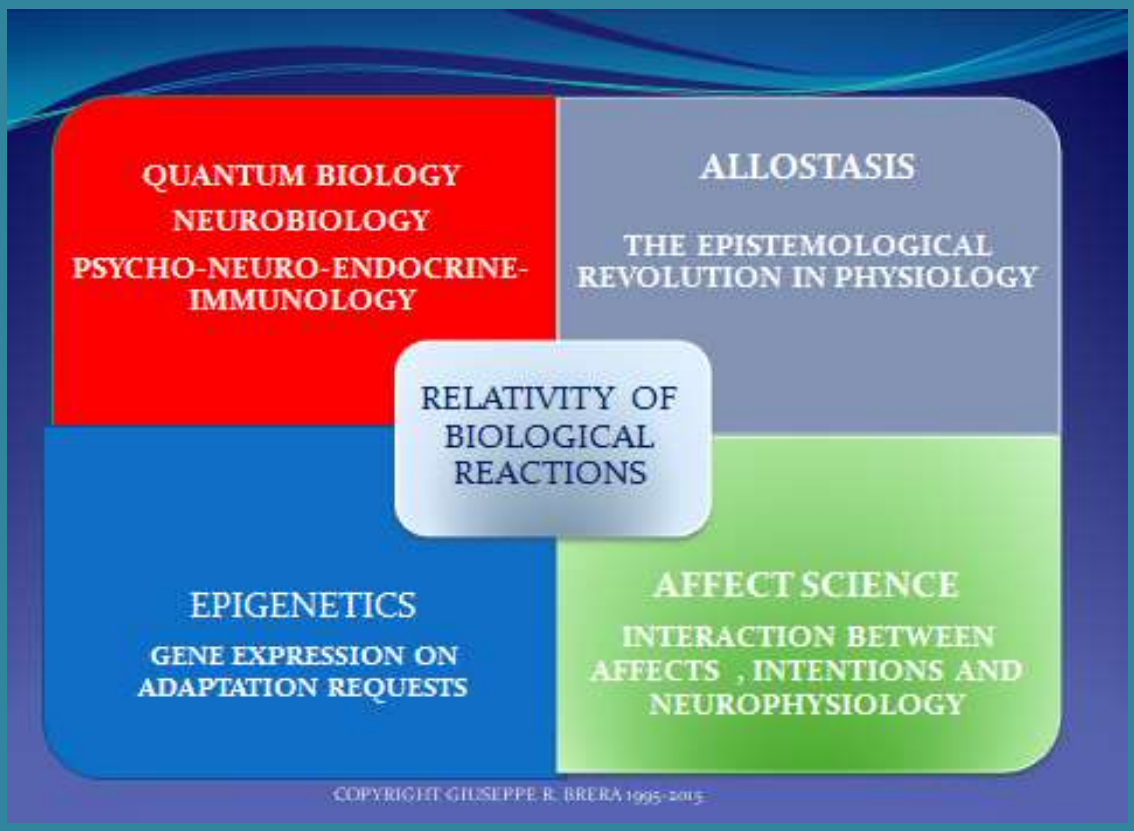

Giuseppe R.Brera

Medical Science and Health Paradigm change

University Ambrosiana editions

Proceedings

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Scuola Medica di Milano

Sous le patronage du Parlement Européen

MEDICAL SCIENCE AND HEALTH PARADIGM CHANGE

CA'GRANDA-NIGUARDA HOSPITAL

Milan, Regione Lombardia, Italy 13-14-15 October 2017

"Well then, could we ever know what art makes the man himself better,

if we were ignorant of what we are ourselves "

(Socrates)

An educational event addressed to formalize the Paradigm Change of Medical Science and Medicine

and to present

" LA CHARTE MONDIALE DE LA SANTE'-THE WORLD HEALTH CHARTER"

An international convention for the universal right to life and health in any stage of life and disease

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MEDICAL SCIENCE AND HEALTH PARADIGM CHANGE

PROCEEDINGS OF THE CONFERENCE

MILAN, LOMBARDIA REGION, ITALY, 13-14-15 October 2017

CA'GRANDA-NIGUARDA HOSPITAL

EDITOR

GIUSEPPE R. BRERA

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Program

13 October 2017

Morning

CEREMONY OF PRESENTATION

"LA CHARTE MONDIALE DE LA SANTE-

THE WORLD HEALTH CHART"

Introduction

"From science to the person: the health paradigm change"

Giuseppe R.Brera

10,30-10,50

Question and Answer

11.30-12.00

Under the Patronage of the welfare Authority of Regione Lombardia

People's and Person Centered Health in the public health of Lombardia Region

The welfare Authority of Lombardia Region

Giulio Gallera

Main Hall

14,30-15,30

CHANGE OF THE MEDICAL SCIENCE PARADIGM

Session 3.1

Giuseppe R.Brera

Chair and Introduction

EPIGENETICS

The role of the epigenetic code in tumor cell reprogramming: first clinical results in cancer, neurodegenerative diseases, psoriasis and in preventing senescence

Mario Biava

Epigenetics and nutrition quality: change of the paradigm in prevention and therapy

Patrizia Pasanisi

15,30-15,50

Question and answer

15,50-16,10

Coffee Break

Session 3.2

16.10-16.40

PSYCONEUROIMMUNOLOGY

From Hegel to Psycho-neuro-endocrine-immunology (PNEI)

Paolo Lissoni

Question and Answers

Session 3.3

Under the patronage of the Anti Malaria Project of the Milan School of Medicine

17,00-17,20

WHO AND HEALTH

Medical Stalemates vs. Advances: Communicating the Status Quo from the WHO

Richard Fiordo

17.20-17,40

Question and Answers

Session 3.4

THE PARADIGM CHANGE IN RESEARCH AGAINST MALARIA

17,40 -18,00

The paradigm change in research against malaria

Ettore Ruberti

18.00-18,20

Questions and answers

14 October 2017

Under the patronage of the Milan School of Medicine and the PCMIA Person Centered Medicine International Program and the University Ambrosiana Post Graduate Program in Medical Education

SESSION 4

Morning

9-13

English-Italian

LEARNING PROCEDURES IN PERSON CENTERED MEDICINE AND PERSON CENTERED CLINICAL METHOD TEACHING

Educational workshop on the Milan School of Medicine and learning and teaching procedures

Free registration

Session 5

AFTERNOON

14.30-15.30

CLINICAL APPLICATIONS OF PERSON CENTERED MEDICINE

Chair and introduction

Giuseppe R.Brera

Person-centered medicine clinical method with teenagers and children

Aldo Zanon

Person Centered Medicine and oncology

Vito Galante

15,30-16.00

Question and answers

Session 6

16,00-17.00

Under the patronage of the Italian Society of Adolescentology and Adolescence Medicine (SIAd) and WFSA

ROY TRAVIS SESSION

ADOLESCENCE AND PERSON CENTERED HEALTH

Chair and introduction

Aldo Zanon

The flow chart of health and the Flow chart of Health Education

Imer Paolo Calligaro

Health Education Project : the emotions and Person Centered Medicine sexuality

Aldo Zanon

Gynecological-obstetrical counselling with adolescents

Mariangela Porta

17.00-17,30

Question and answers

Session 7

17,30-18,30

THE PERSON CENTERED MEDICINE CHANGE OF MEDICAL EDUCATION PARADIGM

Chair: Vito Galante

Reliability and validity of Person Centered Medicine Clinical Method: a survey of 144 clinical reports
Giuseppe R.Brera

18.00-18,20

Growth of Medical Competence: Direct Observation of Students during Third Year Clinical Clerkship
Claudio Violato

18,30-18,50 Discussion

15 October 2017

8,30

Holy Mass for believers

SESSION 7

10.00-11.30

MEANING , ETHICS AND MEDICINE

Session dedicated to the Opening of the University Ambrosiana Academic Year: 2016-2017

10.00

Le choix noétique. L'approche noétique en psychothérapie et médecine[1]

Beata Rusziecka
Mount Joy College, Canada

Question and Answers

10,20-10,40[2]

Person Centered Medicine and Obstetrics-Gynecology

Mariangela Porta

10,40-11,00

Question and Answers

11.00-12.00

Sesssion 9

Presentation of the "Agreement declaration to change Medical Science and Medicine paradigm"

Presentation of the international prize in Person Centered Medicine

Giuseppe R.Brera

SCIENTIFIC COMMITTEE

Giuseppe R.Brera MD MA Director and Magister Licentiae Docendi MA LD) Milan School of Medicine and "Person centered Medicine International Academy-Ambrosiana University-Milan (UA)-International program in Person centered Medicine

Mario Biava MD, LD MA ad Hon. - Honorary chair in Oncological Epigenetics- UA Milan School of Medicine

Patrizia Pasanisi MD MA Investigator "Istituto Nazionale Tumori Milano"

Paolo Lissoni MD ,MA, LD MA ad Hon Honorary chair in Psychoneuroimmunology- UA Milan School of Medicine

Richard Fiordo PhD, LD MA ad Hon Professor Emeritus University of North Dakota (Ret) Honorary Chair in Health Communication – UA Milan School of Medicine

Ettore Ruberti LD MA ad Hon Chair in Molecular Biology, UA Milan School of Medicine-ENEA

Aldo Zanon MD MA, LD MA (Auxology-Endocrinology) LD in Adolescentology UA Milan School of Medicine- Counsellor-Physician " Società di Adolescentologia Regione Veneto"

Vito Galante MD MA PhD, LD MA ad Hon (Adolescentology) Counselllor in Adolescentology

Mariangela Porta MD MA , LD MA ad Hon Chair in Person Centered Cynecology,Ambrosiana University,Milan

Imer Paolo Callegaro MD, MA, LD MA ad Hon (Adolescentology) -Counsellor

Claudio Violato PhD, MA LD Sc ad Hon. University of Minneapolis –Honorary Chair in Medical Education Science-University Ambrosiana-Milan. Post Graduate International Program in Medical Education (PhD)

Beata Ruszieka PhD in Bioethics and Psychotherapy. Mount Joy College Canada

Chair of the Congress: Giuseppe R.Brera

Scientific Secretariat: Giuseppe R.Brera and Claudio Violato

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Diplomatic relationships : Carolina Rubino diplomatie@healthparadigmchange.it

Press: University Ambrosiana press office press@healthparadigmchange.it

Niguarda-Ca Granda staff: Wilma Cagnin (Education) – Tarcisio Galli (Technical organization)

Institutions involved:

European Parliament –High Patronage

Regione Lombardia, - patronage

Welfare Authority of Regione Lombardia: Patronage

Ospedale Ca-Granda Niguarda, organization

Ambrosiana University, Milan School of Medicine – and Person Centered Medicine International Academy segreteria@scuolamedicamilano.it - pcmia@unambro.it (promoters of the Conference)

Italian Society of Adolescentology and adolescence medicine, organization segreteria@adolescentologia.it

Adolescentology Society Veneto Region - participation

Programs involved:

Ambrosiana University International Program in Person Centered Medicine

Socrates…… Well then, could we ever know what an art makes the man himself better, if we were ignorant of what we are ourselves ? Alcibiades: Impossible !

(Plato)

2. Introduction to the medical science and health paradigm change

Giuseppe R.Brera

There is an urgent necessity to promote the consensus of the scientific community for formalizing the deep epistemological change in the last forty years happened in health sciences through the change of the paradigm of neurobiology,[1] [2]the birth of quantum biology,[3] [4] the development of epigenetics, [5] [6] [7] [8] [9] the change of physiology with the concept of "Allostasis",[10] the opening of new interactionist investigation fields like Psycho-neuro-endocrine-immunology [11] and the Affect science.[12] At the same time there has been the integration of Medicine with human sciences such as cognitive psychology , psychoanalysis, counseling. This change can be considered an indeterministic revolution of medical science, similar to the shift to quantum physics, from the Newtonian determinism and mechanism created by the supremacy of positivism (Claude Bernard) and the Descartes dualism in medical science and has been theorized by the Relativity Theory of Biological Reaction,[13] [14]built in 1996 in the light of the fall of the Selye's mechanic stress-answer biological linear causality and the neuro-endocrine investigation.[15] [16]The progress in the basic sciences , introduced two main epistemological concepts: the interactions between three orders of variables belonging to subjectivity, biology, and environmental physical - relational stimuli[17] and, the human nature teleology, as the natural tendency to truth, love and beauty, evidenced by human sciences.[18] The person-centered symbolic work of interpreting information creates an analogy with the biological interpretation work made by cell membrane. Health appears relative to individual answers, which interpret internal and external possibilities received by the person, who pilots the interaction between three worlds of variables looking for a unitary meaning: being a human person, according to a natural quest for a true meaning of life. *Health appears based on a semantic hologra*m. The epistemological change at the basis of medical science brought to the birthof Person-Centered Medicine paradigm (1998) [19] [20] [21] [22] and the derived Person-Centered Medicine Clinical method [23] [24] based on the Person-Centered Health concept,[25] I proposed in 2011 to WHO [26] as "Person Centered health", re-defined as *"The choice of the best possibilities for being the best human person*", which calls physicians to be "Person Centered Health anthropologists". Clinicians, to date, should be able to conceive their work like a "maieutics" of the individual human nature, by creating for the patient possibilities for interpreting a clinical event like an existential one as a possibility for discovering a hidden meaning and improving quality of life, becoming a better person. The person in this way is not reduced to be

an abstract bio-technological diagnosis, only necessary in a biological survival emergency based on a stimulus-answer linear causality diagnosis and therapy. *This alienating approach is a risk factor for health if excludes the right multifactorial interactionist and teleological one as the reality of the new person-centered health and medical science ,epistemology to date obligatory in primary care, prevention, research and if possible always*. Infact 95% of pathologies come from a lifestyle [27], built on the true or false quality of being- person depending on the quality of possibilities interpretation.[28] We are calling allies for a historical revolution!

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3. From science to person-centered health: the Person-Centered Health Paradigm

Giuseppe R.Brera

Milan School of Medicine and Person Centered Medicine International Academy-Dean

In the last forty years, medical science has changed. A spread of ignorance about this topic delayed research and clinical application change, threating patients. We learned the change of the paradigm by neurobiology, the birth of quantum biology, the development of epigenetics, the change of physiology with the concept of "Allostasis", the opening of new interactionist investigation fields as Psycho-neuro-endocrine-immunology and the Affect science. At the same time, there has been the integration of Medicine with human sciences such as cognitive psychology, psychoanalysis, counseling. *This change can be considered an indeterministic revolution of medical science, similar to the shift to quantum physics, from the Newtonian determinism and mechanism created by the supremacy of positivism (Claude Bernard) and the Descartes dualism, theorized in 1996 by the Relativity Theory of Biological Reaction,* (FIG.1) *in the light of the fall of the Selye's mechanic stress-answer biological linear causality caused by the psycho-neuro-endocrine immunology and neuro-endocrine investigation.* (FIG 2) *Basic sciences and human sciences* progress *founded two main epistemological concepts:the interaction between three orders of variables belonging to subjectivity, biology, and environmental physical - relational stimuli (FIG 3).Human nature, teleology is revealed by the unique human possibility of making meaning, as the person's natural tendency to truth, love and beauty discovered by anthropo-analysis of the adolescents' unconscious symbolism and creativity.* The affective-cognitive unique human symbolic work of interpreting information giving a right or wrong meaning for survival, life, and health, is interconnected through neuro-modulators and hormones through the biological interpretation work made by cell membrane (signal transduction) for answering the adaptation requests through gene expression, and the epigenetic process for protein synthesis. *Health appears relative and related to the quality of human individual symbolic answers that call for an interpretation of perceived internal and external possibilities,*. This process corresponds to biological information sent to biological organism through biochemical and quantum signals, learned and/or memorized by the person, who pilots the interaction between three worlds of variables naturally addressed to

look for a unitary meaning: the being a human person, according to a mysterious quest for constituting a fulfilled reality as the real meaning of life. *The physician's meeting with the disease, suffering is a personal experience of life belonging to existence that calls for real or wrong of interpretation quality of the patient's meaning answers to non-empirical variables, the existence questions, but interacting with these. The interaction between non-empiric " existence variables" quality with physiology and immune system, builds in such way the clinical necessity of considering the disease as interconnected to relativity of the patient's interpretation quality and life-style constituted on morality as motivated capacity and skills to constitute a personal and interpersonal well*. This motivation and attitude is the basis of health professionals roles and bio-medical research. Health appears based on a ethical-semantic hologram. The epistemological change of medical science has brought to the birth of the Person-Centered Medicine paradigm (1998) , the derived Person-Centered Medicine Clinical method, and the Person-Centered Health concept that in 2011 I proposed to WHO (by invitation) defined as "*The choice of the best possibilities for being the best human person*" . It call all physicians for being "Person-Centered Health anthropologists", reconceiving medicine like "Anthropology of the real human nature".

Brera G.R. Epistemology and medical science: change of the paradigm. Paper presented at Return to Hippocrates Quality and Quantity in Medical Education. Proceeding of the second Conference on New Perspective in medical Education; 2005 May 27-28, Milan, Italy , Università Ambrosiana ; 2005. p 19

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Liu D., Dorio J., Tannembaum J. Maternal care, Hypocampal Glucorticoid Receptors and Hypotalamic-PituitaryAdrenal Responses to stress. Science 1997; 277:1659-1662

Giuseppe R.Brera MD, MA, MALD* gbrera@unambro.it ,Magister Licentiae Docendi in Medical Education, Dean of the Milan School of Medicine, the Person Centered Medicine International Program and Person Centered Medicine International Academy. gbrera@unambro.it, www.unambro.it

Fig 1 .

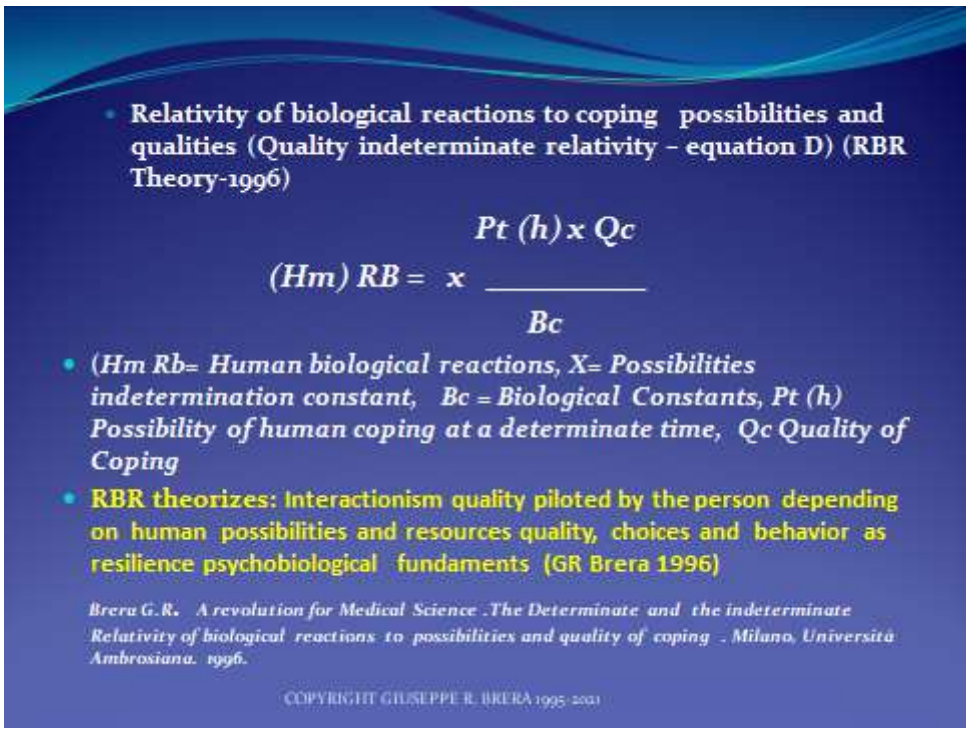
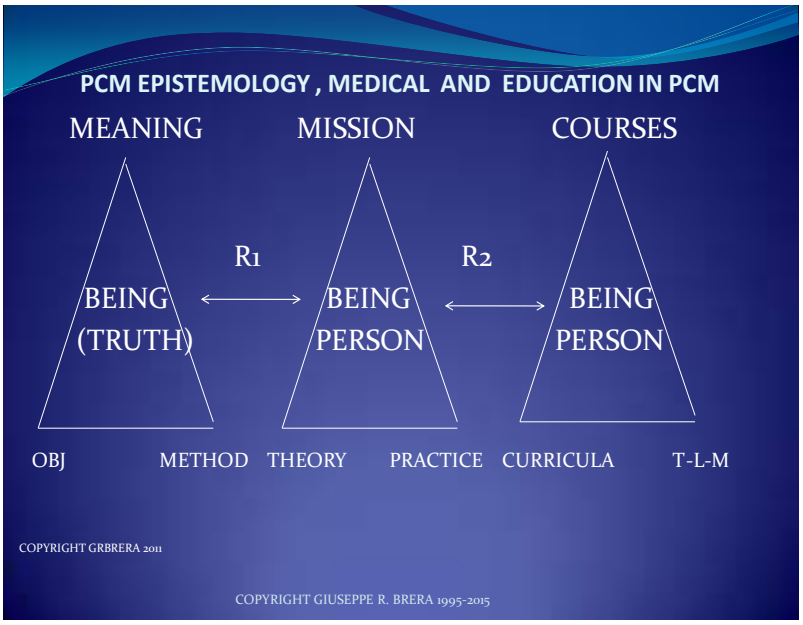


Fig. 1 RBR Indeterminate Relativity (Equation D) , valid only for humans

In Equation D, it appears that biological constants become determinant only when one person loses the possibility of giving a meaning to experience perceived possibilities and choosing the quality of his /her subjective actions and reactions related to the cognitive process's integrity and unconscious dynamics. In this case, biological reactions (BRs) entrust to biological constants necessary for survival, like in emergency rooms, when life depends on biological constants (BCs) structures and functions. Biological reaction ranges depend on unpredictable possibilities (X= indetermination constant) and the quality of their interpretation determining the interaction quality with biological and symbolic systems of variables choices and behaviors. Health depends on possibilities and coping quality at a determinate time (Ptx Qt). BCs determine the possible ranges of BRs and their variations, but BRs determine gene expression and allostasis. Subjective and extra-mental unpredictable possibilities evidence scientifically inexplicable mystic immediate or progressive recoveries (Lourdes), as the Nobel prize Alexis Carrel depicted. Quantum biology, which could interpret love as energy-changing space-time, gives some hypothetical interpretation of these phenomena that usually mechanic medicine does not consider. When there is the possibility of integrating at the cortical level internal and external stimuli thanks to structural integrity, the person's quality can manage biological reactions that allow physiological functions within BCs ranges.

From: Brera G.R A Revolution for Clinical Method and Bio-Medical Research. The determinate and the quality indeterminate Relativity of Biological Reactions. Milano: Università Ambrosiana;1996 (modified)

Fig. 2



The Person-Centered Medicine (PCM) epistemological structure

Obj= Objectives, T-L-M = Teaching- learning Methods

Medicine builds knowledge objectives and methods founded on the objective truth and addressed to it. (Being (truth) first triangle-epistemology). Suffering and death anguish derived from disease experience and belonging to the individual existence time, like other life events, reveal a unique and unrepeatable being person's hidden meaning and become discovery possibility of human identity for both the caregiver and the patient. The being-person individual quality constitutes a transcendent reality founded on the objective truth of natural laws and life meaning. (the being). The person's transcendent individual dignity founds the Medicine's objective ethical mission by loving and taking care of suffering people in any age or disease stage. It addresses to create a space-time wherein practice (Medicine anthropic effect), could take a substance (form) in the caregivers' interpretation work about a subject's human life event (disease) object of clinical - nursing knowledge and method. It must be person-centered and cannot be reduced only to applying natural laws knowledge or biotechnology. Medicine necessarily concerns the person's life meaning and his/her subjectivity theorized by human science and natural laws objective theories, by the interpretation of clinical pictures of diseases that prevent these and take care of suffering persons. Being a human person concerns the person's quality of caregivers and suffering people, who share the natural human tendency to know the truth about themselves. The spiritually motivated human natural intention to quest for true meaning (truth-love-beauty), discovered in adolescence, consents the making meaning necessity awareness for a real or unreal identity conscience. It reveals itself in existence phenomena, where it appears through subjective transcendent unconscious and perceived possibilities, intentions, relations, will, and choices naturally calling for a being person realization interpretation in any life events (any disease is a life event).
The transcendent dignity of each human being, as God creature, emotions, knowledge, affectivity, psychosexual, logical maturity are determinants of any person's moral meaning quality. *In prevention, clinics, research, moral thought, subjectivity, and natural laws cannot be epistemologically and scientifically separated and must be addressed to the person's health and life from conception to natural death (2nd triangle Mission*). From these assumptions, medical education must be centered on the caregiver and patient's person by selecting students for morality, maturity, empathic skills, scientific attitudes, applying person-centered coherent curricula and teaching-research methods. (3rd triangle, Courses). Epistemology, Mission, Science, and Medical Education are interconnected and cannot be separated. *Without epistemology*

and objective ethics, Medicine cannot have a mission and is reduced only to biotechnology and science, necessary tools but not the meaning, that is the person's life and health promotion.

Fig 3

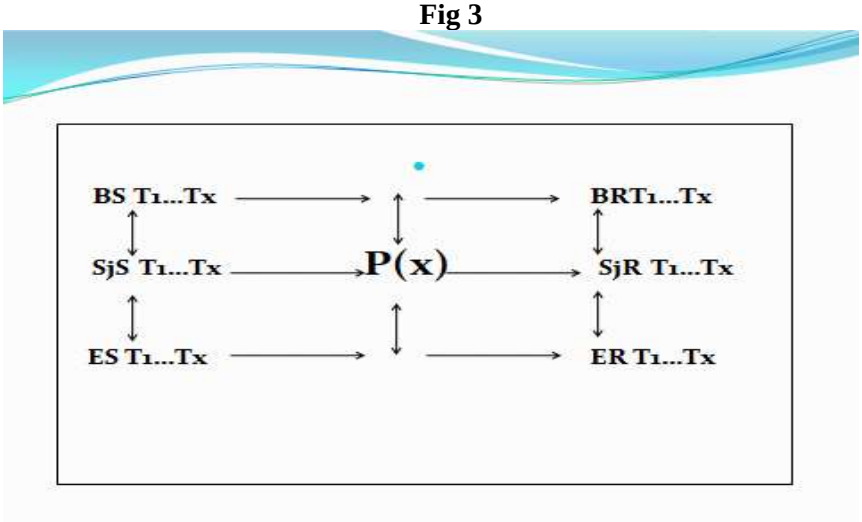


Fig. 3 The Person Centered Health interactionist, indeterminist model (BSE Model)

BS = Biological stimuli, BR = Biological reactions, SjS = Subjective stimuli, SJR = Subjective Reactions, ES= Environmental Stimuli, ER = Environmental Reactions, T1-TX = Time 1- Time X
P = Person, X = indetermination constant and field (impossibility to anticipate thought, insights, dreams, and experience and intelligibility possibilities, for building a true meaning). The person "pilots" and builds through the interpretation work of experience possibilities (stimuli), coping quality, and possible existential choices, determining healthy or not unhealthy life quality and style giving a right or wrong meaning to stimuli for his own and/or people wellbeing and choosing answers

(Giuseppe R.Brera 2005 ; from Epistemology and medical science: change of the paradigm. Paper presented at Return to Hippocrates Quality and Quantity in Medical Education Giuseppe R.Brera, Claudio Violato eds. Proceeding of the second Conference on New Perspective in medical Education; 2005 May 27-28, Milan, Italy , Università Ambrosiana ; 2005.

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4. The role of the epigenetic code in tumor cell reprogramming: first clinical results in cancer, neurodegenerative diseases, psoriasis and in preventing senescence"

Pier Mario Biava

Honorary chair in Epigenetic Oncology- Milan School of Medicine-Università Ambrosiana, Milano

A long history of research has pursued the use of embryonic factors isolated during cell differentiation phenotypes. Recent results have clarified that the substances present at different stages of cell differentiation—which wecall stem cell differentiation stage factors (SCDSFs)—are proteins with low molecular weight and nucleic acids that regulate genomic expression. The present report summarizes how these substances, taken at different stages of cellular maturation, are able to retard proliferation of many human tumor cell lines and thereby reprogram cancer cells to healthy phenotypes.

In fact research conducted in order to establish which molecular events were involved in control and downregulation of cancer cell lines demonstrated a transcriptional regulation of the key cell cycle onco-supressor gene, like p53 and a post-translational modification of molecules, like pRb. Administration of SCDF in an open clinical randomized clinical trial conducted on 179 patients affected by intermediate–advanced hepatocellular carcinoma (HCC) resulted in 19.8% patients with disease regression, 16% patients with stable disease and a significative increase in median overall survival. Other important results using SCDSFs were demonstrated in many other pathological conditions. In fact SCDFs showed also to significantly prevent neurodegenerative processes induced by strong doses of N-methyl-D-aspartate in the rat hippocampus cell line. Finally, clinical application of topic SCDF on psoriasis patients resulted in almost 80% reduction or remission of the disease. SCDSFs of the early developmental stage were able to regulate the stem cell expression of multipotency, enhancing the stemness genes Oct-4 , Sox-2 and c-Myc . In addition SCDSFs also elicited transcriptional activation of two major mechanisms capable of opposing stem cell senescence, including the gene expression of TERT , the catalytic subunit of telomerase, and the transcription of Bmi-1 . This is a member of the Polycomb and Trithorax families of repressors which acts

as essential factors for self-renewal of adult stem cells, and as a key telomerase independent repressor of cell aging. The use of SCDF leads us to conceive a new body–mind complex adaptive system model that integrates concepts like epigenetic and information transmission in biological systems and the psyco-neuroendocrine system

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5 .Epigenetics and nutrition quality : change of the paradigm in prevention and therapy

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The western life style, characterized by a hyper-caloric diet rich in fat, refined carbohydrates and animal proteins is associated with a high prevalence of obesity, diabetes, and metabolic syndrome. These factors are also associated with a higher risk for some of the most frequent tumours in western population, such as breast, colorectal and prostate cancer, and to a higher relapse risk in patients that have already been diagnosed and treated for these diseases. Tumor development depends on numerous molecular alterations, such as activation of oncogenes, inactivation of suppressor genes, changes in signalling among cells and microenvironment, and epigenetic changes, including microRNA modulation (miRNA) (1). MiRNAs have a remarkable role in many pathological conditions such as diabetes, atherosclerosis, cardiovascular diseases and cancer, and have recently emerged as key regulators of metabolism, interfering, for example, with the same pathways involved in calorie restriction (such as miRNA-21, miRNA-33a). MiRNAs, a class of short, non-coding RNAs that silence target genes at the post-transcriptional level has introduced a new level of complexity in gene expression regulation, especially in cancer research (2).

The interplay between genome and epigenome is important for cancer development, together with the interaction with environmental factors, including nutrition. Genotype alone does not account for all cancer risk. It is widely accepted that many cancers could be avoided through changes in lifestyle. For example it has been suggested that approximately 45% of colon cancer cases could be avoided through diet and lifestyle changes. In addition, it would be useful to identify biomarkers for early signs of cancer development, since these can then be utilised to assess the potential benefit of a nutrient or food component for its effect on reducing cancer susceptibility. Epigenetic modifications may qualify as such markers. Among miRNAs, miRNA-21 is a well-known miRNA with oncogenic function (oncomiR) involved in cancer pathogenesis and invasiveness(3).

We recently showed that miR-21 expression was downregulated in multiple breast cancer cell lines after treatment with metformin, an anti-diabetic drug that mimics calorie-restriction (4). Interestingly, the inhibition of miR-21 following metformin was also observed in sera from 96 breast cancer patients enrolled

in our randomized controlled trial to test the effect of different doses of metformin in modifying the hormonal/metabolic parameters linked to breast cancer prognosis.
Various diets and dietary interventions including high-fat diets, calorie restriction, and the use of bioactive micronutrients and plant derivatives, have been associated with epigenetic changes that alter cellular signalling (4). Preclinical evidence suggests that components of Mediterranean diet (MedDiet), such as n-3 polyunsaturated fatty acids, 3,3'-Diindolylmethane from Brassica vegetables, resveratrol, folates, and other polyphenols decrease miR-21 expression. A similar protective effect was observed for other miRNAs related to insulin/IGF-I signalling and metabolism such as the miR-17 and miR-221/222 family (4). On the other hand, insulin resistance is a risk factor for upregulation of miR-21(4).
We think that the identification of the molecular mechanisms that are modulated by diet might reinforce the importance of dietary recommendations in the prevention and treatment of cancer.

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6. From Hegel to Psycho-neuro-endocrine-immunology (PNEI).

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The integration of all biological life is based on three fundamental systems, the nervous system, the endocrine system and the immune system. The new medical discipline of Psycho-Neuro-Endocrine-Immunology (PNEI) represents the study of reciprocal interactions between the three essential life-regulating systems and their chemical mechanisms through which emotions and states of consciousness affect the biology of the human body modulating the function of the immune system in an inhibitory or stimulatory way (1). The nervous system mediates psycho-mental life, while the immune system is in relation to the states of consciousness, then to the spiritual dimension of self-consciousness, being the spiritual consciousness and the immune system the only two realities of an individual characterized from one absolute and irrepetible singularity. An essential and irreplaceable role in the regulation of the integration of nervous, endocrine and immune systems is that of the pineal gland, the only organ that can modify biological life in relation to the light / dark rhythm as the first act of life and magnetic conditions (2). The pineal gland produces different hormones of indolic and beta-carbolic nature in relation to the different hours of the day. The main indoles are 4: melatonin (MLT) during the dark period, 5-methoxytriptofol (5-MTP) during the lightest period, 5-methoxytryptamine (5-MTT) in the early afternoon and 5-hydroxyindole -acetic (5-MIA) in the morning. PNEI demonstrates that all pathologies are both psychic and biological at the same time, since all that is psychic influences the biological state through the immune system and all that is chemical influences the state of consciousness through in particular the same immune system. . The knowledge made possible by the PNEI has also allowed the whole human culture to be revisited in its historical development, identifying its boundaries due to mental prejudices and ultimately a lack of scientific knowledge, since there is no scientific knowledge infiltrating any type possible for moralism. Given its anthropological implications, the elaboration of a PNEI as a new human knowledge requires a well-defined

anthropological model and within the many psychological streams the closest and compatible with the evidence of PNEI. The PNEI-based anthropological model is that of the human being as a unit of a trinity of the chemical-biological body, psyche, and spiritual consciousness. And the type of Psychology closest to PNEI can only be Freudian Psychoanalysis, whereby the PNEI has done nothing but demonstrating the chemical foundations of the two ontological principles constituting the Eros, so of Pleasure and of Love, and of the Thanatos, that is, the psychic conflict that leads to the death of consciousness.

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7. Medical Advances vs. Stalemates: The WHO's Communication of the Medical Status .Quo from a Person-Centered Approach to Medicine

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Context of Study: The question posed in this study is: With what success has the WHO communicated advances and stalemates in public health and diseases? In short, despite medical advances, where does the WHO believe medicine faces stalemates? How far does the WHO fall short of a person-centered approach to medical care?

Summary of Research: The WHO warns of these infectious and communicable diseases: cholera, plague, yellow fever, smallpox, relapsing fever, typhus, polio, SARS, Tuberculosis, HIV, botulism, hantavirus, anthrax, and rabies. The WHO has an Epidemic and Pandemic Alert and Response. The WHO prepares strategically for these diseases: anthrax, avian influenza, Crimean-Congo hemorrhagic fever, Dengue hemorrhagic, fever, Ebola virus disease, hepatitis influenza, Lassa fever, Marburg hemorrhagic fever, meningococcal disease, plague, Rift Valley fever, Severe Acute Respiratory Syndrome (SARS), smallpox, Tularaemia, H5N1, and yellow fever.

Summary of Findings: In modern times, reporting incidences of disease outbreaks has been transformed from manual record keeping to instant worldwide internet communication. Cases may be gathered from hospitals, collated, and eventually made public. Modern technologies have improved communication dramatically. Organizations like the WHO can now report cases and deaths from significant diseases within days - sometimes within hours - of the occurrence. Further, there is considerable public pressure to make this information available quickly and accurately. Since the World Health Organization is the lead agency for coordinating global response to major diseases, it maintains Web sites for many diseases and has active teams in many countries where these diseases occur. For example, during the SARS outbreak in early 2004, the Beijing staff of the WHO produced updates every few days for the duration of the outbreak. Beginning

in January 2004, the WHO has produced similar updates for H5N1. These results are widely reported and closely watched.

Discussion: As the lead organization in global public health, the WHO occupies a delicate role in global politics. It must maintain good relationships with each of the many countries in which it is active. Thus, it may only report disease results within a country with the agreement of the country's government. Because some governments regard the release of information on disease outbreaks as a state secret, this can place the WHO in a difficult communication position. The WHO's commitment that "All Network responses will proceed with full respect for ethical standards, human rights, national and local laws, cultural sensitivities and tradition" ensures each nation that its security, financial, and other interests will be fully honored.

Conclusion: The WHO serves the world well on health despite its restraints. Improvement though remains a goal.

Take Home Message: Although the WHO aims through its services to make the world a healthier place each year, it currently falls short of the high ideal of a person-centered approach to medicine.

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8. The paradigm change of research against malaria

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Malaria mortality rate is decreased of 60% from 2000 to 2015 but among 11 nationally representative household surveys conducted in sub-Saharan Africa from 2013 to 2015, the median proportion of children aged under 5 years with evidence of recent or current Plasmodium falciparum infection and a history of fever, who received any antimalarial drug, was 30% (IQR: 20–51%)[28] Of 91 countries and territories with malaria transmission in 2015, 40 are estimated to have achieved a reduction in incidence rates of 40%. While these data are hopefully, in 2015, it was estimated that there were 429 000 deaths from malaria globally (UI: 235 000–639 000). In 2015, 303 000 malaria deaths (range: 165 000–450 000) are estimated to have occurred in children aged under 5 years, which is equivalent to 70% of the global total. The number of malaria deaths in children is estimated to have decreased by 29% since 2010, **but malaria remains a major killer of children, taking the life of a child every 2 minutes.** The vast majority of deaths (99%) are due to P. falciparum malaria. Plasmodium vivax is estimated to have been responsible for 3100 deaths in 2015 (range: 1800–4900), with 86% occurring outside Africa. Malaria is due to Protozoa of genus Plasmodium. The most lethal form of malaria is due to the Plasmodium falciparum . The parasite lives in the salivary glands of the mosquito females of the genus Anopheles . When the mosquito stings a person to feed herself with their victim's blood, she inoculates the victim with anesthetic in order to avert quick defense, thus injecting also the parasite sporozoon. Mosquito larvae live in water; if the latter contains Plasmodium , then the larvae swallow it and the Plasmodium survives inside the larva's stomach. During metamorphosis, Plasmodium crosses two distinct membranes and reaches the salivary glands: the nefarious cycle is closed. Research against malaria was developed in preventive and therapeutical paths. The traditional prevention treatment is based on DDT ((dichlorodiphenyltrichloroethane), an effective organochlorine insecticide that has been banned because of its adverse impact on health and environment. Given the fact that mosquito females mate just once in a life-time, a second research line developed by prof De Murtas (ENEA) was the bio-technics of the 'sterile male', approach to be quite effective, even if difficult to apply nationwide or across a whole continent. A third approach is based on the use of monoclonal antibodies against salivary glands proteins (Brennan et al 2000). A genetic based approach to prevention was developed by the elimination of the chromosome X leading to the birth of only males.A promising research line is the vaccine production and to date there are at least 25 projects finalized to this topic, while 47 are finalized to the

productions of therapeutical drugs and to vector control products. An important line of research is the genetic Investigation of tricarboxylic Acid metabolism during the plasmodium falciparum life cycle. High risks for people and environment, compromising bio-diversity by pesticides and the vector resistance to widely used pesticides and drugs brought WHO[28] to launch a prevention-therapeutical strategy called:"Integrated Vector management" aimed to improve the efficacy, cost-effectiveness, ecological soundness and sustainability of disease vector control with a synergistic integrated with other disease control measures. Recently University Ambrosiana developed the Anti Malaria Project , to date with the cooperation of ENEA, on the basis of the E..Ruberti scientific hypothesis of a new possible way, by the change of salivary glands membrane potentials to block the transmission of plasmodium from stomach to salivary glands and on the G.R Brera's hypothesis about the efficacy of a class of molecules. It represents a new promising paradigm of a prevention strategy respecting bio-diversity and people's health. This research paradigm can be used for other vector induced parasitic diseases.

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9. Medical counselling with oncological patients

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The focus of this contribution is the care of cancer patients, which require a high grade off flexibility, both in therapeutic and human terms, and must always be adapted to the stage in which patients currently find themselves. The definition of cancer as total pain refers to the idea of cancer as a source of global suffering for the patient.The diagnosis of cancer frequently produces psychological distress. This distress may in turn impact on the immune system. Active behavioral and cognitive coping behaviors, can attenuate the psychological distress caused by stressful illness, decrease the amount of psychological adjustment to the illness needed, improve overall quality of life, and may also be associated with longer survival time .Alongside the recognized definition of human being as a unique and unrepeatable subject, there is still the risk to reduce a person suffering from a disease to the symptoms of the same, its classification or its survival perspectives.

The current scientific and anthropological view already hosts the tools to protect the dignity of the sick person and for the promotion of its resources: the contribution of the medical counseling according the person-centred medicine allows to understand the many nuances of the person's real life suffering from oncological disease and offers the possibility of tracing paths for a more careful study and a more conscious intervention in this field.

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10. Person-centered medicine in clinical work with teenagers and children

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The pediatrician has among his patients many preadolescents and adolescents with not only the option, but also the duty to treat them. A doctor may not be fully adept with a treatment that requires proper medical preparation, namely based on clinical methods that have proved their worth both scientifically and in an appropriate curriculum. The SIAd (Italian society of Adolescence and adolescent medicine) offers person-centered medicine methods©, (MCP©). This innovation, the result of the integration of the sciences and humanities, was developed at the University Ambrosiana in Milan by prof. G.R. Brera. Among the biological sciences included are principally pediatrics, auxology, endocrinology, and psycho-neuro-immunology. Also in adolescence is the particularly important force for the health of the human person; the interaction between the three dimensions: mind, body and spirit. This experimental-clinical starting point of scientific methods, views adolescence as a world of possibilities and is based on the vision of a teleological human nature, expressing elements of meaning. These emerge into consciousness in adolescence and characterize it both in its physiological aspect that is problematic in that it covers the three spiritual aspects of man: affective, cognitive and aesthetic. The characteristics of clinical intervention with adolescents according to MCP© are based on the use of empathy, building a personal relationship, the ability to put himself in a position and put in parentheses ("Epokè ") the question presented to be able to see and hear the person. In adolescence medical specialists arrive only when they employ person-centered approaches and become empowering. This will be secondary to its own cultural growth that involves the person-doctor. Depending on predisposition and preparation, the pediatrician employing this approach could work at three levels: 1) prevention, 2) generalist, and 3) specialist.

1. The physician must know how to work from afar, mindful that adolescence is not a "lightening flash". This may be extended by the parents of adolescents to children from their early childhood. These will be tomorrow's teenagers; people growing from the beginning which will establish an interim age-adjusted relationship that is empowering.
2. In his direct work and routine with the adolescent, take care to keep a consistent attitude knowing full well that the doctor is an authoritative adult, and a role for a growing boy. The proper physician-patient relationship respectful of roles will have to be established with him.
3. Precisely because the pediatrician is close to the family, to the person, the patient, his care could become a true specialist treatment in regards to adolescentological MCP© clinical methods. The pediatrician's job must be tightly structured; in particular, adequate space and time should be created in order to be able to welcome and listen to the suffering teenager.

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11. The Flow-chart of Health and the Flow-chart of Health Education

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Definitions of health proposed so far do not clarify the profound meaning of health for the subject, where it originates, by which means it is attained and what is its objective. The "Flow-chart of health" means to address these topics. The starting point for building one's own health is the "Ideal self", which represents for each individual an ideal model of person, which comes to conscience during adolescence and is expressed into an innate desire of the human being towards well-being, that is, towards realizing an optimal way of being, a gratifying lifestyle that lets him/her feel good.. This model is accepted and carried out by the person's will, according to his/her own motivations and values and especially according to the well-being promises of the "Ideal self". The "Ideal-self" is realized concretely through personal and social resources available to the subject. This itinerary brings the subject to self-realization ("Real self"), which brings him/her closer to the "Ideal self". The approach of the "Real self" to the "Ideal self" is perceived as gratifying, and brings health and well-being as a result. Health grows further when it is finalized towards "Being-for" and "Being-with", that is, finalized towards additional realizations of oneself and society. The "Flow-chart of Health Education" is a "guide" for workers in the fields of health education and promotion, as it identifies the stages of the educational process. It also shows that, in order to achieve the desired results, health education programs need to act from the beginning of the flow-chart, sequentially, until the last stage.

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12. Health education project : the emotions and sexuality according to person-centered health and medicine

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During the school year 2016-2017, I was invited by middle school parents ' association of the municipality of Fontaniva, PD, to teach a health education on emotional development and sexuality in the three first classes.This was structured according to the methods of person-centered medicine clinical method© (MCP©), developed at the University Ambrosiana in Milan by prof. G.R. Brera, which is based on the dignity of man and call to responsibility.For this reason, the structuring of such work from the outset was to taken into account in a consistent way to be expressed concretely what was proposed in the project content. They were laid down as some basic points to highlight:

- The priceless value of the love that each question carries
- The dignity of the person
- The dignity of sex differentiation
- The dignity of the roles
- The greatness of the gift of sexuality, relationship and socialization
- The resulting enhancement of modesty

Parents with their being and their continuing everyday choices affect their children so much deeper than any other educator. Thus it was decided to give them an important part of our commitment.They proceeded step by step, respecting their roles. First, we met with the head of the parents ' Association, then with the Principal and teachers. It was an opportunity to present not only the content but also the MCP© and especially the adolescent and teenage years and the moment it represents. Three teachers gladly volunteered as contact persons for each of the 3 classes. With them, then, a relationship continued that went beyond the

bureaucratic organizational training needs as a continuum.Then it was the boys turn. There they pondered the issue of the word love in group work both with the boys than with girls. We applied the Kairos project© that involves the conception, planning and execution of experiments. These were presented to the class towards the end of the school year with the voting and the award ceremony of the best.To give even more time to individual questions for each, they produced, in addition, a meeting in the classroom with a psychologist who was appreciated and actively participated.

To attempt an evaluation report on the results of the course was administered before and after the versatile questionnaire "Hello, how are you©"developed by prof. G.R. Brera whose results will be presented during the conference.

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13. Person Centered obstetrical-gynecological counseling with adolescents: application fields

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We can assess adolescence as a propitious time ("Kairos" in Greek language) when the individual , in a radical way, perceives the possibilities to be a person characterized by physical, spiritual, affective life. The adolescent perceives reality as a question of truth, love and beauty, trough new cognitive and affective structures and the realization of him/her self like a call for real and absolute answers. The essence of adolescence is the perception of existence like a mystery , a sign of an hidden meaning to be revealed . [28] [28] According WHO, puberty is the passage from the child physiology to the adult one and the adolescence is defined by a new social state different from childhood. Adolescence is anticipated by pre-adolescence when the self image starts to change , there is an imbalance between body size and psychological maturity, begins the separation-individuation from parents and gender behaviors are demarcated. The puberty beginning time appears enigmatic [28] and it is individualized. It is a psycho-biological phenomenon mediated by hormones (Kisspeptin, Proopiomelanocortin, NPY,NPYY,B-endorphines,GNH, that stimulates a cascade of hormonal reactions at a peripheral level , with the gonadotropins leptin, insulin, IGF1 induction. In females there is the progressive anticipation of menarche . in Italy the mean age is at 11,5- with a rate of Dysmenorrhea of 81% irregular rhythm (41%) and length regularity of 80%. The known hypothesis of this anticipation are genetic factors, obesity ,overweight, SGA with rapid postnatal weight implementation, diet. Psychosocial environment could be also a factor because of emotional stimuli also through media, along with psychosocial stress due to family disruptions, father absence, sexual abuse, adoption,immigration, endocrine disrupters, light overstimulation (computer,TV,smarthphone) inhibitors of melatonin with the absence of an inhibitory action of hormones. The adolescent's identity is mediated by the hypothetical-deductive reasoning , (Piaget) the psychosocial stimuli by family, peers, media, fashions and unconscious

dynamics determining the arrival to the genital stage of personality (Freud) and the passage from and identity diffusion to an individual one (Erikson). In adolescence there is a progressive neuro-biological development with a progressive activation of the cortex and neurochemical circuits . It is the biological basis of the identity weakness, behavior instability and risk taking behaviors which determine dopamine circuits stimulation and can be interpreted like a reaction to depression. To date, there is the pervasive phenomenon of early sexual behaviors . In Italy at least 6 girls on 10 of age 15-18 are sexually active [28],with a fecundity rate of 4 /1000 ; 40% of males and 27% of females have more than 1 partner in a year. The unprotected sexuality rate is 15,3% (sometime) and 4,8% (never): males 19,7 (sometime) and 6,2% (never) and females 10,6 and 3,1 . Early sexual behaviors are often related to Sexual Transmissed Diseases (WHO: 111 million new cases each year < 25 age) and an unwanted pregnancy risk. A greater number of pregnancies in adolescence terminate in an abortion (rate in Italy 6,4/1000 females vs 20/1000, (England) 18,8 (USA), 15,5 (France) . In adolescence there are more post-abortion psychiatric disorders than in the adult age. [28] An unwanted pregnancy is related to low educational level, family problems and ruptures, and low family income or violence. All over the world 16 million of Adolescents under 19 and 2,5 millions of adolescents under 15 become mothers (95% from poor countries) and 2,5 millions of adolescents each year dye for an abortion. Person centered gynecology that uses person centered clinical method [28] and counselling [28] ,taught in the Milan School of Medicine and IMEPA from 1991, is a great opportunity for helping the adolescent to live well her pregnancy and maternity and to prevent an abortion. In the relationship with the adolescent the physician must be educated to assume a " The adolescentologist 's Decalogue"[28] a relational policy that requests the following skills but, in some parts, can be applied also in the physician- person relationship : 1. Being able to Listen , 2. Being welcoming, sympathetic but authoritative. 3. Waiting with patience growing up movements without losing the contact but not imposing it and being aware that there is an expressed or not help request 4 don't be manipulated and don't substitute with the person's choices ,first of all these without a medical meaning like an abortion or sex behaviors 5. Creating a symbolic space for making meaning to choices and perceived possibilities , without being "moralists" 6. Don't be involved in affective requests (transfert) and to be able to decipher them. 7 Don't exclude parents at the relation beginning ,but in a second time creating an individual clinical space and time respecting privacy 8 Structuring the relationship with rigorous rules to be respected also with penalties 9 Being able to support frustrations. 10 to be informed and attentive to the adolescents' culture and fashions interpreting their meaning.

I introduce a case of an adolescent, where this code and the Person centered clinical method has been determinant for the birth of a new life

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14. Growth of Medical Competence: Direct Observation of Students during Third Year Clinical Clerkships

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Background: Can evaluation of the medical competence of students be done with direct observation and assessment of their clinical performance in a competency-based setting? Can it be enhanced over time through immediate feedback from the standardized observations?

Summary of work: We adapted the mini-CEX in the direct observation of third year students to assess medical competence during 8 months, May-January, of mandatory clerkship rotations. There were 57 men (52.8%) and 51 women (47.2%) with a mean age of 26.3 years (SD=2.89; min=22.1, max=37.4). Faculty members were trained as assessors of students during clinical encounters employing the adapted min-CEX with a 5-point scale.

Summary of results: There were 27 assessors and 108 students for a total of 837 assessments (mean number of assessments = 7.75/student; range: 1-13). The mean time for assessment was 25.24 minutes (range: 10-100 minutes) and for feedback 19.22 minutes (range: 5-45 minutes). The mean communication score at the initial assessment was 3.02 peaking at 3.50 at the time of the final measurement (240 days); for professionalism the scores were 3.27 and 3.58, respectively; clinical reasoning 2.62 and 3.21; patient management 2.60 and 3.21. Increase in overall medical competence (2.77 to 3.29) resulted in a large effect size (Cohen's d = 0.96). Student comments about the assessment and feedback were generally positive and constructive.

Discussion: Communication, professionalism and medical competence scores increased as a power function as theoretically expected. Entrustability for professionalism on average was achieved by 20 days, 50 for communication, 112 for clinical reasoning and 150 for patient management.

Conclusion: Direct observation with structured, immediate feedback by faculty assessors rapidly improves student skills to entrustability in communication, professionalism, clinical reasoning and patient management.

Take home message: Direct observation with immediate feedback is a feasible, reliable and valid way to assess and facilitate growth of medical competence.

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** Licentia Docendi ad Honorem, Magister scientiae , Licentia Docendi to education in research, and Medical Education, University Ambrosiana,Milan – Honorary co-director of Medical Education Dept of the University and Dean of the Medical Education International Program of the University Ambrosiana
Scientific Director of the Person-Centered Medicine International Academy (PCMIA)

15. Reliability and validity of Person Centered Medicine Clinical Method for a Person and People Centered Care: a survey on 144 clinical reports of physicians prepared to apply Person Centered Clinical Method to adolescents from the Academic Year 1997 to 2002 at the Milan School of Medicine of the University Ambrosiana.

Giuseppe R.Brera

Dean of the Milan School of Medicine and Person Centered Medicine International Academy

Up to now, to our knowledge, medicine and medical science didn't ever submit to a scientific investigation clinical method. A reliable, valid, teachable clinical method is the basis of the Medicine progress and public health, because it is the condition of clinical picture assessment, the diagnostic process and the scientific hypothesis on one pathology nature, pathogenesis and therapeutic possibilities and the individuation of social diseases transmitted by environment and relations. Clinical Method is the basis of a "Person and people person care". Reliability means reproducibility of its application in N clinical contexts, its validity means its practical effectiveness for realizing defined objectives for building diagnostic hypothesis, diagnosis, and a clinical improvement through the method structured application with the aim of taking care of and healing suffering persons. Up to now Medicine didn't discuss the traditional clinical method even if the medical science and human sciences progress opened new perspectives to clinics, identifying new clinical objectives and creating the necessity of change. The paper introduces in research and in Medical Education two new indexes: the Clinical Method Reliability Index (CMRI) and the Clinical Method Validity Index that must be constructed on a rigorous clinical method whose learning must be assessed in the same way. Person Centered Medicine is the new paradigm of Medical Science, based on the interaction among subjective, biological, environmental variables- well documented by basic science - interpreted and elaborated in a teleological way by the person. The Person Centered Medicine new paradigm, starting from the basic sciences progress , and the epistemological revolution made by Psycho-neurobiology, Allostasis,

Epigenetics, Psychoneuroimmunology, Affect science and the Relativity theory of biological reactions, draws a new epistemological model of a person-centered human nature based on multifactorial and multidimensional interactions that demand for the person's interpretation toward a conscious or unconscious personal realization in truth, love and beauty, the teleology of human nature as human sciences and kairology evidence. This allows a new health concept that could be re-defined as : "The choice of the best possibilities for being the best human person" with the re-assessment of new clinical and health promotion objectives applied from Person Centered Clinical Method, from 1998, in the University Ambrosiana Milan School of Medicine. Person centered clinical method introduces into clinical application the "Anthropic effect generation", the "Diacrisis Time" with the "Empathy diagnosis", and an interlocutory time addressed on a "Person diagnosis" when the physician perception is focused on the person's resources before problems, assessing the protective factors action (resilience) and vulnerability ("Clinical Epoké).
After Physical examination the physician must be able to do clinical hypothesis and pursuit clinical objectives in a operational way correlating "Person Diagnosis" with a balance between revealed resources and problems-menaces for the person's health addressed to constitute a Clinical Portrait, assessing the person's life quality and style and also an hypothetical meaning of symptoms. In this way the person is considered the subject of his health, when he /her is not in an emergency room and/or at survival risk.

The paper presents- the first time for a clinical method- an investigation, which computes , the Clinical Method Reliability Index (CMRI) and the Clinical Method Validity Index (CMVI) of the Person Centered Clinical Method, from the assessment of 144 clinical written reports through the application of the Person Centered Clinical Method Assessment Protocol (PCCMAP). Clinical Reports have been written as a final evaluation for the admission to a dissertation by physicians of the third years of the specialty in Clinical Adolescentology trained to apply Person Centered Clinical Method to adolescents. Written case reports concern the Academic Year from 1997 to 2002 at the Milan School of Medicine of the University Ambrosiana, that represent the first application of Person Centered Medicine in Medical education and clinics. The Person Centered Clinical Method CMRI resulted to be = 0,81 and CMVI 0,80. These results confirm the high Reliability and validity of PCCM opening a new road in the clinical method application.

Brera G.R. . Person Centered Medicine and Medical Education in third Millennium (with the introduction of Iosef Seifert The seven aims of Medicine it.) Roma- Pisa: IEPI ;2001 (Italian)

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Conference on Person Centered Medicine . 2012 April 30-May 2 Geneva , Person Centered Medicine International Network 2012. DOI 10.13140/RG.2.1.4699.0568

16. The change of the Medical Education Paradigm

Educational workshop on Person Centered Medicine Clinical method

directed by Prof.Giuseppe R.Brera

The Person Centered Medicine Clinical Method

The steps for applying and teaching Person Centered Clinical Method are rigorously structured, must be learnt and cannot be improvised. It requests education of physicians and clinical teachers.

Educational objective 1: **Anthropic effect**

It assesses the physician's skill to be learned to promote in the person who asks his help to feel himself accepted,comprehended, helped (ACH).It means suspending ant ethical judgement

Educational objective 2 "**Empathy" (E)**

Perceiving and interpreting the 1 minute empathic phenomena at the beginning of clinical inter relationships. Physicians learn to perceive, identify, describe, with an "anatomical" style the person's empathic communication. At this step problems that are a threat to the life of a person demand an immediate diagnosis and treatment. If this condition is non existent and/or if there are any possibilities for a relationship (the patient does not have the opportunity for a sensorial and conscious relationship with a physician) , it is then necessary to move on to time

Educational step 3 **Build a Personal Relationship**" **(BPR)**

Physician learns to pose the fundamental first question starting an interlocutory time **"**

"In what may I be of help" **,** rigorously structuring the meaning , roles and limits of the doctor-patient-relationship based on an help request by a suffering person.

Educational Step 4: **Listening to the person's problem (LPB)**

The Physician learns to listens to the reason of the person for requesting his help.

This step is common to the traditional clinical method

Educational Step 5 **Clinical EPOKE (CEK)**

This step is a pilaster of Person Centered Clinical Method. "Epoké" is the term used by Husserl indicating a suspension of the judgment about the knowledge object allowing the being revelation of the knowledge object. It is the definition of the phenomenological method.

Upon listening to the problems of the person, if there isn't a biological emergency, like a survival threat, the physician must suspend the traditional investigation addressed to find a cause-effect relation about symptoms offered by the person in front of him/her and must enclose within quotations that which the patient has referred : with the sentence:

" Now, before examining your problems, please tell me about you"

(or if the person has been seen empathically weak, it is better use the word "life" instead "you"

Educational step **5 Person Diagnosis (Who-Whose-Why) : Giving Space to Word (GSW)**

At this time the physician must ask himself: "*Who is the person I'm speaking with?",* and not " What is the cause of his/her symptoms " , a true revolution of the traditional clinical method, and must ask questions on behavior, relations (affective and family as well as social) , communication, and work, (if the patient is an adult) and on education and other interests, (if a student) .

Particular attention will be given to the ability of the patient to symbolize in both a verbal and non verbal manner, to perceive empathic phenomena, identify incoherencies among them and interpret them. Of great importance will also be conscious or unconscious choices that give meaning to life such as the religious beliefs of the patient. Physicians have been prepared to give space and time to the words of the patient ("Giving space to the words") perceiving, identifying and interpreting (if necessary) empathic phenomena during discourse. *At this time the physician must focus his attention on the person not on the hypothesis for diagnosis*. Physicians must give their maximum attention to gathering information which assesses *strength points , resources, problems and threats of various degrees, belonging to the three-dimensional world*

(body-mind and spirit) of the person, with a longitudinal study in the person's existence history , recording them *as events of life quality history* and looking for acute and/or chronic stressors and stresses and for possibilities, quality of coping styles. Past diseases are intended like life events and investigated not only as biological events but also as agents of an inner life modification looking for existential changes.

The quality of beliefs and health behavior, more or less satisfying human relationships, the ability of communicating and expressing one's own thoughts and feelings, to symbolize one's own inner and world experiences, his achievements and satisfactions in any field (school, work, hobbies and projects), an open, hopeful and creative attitude toward life, and quality of affective relationships, reliable supports, and along with the existence of positive or negative acute and /or chronic stressors and coping styles, help the physician in depicting the portrait of the person and trace a history through which he will easily *reach at a clinical comparison between protective and risk factors (health balance*). The first objective of this phase is to create an existential picture of coping styles of the person which contribute in building his life quality style. This is achieved by re-constructing his/her world, his/her resources and problems and consequently, the answers he provides to the questions on the identity of the person. This project, if well carried out, *will create hope and trust in the physician and more possibilities for the health of the patient, with a first therapeutic effect*. Biological reactions can be modulated at this time yet with a neuro-biological and endocrinological action. "Hope" and "trust" are the responsible affects which determine the "placebo effect" which is a psycho-neuro.-endocrine-immune reaction determined by subjectivity.

Health problems which have a conscious or unconscious meaning in the life of the person are considered constructs. Life choices and life style, whether conscious or unconscious, are stressful situations or health and resiliency factors or risk factors. *The epistemological assumption of the model is the natural tendency of a human being to an achieved unity where natural demands of a meaningful truth, love, and beauty are fulfilled*. Problems and/or empiric symptoms are part of this dynamic teleonomia toward a personal realization. Sufferance, an expression of an internal conflict on opportunities and limits, has been seen as the emotional -affective pathos in constructing a real awareness of the real meaning of life centered on truth, love and beauty, the teleology of human nature, and can bring important and positive changes in the life of the patient. It could be, if finds a well prepared physician, an existential resource for mobilizing the spiritual-psychological-biological resources for discovering the existence of a hierarchy in life or arriving with serendipity to death, aware of reality of his/her human nature not made for warms.

Educational step 6: **Giving word to body (GWB)**

During time 5 and 6, the physician is educated in gathering information about referred problems and their history that must be situated in the lifestyle of the patient, biography and culture. An empiric evaluation of symptoms with a physical examination, can be postponed if not urgently required by emergency and the necessity to an urgent intervention on biological variables. This choice must be explained as a method for giving more value in the consideration of the person. At this time, physicians must create an atmosphere of

cooperation, *and avoid the common approach of treating patients as biological objects.* It is very useful for building a therapeutical alliance and compliance. If physical examination is made it must be made with an interlocutory method finalized to render the patient a "subject" non an "object".

After it the physician learns to build a simple written form resuming ratios between Strenght Points/Threats-Resources/Problems depicting resilience and vulnerability.

Educational step 7 **Clinical Objectives Assessment (COA**)

The physician must build a mental scheme where symptoms are composed of an analogical and hypothetic, clinical picture. The clinical picture must be composed of a *comparison between the resource of the person, points of strength related to age and life style and problems in order to create opportunities for recovering, promoting cooperation and action in creating new possibilities for the own health of the patient. (resilience factors). A biological emergency must be immediately treated.*

Physicians have to be able to write a portrait of the person in a way in which it contains points of strength, resources, problems, threats and possibilities in creating and implementing, so as to improve the person and his/her life style while it permits him/her to find and find answers. Therapeutic projects must be used specifically for the person and his/her particular life style . Clinical objectives must be assessed and must comprehend further examinations if necessary for assessing biological problems and finalizations for improving or creating the resources of the person.

The assessment of biological exams and drug treatment must be done only if necessary, and any real possibilities for treatment must be inserted in a qualitative interactionist evaluation of the strong points of the person , resources, problems and menaces for survival, previously identifiyed.

The unity of the person built in the mind of the physician can address person-oriented clinical choices

Educational step 8 **Clinical Synthesis (CS)**

The unity of a person built in the mind of the physician addresses clinical choices in assessing a hypothetic thinking about the nature of problems in that person. Hypothetic clinical diagnosis starting from symptoms and physiological data must be placed in analogical evaluation of hypothetic relations with empathic phenomena and person subjective resources and problems evidenced by "Person diagnosis".

An existential meaning of a clinical picture, looking for an unconscious sense of this, according the person's history and life style quality should be overlooked. It requests a particular preparation of physician to analogical thinking and an attitude to explore the human nature.

In literary terms, the right result of this phase is a portrait of the person, in which the diagnostic and the therapeutic project is situated.

Educational Step 9: **Therapy (TH)**

Philosophy of therapy is the creation of the best possibilities for improving the life style of the person addressed to build harmony between body, mind and spirit.(the kairological paradigm). Enhancing hope and therapeutic alliance , neutralizing threats, improving resilience, buffering risk factors, creating resources and possibilities for the person is the philosophy which must inspire any therapeutic act. Prescribing and/or administrating a drug means to create an epigenetic possibility for the biological organism that is influenced by the subject and his/her coping with environment at epigenetic /allostatic level. The concept of possibilities for a person must take into account the natural teleonomy of the person and favor self-fulfillment of the person, realization according to age and the own limits and resources of the person. Implementation of possibilities means the implementation of resources and a different approach to limits. This is more evident in apparently desperate cases.

Through its psycho-neuro-immune-endocrinological action, any form of therapy must be accompanied by medical counseling geared towards the enhancement of the resources of the person for a conscious or unconscious therapeutic alliance while recovering.

PCCM has been formulated starting from a medical counseling method of study [28]

This scientifically based conception of therapy, like giving new resources and possibilities, fits very well with the new definition of Health derived by the Person centered health model: " The best possibilities for the best being an human person

Educational step 10**: The person's Portrait (PP)**

"Clinical portrait" is a synthesis of all the Person Centered Medicine Clinical Method application steps, written in literary terms. It starts from the empathic assessment of the person, and is developed through person diagnosis, physical examination, diagnostic hypothesis of clinical picture, assessment of clinical objectives, clinical synthesis . It is addressed to comprehend in the person's unity the necessarily fragmentized knowledges obtained through the Person Centered Clinical Steps, impeding that the person could be hidden by his/her pathology or that could allow a pathological identity of the person, contributing

to a negative chronicity of his/her life style with a new identity: eg oncological , epileptic, hypertensive, diabetic, schizophrenic, depressed , celiac etc.

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17. Le choix noétique. L'approche noétique dans psychothérapie et médecine.

The noetic choice. The noetic approach in psychotherapy and medicine.

Beata Rusiecka*

À la base de toute théorie ou méthode de traitement, il existe un type spécifique d'anthropologie philosophique. Selon la conviction interne de ce « qui est l'homme », le patient prend ses décisions de vie et le médecin sélectionne ses méthodes de traitement – en voyant différemment où se trouve le bien-être du patient. Les auteurs de cet article présentent une approche noétique en psychologie et psychothérapie et son application dans des situations de choix moraux. Il se réfère à l'anthropologie classique de Platon, d'Aristote et de Thomas d'Aquin, où la psychologie est comprise comme *la science de l'âme*. L'anthropologie classique, remplacée et refoulée aujourd'hui par un paradigme scientifique, souligne le genre de comportement humain résultant de sa vision intellectuelle, appelé noétique (gr. *nóesis* – intellect). Cette vision noétique échappe à la méthode des sciences naturelles parce qu'elle est supposé être inexistant. Selon les anciens, ce genre de faculté est une connaissance directe, un insight, une perspicacité, qui est intuitive et non rationnelle. Sa présence peut être partiellement décrite dans la psychanalyse freudienne comme "l' inconscient ", comme une « conviction profonde » dans l'approche cognitive et comme un « sens » dans la logothérapie de Frankl. L'intuition noétique suppose, à la fois chez le médecin et chez le patient, une ouverture particulière pour le bien, la vérité, la beauté – essentiels dans une situation de choix moraux du patient et du médecin. Cependant, les cas cliniques concernant les décisions sur l'avortement indiquent souvent le rejet de l'intuition noétique. L'adoption de l'intuition noétique soulève des questions sur la façon dont la santé et la maladie sont considérées, sur l'interprétation des causes et de l'importance des symptômes de la maladie et le traitement des patients.

Every theory and method of treatment is grounded in a specific type of philosophical anthropology. The inner conviction defining the essence of "what is man" leads the patient to key decisions concerning his life and the physician selects adequate methods of treatment in his search of patient's well-being. The authors of this paper discuss the noetic approach to psychotherapy and medicine and its application in situations of moral choices. The noetic approach refers to the classical anthropology of Plato, Aristotle and Thomas Aquinas, where psychology is understood as *the study of the soul*. The classical anthropology, repressed by the contemporary scientific paradigm, focuses on human behaviour resulting from an intellectual insight, called noetic (gr. *nóesis* - intellect). This insight is difficult to grasp by the natural sciences as it is assumed to be non-existent. According to the ancient philosophers, this kind of faculty is a direct knowledge based on insight, which is intuitive and not rational. The presence of noetic cognition can be partly described in Freudian psychoanalysis as the "unconscious," or as the "deep conviction" in the cognitive approach, and as the "sense" in Frankl's logotherapy. The noetic intuition presupposes, both in the doctor and in the patient, a special kind of opening to the goodness, the truth and the beauty – essential in situations of moral choices made by the patient and the physician. However, clinical cases concerning decisions about abortion indicate often the rejection of noetic intuition. The noetic perspective in psychotherapy and medicine, raises questions concerning the perception of health and illness, the interpretation of causes and significance of symptoms, the interpretation of psychological problems, and the treatment itself.

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18. Pioneers of Health and Medicine Paradigm Change

A picture of the Milan School of Medicine MD-MA and professors who formalized the Person-centered change of the Medical Science, Medicine and Health paradigm born in 1998 , with the Person Centered Medicine Paradigm publication, Medicine and Health paradigm and the presentation of the "La Charte Mondiale de la Santé-the World Health Charter" .I

with Claudio Violato, Piermario Biava ,Richard Fiordo, Ettore Ruberti, Patrizia Pasanisi, Paolo Lissoni, Beata Rusiecka ,Mariangela Porta

19 . 1st edition of the International award in Person Centered Medicine

Milan, 15 October 2017

Ca-Granda, Niguarda Hospital,Milan

The The International Prize in Person Centered Medicine has been conferred to Mariangela Porta MD MA LD .

Motivation

Mariangela Porta is the 1st Licentia Docendi (Professor) of the world in Person Centered Medicine. She is professor also at the Mai-Ndombe-Bokoro-Congo University where is engaged in a missionary activity and also in the University of Turin, (Italy). Prof. Porta has been the first MD gynecologist, to have applied in her profession, since 2003, the epistemological ,ethical, and clinical principles of Person Centered Medicine, in the clinical and prevention work with adolescents in different clinical contexts and with sexually abused women and to bring in other educational contexts Person centered Medicine, with clinical and educational important results . Mariangela Porta is consultant in the pro-life Turin Movement. The Prize has been conferred by prof. Giuseppe R.Brera , Rector of the University Ambrosiana and Director of the Person Centered Medicine International Academy and the Milan School of Medicine.

Ceremony of the 1st Person Centered Medicine International Prize

LA CHARTE MONDIALE DE LA SANTÉ*

THE WORLD HEALTH CHARTER

Published on www.healthparadigmchange.it

with

The agreement declaration to change Medical Science and Medicine paradigm

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1. LA SANTÉ EST UN DROIT UNIVERSEL

HEALTH IS AN UNIVERSAL RIGHT

La possibilité de recevoir des soins centrés sur la personne, **de choisir et de constituer des facteurs protecteurs de la santé et de neutraliser les menaces et les facteurs de risque pour la meilleure qualité de la vie à tous les âges du développement où de l'involution humaine, dans toutes les conditions économiques et sanitaires,** ***est un droit individuel et universel*** **qu'il faut respecter dans toutes les nations.** ***Les décisions de politique sanitaire des États doivent être fondées sur la vérité scientifique et la valeur irréductible de la personne, de la conception à la mort naturelle, et doivent empêcher la production, le commerce, la légalisation des toutes les drogues récréatives et stupéfiantes et le commerce des parties du corps humain et de sa génétique.***

The possibility to receive a person centered health care **, choosing and constituting life and health protective factors and neutralizing life menaces and risk factors for the best life quality at any age of the human development or involution, in any social and economic condition, at any disease time,** ***is an individual and universal person right*** **to be respected in any country.** ***The health policies of governments must be based on scientific truth and the irreducible value of the person since the conception to the natural death and must inhibit the production, trading and legalization of all recreational substances , narcotics and the trading of human body and its genetic parts .***

2. LES SOINS D'URGENCE, PRIMAIRES ET HOSPITALIERS SONT UN DROIT POUR TOUS

EMERGENCY, PRIMARY AND HOSPITAL HEALTH CARE ARE A RIGHT FOR ALL

Les gouvernements de toutes les nations du monde ont le devoir de garantir l'accès gratuit aux soins primaires et hospitaliers pour toute personne de tout âge, connaissant des difficultés économiques et sociales, et de garantir la liberté des professionnels de santé afin qu'ils puissent exercer leur mission et leur profession selon les principes éthiques du serment d'Hippocrate, *en promouvant la paix et des changements en faveur de la santé dans les conditions de vie sociale et environnementale des populations, à travers la création de possibilités réelles pour la liberté individuelle, la nutrition, l'éducation et le travail*. Les médecins et tous les professionnels de santé ont le devoir et la responsabilité de prendre soin des malades et des personnes souffrantes incapables de payer leurs soins.

The governments of all the nations of the world have the duty to assure possibilities for a free health care in hospital and primary care available for all the persons at any age in social and economic difficulty and the health professionals' freedom for exercising their mission and profession, according to the ethical principles of the Hippocrates oath, *promoting the peace and pro-health changes in the people social and environmental conditions through the creation of real possibilities for the individual freedom, nutrition, education, work.* Physicians and all health care professionals have the duty and responsibility of taking care of sick and suffering people without possibilities of paying health care.

3. LE PROGRÈS DE LA SCIENCE STIPULE QUE LA SANTÉ DEPEND DE LA LIBERTÉ HUMAINE

THE PROGRESS OF SCIENCE STATES THAT HEALTH IS THE RESULT OF THE PERSON'S FREEDOM

Le progrès de la science stipule que la santé dépend de la liberté de la personne à choisir une qualité de vie saine, parmi les possibilités réelles existant **dans son environnement social et physique ; elle dépend aussi de son éducation à interpréter, finaliser et retenir les informations qui sont transformées en signaux épigénétiques pour des changements allostatiques, déterminant ainsi l'évolution humaine du fait de leur transmission génétique aux générations suivantes. Naturellement, la personne donne consciemment ou inconsciemment une signification aux affections, émotions, connaissances, et comportements, conduisant vers l'interaction des variables appartenant à la fois à la spiritualité, à l'esprit, et à l'organisme biologique que la clinique, la science médicale, la biologie, la psychologie, la philosophie prennent comme objet de recherche empirique et/ou spéculative dont la qualité est essentielle pour le progrès du genre humain et pour une culture mondiale de paix et de liberté**

The progress of science states that health is the result of the person's freedom to choose between real possibilities for a healthy quality of life **, the availability of these in the social and physical environment, the education to the ability to interpret, finalize and memorize information that are transformed in epigenetic signals for allostatic changes, genetically transmitted to the next generations in such a way determining the human evolution. The person naturally gives an unconscious and conscious meaning to affects, emotions, knowledge and behaviors and pilots toward a purpose the interaction of variables at the same time belonging to spirituality, mind, biological organization, that clinics, medical science, biology, psychology, philosophy present as objects of empirical and/or speculative investigation to date, whose quality is essential for the mankind life and the development of a culture addressed to the people freedom and peace.**

4. POUR UNE NOUVELLE DEFINITION DE SANTÉ

FOR A NEW DEFINITION OF HEALTH

Au vu du progrès scientifique, médical et psychobiologique, la santé se conçoit comme *« Le choix des meilleures possibilités pour être la meilleure personne humaine »*. La santé se révèle comme une maïeutique de la nature humaine et de l'existence, une culture – génératrice d'anthropologie, créée par la culture, comme une énergie pour la personne et de la survie et de l'évolution de l'être humain, confiée aux plus hautes responsabilités et aux dimensions de la personne et des nations, et constituant un espace-temps où les individus, les cultures, les Etats et les nations sont liés dans une destinée commune.

In the light of the medical and psycho-biological scientific progress health is conceivable as "*The choice of the best possibilities for the best being a human person*". Health reveals itself to be a human nature maieutics and at the same time of the existence, a culture- making anthropology , created by the culture, energy for the person and mankind survival and evolution, that is given to the highest responsibilities and the dimensions of the person and the nations , constituting a space-time where and when individuals , cultures , states and nations are linked in a by-directional way.

5. LA SIGNIFICATION DE LA MALADIE POUR LA PERSONNE MALADE ET LES PROFESSIONNELS DE LA SANTÉ

THE DISEASE MEANING FOR THE SICK PERSON AND HEALTH CARE PROFESSIONALS

Toutes les maladies et tous les handicaps sont des processus dynamiques impliquant toutes les dimensions de l'existence de la personne dans l'environnement culturel et social, de sa conception à sa mort naturelle **et sont caractérisés par la souffrance individuelle, la vulnérabilité sociale et la fragilité allant jusqu'à l'exclusion. Les professionnels de santé devraient être formés à plus d'humanisme avec une conduite morale et une culture humaniste cohérente avec la noble signification de leur profession parce qu'ils partagent avec leurs patients les mêmes quêtes et épreuves de l'existence et ne doivent pas être des techniciens apathiques, auteurs (ou instruments) de vie et de mort, chercheurs partiels de connaissance d'objets séparés de la réalité humaine.**

All diseases and handicaps are dynamic processes involving the whole person's existential dimensions in their cultural and social context, during all the ages of life, from conception to natural death **and are characterized by individual suffering, social vulnerability and fragility until the exclusion. Health professionals should be educated to be human persons, with a moral behavior and a humanistic culture , coherent with the noble meaning of their work, because they share with their patients the same existence quests and events, and not to be apathetic technicians , tools of life or death or investigators fragmented in knowledge objects removed from the human reality .**

6. L'ORGANISATION DES SOINS DOIT ÊTRE FONDÉE SUR LE RESPECT DES DROITS DE L'HOMME A LES ETAPES DU DÉVELOPPEMENT HUMAIN ET DANS TOUTES LES PÉRIODES DE LA MALADIE.

THE HEALTH CARE ORGANIZATION MUST BE FOUNDED ON THE RESPECT OF THE HUMAN RIGHTS IN ALL AGES OF THE HUMAN DEVELOPMENT AND AT ANY TIME OF ILLNESS

La politique de santé publique et les soins la santé publique doivent être fondés sur la liberté individuelle, **conformément à la Déclaration des Droits de l'Homme des Nations Unies et à la Déclaration Universelle des Droits et Devoirs de la Jeunesse, et doivent être réalisés à travers l'accès gratuit et total pour tous, aux soins d'urgences, aux soins primaires et aux soins hospitaliers avec une disponibilité de médicaments et des plus modernes outils biotechniques pour le diagnostic et la thérapie, financés par le système du travail public et privé des États*, sans but lucratif.* L'économie des États, les affaires financières, les pouvoirs idéologiques et politiques, le marché commercial de médicaments ou des outils techniques ne doivent pas jouer sur le respect de la vie humaine quel que soit l'âge ou le développement de la maladie ni sur l'application des soins selon les principes éthiques d'Hippocrate.**

Public health organization and public health care must be founded on the individual freedom according to the human rights expressed by the UN Declaration of Human Rights and the Universal Declaration of Youth Rights and Duties**, and must be realized through the creation of the free general availability for all of emergency , primary and hospital care with the availability of medicines and the most modern bio-technical tools for diagnosis and therapy, financed by the State public and/or private work system, *without profit finalities*. The state economy, financial affairs, ideological and political powers and the commercial market of medicines or technical tools must not influence the human life**

respect at every stage of development or disease, scientific investigation and the application of Hippocratic ethical values in the people care

7. LA RESPONSABILITÉ INDIVIDUELLE DE LA PERSONNE POUR LA SANTÉ

THE INDIVIDUAL PERSON'S RESPONSIBILITY FOR HEALTH

Toutes les personnes ont la responsabilité de choisir et de mener une qualité de vie capable de constituer des facteurs protecteurs pour la vie et la santé, et de neutraliser les menaces et les facteurs de risque **dans leur vie individuelle ainsi que dans toutes les relations interpersonnelles en famille, au travail, dans les institutions et organisations. Ils ont le devoir de prévenir et d'arrêter les comportements qui pourraient constituer une violation et une menace du droit individuel à la liberté –non une volonté arbitraire– s'il ne représente pas un risque pour eux-mêmes ou pour la vie et la santé d'autres personnes à toutes les étapes de croissance, en donnant un exemple aux enfants et aux jeunes ainsi qu'à leur environnement relationnel.**

All the persons have the responsibility to choose and run a life quality able to constitute protective factors for life and health, neutralizing menaces and risk factors in his individual life and interpersonal relationships **in family, work, institutions, organizations and the duty to prevent and stop behaviors that could constitute a violation and a menace for the individual right to freedom - not an arbitrary will- if they represent a risk for themselves and the other persons' health and life at any stage of development, giving an example to children and young people and their relational environment**

8. L'ÉTUDE ET L'ENSEIGNEMENT DE LA MÉDECINE SONT UNE MISSION CENTRÉE SUR LA PERSONNE

LEARNING MEDICINE AND MEDICAL EDUCATION ARE A PERSON CENTERED MISSION

Les Universités, les écoles normales et les facultés de médecine, doivent admettre et instruire les étudiants et les professionnels de santé à concevoir la médecine et les soins comme une mission existentielle **et doivent promouvoir leur maturité affective, spirituelle ainsi que leur santé mentale selon les principes éthiques du serment d'Hippocrate ; ils doivent promouvoir aussi l'apprentissage de l'épistémologie interactionniste et téléologique de la médecine centrée sur la personne et sa méthode clinicienne, en respectant dans leur pratique publique et privée, la vie de la personne à tous les niveaux de son développement et de l'évolution de sa maladie et, en cas d'absence apparente de vigilance, en assurant les supports essentiels pour la vie.**

Universities, colleges, faculties and/or the schools of medicine, must admit and educate students and health professional to conceive Medicine and health care like an existential mission**, and promote their personal affective-spiritual maturity and mental health, according to the Hippocrates' Oath objective ethical principles and to learn a person-centered interactionist and teleological epistemology, respecting in their practice the person's life at any stage of his life from conception to natural death and the patient's life at any stage of the disease evolution and in the apparent absence of vigilance, assuring essential supports for life.**

9. LA MÉTHODE ET LA RECHERCHE CLINIQUE ET ÉPIDÉMIOLOGIQUE DOIVENT INTRODUIRE DES VARIABLES CULTURELLES, SUBJECTIVES, INTERPERSONNELLES, SOCIALES, D'ADAPTATION ET LA RÉSILIENCE

THE CLINICAL METHOD AND THE CLINICAL AND EPIDEMIOGIC INVESTIGATION MUST INTRODUCE CULTURAL, SUBJECTIVE, INTERPERSONAL, SOCIAL AND ADAPTATION VARIABLES AND THE RESILIENCE

***La méthode et la recherche clinique et épidémiologique doivent introduire des variables étudiant la subjectivité de la personne*, visant à identifier son sens d'appartenance au milieu culturel et la culture , la qualité de ses relations avec l'environnement interpersonnel proche, dans la famille, l'école, le travail, la vie affective ; les choix existentiels et les opinions motivant le comportement, la condition socio-économique, la possibilité et les moyens de faire face aux stresses, le style de vie relativement à l'âge de la vie en calculant la résilience avant la vulnérabilité au risque, en analysant les points de force et les ressources personnelles et sociales , les menaces et risques, et au commencement du travail clinique, en structurant une relation empathique qui puisse rendre la personne sujet et non objet de clinique ou de recherche.**

***The clinical method, clinical and epidemiological investigation must investigate on the intervening variables addressed to identify the person's subjectivity*, his/her relationship with the cultural , the next interpersonal, social, and physical environment, work, the affective life, the existential choices and the beliefs motivating the behavior, economic condition and the coping possibilities and quality to stressful situations and the lifestyle in all the contexts, giving evidence and computing the resilience before the vulnerability to risk, analyzing the personal and social strength points, resources, menaces, risks at the beginning of the clinical work, structuring an empathic work that could make the person subject and not an object of clinical method or investigation.**

10. LA CONTRIBUTION DÉTERMINANTE DES NATIONS UNIES ET DES CHEFS D'ÉTAT POUR LA SANTÉ MONDIALE

THE DETERMINING CONTRIBUTION OF THE UNITED NATIONS AND HEADS OF STATE FOR THE WORLD HEALTH

Les Nations Unies et tous les Chefs d'État ont le devoir et la responsabilité de promouvoir le respect de la Charte Mondiale de la Santé **par les gouvernements en contrôlant qu'elle soit diffusée dans les Universités et les Facultés de Médecine, les institutions sanitaires, toutes les écoles et en la mettant en pratique dans leur politique par l'adoption de mesures efficaces à cet effet.**

The United Nations and all the Heads of State have the duty and the responsibility to promote the respect of the World Health Chart from the governments and to control that the States spread it in Universities, School of Medicine, Health Institutions, all schools and realize it in their policy adopting effective measures to this aim

SIGNATURE OUVERTE/ OPEN SIGNATURE

Les savants et les médecins ici signataires sont conscients de la nécessité de sauver des millions de personnes et de prévenir leur mort par un changement mondial nécessaire en politique sanitaire, par l'application concrète d'une nouvelle conception et une définition de la santé, fondées sur les droits universels de l'homme comme est déclaré par la Charte Universelle des Droits de l'homme des Nations Unies, pas lettre morte. Dans cet objectif, ils voient la nécessité d'un accord international et des actions politiques dans tous les États, fondés sur la Charte Mondiale de la Santé (CMS) et demandent aux Nations Unies d'adopter la CMS en promouvant une convention internationale et aux Chefs d'État particulièrement de l' instituer dans leur pays, à travers les gouvernements, avec les nécessaires changements dans la législation et de la diffuser dans les Universités, les Écoles, les Facultés de Médecine et les institutions sanitaires.

The following scientists and physicians are aware of the necessity to save from death millions of people and to prevent it with a necessary world change in the health care and prevention policy, applying a new health conception and definition based on the universal human rights as declared by the Universal Human Rights Charter of the United Nations, not empty words. To this aim, they look at the necessity of an international agreement and political acts in all the states, based on the World Health Charter (WHC), and ask the United Nations and all the Heads of State to adopt the WHC in their countries through the governments, with legislative changes spreading the WHC in Universities, Schools, Medicine Faculties and Health Institutions

La signature doit être envoyée à worldhealthcharter@healthparadigmchange.it

Signature must be sent to worldhealthcharter@healthparadigmchange.it

AGREEMENT DECLARATION TO CHANGE THE MEDICAL SCIENCE AND MEDICINE PARADIGM
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ACKNOWLEDGING THE EPISTEMOLOGICAL AND SCIENTIFIC VALIDITY OF THE SCIENTIFIC INTRODUCTION TO THE CONGRESS:" MEDICAL SCIENCE AND HEALTH PARADIGM CHANGE," WHOSE PRINCIPLES ARE INTRODUCED IN "LA CHARTE MONDIALE DE LA SANTÉ-THE WORLD HEALTH CHARTER", FOR THE UNIVERSAL RIGHT OF HEALTH AND LIFE IN ANY STAGE OF DEVELOPMENT AND DISEASE, I AGREE THAT THE DOMINANT DETERMINISTIC, MECHANISTIC PARADIGM OF MEDICAL AND HEALTH SCIENCES HAVE BEEN OVERCOME BY THE PERSON-CENTERED INDETERMINIST ONE, FOUNDED ON THE CONCEPTS OF "INTERACTIONISM "AND "TELEOLOGY" OF HUMAN NATURE, LEADING TO THE NEW CONCEPT OF HEALTH:
"THE BEST POSSIBILITIES FOR BEING THE BEST HUMAN PERSON"
AND IN RESEARCH, CLINICAL PRACTICE, MEDICAL EDUCATION TO THE PERSON-CENTERED MEDICINE PARADIGM, FOUNDED ON EPIGENETICS, ALLOSTASIS, NEUROBIOLOGY, PSHYCHO-NEURO-ENDOCRINE, IMMUNOLOGY, QUANTUM MEDICINE, AFFECT SCIENCE, HUMAN SCIENCES, EXPLAINING THE HUMANITY EVOLUTION OR REGRESSION TO SELF DESTRUCTION.
WE APPEAL TO SCHOOL OF MEDICINE, MEDICAL COLLEGES AND FACULTIES, TO THE INTERNATIONAL MEDICAL AND RESEARCH SOCIETIES TO ADOPT PERSON-CENTERED MEDICINE AS TEACHING AND LEARNING PARADIGM AND TO REFORM ADMISSION TESTS, CURRICULA, CLINICAL SKILL ASSESSMENTS, TEACHING METHODS **AND TO PREPARE UNIVERSITY TEACHERS TO THE PERSON CENTERED-MEDICINE PARADIGM, CENTERING THESE ON THE PERSON'S RESOURCES, SKILLS AND QUALITY.**
WE APPEAL TO INVESTIGATORS TO ALWAYS ADOPT AS INTERVENING VARIABLES OF BIOLOGICAL ONES ALSO THE QUALITY OF SUBJECTIVE, HUMAN, CULTURAL AND ENVIRONMENTAL RESOURCES AND PROBLEMS, INCLUDING SPIRITUAL AND RELIGIOUS LIFE, PERSONAL VALUES AND BELIEFS, LOGICAL AND AFFECTIVITY MATURITY LEVEL, INTERPERSONAL RELATIONSHIP QUALITY, EMOTIONS, AFFECTS, SOCIOECONOMIC STATUS, COPING POSSIBILITIES AND QUALITY TO ENVIRONMENTAL INPUTS, ALLOSTATIC ENVIRONMENTAL POSSIBILITIES TO ADAPTATION CHANGES TOWARD A RESPONSIBLE HEALTH, TO BE STUDIED WITH A PROBABILISTIC CLINICAL, EPIDEMIOLOGICAL, STATISTICAL APPROACH.
WE APPEAL TO INVESTIGATORS, CLINICIANS AND EDITORS FOR IMPEDING THAT IN RESEARCH PROJECTS AND PUBLICATIONS, CLINICAL PRACTICE, HEALTH PROMOTION, PREVENTION, MEDICAL EDUCATION COULD BE MADE WITH A MECHANISTIC EPISTEMOLOGICAL BIAS AGAINST THE INDETERMINABLE NATURE OF THE HUMAN BEING AND THE DETERMINABLE NATURE LAWS, INTRODUCING, BETWEEN THE LIMITS OF NATURAL CONSTANTS, A MORE OR LESS PROBABLE CO-FACTORIAL, MULTIDIMENSIONAL INTERACTIONS OF VARIABLES BELONGING TO SUBJECTIVITY, BIOLOGY, ENVIRONMENTAL ADAPTATION POSSIBILITIES AND THEIR PERSONAL QUALITY PILOTED BY THE PERSON.
WE APPEAL TO INVESTIGATORS AND CLINICIANS TO SUBSTITUTE IN RESEARCH AND DIAGNOSTIC REASONING, THE LINEAR CAUSALITY STRUCTURE WITH A MULTIFACTORIAL, MULTIDIMENSIONAL AND INTERACTIONIST ONE. THIS MULTIFACTORIAL APPROACH EXCLUDES LIFE-THREATENING SURVIVAL STATES ONLY CONTROLLED BY THE BIOLOGICAL VARIABLES SYSTEM, BUT INCLUDING WHEN POSSIBLE, A PERSON CENTERED INTERACTIONIST APPROACH.
WE CALL THE WORLD HEALTH ORGANIZATION FOR ADOPTING THE NEW DEFINITION OF HEALTH FOR THE DEVELOPMENT OF A NEW WORLD WHERE ALL THE PERSONS COULD RECEIVE ALL POSSIBILITIES TO BE EDUCATED TO LOVE AND CHOOSE THE QUALITY OF THEIR LIFE, ENJOYING THE POSSIBILITIES FOR HEALTH, MEDICAL CARE AND LIFE, WITH THE PERSONAL AND NATIONS GOVERNMENT RESPONSIBILITIES TO CREATE THE BEST POSSIBILITIES FOR CHOICES TO BE A BETTER HUMAN PERSON, REALIZING THE ONLY HUMAN TRANSCENDENT DIGNITY AND MEANING

DECLARATION SIGNED BY… ……
INSTITUTION(S) (IF PRESENT) ……. ……

TO BE SENT TO statement@healthparadigmchange.it

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