* with European governmental powers. The *Declaration* will represent a principal means of opening conversations with EU governments on how to reform services in accordance with the PCH model of care.

Full Conference Programme

The full programme of the Conference and a listing of the educational institutions and specialist European and global clinical societies and other sponsors who are supporting the Conference will be made available in due course. With places limited, colleagues are encouraged to register their interest in securing a delegate place as soon as possible *via* the contact details provided within this First Announcement.

Costs:

Day 1 *or* Day 2: €150 (medical), €95 (non-medical), €75 (patients, clinical students), €300 (Industry)

Day 1 *and* Day 2: €250 (medical), €150 (non-medical), €100 (patients, clinical students), €500 (Industry)

Awards Ceremony and Dinner: €75 (all delegates)

Further information and to register interest, contact:

Andrew Williamson at: andrew.williamsonprofunit@gmail.com

Additional *et pro nota bene*:

The Conference and Awards Ceremony/Dinner is open to non-members of the Society as well as to enrolled members of the Society. Non-members of the Society attending the Conference will be eligible for a 50% reduction on membership fee at the appropriate grade.

SOCIETY ANNOUNCEMENT



ESPCH HIGHER DEGREE FEE SPONSORSHIPS: INVITATION TO SUBMIT A PRELIMINARY EXPRESSION OF INTEREST

The President, Senior VP and Officers of the Society are pleased to invite registrations of interest in the Society's higher degree fee sponsorship grants.

The Society invites registrations of interest from professionally qualified doctors, nurses and other health service professionals, including health policy and management colleagues, for a range of 2-year part-time Master's degree fee studentships to be offered by the Society with the Society's collaborating European university partners.

Interested colleagues, both students and potential supervisors, are invited to write to the Society (*via* the contact details below) with specific areas of research interest and outline proposals. Expressions of Interest should consist of an introductory letter to the Senior VP & Secretary General (for contact details, see below) attaching a *circa* 1,000 word outline of the project proposal, the student's *Curriculum Vitae* and the *Curriculum Vitae* of the proposed first and second supervisors. Letters should be signed by the prospective student and supervisors. A clear statement of how the proposed research is likely to contribute to the literature on humanistic healthcare is essential.

In addition to primary research as the basis of the higher degree, the Society is equally prepared to consider applications for secondary research for example, structured and systematic reviews of the literature.

On successful completion of Year One of the Society studentship, the Society will be pleased to consider application from students and their supervisors for progression to PhD.

On receipt of an Expression of Interest, the Society will provide further information to guide formal applications.

Contact details:

**Professor Andrew Miles MSc MPhil PhD DSc (*hc*): andrew.miles@phealthcare.org.uk
Senior Vice President & Secretary-General ESPCH**

SOCIETY ANNOUNCEMENT



ESPCH INTENSIVE 7-DAY RESIDENTIAL TRAINING COURSES IN PERSON-CENTERED HEALTHCARE (PCH) Invitation to Submit a Preliminary Expression of Interest

The President, Senior VP and Officers of the ESPCH are pleased to announce the development of intensive training courses in PCH for:

- (1) Clinical practitioners working in everyday practice and service institutions (Course A)
- (2) Advanced practitioners/service directors wishing to become mentors, teachers and leaders in PCH (Course B)

About the Courses

Each week long training course (whether for Course A or B - see above) commences on a Sunday and ends on a Sunday. Participants are requested to arrive between 15.00 - 18.00 hours on the commencing Sunday (Day 1), in time for check-in, registration, group and faculty introductions (19.00 hours) and a communal supper (20.00 - 22.00 hours). Study begins on Monday morning (Day 2) at 08.00 hours [breakfast at 07.00 hours, lunch at 13.00 - 14.00 hours + working tea/coffee breaks] and concludes each weekday at 18.00 hours [supper at 19.00 hours]. Each study day consists of formal lectures and also tutorial-style small groupwork and a case-based interactive Masterclass with videos. Written materials and books will be provided. Relaxation and meditation time is incorporated within the training days, along with time for personal study and group interaction facilitated by high ranking expert multi-disciplinary clinical and academic faculty (including patients). Visits to notable local monuments (optional) are included in the overall programme. Participants may also take advantage of a 1-2-1 meeting with a member of faculty of their choice (by arrangement outside of the formal study periods). Participants will check-out following breakfast and a farewell session [09.00 hours] on the following Sunday. The courses have been designed to achieve maximum education and training (54 hours) within a minimum annual leave/study leave period away from the workplace (5 working days). Both courses have a major focus on the person-centered management of long-term chronic illnesses.

Content

Following the conclusion of the courses, participants will have acquired an in-depth knowledge of the principles and practice of person-centered healthcare. Participants will learn the: (a) theory of and (b) 'hands on' practical elicitation and clinical use of *this* patient's narratives/stories of illness, *this* patient's values and preference-sensitivities, *this* patient's cultural context and associated needs, *this* patient's existential and spiritual needs/concerns, *this* patient's psychological and emotional needs and *this* patient's relationships and social functioning. Participants will be taught the theory of shared clinical decision-making and how, in clinical practice, not to direct *this* patient (which would be paternalism), nor to expose *this* patient to a sea of treatment options (which would be abandonment), but rather how to *accompany* the patient as part of the illness experience and journey. The techniques of active listening, mindfulness and non-directive counselling will be illustrated. Participants will review with faculty the growing empirical research base which illustrates the ability of person-centered, relationship-based approaches to care to increase patient satisfaction, decrease

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practitioner burnout, decrease primary and secondary care visits, increase adherence to both simple and complex medication regimens, decrease disease exacerbation, decrease hospital admission rates and increase self-help and coping. The techniques to maximize compassionate and empathetic care in practice will be taught. The relationship of evidence-based medicine (EBM) to person-centered healthcare will be explained and its complementarity demonstrated. Participants will also review the service re-configurations necessary to deliver more person-centered care and will learn about the policymaking and political environment of person-centered healthcare worldwide. The ethical and regulatory implications of person-centered care will be reviewed. Ongoing developments in person-centered undergraduate and postgraduate clinical training will be presented. Participants will learn about the structure and work of the *European Society for Person Centered Healthcare* and how they can achieve participation in its work across the whole of Europe and elsewhere.

Who should attend?

Consultant Physicians and Trainees in primary and secondary care across all medical specialties. Clinical Nurse Specialist and Nurse Consultants. Colleagues working within the Professions allied to Medicine. Directors and Managers of Patient Advocacy Groups and Organizations. Directors and Associate/Assistant Directors of healthcare services delivery across primary, secondary and tertiary care. Health services managers and health academics. Healthcare services commissioners. Healthcare policy-makers Members of the Pharmaceutical Industry with special responsibilities for patient information, empowerment and advocacy.

Which course will suit me?

If you 'fit' one of the categories immediately above, but have a limited knowledge of the principles and practical techniques of person-centered care, then you are advised to attend Course A. If you 'fit' any of the categories immediately above and have a basic grounding in and working knowledge of the principles and practical techniques of patient-centered care, then you are advised to attend Course B.

CPD and Certification

The courses will be CPD accredited and formal Certificates of Attendance will be issued.

Locations and Dates of the Courses

London, Milan, Rome, Madrid, Gothenburg, Heidelberg, Sofia. Courses will commence operation in mid-2014.

Costs

£1,250.00 per participant. (Places are limited to a maximum of 20 participants per course, dividing into four, 5-participant member groups for tutorials/groupwork). (Includes single accommodation, all meals and refreshments and a free copy of the major 1000 page volume 'Person-centered Healthcare. How to Practice and Teach PCH'. Participants will be offered a 50% discount on membership of the *European Society for Person Centered Healthcare* (at the appropriate grade) for the first year of membership (affording free access to the Official Journal of the Society, the *European Journal for Person Centered Healthcare*) and a 50% discount on all of the Society's forthcoming conferences in 2014/2015.

Post-training

Those colleagues who have satisfactorily completed Course B will be eligible for entry onto the Society's Register of Approved PCH Teachers and certificated by the Society accordingly. These colleagues are also eligible to apply to the Society to teach on Course A and Course B, be remunerated accordingly and thus play an active role in moving the field forward.

Further information and Contact Us

For further information on these courses and to register preliminary interest in these courses, contact: Professor Andrew Miles MSc MPhil PhD DSc (hc) via andrew.miles@pchealthcare.org or Mr. Andrew Williamson via andrew.williamsonprofunit@gmail.com

Appendix 9

INVITATION TO JOIN THE EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE

The President, Senior VP and Officers of the Society cordially invite the reader to apply for membership of the Society

I would like to be considered for membership of the Society at the following level (tick as appropriate):

- a. Distinguished Fellow
- b. Fellow
- c. Member (Professional)
- d. Member (Patient)
- e. Member (Industry)
- f. Associate
- g. Student
- h. Chairmanship of an SIG Name of SIG _____

Name: (Prof/Dr/Mr/Ms): _____

Occupation: _____

Address _____

E-mail: _____

I would like my Institution to become a Corporate Member or Corporate Sponsor (delete as appropriate) of the Society

Name of Institution: _____

Address of Institution: _____

Contact e-mail: _____

Notes for Guidance

1. Membership of the Society is open to all healthcare workers (including retired), healthcare managers, health academics, healthcare policymakers and government advisers, patients, patient advocacy groups (as corporate members) and members of the pharmaceutical and healthcare technology industries. The costs of membership are as detail below and the benefits of membership are set out overleaf. Applications received will be considered by the Society's Membership Group and the applicant advised accordingly. Membership fees become payable on election and are annually renewable.

2. All applications should be accompanied by full *Curriculum Vitae* and a covering letter outlining the applicant's achievements (and/or plans) in the field of person-centered care. The covering letter should document the achievement with reference to the membership criteria set out below and should indicate which SIGs the applicant would like to join (no limit) The Application Form with the covering letter and CV should be sent to Professor Andrew Miles: andrew.miles@phealthcare.org.uk Or by post to: European Society for Person Centered Healthcare, 77 Victoria Street, Westminster, London SW1H 0HW, UK.

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3. The Society has criteria for membership and these should be examined when completing this Application Form. The criteria are as follows: (a). *Distinguished Fellow* [Criterion and fee: outstanding contribution to the field of person-centered clinical practice: €150]; (b). *Fellow* [Criterion and fee: major contribution to the field of person-centered clinical practice: €100] (c). *Member (Professional)*. [Criterion and fee: substantial contribution to the field of person-centered clinical practice. Membership fee: €75 (annually renewable); (d). *Member (Patient)*. [Criterion and fee: currently a patient or a patient's carer: €75]; (e) *Member (Industry)* [Criterion and fee: an active member of the healthcare industry: €250]; (f). *Associate* [Criterion and fee: significant and promising contribution to the field of person-centered clinical practice: €50] & (g). *Student* [Criteria: Detectable commitment to the principles of person-centered clinical practice: €25].

4. There are 10 principal benefits to Society. These are as follows:

1. Free on-line access to the *European Journal of Person Centered Healthcare* (Priced for non-members at €270, £225, for print and online and €195, £165 for online only and for non-member institutions €345, £275 for print and online and €250, £200 for online only).

2. Monthly Bulletin of the ESPCH by e-mail direct from the President, detailing new bibliography of relevance to the field, forthcoming European and other conferences and all details relating to the Society's activities, including updates on the work of the Special Interest Groups.

3. A Directory of Members documenting their areas of interest, current research activities and contact details, to enable cross-institutional collaboration and networking.

4. Eligibility for consideration of award of the Society's Platinum, Gold, Silver and Bronze Medal in recognition of individual contribution to the development of excellence in person-centered clinical care

5. 25% discount of the Annual Conference and Awards Ceremony delegate fee (currently set at €175 for 2-days or €100 for 1 day for 1st Annual Conference in Rome on 28 & 29 April 2014 and a 25% discount on the delegate fees for events within the European Conference Series on Person Centered Healthcare (currently set at €395 for 2-days or €200 for 1-day).

6. 25 - 50% discount on the published price of the Society's publications. (e.g. the price of €40, versus €75, for the forthcoming major textbook: *Person-Centered Healthcare. How to Practise and Teach PCM*. And the same price for the forthcoming textbook *Person-centered Healthcare Education: A Vision for the 21st Century*. Similar preferential prices are also available to members for each publication within the Society's forthcoming 'Clinical Practitioner Handbooks on Person Centered Healthcare', which will generate diagnoses-specific guides for immediate use within routine clinical practice in the management of a wide range of chronic illnesses and to assist study of a wide variety of non-clinical areas of relevance to PCH.

7. Eligibility for invitation to lecturing positions on the intensive educational courses to be organised by the Society (Fellows and Members only) in various European countries and also within the USA.

8. Eligibility to apply to the Society for research grants and Higher Degree Studentship fee grants.

9. Automatic 10% discount on registration for the Society's 7-day residential intensive study courses on person-centered healthcare, whether at practitioner-learner level or practitioner-teacher/mentor/leader level.

10. A 15% discount on the subscription costs to any of the Society's clinical condition-specific quarterly journals and an automatic invitation to apply to membership of their Editorial Boards, Peer Review Colleague Directories.

5. Corporate Membership and also Corporate Sponsorship of the Society (Platinum, Gold, Silver, Bronze) is invited and available at a negotiable cost based on the size of the organisation and the World Bank status of its geographical location. The benefits of Corporate Membership and Corporate Sponsorship are highly substantial and include: (1) High visibility of the Institution's Logo and Statement of Commitment to Person-Centered Healthcare; (2) Free advertising opportunities in the Society's Monthly Bulletin; (3) A *gratis* Advertising/Marketing Stall at the Society's Annual Conference & Annual Academic Awards Ceremony; (4) Personal Introductions to Distinguished Clinicians of the Society by the President/Senior VP; (5) Generous reductions on block purchases of delegate places at the Society's Annual Conference and Academic Awards Ceremony & (6) Preferred Sponsor Status of the Society's publications and also of its Intensive Training Courses for practising clinicians wishing to: (a) become PCH trained practitioners and (b) those practitioners who seek to become PCH Mentors and Leaders in their field of practice. For further information, teleconference or face-to-face meetings and indicative cost estimates, please contact in the first instance: Mr. Andrew Williamson at: andrew.williamsonprofunit@gmail.com

NOTE

Please send this completed Application Form with supporting papers, to: Professor Andrew Miles:
andrew.miles@pchealthcare.org.uk