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://www.personcenteredmedicinejournal.itISSN: 2037-5522

The shift of Medicine to the Person-Centered Medicine paradigm and the life epistemology

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DOI 10.13140/RG.2.2.20291.58405

Abstract

The formal foundation of Person-Centered Medicine (PCM) were established with the presentation of the Manifesto of Person-Centered Medicine in 1999 and its introduction into postgraduate medical training at the Medical School of Milan, Ambrosiana University, marking the first global implementation of this paradigm. Although attempts to establish a new person-centered curriculum at a Faculty of Medicine were obstructed that same year, scientific and educational work continued to promote PCM worldwide as a new paradigm of medical science. This effort originated in 1991 with the introduction of **Medical Counselling** in Italy as a new discipline, supported by advanced and master's courses. The epistemological revolution anticipated in 1996—later defined in 2011 as "the choice of the best possibilities to be the best human person" and presented to WHO—was grounded in the interactionist and teleonomic paradigm of medicine and health. The revolution drew upon major scientific advances: the "theory of allostasis" (Sterling, Heyer), which replaced Cannon's outdated homeostasis model; "psycho-neuro-immunology clinical research" (Maestroni, Lissoni); neurobiology (Kandel, Nobel Prize); epigenetics (Szyf, Meaney; Biava's discovery of the epigenetic code); telomere biology (Blackburn, Nobel Prize); and quantum medicine (Preparata, Del Giudice, Montagnier, Nobel Prize). Together, these advances reshaped medical science and clinical perspectives. Complementing this scientific transformation was the innovation of "Kairology", a hermeneutics of human nature. Emerging from adolescent clinical practice, Kairology revealed that human existence is a spiritual quest for truth, love, beauty, and meaning. Health is thus redefined as a semantic construct of the person , relative to the quality experiences possibilities interpretation and choices with the birth of the health relativity theory. Biological reactions—through allostasis, neuromodulation, endocrine and immune responses, and telomere regulation—are influenced by affective, emotional, and spiritual subjectivity. Health depends on the truthful interpretation of experience, aligning with the epigenetic code of life. Subjectivity, values,

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affections, and coping strategies determine resilience or vulnerability, shaping quality of life. The immune system serves as a biological model of adaptation, destroying threats to life, while the kairological constant—the interpretation of unpredictable possibilities—shows that health is deeply tied to freedom. Ultimately, PCM emphasizes that health is inseparable from freedom and truth. Truth guides the person toward the good, integrating spirit, mind, and body. Freedom enables authentic choices that determine resilience and quality of life. Together, truth and freedom form the unifying paradigm of Person-Centered Medicine, redefining medical science and the concept of health for the 21st century. The clinical application of Person-Centered Medicine significantly reduces human suffering and healthcare costs, while fostering the concept of "Responsible Health."

With the presentation of the " Manifesto of Person-centered medicine" in 1999 [2] [3] and the introduction of the new paradigm in the post-degree training of the doctor in the AY 1999-2000 at the Medical School of Milan,[4] Ambrosiana University for the first time in the world, while with a wicked action was prevented , in the same year, established a new person-centered curriculum on the person at a new Faculty of Medicine, and started a scientific and educational work to introduce in the world Person-centered medicine as a new paradigm of medical science. The training work began in this perspective in 1991 with the introduction in Italy of Medical Counselling, as a new medical discipline, with the provision of advanced and master courses, in the light of the interactionist and teleonomic paradigm of medicine, and health, epistemological revolution anticipated in 1996, [5] and that since 2011 is defined as " The choice of the best possibilities to be the best human person" that I submitted by invitation to WHO in the same year. [6]

The interactionist and teleonomic epistemological revolution of medicine , medical science and the concept of health, , (fig.1-2) was based on the great change in medical science over the last 50 years thanks to the formulation of the theory of Allostasis by Peter Sterling and Joe Heyer, [7] which has rendered obsolete Cannon's theory, still taught in the Italian and medical faculties and schools and in the world for the epistemological and scientific illiteracy of their teachers, thanks to experimental and clinical psycho-neuro-immunology, through the research activities of numerous authors such as Jean George Maestroni[8] and Paolo Lissoni[9] , thanks to

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2 Brera GR Brera G. R, The manifesto of Person-Centred Medicine. Medicine, Mind and Adolescence 1999.XIV, 1-2:7- 11 (available on Internet. www.unambro.it)

3 Brera GR The epistemological manifesto of the person-centred medicine: the person's superiority above any reductionism. In Giuseppe R.Brera ed. Medici e adolescenti. Atti del Congresso a partecipazione internazionale. Assisi 23 Novembre 1999. Universita Ambrosiana ed. 1999

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5 Brera G.R. A Revolution for Clinical Method and Bio-Medical Research. A revolution for clinical method and biomedical research The determinate and the quality indeterminate Relativity of Biological Reactions. Milano: Università Ambrosiana;1996

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7 Sterling P.,Eyer J. Allostasis: a new paradigm to explain arousal pathology. In: Fischer S Reason J. editors. Handbook of Life Sciences, New York 1988 : J.Wiley and sons;p. 629-649

8 Maestroni JG Pathophysiology of a supersystem: Emerging evidence of the interaction between the brain and the immune system. in GR Brera, C.Violato edts Return to Hyppocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005

9 Lissoni P. Teaching Clinical Psychoneuroimmunology: A brave new world? In GR Brera, ,C.Violato edts Return to Hyppocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.

neurobiology research by Erik Kandel, Nobel Prize winner, thanks to epigenetic research by Moshe Szyf Michael Meaney ,[10] thanks to Pier Mario Biava's discovery of the epigenetic code [11] that changed paradigm in the biological therapy of tumors and neurodegenerative diseases, thanks to Elisabeth Blackburn ., Nobel Prize, who allowed the discovery of the relationship between telomere length and quality of life.[12] We have to add the quantum medicine progress thanks to Giuliano Preparata, Emilio del Giudice Luc Montagnier (Nobel Prize) who digitalized DNA. This interactionist change of medical science (fig. 1) in the interactionist sense, ignored by clinical application has been joined to innovation in the hermeneutics of human nature , "Kairology", which has shown, starting from the adolescent's clinic, that human nature reveals itself in this age as a question of truth, love and beauty, a question of meaning and therefore spiritual, highlighting the spiritual and mysterious nature of man and his natural vocation to transcendence in truth. [13] [14] [15] The quality of the response allows the interpretation of the possibilities of experience such as to determine the quality of life by founding a lifestyle, which determines the Allostasis and all the biological reactions of the organism. Affective, emotional, spiritual subjectivity changed the traditional concept of health and presents it as a person's construct

based on relativity of biological reactions to the interpretation quality of experience possibilities, determining risk or resilience and the life quality. (fig 2,3)

Health appears relative to the quality of choices according to the truth for the good of the person between the possibilities received and perceived and anticipated in the experience that determine the Allostasis for health or disease as they induce changes in neuromodulation, information to the endocrine and immune system through epigenetic communications and regulation of telomere length. Subjectivity values, affections and emotions, quality of coping determine the relativity of health to the understanding of the possibilities that for health must correspond to the truth of the epigenetic code for life. The truth for the good of the person, who corresponds to the life of the spirit, (making meaning) mind and body is the unifying paradigm the interpretative process of the possibilities of adaptation of man, as at the only biological level teaches the immune system , which destroys the enemies of the organism's life, hostile bacteria and viruses, and malignant cancer cells. The "kairological" constant is the true interpretation of the possibilities of experience, which unpredictably present themselves, relativizing health to it, as it determines the risk and resilience for life. It emerges that health is closely linked to the freedom of the person. Truth and freedom in man are inseparable.

Fig. 1

[10] Szyf M and Meaney J.M Epigenetics, Behaviour, and Health. Allergy Asthma Clin.Immunology 2008;4(1):37

[11] Biava P.M Reprogramming of normal and cancer stem cells. Curr. Pharm.Biotechn. 2011Feb.1;12(2):145

[12] Blackburn EH, Epel ES, Lin J. Human telomere biology: A contributory and interactive factor in aging, disease risks, and protection. Science. 2015;350(6265):1193-8.

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[14] Brera G.R Mystery, possibility, reality in existence and in adolescence and in human nature. CISPM ed. 1994

[15] Brera G.R The epistemological principles of Adolescentology, Medicine and Mind 1995; XI, 1.

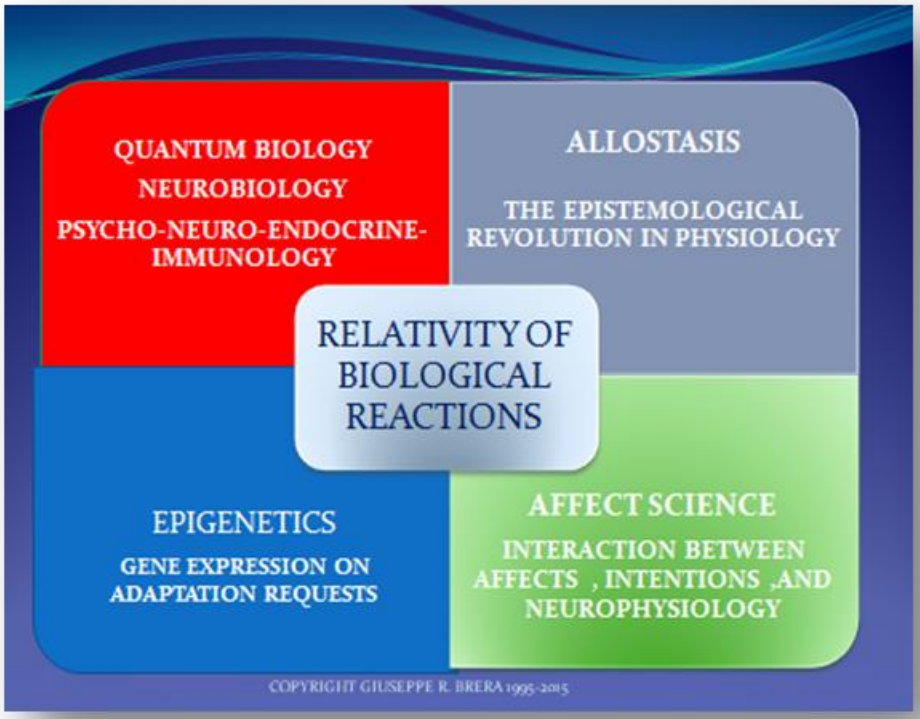


Fig. 1. The shift of Medicine to an indeterministic paradigm

From: Brera G.R Person-Centered Medicine and the Change of the Paradigm of Health: its implications for Medical Education and Health Governance.

WHO Symposium on Person-Centered Medicine and Medical Education. Geneva 4 May 2011

Fig.2

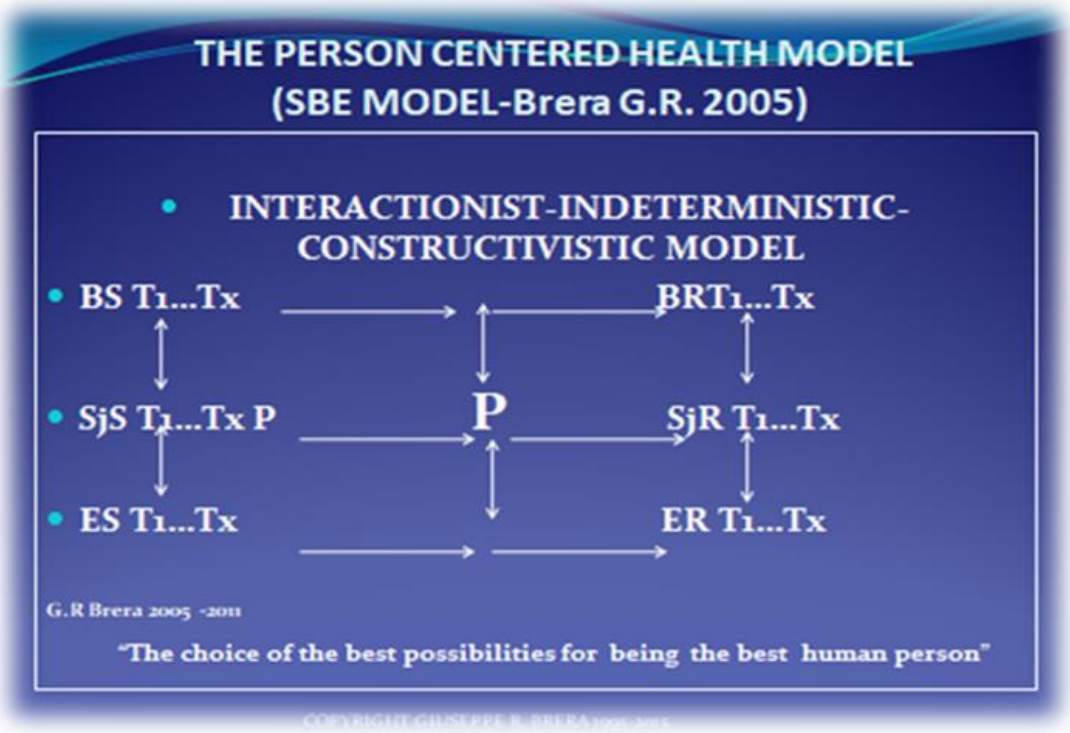


Fig . 2

P = the Person, BS = Biological Stimuli; BR = Biological reactions (eg. gene expression) SjS = Subjective Stimuli(Eg: quality of coping, emotions, affects, behaviors, values); SjR = Subjective reactions

E.S. = Environmental Stimuli Educational, environmental variables (non-controlled by individuals), e.g., quality of parental care - culture- religion- natural, environmental, social, and political events;

ER = Environmental Reactions ; T1…Tx= time 1…time x, x= is the unpredictability constant ;T…Tx = means the variables' assessment during the Person's different lifetimes; the arrows' direction means the variable actions on the Person and the Person actions on variables.

The variables' quality of knowledge is relative to the scientific progress, which is unpredictable because it belongs to the hypothesis generation determined by another unpredictable factor: creativity.

From: Brera G.R. Epistemology and medical science: change of the paradigm. Paper presented at the conference: Return to Hippocrates: Quality and Quantity in Medical Education. Milano, 27-28 May 2005 and in Person-Centered Medicine and the Change of the Paradigm of Health: its implications for Medical Education and Health Governance.

2 Life epistemology and the relativity of health concept[16]

This "Life epistemology" , born from Person-Centered Medicine allows to universalize the concept of health affirming the truth of the new paradigm (2011)giving the person and governments the responsibility to create the possibilities for the well-being, which corresponds to being-well, which arises from individual choices to be-for truth and freedom, to which human nature is aimed . The health concept becomes of a moral nature, because it is addressed to the person's good but through the responsibility of its choices between not anticipated and foreseeable possibilities of experience. The paradigm of health and medicine passed to indeterminism. It is clear that the concept of health has a philosophical and political significance.

In the light of the life epistemology health must be defined as " The choice of the true possibilities for being the best human person" [17] (fig 3-4)

Only 5% of diseases are due to genetic penetration, while 95% are caused by quality of life as it appears from epidemiology. [18]

Fig. 3 Resilience-based health theory (RBHT)

$HR_z = IP_q + * CP +$
$HR_k = IP_q - * CP_q -$

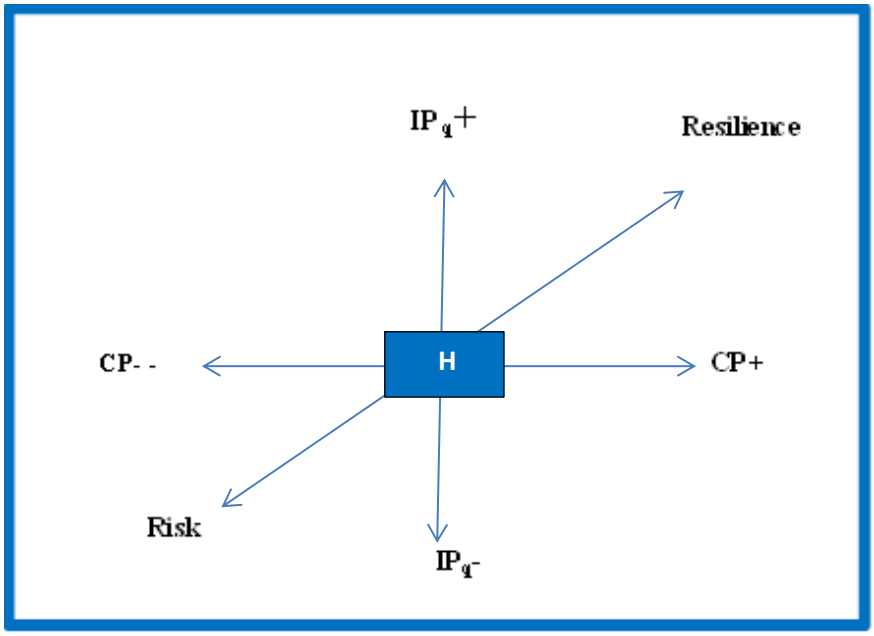
HR_z: Health resilience
HR_k: Health ris

[16] Brera G.R Person-Centered Medicine and Person-Centered Clinical Method. Università Ambrosiana ed.; 2021 ISBN: 9798756383423

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

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

Fig 3



HR = Health Relativity to interpretation and choices quality

IP +	Positive quality of Interpretation
CP+	Positive quality of choices
CP-	Negative quality of choices
IP-	Negative quality of interpretation

fig.4

HEALTH RELATIVITY THEORY (HRT)

Hp = K (Iq*Cq)

Hp = health probability

K = Kairological constant

(natural meaning question)

Iq = Interpretation quality

Cq= Choices quality

Fig 4 The health relativity theory

From Brera G.R Person-Centered Medicine and Person-Centered Clinical Method. Universita' Ambrosiana ed.; 2021 ISBN: 9798756383423

The medical counselling that has drawn from the treatise on empathy made at a philosophical level by Edith Stein, patron of Europe and psychologically by the Rogersian and then Kairological counselling, introduced in Person-centered Medicine empathy as an essential and primary part of the Person-centered Clinical Method, which we taught and teach, first in the world, in our University as essential part of the clinical method. We have replaced communication skills" taught with the "anatomy" of empathy taught by trained doctors and not by psychologists.

Interactionism , teleonomy in human nature, the capacity for ethical thinking and personalist anthropological values, whereby illness is an event in the life of the person not only a biological phenomenon independent of existence and subjectivity, empathic and interlocutory skills, necessary for the clinical method, together with clinical and scientific synthesis skills, are crucial to demonstrate that admission to medical studies by testing is obsolete and dangerous, because it also risks admitting young people with schizophrenic and/or psychopathological problems without ethical values, at the mercy of their unconscious dynamics. (fig.5)

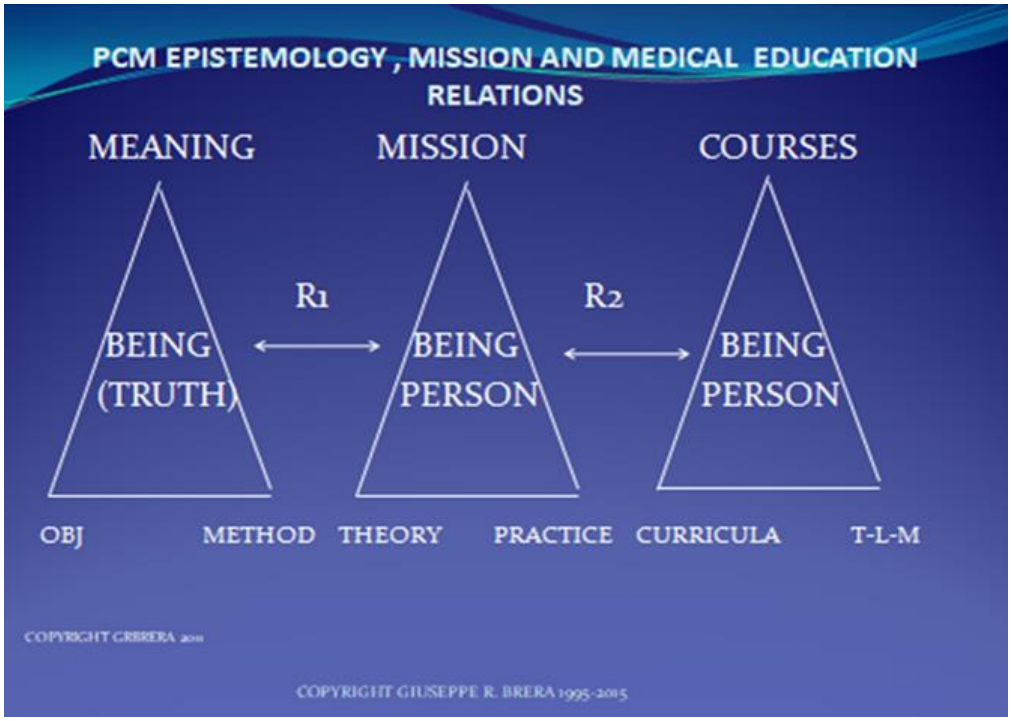


Fig.5

Obj = Objectives

T-L-M = Teaching,learning methods

Brera G.R Person-centered Medicine and the Change of the Paradigm of Health: its implications for Medical Education and Health Governance. in WHO Symposium on Person-centered Medicine and Medical Education. Geneva 4 May 2011 ©Giuseppe R.Brera 2011-2016

In 1999 we successfully tested and published a new method based on an aptitude course. Of the five students who attended, four were born to be doctors, one was unsuitable. None of these four passed the admission test!

Now it is evident that the change of paradigm of Medicine calls for a reformulation of admission to medicine and the training curriculum of doctors. This person-centered approach is opposed because today medicine is applied with a bio-technological paradigm, linked to profit, a false in the epistemological and scientific perspective, that can only be a necessary tool of the clinical method. From this false was born the criminal error of setting the health strategy for the prevention of COVID-19, with the use of mRNA genotoxic vaccines and deadly in many cases, when with a shift of preventive philosophy on the antiviral allostasis and preventative immuno-stimulation, as I have well explained in my essays on the matter spread throughout the world, the epidemic would have been nipped in the bud. Unfortunately, this misguided health policy has been responsible for millions of deaths. If the world had been oriented to the Person-Centered Medicine paradigm that is summed up in the scheme below (fig. 6-7), which shifts towards prevention and self-care, millions of lives would be saved and millions of people would not have their DNA modified by mRNA vaccines.

Fig.6

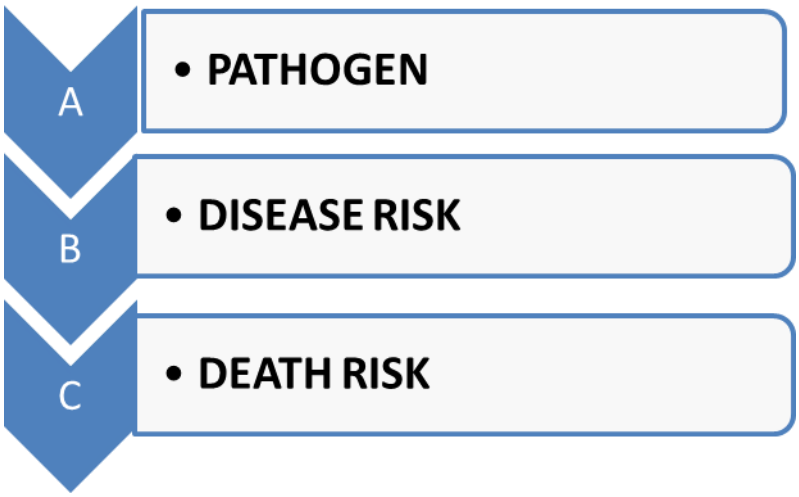


Fig. 6 Wrong determinist –mechanicistic paradigm used to cope with the syndemic COVID-19 and general clinical application

From Brera G.R Person-Centered Medicine and Person-Centered Clinical Method. Universita'Ambrosiana ed.; 2021 ISBN: 979875638342

Fig.7

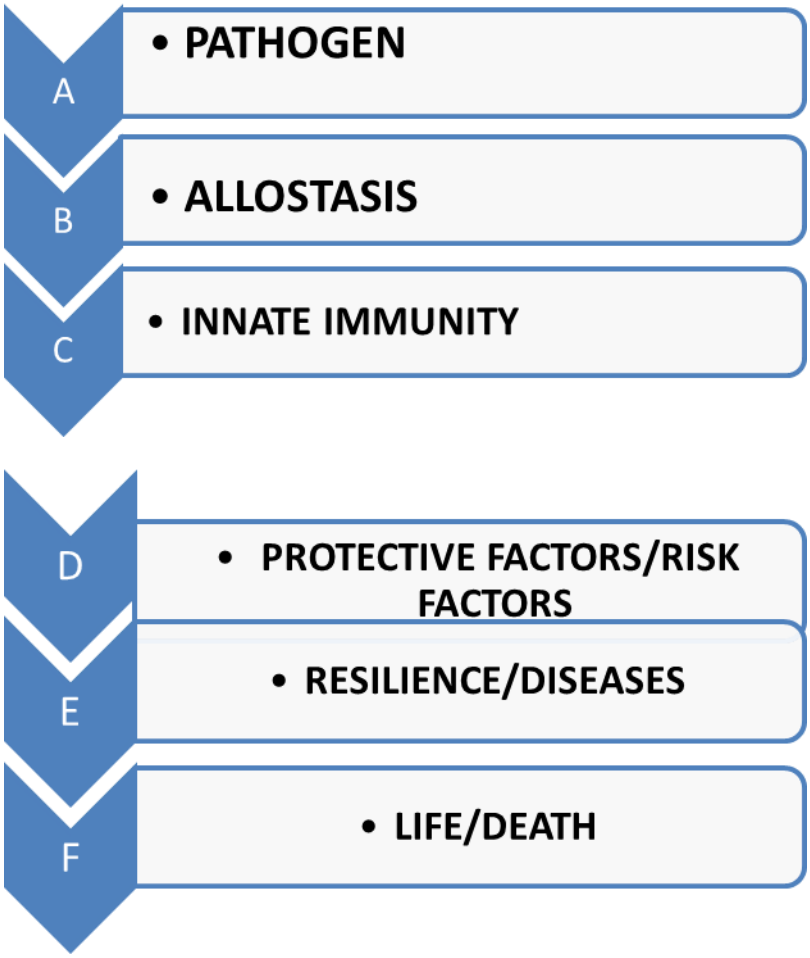


Fig. 7 Right paradigm to be used to cope with the syndemic COVID-19 and general clinical application

From Brera G.R Person-Centered Medicine and Person-Centered Clinical Method. Universita'Ambrosiana ed.; 2021 ISBN: 9798756383423

Evidence that experimental research has been methodologically wrong makes mRNA vaccines a danger to humanity, as the state of Florida has recently attested, calling for their withdrawal. Their presence and administration still present in Italy is a crime against the population in the light of epidemiological data and scientific evidence. [19] [20] [21]

Medicine has two pillars: empathy with the suffering and the moral value of caring for the sick and the application of psycho-neuro-immune-metabolic epigenetics in the therapy with the Person-centered clinical method that today very few in Italy and in the world are able to teach.

The essence of the person-centered clinical method is the introduction into the clinical method of a new interlocutory procedure that we called "Diagnosis of the person",[22] (Fig 8) through the empathic connotation and a resource-centered interlocutory on life quality and personal history, where diseases are inserted in existence. The doctor must revolutionize the sense of his initial relationship with the patient by directing his attention to the strengths and resources of the patient before problems, since from an epistemological point of view these arise in the absence of the strength points and resources of the person, for example at the biological level, natural immunity, unless it faces a clinical emergency. The fundamental question that revisits at the beginning the traditional clinical method is " who is" the patient in front of the doctor, and not "what clinical picture has". The disease must be considered as an event of life and a possibility of change, which is often unconsciously sought through it. In this perspective the doctor must be trained to be a maieuta of the human person. For this purpose the person-centered clinical method introduces a new preliminary phase that has taken the name of "Diacrisis" and that includes the analysis of empathy and the " Clinical Epoké (fig.8)

[19] Parry, P.I.; Lefringhausen, A.; Turni, C.; Neil, C.J.; Cosford, R.; Hudson, N.J.; Gillespie, J. 'Spikeopathy': COVID-19 Spike Protein Is Pathogenic, from Both Virus and Vaccine mRNA. Biomedicines 2023, 11, 2287. https://doi.org/10.3390/biomedicines11082287

[20] Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs. Food Chem Toxicol. 2022 Jun;164:113008. doi: 10.1016/j.fct.2022.113008. Epub 2022 Apr 15. PMID: 35436552; PMCID: PMC9012513.

[21] Brera GR Zero risk for Covid-19 with antiviral allostasis the preventive immunostimulation. Universita Ambrosiana ed.

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

Fig.8

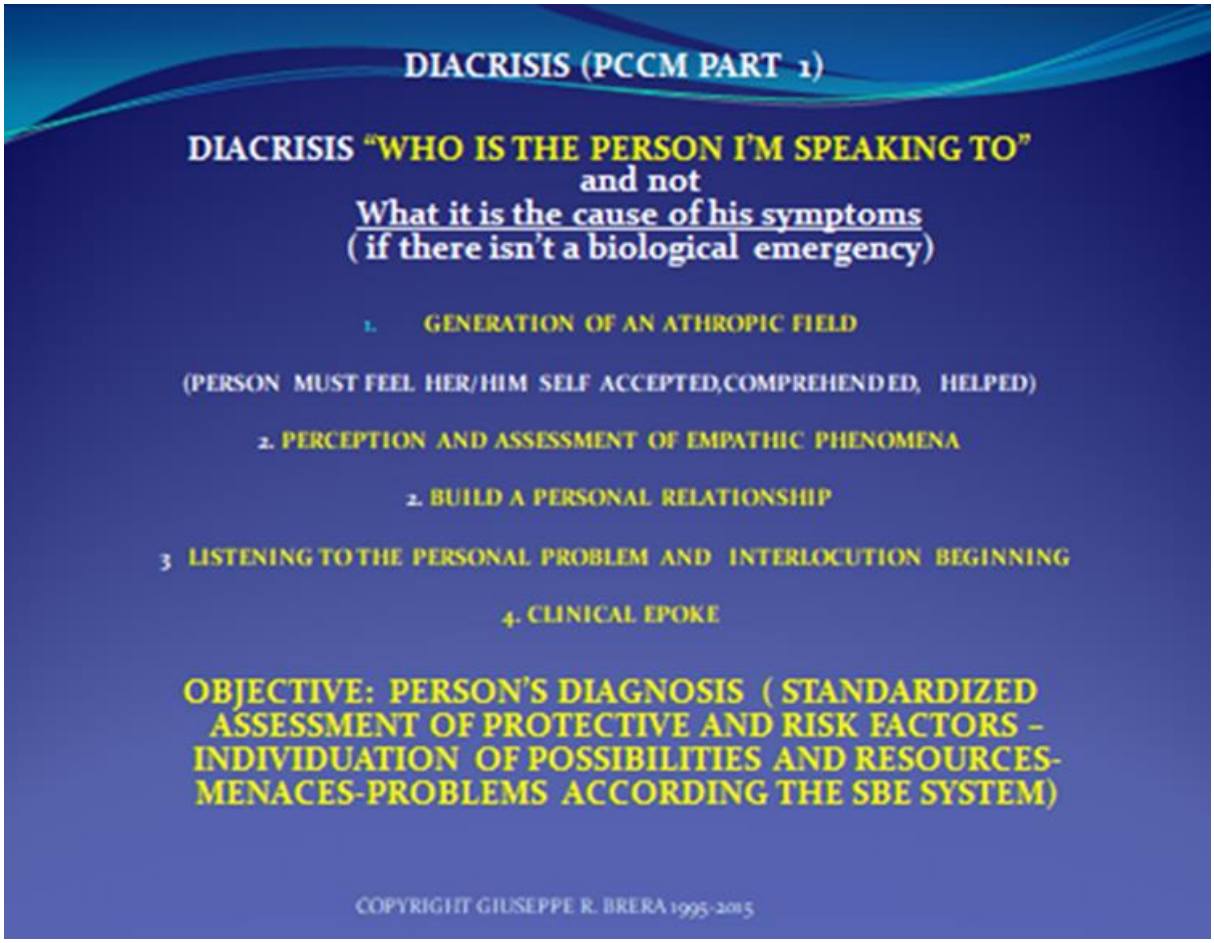


Fig.8 From: Brera G.R Epistemology and Medicine: Change of Medical Science's Implicit Paradigm. in . GR Brera, C.Violato edts Return to Hyppocrates. Quality and Quantity in medical Education Proceedings of the II° International Conference on New Perspectives in Medical Education. Milan May 27 - 28 2005. Università Ambrosiana ed.; 2005.

Since 2003 we have tried to solve the problem of teacher training with the "Licentia docendi" in Person-centered Medicine. However, Italian medical schools and teachers have not taken advantage of this important opportunity.

Today, clinical teachers in Medicine should be obliged to be trained in Person-Centered Medicine because of the paradigm shift and the admission to Medicine must be re-formulated according the skills required by Person-Centered clinical method. (fig.9)

Fig.9

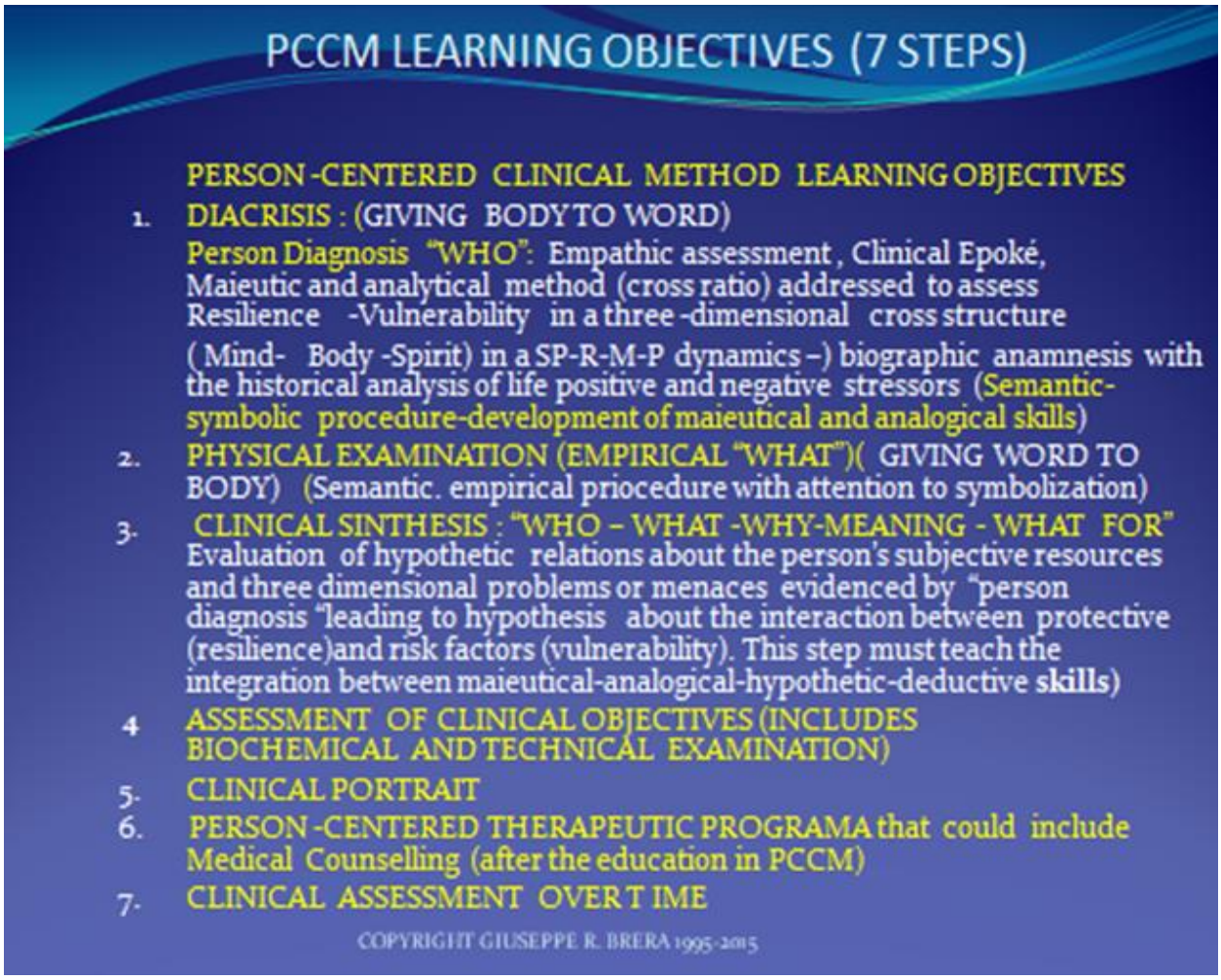


Fig.9 Learning objectives of Person-Centered Clinical Method

From: Brera G.R Person-Centered Medicine and the Change of the Paradigm of Health: its implications for Medical Education and Health Governance.

In WHO Symposium on Person-Centered Medicine and Medical Education. Geneva 4 May 2011 ©Giuseppe R.Brera 2011.

The application of Person-centered Medicine, which requires a paradigm shift in public health and medical training, leads to a huge saving of suffering and costs as we have demonstrated scientifically and clinically with our pioneering research.[23] Never has the political

[23] Brera G.R Person & ITFOP Person -Centered Clinical Method and its Teaching. Person-Centered Medicine Journal ; 2025 XV- ID 1

band of illiterates that has directed health care in Italy and in Lombardia region, until yesterday and the Italian health and university ministers listened to us. One result has been a massacre in the Italian population caused by the errors in prevention of COVID-19 especially the elderly, but also the deaths of teenagers for mRNA vaccines that would be alive today.

Italy, and in particular the Lombardy Region, should have a debt of gratitude ,never manifested, for the innovation that we have introduced in Italy and in the world and that has led to a huge saving of sufferings and health costs for the application in the clinic of the adolescent of Person-centered medicine that led to the care of about 80.000 adolescents avoiding hospitalization and administration of unnecessary drugs and tests, as it appears from the world's first research on matter. (2003). (Tab.1) (Tan 2) Of course, this data may worry the healthcare business, but real doctors need to be concerned about the patient's health, not profit.

Tab. 1

	%
Enables a better comprehension of the patient and his problems	95
Improves the finalization of specialty referrals and technical examinations	30
Saves useless examinations and drug prescriptions.	70
Spares unnecessary hospitalizations	55
Reduces hospitalization times (only if H.P.)[1]	10
Improves professional realization	40
It is effective in quality of life and health improvement of patients	75
Reduces doctor-dependency	45
Creates new possibilities for research	30
Shortens improvement times	30
Requests more time to dedicate to patient	55

From : Brera G.R., A. Zanon**, L. Berti ,P. Furba , I.P. Callegaro I.P., F. Caroli, A. Ciccarelli , M.R.. Giovinazzo, M. Giuliani., L. Mattaini G. Morganti , A. Nicita ,Piazzai L., Pinciaroli , I. Pissavini., M. Schiavi L.,Tambaro P., MG Zannoni ITFOP Education in Person-Centered Clinical Method and Perceived Quality of Person-Centered Clinical method. In : Brera G. R ,Violato C . ed. Proceedings of the first International Symposium on New Perspectives in Medical Education; 2003 October 23-25;Assisi,Italy, p 34. DOI:10.13140/RG.2.1.3374.5447. Available fromhttp://www.unambro.it/html/pdf/Person_Centred_Clinical_Method_Teaching.pdf

Tab 2

RESULT OF PERSON CENTERED MEDICINE LEARNING ACCORDING TO PERSON CENTRED CLINICAL METHOD TAUGHT AT AMBROSIANA UNIVERSITY MILAN SCHOOL OF MEDICINE

N° of drug prescriptions	Physician's indicators from Lombardia	Physicians' N° of drug prescriptions
Prescription/beneficiary	0,42	-76,21
Total fare (euro)	6.208,97	-89,05
N° of pieces prescribed	590	-82,10%
n° of pieces pro-capite	0,6	-80,45
mean value piece	10,19	-99,99
meanvalue prescription	14,78	-51,67

Paediatrician of the Health National Service in Lombardia Region of Italy.

Attendance: Third Year of the MA in Clinical Adolescentology (2002)

Learning objective: Person Centered Clinical Method Theoretical and Clinical training in Person Centered Medicine trough "Person Centered Clinical Method"

Period of Regional data relevation: 1rs quarter 2002 Regional District 1108

Number of beneficiary persons 989 (assisted)

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Available from: http://www.personcenteredmedicinejournal.itISSN: 2037-5522

Sommario

Le fondamenta formali della Medicina centrata sulla persona (PCM) furono stabilite con la presentazione del Manifesto della Medicina centrata sulla persona nel 1999 e con la sua introduzione nella formazione post-laurea presso la Scuola Medica di Milano, Università Ambrosiana, segnando la prima applicazione globale di questo paradigma. Sebbene nello stesso anno i tentativi di istituire un nuovo curriculum centrato sulla persona in una Facoltà di Medicina siano stati ostacolati, il lavoro scientifico ed educativo è proseguito per promuovere la PCM a livello mondiale come nuovo paradigma della scienza medica. Questo impegno ebbe origine nel 1991 con l'introduzione in Italia del Medical Counselling come nuova disciplina, sostenuta da corsi avanzati e master. La rivoluzione epistemologica anticipata nel 1996—definita nel 2011 come "la scelta delle migliori possibilità per essere la migliore persona umana" e presentata all'OMS nello stesso anno—si fondava sul paradigma interazionista e teleonomico della medicina e della salute. La rivoluzione si basava su importanti progressi scientifici: la teoria dell'allostasi (Sterling, Heyer), che sostituì il superato modello di omeostasi di Cannon; la ricerca clinica psico-neuro-immunologica (Maestroni, Lissoni); la neurobiologia (Kandel, Premio Nobel); l'epigenetica (Szyf, Meaney; la scoperta del codice epigenetico di Biava); la biologia dei telomeri (Blackburn, Premio Nobel); e la medicina quantistica (Preparata, Del Giudice, Montagnier, Premio Nobel). Insieme, questi progressi hanno trasformato la scienza medica e le prospettive cliniche. A completare questa trasformazione scientifica vi fu l'innovazione della Cairologia, un'ermeneutica della natura umana. Emergendo dalla pratica clinica adolescenziale, la Cairologia ha mostrato che l'esistenza umana è una ricerca spirituale di verità, amore, bellezza e significato. La salute viene così ridefinita come un costrutto semantico della persona, relativo alla qualità delle esperienze, alle possibilità interpretative e alle scelte, con la nascita della teoria della relatività della salute. Le reazioni biologiche—attraverso allostasi, neuromodulazione, risposte endocrine e immunitarie e regolazione dei telomeri—sono influenzate dalla soggettività affettiva, emotiva e spirituale. La salute dipende dalla corretta interpretazione dell'esperienza, in accordo con il codice epigenetico della vita. Soggettività, valori, affetti e strategie di coping determinano resilienza o vulnerabilità, modellando la qualità della vita. Il sistema immunitario funge da modello biologico di adattamento, distruggendo le minacce alla vita, mentre la costante cairologica—l'interpretazione delle possibilità imprevedibili—dimostra che la salute è profondamente legata alla libertà. In ultima analisi, la PCM sottolinea che la salute è inseparabile da libertà e verità. La verità guida la persona verso il bene, integrando spirito, mente e corpo. La libertà consente scelte autentiche che determinano resilienza e qualità della vita. Insieme, verità e libertà costituiscono il paradigma unificante della Medicina centrata sulla persona, ridefinendo la scienza medica e il concetto di salute per il XXI secolo. L'applicazione clinica della Medicina centrata sulla persona riduce significativamente la

sofferenza umana e i costi sanitari, promuovendo al contempo il concetto di “Salute Responsabile”.