

Milan Medical School, Ambrosiana University, World Health Committee (CSN).

ACTS OF THE

NATIONAL WEBINAR

The paradigm shift in medicine and the clinical effectiveness of the Person-Centered Clinical Method (PCCM)

April 7-April 16, 2026

Seminar by Professors Giuseppe R. Brera , Vito Galante, Mariangela Porta moderated by professors – Ettore Ruberti , Antonio Licari - closing speech: professor Flavio della Croce

Sponsored by the World Health Committee , the National Health Committee , the Italian Society of Adolescentology and Adolescent Medicine - Person-Centered Medicine International Academy

webinar to postgraduate clinical and scientific master's degrees and to the Licentiate Professors of Person-Centered Medicine at the Scuola Normale Superiore di Medicina and the Medical School of the Ambrosiana University of Milan.

Seminar Presentation

Medicine is undergoing a profound transformation: from the centrality of disease to the centrality of the person , from diagnosis as a technical act to treatment as a relational, predictive, and personalized process . Professor Giuseppe R. Brera , Rector of the Ambrosiana University and Director of the Milan Medical School, author of the Paradigm of Person-Centered Medicine and founder of the Person-Centered Clinical Method (PCCM), will lead a seminar dedicated to understanding:

- how the very concept of health has changed ;
- why medicine must adopt a new epistemological and clinical paradigm ;
- what evidence demonstrates the effectiveness of PCCM in clinical practice;
- how this method revolutionizes the doctor-patient relationship, prevention, diagnosis and therapy.
- the need for the transition of the Italian healthcare system to the paradigm shift in Medicine

Summary

1.Introduction 3
2.The Epistemological Revolution in Medicine 3
3. Effectiveness of Person-Centered Medicine 6
4. Person-Centered Medicine and Adolescence 7
5. “Anatomy” of empathy 8
6. Adolescent development – resilience and person-centered clinical method 9
7. Person-Centered Medicine and Adolescents 9
8. BIBLIOGRAPHICAL REFERENCES 10
9. INFORMATION 11

1. Introduction

Dr. Stefano Ojetti , president of the Italian Society of Catholic Doctors (AMCI) introduced the seminar with an overview of contemporary medicine, emphasizing the dominance of fragmented specialized knowledge , which leads to confusion between different objects of knowledge and the unity of the human person. This results in physicians and patients being drawn to a single fragment of knowledge or diagnostic tools, reducing the individual to an object of diagnosis and technical study, and obscuring the meaning of medicine, which is to care for the whole person.

2. The Epistemological Revolution in Medicine[1]

Professor Brera presented the epistemological revolution in medicine that has taken place over the last 40 years, based on two main pillars: interactionism and the teleonomy of human nature. He explained how medicine has epistemologically evolved from the clinical study of empirical signs of disease to the clinical study of non-empirical signs of both verbal and non-verbal nature. This shift was driven by the interaction between spiritual and psychological subjectivity and biological reactions, [2]thus centering clinical practice on the totality of the human person and their ontological and transcendent search for meaning in life, as truth, love, and beauty in which they can find unity. In the April 7 session, the speaker presented the epistemological foundations of the paradigm shift based on the interactionist progress of medical science over the last 40 years: the epistemological revolution in physiology with Allostasis, psycho-neuro-endocrine immunology, the science of emotions, psychophysiology, epigenetics, and quantum medicine. These foundations include the theory of the relativity of biological reactions, [3]which highlights how the

[1] Brera GR. The shift of medicine to the person - centered medicine paradigm and the life epistemology. Pers Cent Med Int J [Internet]. 2025 Nov 13;XV:ID3. ©2023.
Available from: http://http://www.person-centeredmedicinejournal.orgISSN: 2037 - 5522

[2] Brera GR The relativity of biological reactions and the first formulation of an epistemological interactionist paradigm for medical science and its applications in clinical research and
medical education Medicine, Mind and Adolescence, 1997; Vol. XII, nº 1-2, pp. 5-13
Copyright 1997: Ambrosian University
Available on the Internet. www. https://www.medicinemindadolescence.it/

[3] Ibidem 2

quality of interpretation of the possibilities of experience, true or false, shapes the quality of life and lifestyle, which are responsible for 95% of pathogenesis. [4]The revolution in the human sciences brought about by Kairology, born from the clinical study of adolescents, highlighted how the second pillar of the paradigm shift in medical science was the discovery of the existence of a natural teleonomy in humans, a mysterious nature that, from adolescence, calls each person to answer a question of meaning such as truth, love, and beauty in their existence. This provides a code, accepted or rejected, for the interpretation of the possibilities of experience: the ability to be. *This projects the doctor's work first of all on a non-empirical but ontological level and establishes a new concept of health (Brera 2011-2024): "The choice of true possibilities to be the best human person* " not the impersonal "psycho-physical well-being" and the relativity of health to the possibilities, to the interpretative capacities and to the quality of being a person that originates from the true or false interpretation of the possibilities of experience and in the projects resulting in the construction of protective or risk factors and the consequent allostasis, which from the quality of the true or false interpretation induces an allostatic psycho-neuro-endocrine adaptation to the relationship with the stimuli deriving from one's own subjectivity and the interpersonal and physical environment.

The paradigm shift in Medicine , born in Italy at the Ambrosiana University in 1999, took the name of "Person-centered Medicine" and was presented by the speaker at the WHO in 2011 with pioneering teaching activities . and started an international movement, born in 2008, which recently led to the birth of the World Society of Person -Centered Medicine.

Pathogenesis thus emerges from the past mechanistic determinism of positivist origin, founded on linear causality between stimulus and response, and is thus linked to an interpretative process of the person resulting in the quality of life. This process arises from a semiotics of existence that the doctor—not a blacksmith—must learn to decipher, guiding the patient toward the truth about himself through the search for the meaning of illness for his life, toward the realization of responsible health as "the search for true possibilities to be the best human being." [5]Illness thus manifests itself as a propitious moment (Kairos) for personal change and the fulfillment of being a human person and must be understood as a life event and the possibility of personal change that determines the quality of allostasis. The true and trained doctor thus becomes a maieuta of the patient's personhood, guiding him toward his human fulfillment, and Medicine becomes a semiotics of existence that understands illness.

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[4] Wilet C. Walter. Balancing Life Style and Genomic Research for Disease Prevention. Science. 2002; 296 :695-699

[5]Brera GR Person-centered Medicine: Theory,Teaching,Research . Int.J.Pers . Cent.Med 2011; 1 (1):69-79

The epistemological revolution of Medicine and medical science has allowed a new definition of pathogenesis, as a *dynamic constitutive process* that the speaker defined as: " *Lack of subjective strengths and resources such as psycho-neuro-biological and environmental protective factors causing a dominant action of subjective, environmental and bio -molecular risk factors, including iatrogenic ones, whether derived from natural causes or from an error in the interpretation of the possibilities of experience or from a wrong choice made or suffered, which cause allostasis and choices of negative quality for health with the decrease in functionality of organs and systems ". The first task of the doctor is to identify the interpretative processes of experience, motivations and intentions that induce protective factors and create strengths and possibilities determining a positive allostasis. This means that confining the patient within the biological pathology or the problem that fragments him is a grave error*, while on the contrary the patient can find in the illness the opening to a new life since the pathology or problems are not separate from the profound motivations of his being a human person that demand an objective answer to the questions of meaning present in his soul.

In the session of April 16, Professor Brera illustrated the person-centered clinical method (MCCP) [6]which, unlike the traditional one, starts from the question "Who is the person in front of me?" and not on the diagnostic anxiety: "What is wrong with this patient?", unless there is a life-threatening clinical-biological emergency, although this question is also necessary in the Emergency Room. The Person-Centered Clinical Method, rigorously tested for its validity and reliability, and which must be learned and not improvised, as it revolutionizes the alphabet of Medicine, introduces the diacrisis that begins with the acceptance and empathic listening of the patient's problem, analyzes the empathic phenomena, puts the brought problem in brackets (Clinical Epoké) and in the conversation analyzes the strengths, protective factors, threats and problems, the way in which the person faces environmental stress (coping), interpersonal and environmental stimuli, quality and lifestyle, arriving at drawing a "Cross-ratio" of resilience and risk and making a diagnosis of the person; subsequently, after the empirical objective examination, the doctor, according to a clinical hypothesis, will define the clinical objectives and any biochemical-diagnostic technical tests to reformulate the "cross-ratio" by integrating the biological variables to finally arrive at drawing a clinical portrait of the patient , as a subject-person with therapeutic objectives. The MCCP paradigm is the consideration of current and past clinical problems presented as life events and opportunities for qualitative change in the person's being, which the patient with the pathogenesis has unconsciously sought. This requires the physician to assume a

[6] Brera GR Person-Centered Medicine and Person-Centered Clinical Method. Ambrosiana University ed.; 2021 ISBN: 979875638342

semiotic, not merely empirical, role, to understand how the patient interprets the possibilities of experience, and a maieutic role to "bring out" the reality of their being a human being. This role involves seeking, together with the patient, the meaning of the problem and opening up to a positive perspective on life. The MCCP requires time but allows for a full realization of the meaning of Medicine and great satisfaction for physicians, whereas today doctors are seen as instruments of social and even political adaptation, or even conscious instruments of death, subjected to chronic stress that often undermines their health and their lives, turning the noblest work in the world into a meaningless and purposeless technical procedure.

Professor Brera then presented a study conducted by medical students at the Milan Medical School, completing their Master's in Clinical Adolescentology, aimed at learning the person-centered clinical method and evaluating its effectiveness. The speaker emphasized how today's inability to apply the person-centered clinical method harms patients by confining them to illness, to the satisfaction of profit-driven medicine. He also emphasized how doctors not trained in the person-centered clinical method, which requires rigorous training, can today be considered either good or bad *"blacksmiths* ."

3. Effectiveness of Person-Centered Medicine

The results of the research [7]on 20 doctors for approximately 16,000 patients of the National Health Service show that the person-centred clinical method is considered effective by 95% in better understanding patients, improving the quality of life (75%) and saving from unnecessary tests and specialist prescriptions (70%), and hospitalisations (55%), reducing healthcare costs by more than half, due to savings on drug prescriptions and hospitalisations, although 55% declare that it takes more time. In addition to the enormous reduction in suffering and the increase in the population's quality of life with a general increase in personal resources, the estimated annual savings from the transition to Person-Centered Medicine would be €86.9 billion per year for Italy (€14.7 billion in Lombardy alone) and between €543 billion and €815 billion in Europe. According to data from the Lombardy Region, a pediatrician in the National Health Service prescribed 77.33% fewer drugs than the average pediatrician in the region, resulting in an 88.5% saving in per capita spending. [8]The speaker emphasized that clinical medicine, which is based on the

[7] Brera GR. & ITFOP Person-centered clinical Method and its teaching Pers Cent Med Int J [Internet]. 2025 Nov 10;XV:ID1. ©2023.
Available from: http:// www.personcenteredmedicinejournal.it ISSN 2037-5522

[8] Ibidem 3

doctor-patient relationship, risks disappearing in the " bio -technocratic degeneration" and highlighted the need for a change in health policy to preserve its ethical meaning and purpose.

Professor Vito Galante then discussed person-centered medicine in adolescence, explaining how adolescence represents the "Kairos" of existence, a propitious moment, and how the doctor must function as an interpreter and maieuta of the person's identity rather than merely as a technician.

4. Person-Centered Medicine and Adolescence

Professor Galante presented the concept of person-centered medicine in working with adolescents, [9]explaining how the Milan Medical School trains doctors capable of integrating science and anthropology. With the discovery of the quest for truth, love, and beauty, thanks to cognitive and psychosexual maturation, adolescents enter a new, propitious time (Kairos) [10]for becoming human beings and cannot be considered a mere biochemical mechanism. The study of adolescence reveals the ontology of human nature and its transcendence, which demands meaning and, consequently, personal fulfillment in truth. This allows for an interpretation of the possibilities of experience that arise, which, if true for one's own good, become protective factors for health. Confinement of adolescents to clinical and biological problems is a grave error and can cause significant harm. For this reason, those working with adolescents must learn Person-Centered Medicine and its application through MCCP and medical counseling.

Professor Brera clarified that the approach is the same for adolescents and adults, but adolescents experience the ontological questions of becoming human in a more direct and radical way. Professor Brera emphasized that in the clinical relationship, the patient's illness and suffering are inserted diachronically into existence as an expression of a "labor" to arrive at the ontological and synchronic answer to the questions of truth, love, and beauty. Thus, the clinic, in a certain sense, becomes, if the doctor is prepared, a "delivery room" for a new person, as illness is a "Kairos," that is, a propitious moment to become a truly human person, which is the

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[9] Galante V Medical Counseling in Clinical Work with Adolescents. In: Proceedings of the International Congress “Person - Centered Health and the Resilient Adolescent ” ; 24 – 26 October 2025; Assisi, Italy. Milan: Editions Ambrosiana University ; 2025. p. 124-128

[10] Brera GR: The Kairos of Existence: Mystery, Possibility, and Reality in Adolescence and Human Nature. Milan, Edizioni Università Ambrosiana.; 1995-2026

life task, felt by every human being. Professor Della Croce asked how this approach could impact healthcare organization, and Professor Galante responded that it would require a rethinking of medical and clinical training, as well as a radical political shift to change the current biotechnological paradigm . Professor Francomano [11]He then shared a practical example of the importance of a person-centered approach even in emergency situations with limited time, such as in the Emergency Room, finding consensus in Prof. Garascia. [12]and in the doctors present trained in Person-Centered Medicine, who shared their experiences.

5. "Anatomy" of empathy

The speakers and some participants then discussed the importance of training in analyzing patient empathy—one of the flagships of the Milan Medical School, the foundation of the MCCP and patient diagnosis—with particular attention to short consultation times and clinical challenges. Professor Licari [13]Professor Galante emphasized how just a few seconds are enough to establish an empathetic relationship with patients, while Elena asked how this method could be applied to autistic children. Professor Galante shared his positive clinical experience using the Kairos program [14]with patients who had been labeled as having severe mental disabilities, demonstrating that the method could overcome traditional diagnostic limitations . Professor Brera shared clinical testimonials on the surprising improvements achieved with psychiatric patients through the program, emphasizing the potential for applying this clinical method to the diagnosis of learning disabilities, which appears to be a dynamic, motivated construct, not quantifiable with common psychological tests. In this, the Kairos program is extraordinary.

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[11] Francomano D. 11. The doctor-adolescent relationship and the person-centered clinical method. Proceedings of the Conference. The Adolescent Person and the Person-Centered Clinical Method. Milan; June 1, 2024; Milan: Edizioni Università Ambrosiana; 2024: 170-173.

[12] Garascia P. Counseling with the adolescent in hospital. (Kairological method). In: Proceedings of the International Congress "Person - Centered Health and the Resilient Adolescent " ; 24 – 26 October 2025; Assisi, Italy. Milan: Editions Ambrosiana University ; 2025. p. 130-134

[13] Licari A. A hand on the heart: a case report of autonomous dysregulation in a young adult. In: Proceedings of the International Congress "Person - Centered Health and the Resilient Adolescent " ; 24 – 26 October 2025; Assisi, Italy. Milan: Editions Ambrosian University ; 2025, pp. 115-118

[14] Galante V. The Kairos method of Giuseppe Rodolfo Brera: a person-centered hermeneutic for health education of invisible adolescents. In: Proceedings of the International Congress "Person - Centered Health and the Resilient Adolescent " ; 24 – 26 October 2025; Assisi, Italy. Milan: Editions Ambrosian University ; 2025, pp. 135-138

6. Adolescent development – resilience and person-centered clinical method

, Professor Porta [15]presented the Adolescentologist's Decalogue, written by Professor Brera in the 1990s, which remains important for guiding relationships with adolescents. She illustrated how adolescence is a complex period of physical and mental change, highlighting the differences from adulthood and the importance of bodily and mental transformation. She also discussed the step-by-step application of the person-centered clinical method with adolescents, starting with the three As (Welcoming, Listening, Alliance) and the "Cross Model," connecting strengths and resources with threats and problems to identify resilience and risk. Professor Porta emphasized how the environment and peer relationships influence adolescent development, creating potential behavioral risks related to neurophysiological maturation.

7. Person-Centered Medicine and Adolescents

Webinar participants discussed the challenges of person-centered medicine in an increasingly fragmented healthcare context, conditioned by time constraints and the lack of training in person-centered medicine, the need for which is still not publicly recognized. Professor Della Croce raised concerns about the loss of a generation of adolescents who do not frequent general practitioners, while participants agreed on the importance of reaching these patients also through non-healthcare settings such as schools and primary prevention clinics, a policy of the Italian Society of Adolescentology and Adolescent Medicine, which is also promoting " Youth Science Italy 2026 " for this purpose. Professor Della Croce emphasized how family counseling centers and for teenagers are important tools for prevention and support for people – if healthcare workers are adequately trained – while Dr. Ciarelli highlighted, from a hopeful perspective, how there is a movement towards a patient-centered approach, giving examples of facilities that adapt logistics to put the patient at the center.

[15] Porta M. The relationship with the adolescent and the Decalogue of the adolescentologist. In: Proceedings of the International Congress “Person - Centered Health and the Resilient Adolescent ” ; 24 – 26 October 2025; Assisi, Italy. Milan: Editions Ambrosiana University ; 2025. p. 119 – 223.

8. For a culture personalist in Medicine

Professor Della Croce [16]concluded the webinar by discussing the concept of the human person, including the cultural references of its origins and its role in the medical context. He emphasized the importance of communication and the relationship between doctor and patient, proposing an approach that goes beyond mere physical care to consider the whole person. Professor Galante highlighted the need for a revolution in healthcare policy to implement this paradigm in education, clinical practice, and research, highlighting the challenges of the reductionist model dominant in Italian healthcare. Professor Giuseppe R. Brera, Rector of the Ambrosiana University, emphasized the political blindness, to the detriment of people's health, which fails to consider the need for a healthcare system transition to the paradigm shift in medicine, a shift already proposed for many years, despite the demonstrated enormous savings in suffering and healthcare costs. The transition requires rigorous training for doctors and teachers, who still, for the most part, remain clinically illiterate. This is transmitted to medical students, erroneously perpetuating the dualism of medicine and psychology curricula, which is nonexistent at the clinical level. This also requires modifying the currently inadequate student selection criteria. This should be done, as the Ambrosiana University has proposed since 2001, [17]using appropriate methods to ensure suitability for "being" doctors. This “being in existence”, a mission, requires ethical values, emotional maturity, cognitive and interpersonal skills, not to be confused with a "profession," starting in high school.

8. BIBLIOGRAPHICAL REFERENCES

The bibliographic references and contents of the Webinar are present in the international "Open access " journals

Person-centered medicine journal – Medicine, Mind and Adolescence

The book by Prof. Giuseppe R. Brera: “ Person-centered medicine and Person-Centered Clinical Method”

[16]Della Croce F. Meaning and Health. Man , the Physician. Four Stories. Piacenza; Costa Edizioni; 2013

[17]Brera GR rera GR . Person-centered Medicine and Medical Education in third Millennium (with the introduction of Iosef Seifert The seven aims of Medicine it.) Rome-Pisa: IEPI;2001 (Italian)

Professor Flavio della Croce's book: "Meaning and Health" Man , the Doctor, Four Stories

Conference Proceedings: " The Adolescent Person and Person-Centered Medicine" and " Person-Centered Health and the resilient adolescent " (edited by Prof. Giuseppe R.Brera

The online magazine: " Adolescentologia - Italian Journal of Adolescentology and Adolescent Medicine"

Publications are available by writing to editoria@editoriauniversitaambrosiana.it

9. INFORMATION

Information for training courses (Masters-Doctorates- Licentia Docendi- Person-Centered Medicine International Program) of the Ambrosiana University - segreteriagenerale@universitaambrosiana.it

www.scuolamedicamilano.it www.unambro.it

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