Widening the Paradigm in Medicine and Health: The Memorandum of Understanding between the European Association for Predictive, Preventive and Personalised Medicine EPMA and the Italian Charity “Association for Person Centred Medicine”

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Abstract

The Authors describe the process of widening the paradigm within EPMA incorporating into its actions the Person-Centred Medicine Paradigm. It is a humanistic and at the same time evidence-based approach. It allows for that individual psycho-physical equilibrium which is the basis for any sustainable equilibrium in society at present or in the future (responsibility). Person-Centred Medicine calls for wider medical knowledge and practice, not only of how to treat pathology but how to generate health (salutogenesis). It is a systemic approach and adopts a unitary view of sentient being and the world. The Person Centred Medicine Paradigm aims to incorporate the holistic approach, the relationship-based care and the treatment systems of biomedicine into the technological advances of mainstream medicine in order to provide more personalised and sustainable healthcare.

Keywords: Charity "Association for Person Centred Medicine"; European Association for Predictive, Preventive and Personalised Medicine (EPMA); Memorandum of Understanding (MoU)

On September 15th 2011 in Bonn, at the EPMA World Congress, a Memorandum of Understanding was signed between the European Association for Predictive, Preventive and Personalised Medicine (EPMA) and The Charity Association for Person Centred Medicine [1]. This event marks the start of the cooperation between two Associations that share the aim of improving healthcare by individualising care. Personalized medicine is based on pharmacogenomics, proteomics, metabolomics, physiomics. This approach is developed out of the realization that patients diagnosed with the same disease often respond differently to drugs. Treatments are tailored upon individual genetic profiles. Many have been proposed; some have been developed and are available to treat a variety of pathologies. Personalised disease prevention is based on identifying genes that could cause an illness and taking steps to prevent them from expressing in future. However human nature is more complex than our genetic make-up. It includes psychological and spiritual aspects as well as physical ones. To become individualised, diagnosis and treatment must take into consideration the human being in their full expression [2].

Traditional Medicine (TM), Complementary and Alternative Medicine (CAM) or Non Conventional Medicine (NCM) are terms used almost interchangeably to include a variety of different medical systems and healthcare methods, that stem from the European culture or reflect different philosophical backgrounds and cultural origins. They are based on knowledge; skills and practices used to protect and restore health as well as prevent, diagnose, or treat physical and mental illness. Their therapeutic methods include medication therapies and non-medication therapies. Although different from one another, a common feature to these health knowledge is a holistic, person centred, salutogenetic approach. They share a vision of the human being as a unique physical, psychological and spiritual entity. The physiological or pathological interaction between these aspects can determine health or illness. The interactions between the human being, nature, the cosmos and how these have an impact in health and illness. The treatments of CAM systems are aimed at increasing our innate healing abilities. We need to preserve, protect, promote, study, hand on and apply the cultural heritage of such anthropological medical expertise, be it western or eastern, respecting the original integrity of traditional paradigms. We also need to review the evidence-based approach and apply it to Traditional and Non Conventional Medicine [3-30].

In 1978, the World Health Organization (WHO), in the Declaration of Alma Ata on Primary Health Care, appealed to the international community to support the inclusion of complementary medicine and traditional therapies of scientifically-proven effectiveness in national health systems, on the basis that they can reduce the consumption of conventional pharmaceuticals and the cost of public health systems. The use of traditional medicines reduces the incidence of patients’ adverse responses to medication, which is a substantial issue with the use of conventional drugs. Producing and using traditional medicines promotes the development of local economies and the sustainability of local health services. Safeguarding forms of knowledge that have...
been developed in different ways and different places, promotes a multiculturality, multidisciplinary and multimodal approach. A multisectoral approach has to be adopted to implement the provision of the social determinants of health. The research and development agenda of Governments has to respond to these challenges. It is important, both for rich and poor countries, to start integrating knowledge of traditional and non conventional medicine from undergraduate training so that students know how practices have evolved in various countries. It is also important to protect people from malpractice and unethical behaviour, promoting the standard of good practice achieved by biomedicine. Including traditional and non conventional medical systems is an important tool for enriching the capacity of public health systems and improving quality of life. Such a policy makes health systems more comprehensive and preserves cultural diversity, thus contributing to human development.

In Europe 65% of citizens report use of CAM at some point in their lives. About 150 million of Europeans, including 11 million Italians, make use of some form of CAM such as Acupuncture, Anthroposophic Medicine, Ayurvedic Medicine, Homeopathic Medicine, Homotoxicology, Phytotherapy, Traditional Chinese Medicine, Tibetan Traditional Medicine, Osteopathy, Chiropractic and other disciplines. In 2007, in Italy 300 million Euros were spent on treatment with Homeopathic and Anthroposophical medicinal products alone, which ranks third on the European market after France and Germany. The main reason for people to choose a form of CAM is a person centred and salutogenetic approach. CAM treatments can also be of concrete help in reducing the enormous morbidity and mortality caused by the adverse effects of allopathic medicines. In clinical effectiveness studies traditional and non-conventional medicines are often as effective as conventional medicine, as is widely shown by many long-lasting studies on thousands of patients. They are very safe and the techniques used for their manufacture respect and safeguard the environment.

The issue of CAM entered the EU Health Framework Programme (FP) for the first time with FP-7 with an activity called “Optimising the delivery of health care to European citizens”. One of the main objectives of the Health Theme under the 7th Framework Programme for Research aims to put citizens first where research on health care is concerned, contributing to building the necessary basis for informed policy decisions. The activity “Optimising the delivery of health care to European citizens” is made up of three sub areas, focusing on a) the translation of clinical research outcomes into clinical practice, b) health systems research and c) health promotion and disease prevention. To-date there are 81 projects supported under the 3rd activity. One of these is CAMbrella, a 3-year, €1.5 million, pan-European research network for CAM. Its aims are to develop consensus on definitions for the terminology used to describe the major CAM interventions used in Europe. To create a knowledge base that allows the evaluation of patient demands for CAM use in Europe. To review the current legal status of CAM in EU member states or associated states. To explore the needs and attitudes of EU citizens regarding CAM. To explore the providers’ perspectives on CAM treatment in Europe. To propose an appropriate research strategy for CAM that will help develop an understanding of CAM use and its effectiveness within an EU context in response to the needs of healthcare funding bodies, providers and patients. This will take account of the issues of effectiveness, cost, safety, and the legal requirements for the production of medicinal substances. To develop a process for prioritising future EU research strategy, current policies within the EU have to be considered to facilitate and foster sustainable, high quality collaboration and networking of European CAM researchers [18].

Person Centred Medicine lies at the interface of biomedicine and CAM. It aims to broaden the advances of biomedicine with the epistemological basis, the diagnostic tools and the treatments of Traditional and Non-Conventional medical systems in order to focus on the whole person and their lifestyle with renewed attention to healing and generating health (salutogenesis). Any appropriate therapeutic approach can be used regardless of its origin as long as it is best suited for that particular person at that time. A system that places the person at the centre of the therapeutic process is the only answer to empower patients to take better care of their own health and thus act at an epigenetic level to reduce the incidence of illness. Disease prevention becomes health promotion. This is carried out through the implementation of the prerequisites of health as well as education in salutogenetic practices that allow people to take better control over generating and maintaining their own health. These are then made relevant for individual people in their biographical context by taking into account cultural and environmental differences of populations, age groups, gender, profession and constitution. In such a system overcoming illness can also become the foundation for better future health. Each medical intervention is aimed at strengthening our physiological, psychological and spiritual ability to deal with adverse events such as illness. The caregiver-person relationship becomes central to the therapeutic process so that any treatment is chosen as an informed choice, based on the needs of that person in the context of their physical, psychological and biographical situation. A person centred choice of diagnostic tests and treatments leads to less waste, reduced costs and greater satisfaction. In order to evaluate the success of such broadened medical interventions, parameters need to be developed and adopted that can assess quality of life of patients and caregivers in terms of sustainable change, satisfaction, prevention of burnout as well as cost-effectiveness and technological excellence. The Italian Charity “Association for Person Centred Medicine” aims to promote Person Centred Medicine in Italy and in Europe [3-9,11,12,14,15,19,21,26].

Introduction

The Association for Person Centred Medicine is a registered charity that aims to promote and protect health through the humanisation and personalisation of medicine. It places the advances and practices of modern medicine in a broader context where the person regains its central position both in the diagnostic and therapeutic process. Although very different from one another, Non-Conventional Medical systems have in common an intrinsically person-centred view of the human being and illness. Their treatments promote innate healing abilities and greater personal responsibility for healthy behaviour. The Association for Person Centred Medicine aims to promote research and implementation of Non-Conventional Medical systems into medical education and healthcare practices. It protects, safeguards, promotes, studies, teaches and applies the wealth of knowledge and the culture of both western and oriental anthropological medical systems, respectful of the original integrity and tradition of each paradigm and lineage.

Person Centred Medicine considers the interconnection between the human being, the natural world and the cosmos, studying their full complexity and their relationships. It also studies the interactions between body, psyche and spiritual individuality. As human beings, we express and perceive our spiritual uniqueness due to the continuous interplay between our physical and psychological entities. In order to humanise medical acts, the patient’s “narrative” is placed at the centre of the doctor-patient relationship. This narrative carries within it the “meaning” of the patient’s existence. There is full acceptance and respect for the dignity of each human being in their physical, psychological
and spiritual suffering. Diagnostic and therapeutic interventions are personalised by taking into account all aspects of the human being in their uniqueness. Person Centred Medicine aims to broaden medical knowledge and medical practice in salutogenetic terms. It considers the need for the active involvement of the patient in order to achieve healing and maintain a state of health. Education and health promotion cannot be separated.

Salutogenesis, its method and principles can become a meaningful part of the educational experience of young people. The matrix of the world view that is held, the ways in which problems are addressed, the lifestyles that are adopted in adult years are strongly influenced by experiences during early life. The attitudes and behaviours absorbed during the formative years structure the development of the individual's personality. Early intervention therefore is the most appropriate way to develop an attitude towards factors that determine individual and community health. Family and school have an equal task to develop this side of the education. This is the reason to set an educational path that through knowledge leads to a behaviour that is coherent with a lifestyle that aims towards global health. In order to be healthy mental and spiritual well-being need to be accompanied by physical health and a steady psychological dimension needs to be well integrated within a healthy physical body.

Health promotion in the context of Person Centred Medicine is carried out through the implementation of the prerequisites of health as well as education in salutogenetic practices that allow people to take better control over generating and maintaining their own health. Personalisation needs to take into account cultural and environmental differences of populations, age groups, down to individuals in their biographical context. There are social, political as well as individual aspects to health promotion that determine its changes. Achieving secure living conditions as well as secure, satisfying and challenging working conditions. Protecting natural as well as man-made environments, safeguarding natural resources. Systematically evaluate the effects of the environment on health. Developing strategies that foster change at an individual and community level. The promotion of health naturally goes through the development of laws and public policies. There is urgent need for coordinated action on the part of Governments. This should be aimed at monitoring the environmental context and take action to remove any obstacles, independent from the individual's own will, that could prevent them from adopting correct lifestyles. Conditions should be created which allow everyone to feel the need to make healthy life choices. At the same time, it should be ensured that external factors do not misguide or hinder these good intentions in ways that cannot always be easily controlled by the individual.

The Association for Person Centred Medicine refers to the principles and legislative references detailed below for what concerns Non Conventional Medicines (Acupuncture, Chinese Traditional Medicine, Ayurvedic Medicine, Homeopathic Medicine, Anthroposophic Medicine, Homotoxicology, Phytotherapy, Osteopathy, Chiropractic and similar). It refers to the laws, declarations and directives set out by International bodies such as the United Nations, the European Parliament, etc. Nationally it refers to all laws and directives set out by the Italian Republic that concern Medicine in all its aspects and more specifically Non Conventional Medicines (MNC), Anthropologic Medicines, better known in the English-speaking world as Complementary and Alternative Medicine (CAM), Complementary Medicine (CM) and by the World Health Organisation (WHO) as Traditional Medicine (TM).

The Association for Person Centred Medicine has its historical and ethical roots in the “Document of Consensus on Non Conventional Medicines in Italy” signed in Bologna on 20th October 2003. Soon after the Conference for a Consensus on Non Conventional Medicines in Italy where the above document was developed, the Permanent Committee for Consensus and Coordination of Non Conventional Medicines in Italy was formed in Bologna on 5 December 2003.

The actions of the Association for Person Centred Medicine are guided by the respect and safeguard of life, of quality of life, respect for the environment, and sustainability. The Association for Person Centred medicine upholds the principles set out in the documents listed below for what concerns its social actions and its global strategy for health:

- Declaration of human and citizen Rights (1789)
- Constitution of the Italian Republic (1948)
- Universal Declaration of Human Rights, United Nations (1948)
- Convention of Human Rights and Basic freedoms, European Council (1950)
- Declaration of Helsinki (1964)
- Declaration of Alma Ata, WHO (1978)
- Ottawa Charter (1986)
- Declaration of the promotion of Patient Rights in Europe (1994)
- Jakarta declaration on health promotion in the XXI Century (1997)
- European Council, Convention for the protection of human rights and human dignity in the face of the biological application of medicine (1997)
- World Declaration of Health (1998)
- Health21: Health for all in the 21st Century, the WHO strategy for the European Region, WHO (1998)
- European Council, Resolution no. 1206, Need to recognise the main Unconventional Medicines (1999).
- Law no. 145/2001, Ratification and execution of the Convention

- Guidelines for Non Conventional Veterinary Medicine, FNOVI (2003)
- Document for a consensus on non conventional medicines in Italy, Consensus Conference (2003)
- Florence Charter (2005)

Title I - Denomination, Office and Duration

Art 1–Denomination

A registered charity is set up in accordance with D.lgs n. 460/97 with the name "Association for Person Centred Medicine". The association is registered as a Charity with the appropriate registration office and will thereafter carry this title according to ex Art 11 D.lgs n. 460/97.

Art 2-Legal office

The Association for Person Centred Medicine has its legal office in Bologna in Via San Vitale 40/3A. After consultation with the Executive Council, other administrative or executive offices will be able to be opened in other places.

Art 3–Duration

The Association for Person Centred Medicine does not have a time limit. It can be dissolved at any time in accordance with this statute.

Title II–Aims and Objectives

Art 4–Aims and objectives

The Association for Person Centred Medicine has no lucrative aims and pursues all its activities within the scope of social solidarity in accordance with Art 10 of D.lgs 460/97. The association does not allow the direct or indirect distribution of its estates or financial assets during the life-time of the organisation, unless it is required by law or it is in favour of other Registered Charities that are part of the same structure either by law, statute or regulation. The Association for Person Centred Medicine has to use any profits or funds left-over from its administrative costs in order to pursue its institutional aims. The Association works within the field of healthcare and social care in accordance with art 10 co 1 lett a) n. 1) of D.lgs n. 460/97, by using Non Conventional Medicines or Anthropological Medicines such as Acupuncture, Traditional Chinese Medicine, Ayurvedic Medicine, Homeopathic Medicine, Anthroposophic Medicine, Homotoxicology, Phytotherapy, Osteopathy, Chiropractics and disciplines of a similar nature.

Within the scope of D.lgs n. 460/97 the Association for Person Centred Medicine will be able to carry out

a) Charitable activities in accordance with and within the limits of Art 10 co 1 lett a) n 3) of D.lgs n. 460/97.

b) Activities for the protection of civil rights in accordance with and within the limits of Art 10 co 1 lett. a) n 10) of bill n 460/97.

In order to pursue such aims the Association for Person Centred Medicine will:

1) Provide social and healthcare services in the form of therapies that belong to Non Conventional Medicines and their correlated "health systems" in favour of people who are disadvantaged in their physical, social and/or economical conditions, particularly children, the elderly and people who carry disabilities.

2) Promote and carry out charitable initiatives for people who are disadvantaged in their physical, psychological, economic and/or social status.

3) Promote and carry out any initiative that aims to favour the safeguard of the right to health, the rights of patients, the safeguard of life and of quality of life.

The Association for Person Centred Medicine will be able to cooperate with other Charities and public bodies that pursue similar aims and operate in similar fields for funding. It will not practice any activities that are not included in Art 10, co. lett a) of D.lgs n. 460/97 unless they are directly connected to the institutional aims of the association. Directly connected activities integrate the institutional aims of the association. Directly connected activities can be carried out in every area of action of the Association for Person Centred Medicine in accordance with lett a) co. 1 Art 10 of Bill n. 460/97 provided they do not go over 66% of the expenses of the association. The communication of research updates, diagnosis and therapies in the field of Person Centred Medicine is a directly connected activity that is needed to integrate and inform the social and healthcare activities of the association as well as to safeguard patient rights.

Title III–Internal Organisation and Terms of Association

Art 5–Internal organisation–Principles

The internal organisation of the Association for Person Centred Medicine is based on principles of equality between members, equality in disciplinary proceedings among members, free elections, democracy of its executive and decisional bodies. Every member of legal age can vote and be elected to positions of responsibility.

Art 6–Members

Any physical or legal person who shares the aims and the objectives of the Association for Person Centred Medicine can become a member. Physical and legal persons who have lucrative aims may not become members of the Association for Person Centred Medicine. Public bodies, non cooperative companies and other bodies included in Law n. 218 of 30 July 1990 such as political parties, political movements, trade-union organisations, employers’ organisations and trade associations may not become members of the Association for Person Centred Medicine.

The request to become a member needs to be presented in writing to the President of the Association for Person Centred Medicine. It will then be discussed with the Executive Council. Any refusal needs to
have a valid explanation. Legal persons need to designate appropriate physical persons to represent them within the Association for Person Centred Medicine in accordance with their own rules. The legal person member may substitute their representative physical person according to their own statutory rules.

Every member has the same rights and duties. Every member can take part in the active and passive electorate of the governing organs of the association. Every member must support the association financially by paying the annual fee that has been set by the Executive Council. The annual fee is valid until the 31st of December of every year regardless of subscription date.

**Art 7–Membership**

Membership is requested in writing and addressed to the President of the Association for Person Centred Medicine. Subjects who request membership agree to accept the current Statute. They agree to organise and participate in the activities of the Association. They agree to pay the annual fee set by the Executive Council.

Legal persons who wish to become members of the Association for Person Centred Medicine, need to include a copy of their own statute or governing document, documentation of the decision to join the Association for Person Centred Medicine taken by the appropriate decisional body and delegation for the physical person who has been appointed to hold relations with the Association for Person Centred Medicine.

**Art 8–Withdrawal, exclusion, resignation**

Membership to the Association will be withdrawn at the death of the member or at the dissolution of the legal person member. It can also be withdrawn by resignation or exclusion.

Any member who can no longer participate and contribute to the aims of the Association for Person Centred Medicine can resign by communicating it to the Executive Council. Resignation needs to be approved by the Executive Council.

Any member who behaves against the aims of the Association for Person Centred Medicine or who no longer financially supports the association by paying the annual fee within a time-limit set by the Executive Council, can be excluded. Exclusion can only take place after deliberation by the Executive Council with reasons given in writing.

From the date of exclusion or resignation that member forfeits their privileges within the Association for Person Centred Medicine. They cease all tasks and activities for the Association for Person Centred Medicine. However the Association for Person Centred Medicine maintains the right to claim any outstanding fees for that member. The member who is no longer part of the association cannot claim any part of estates, financial assets or fees previously given to the association.

Members that have been excluded from the Association can no longer take part in Assembly meetings. Tasks of the Assembly are:

- a) To elect the Executive Council and the President
- b) To approve the budget
- c) To approve any statutory changes
- d) To deliberate on matters referred to the Assembly by the Executive Council or by this statute
- e) To deliberate on the dissolution of the Association

An Assembly meeting needs to be held at least by the 30th June of every year in order to approve the budget for the past year and the provisional budget for the following year. The activities carried out in the previous year also need to be approved. The meeting is called in writing by the President and sent by post, fax, email or other similar means. The invitation needs to include the agenda and this to be sent out at least 15 days before the set date. An Assembly meeting must also be held whenever needed or whenever requested by at least 10% of members. The meeting on first call is validly constituted with the presence of the majority of its members. On second call the meeting is validly constituted whatever the number of members present. Decisions at Assembly meetings are taken with majority vote of the members present. The dissolution of the Association needs to be decided by a positive vote of at least 70% of the members. Voting sessions take place openly unless they are regarding a person. Each member has only one vote. Minutes need to be taken at every Assembly meeting and be documented in a dedicated Assembly Book.

**Art 11–The executive council**

The Executive Council is made up by a variable number of members elected by the Assembly. The number is chosen by the Assembly from a minimum of three to a maximum of fifteen Councillors including the President. The mandate lasts three years but Councillors can be re-elected. Council meetings can be called by the President at any time or by request of at least two Councillors. Written invitation including the agenda needs to be sent at least 5 days in advance of the meeting. An emergency Council meeting can be called at 2 days notice. The Council has all those powers of ordinary and extraordinary administration that are not held by the Assembly.

Tasks of the Executive Council are:

- a) Putting the aims of the association and any decisions taken in Assembly meetings into practice
- b) Setting membership fees and annual subscription fees
- c) Approving or rejecting membership applications
- d) Making decision regarding the exclusion of members
- e) Organising the activities of the association
- f) Presenting the annual statement, the budget and the annual report so they can be approved by the Assembly

Decisions taken at Council meetings are valid with a majority vote when the majority of Councillors are present. Delegation of votes is not allowed. Minutes of the meeting are taken and any decisions reported in the Council book. The Council can delegate a few specific administrative tasks to particular Council members who take on the role of Treasurer and Secretary. The delegated powers need to be
specified in their nomination documents and can be recalled at any
time by the Council.

**Art 12-The President**

The President of the Association and the Executive Council are
elected by the Assembly at the same time. The President represents the
Association for Person Centred Medicine and carries out all legislative
acts that regard the Association. The President conducts Assembly and
Executive Council meetings ensuring their smooth running and the
execution of any decisions taken. In case of absence or impediment the
President's role will be carried out by the most senior Councillor.

**Art 13-Control body**

The Assembly can name a specific person or administrative body to
check the budget and review the accounts.

**Art 14-Institutional roles and remuneration**

Any remuneration for institutional roles is set out in the nomination
document. Executive Council members are entitled to remuneration for
attendance at Council meetings as well as reimbursement for any
expenses incurred during the execution of their institutional duties. The
President can also receive remuneration for the execution of their role,
their institutional duties as well as reimbursement of any expenses
incurred during the execution of their institutional duties. Individual
payment for members of the administrative and control bodies cannot
be above the maximum wage allowed by d.P.R. n. 645/94 and from the
D.L. 239/1995, converted into Law 03/08/95, n. 336, for the president of
the auditors board of Limited Companies.

**Title V–Estates and Financial Assets**

**Art 15–Financial assets**

The financial assets of the Association for Person Centred Medicine
are made up of:

1) The common fund, which is used to pursue institutional objectives
   is made up of an original amount and any additional contribution for a
total of 10,000.00 Euros

2) Tied funds or endowments with a specific purpose either donated
   specifically by third parties or destined for a particular purpose by an
   Executive Council decision

3) Funds that are freely available made up of any remaining amount.

**Art 16–Financial resources**

The financial resources of the Association for Person Centred Medicine are:

1) Membership fees

2) Donations and endowments given by private or public enterprises, by individuals or by members who wish to support the Association for Person Centred Medicine.

3) Income from activities organised and carried out by the Association for Person Centred Medicine in accordance with law and with article 4 of this statute

4) Interest from donated funds or estates

5) Fundraising events

The Executive Council decides the amount of the annual
subscription fee and of the new membership fee.

**Art 17–Financial activity**

The annual financial activity of the Association for Person Centred Medicine goes from 01 January to 31 December of every year. The
first year of activity closes on 31 December 2008. Every year the
Executive Council draws up a statement of all the financial activities of the past year. This needs to be approved by the Assembly by the 30 June of the following year. The direct or indirect distribution of left-over income, funds, estates, endowments or capital is forbidden during
the duration of the Association for Person Centred Medicine, unless they are compulsory by law or they are given to other Charities that
by law, by statute or governing body are part of the same structure. This prohibition is valid during the life of the Association and after its
dissolution. Any profits or left-over income have to be used in pursuit of
the institutional objectives of the Association for Person Centred Medicine as specified in Article 4 of this statute.

**Title VI–Funding Agreements**

**Art 18–Funding agreements**

Any funding agreement or grant between the Association for Person
Centred Medicine, public enterprises, other bodies or individuals needs
to be approved by the Executive Council.

**Title VII–Dissolution and Clarification**

**Art 19–Dissolution**

In case of dissolution of the Association for Person Centred
Medicine, a special Assembly meeting has to be held where members or
independent people are appointed to overview the closure of the
Association. The dissolution of the Association is decided by a
favourable vote of at least 70% of all members. At the same Assembly
meeting, members will need to decide how to relocate endowments and
any remaining funds to other Charities with similar aims or for public
benefit, according to the control body of article 3, comma 190, of law
23 December 1996 n. 662, unless a different relocation is compulsory
by law.

**Art 20–Controversies**

Any controversy regarding the present statute should be presented
and solved by the Bologna Court of Justice.

**Art 21–Further clarification**

For anything not specifically regulated by the present statute, please refer to the civil code with particular reference to Art 36 and D.lgs 460/97.

Thanks to EPMA President V. Costigliola and EPMA Secretary-
General Olga Golubnitschaja a Memorandum of Understanding was
signed between EPMA and The Charity Association for Person Centred
Medicine at the EPMA World Congress in Bonn September 15th 2011.

**The Mission of the European Association for Predictive, Preventive and Personalised Medicine (EPMA), Avenue des Mimosas, 57, 1150 Brussels, Belgium (www.epmanet.eu)**

- Raising awareness and recognition of Predictive, Preventive and
  Personalised Medicine (PPPM) throughout all Member-countries of
  the European Union and Associated countries;
- Providing and disseminating accurate and up-to-date information
and educational materials on Predictive and Personalised Medicine and targeted preventive measures;

- Encouraging the adequate allocation of resources for Predictive, Preventive and Personalised Medicine;
- Encouraging and suggesting advanced programmes for personalised patient treatment;
- Promoting high-quality research focused on predictive diagnostics and personalised patient treatment;
- Promoting the standardisation of bio-analytical technologies for predictive pre-clinical and clinical applications;
- Consolidating professionals for effective European Network in Predictive, Preventive and Personalised Medicine;
- Coordinating multidisciplinary efforts in Predictive, Preventive, and Personalised Medicine;
- Having an advisory role in issue-related inter/national projects as the official European Representative of Predictive, Preventive and Personalised Medicine;
- Contributing to the creation of Guidelines in European health care with the accentuated role of prediction, prevention and personalised patient treatment in favour of improved life-quality of the European population.

Both EPMA and the Charity Association for Person Centred Medicine act to solve the accumulating problems in healthcare and increasing concomitant burden faced by societies.

Health resources are finite, and choices must be made about using the most effective resources to gain the maximum benefit.

Despite considerable advances, Biomedicine does not seem to meet all the needs of an individual. Traditional Medicine (TM) and Complementary and Alternative Medicine (CAM) or Non-Conventional Medicines (NCM) are being used by an increasing number of people because of their person centred, holistic approach that promotes the generation of health (salutogenesis) and active involvement in care on the part of the patient.

In Europe 65% of people, nearly 150 million people, report using some form of NCM at some point in their lives. The EU is addressing the regulative legislation, research and prevalence of the use of NCM in a pan-European project as part of their EU Health Framework Programme 7 (FP7). Although each with their differences, NCM systems share a vision of the human being as a physical, psychological, and spiritual entity.

The physiological or pathological interaction between these aspects can determine health or illness. NCM also studies the interactions between the human being, nature, the cosmos and how these have an impact in health and illness. As well as treating the ill person, they also broadcast the knowledge of how to generate health, salutogenesis. The treatments of NCM systems are aimed at increasing our innate healing abilities.

Person Centred Medicine lies at the interface of Biomedicine and Non Conventional Medicine (NCM). It aims to broaden the knowledge and practices of Biomedicine with the epistemological basis and treatment systems of NCM for a Medicine that considers the human being in all its aspects.

As a basis for healthcare reform Person Centred Medicine is an inclusive form of healthcare that can provide greater personalisation of treatments to address physical, psychological, spiritual and contextual aspects of illness and health and health promotion or disease prevention in the sense of salutogenic education and salutogenic treatments.

The Mission of the Charity Association for Person Centred Medicine

The Charity Association for Person Centred Medicine was founded in Bologna, Italy, on 1st December 2007. It is registered at the Unified Charity Register Office of the Republic of Italy, in the Section for Social and Social-Health Assistance. The Charity’s Legal Office is in Via San Vitale 40/3a, 40125 Bologna, Italy (www.medicinacentratasullapersona.org).

- Promoting and protecting health through the humanisation and personalisation of medicine.
- Placing the person, as physical, psychological and spiritual entity at the centre of the therapeutic process.
- Broadening the approach of biomedicine to include the epistemological basis, the diagnostic tools and the treatment systems of Complementary and Alternative Medicine (CAM), Traditional Medicine (TM) and Non-Conventional Medicine (NCM) inasmuch as they are person-centred medical systems.
- Protecting and promoting the research and the application of all anthropological medical systems, Eastern or Western in origin, respectful of their origin, lineage and paradigm.
- Promoting health through the implementation of the prerequisites of health and education in salutogenic practices.
- Protecting environments and removing obstacles that could prevent the acquisition or the maintenance of salutogenic health practices.
- Providing free person centred, Traditional, Non Conventional, Complementary and Alternative Medicine (TM/NCM/CAM) treatments to financially or socially disadvantaged people.
- Facilitating the communication between colleagues and to the public of research updates, diagnosis and treatment in the field of person centred medicine.
- Promoting and undertaking research projects in the field of Person Centred Medicine.

The Charity Association for Person Centred Medicine agrees to cooperate with EPMA for all aspects that concern Person Centred Medicine as part of its mission to promote Personalised Preventive and Predictive Medicine in Italy and Europe.

EPMA agrees to support the Charity Association for Person Centred Medicine in its mission to promote Person Centred Medicine in Italy and Europe.

EPMA and the Charity Association for Person Centred Medicine agree to cooperate in a consulting capacity for all matters concerning Person Centred Medicine, Traditional Medicine, Complementary and Alternative and Non Conventional Medicine.

Competing Interests

The Authors declare that they have no competing interests.
Authors’ Contributions

The Authors worked together on the article, planning the article and writing it. All Authors read and approved the final manuscript.

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