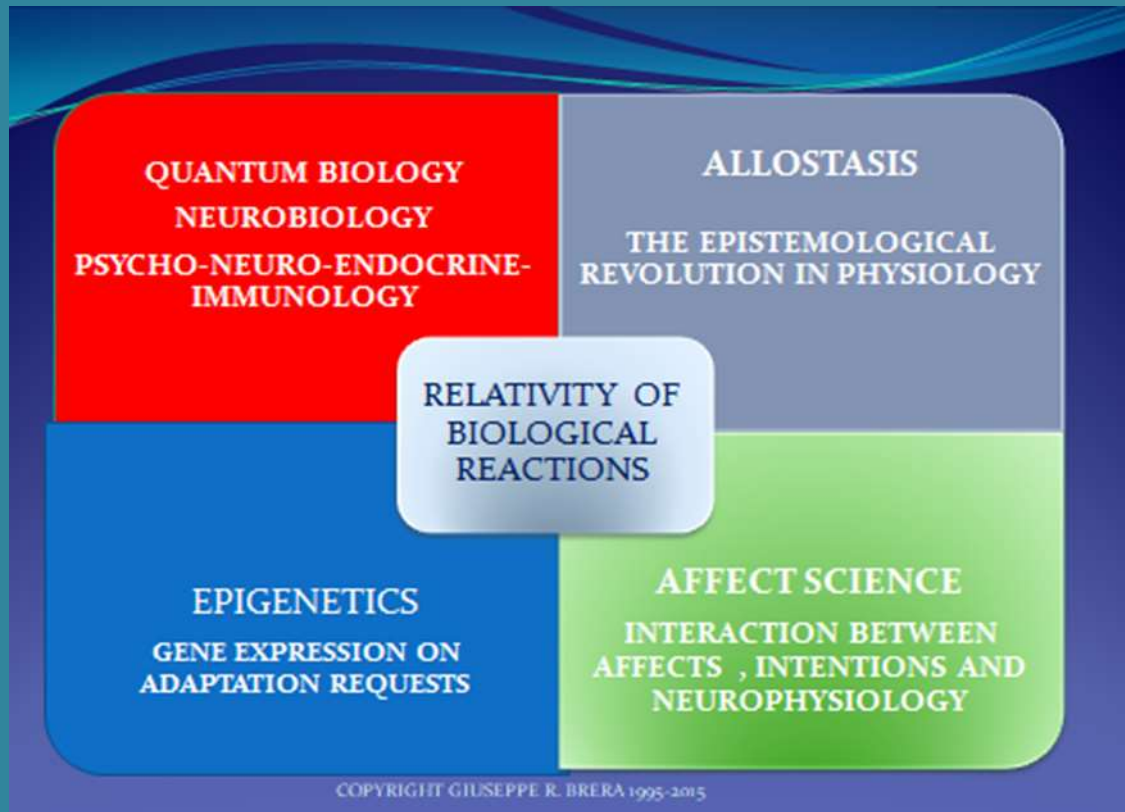




1995-2021



Il cambiamento di paradigma centrato sulla persona ,del concetto di salute ,
della Medicina e il COVID-19

The person-centered paradigm change of health and Medicine paradigms
and COVID-19

Convegno internazionale in occasione del 26° Anniversario dell'inaugurazione dell'Università (25 Giugno 1995) e del 30° Anniversario della nascita del Counselling medico come disciplina medica/Medical Education conference , on the occasion of the 26th anniversary of the University Ambrosiana opening (24 June 1995) and 30th anniversary of the birth of "Medical Counselling" as Medicine's discipline.

*“Καὶ ὁ λόγος σὰρξ ἐγένετο καὶ ἐσκήνωσεν ἐν ἡμῖν”*¹

*“The fundamental meaning of the man’s domination on the sensible world,
consists of the ethics priority on technology, the person’s supremacy on things,
the soul superiority on the matter.”*²

*In misericordia et veritate persona est*³

La fede e la ragione sono come due ali con le quali lo spirito umano si innalza verso la contemplazione della verità. E’ Dio ad aver posto nel cuore dell’uomo il desiderio di conoscere lui, perché conoscendolo e amandolo possa giungere alla piena verità su se stesso.

Faith and reason are like two wings on which the human spirit rises to the contemplation of truth; and God has placed in the human heart a desire to know the truth—in a word, to know himself—so that, by knowing and loving God, men and women may also come to the fullness of truth about themselves (cf. Ex 33:18; Ps 27:8-9; 63:2-3; Jn 14:8; 1 Jn 3:2).

St.Joan Paul II°

¹. John’s prologue 114 <http://cristalli.ponesoft.it/Articoli/40.10.10.02> (Greek-English)

² Jean Paul II° - Une pensée par jour. Textes recueilles par le Père Patrice Mathieu osb, Paris Media Paul, 2000

³ The University Ambrosiana’s “motto”

Benvenuto- Welcome

Zoom invitation link

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**Argomento: Il cambiamento di paradigma centrato sulla persona ,del concetto di salute , della
Medicina e il COVID-19**

The person-centered paradigm change of health and Medicine paradigms and COVID-19

Ora: 26 giu 2021 04:00 PM Roma

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1995-2021

“In misericordia et veritate persona est”

Il cambiamento di paradigma centrato sulla persona ,del concetto di salute , della Medicina e il COVID-19

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Il cambiamento di paradigma centrato sulla persona ,del concetto di salute

26 Giugno 2021

Congresso in remoto

Scuola Medica di Milano

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Programma/Program

26 Giugno 2021

16-16,10

Prolusione al “Dies Significationis” 2021

Prof. Giuseppe R.Brera

Rettore dell’Università Ambrosiana

16,10-16,15

**Presentazione della procedura di conferimento della
Licentia Docendi ad Honorem nel “Dies significationis”**

Nomina prof. Claudio Violato PhD , Hon. Ma Sc.

a Pro-rettore onorario

Carolina Rubino

“Significationis formula

Lettura note biografiche

Lettura dell’estratto

Discorso onorario/honorary speech

Cerimonia del conferimento delle Licenze Docendi ad Honorem

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Ceremony of the Licentiae Docendi ad Honorem conferment



Peter Sterling

16,20

“Allostasis and Human Design”



Robert Cloninger

16,45

“Psychobiology of well-being and Person-centered health care”



Vincenzo Di Nicola

17,10

“The Place of the Person in Social Psychiatry: A Synthesis of Person-centred Medicine with Social Psychiatry in the Time of the New Coronavirus Syndemic”



George Christodoulou

17, 35

Mental Health Promotion from a Person-Centered Perspective.



Roy Kallivayalil

18.00

Covid 19 and the imperative for a paradigm shift to Person Centered Medicine



Juan Mezzich

18,25

**The Collaborative, Integrative, Conceptual, and Operational Development
of a New Perspective in Medicine**

18,50-19.00

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Pausa/break

II° Parte del programma/ IIInd part of the Program

Contributi dei Magistri dell'Università Ambrosiana



prof. Claudio Violato

Pro-rettore H. - Magister scientiae ad honorem

Introduzione/introduction

Lettura estratto in Italiano

19.00

**Medical Student Satisfaction, Workload, Performance and Wellbeing Before and during
the COVID-19 Pandemic**

Presiede la sessione/president of the session

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Imer Paolo Callegaro

19,15

Relativita' del progetto educativo al concetto di persona

**Licentia docendi ad Honorem (2017) – Magister in Adolescentologia e Magister in
Counelling Medico-Università Ambrosiana**



Domenico Francomano

19,30

Medicina centrata sulla persona e counselling medico in Medicina d'urgenza

**Licentia docendi ad Honorem (2017)– Magister in Adolescentologia e Magister in
Counselling Medico**

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Vito Galante

19,45

**Le sfide della genitorialità: integrazione tra il metodo kairos di educazione alla salute e
il counselling medico kairologico centrato sulla persona nel laboratorio creativo di
genitorialità**



Gen. SA (a) Giulio Mainini, Pro-Rettore , Magister ad Honorem
Presiede la sessione conclusiva/President of the final session

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Piermario Biava

20.00

The different functions of the Epigenetic Code and its role in genes regulation at experimental level and in clinical trials. The possibility to realize person-centered therapies.

- MD, MA , Magister ad Honorem (2018)



Giuseppe R. Brera

La medicina centrata sulla persona, la salute e la cultura del COVID-19 : prospettive e azioni: la sfida/ Person-Centered Medicine, health and the COVID-19 culture: perspectives and actions: the challenge

Giuseppe R. Brera Rettore- Direttore Scuola Medica Milano Magister Licentiae Docendi; autore del primo trattato al mondo sul COVID-19

ESTRATTI/ABSTRACTS

Allostasis and Human Design

Peter Sterling MA, PHD, Magister ad Honorem

Homeostasis, the standard model of physiological regulation, treats every parameter as clamped to a set point and deviations as errors to be corrected by feedback—like a thermostat. But error-correction could not be the primary regulator because it is too slow and wasteful of resources. Moreover, this body-centered model largely omits the brain and thus conceals the mechanisms by which social inequalities profoundly affect physiology. Seeking to understand how racism causes hypertension, Joseph Eyer and I recognized that blood pressure is not fixed; rather the brain predicts what blood pressure will be needed and continually sets the level by controlling every aspect of the cardiovascular system (heart, vessels, kidney, and salt appetite). Predictive control, which we called allostasis, prevents errors by providing "just enough, just in time". The brain responds to racism by chronically predicting a state of emergency, and thus it drives all mechanisms to raise blood pressure. Treatment with one drug may temporarily reduce pressure, but then the brain drives other mechanisms harder. When all the key mechanisms are blocked by multiple drugs, mean pressure may decline, but then responsiveness true health declines as well. True health cannot be achieved through polypharmacy; rather, we must change the predictions.

Italian

MD PhD magister ad honorem Università Ambrosiana psterlin@gmail.com

PSYCHOBIOLOGY OF WELL-BEING & PERSON-CENTERED HEALTH CARE

C. Robert Cloninger, MD, PhD Magister ad Honorem

Recent research on the relations of personality to well-being show that the people who are most healthy, happy, and fulfilled are people with a "creative character", that is, people who with reasonable and insightful as a result of strong development of the character traits of Self-directedness, Cooperativeness, and Self-transcendence as measured by the Temperament and Character Inventory. Among the temperament traits, low Harm Avoidance and high Persistence (i.e. anticipation of rewards and not punishment) are associated with more resilience and optimism. Reason and Resilience together improve well-being when high Persistence is integrated with a creative character, which allows the moderation and regulation of irrational emotional drives, attachments, and habits in accord with a person's goals and values. We must learn to recognize that individual well-being depends on collective well-being. Failure to do so results in social inequity and other determinants of ill-health, including chronic non-communicable diseases and vulnerability to communicable disease. Current genetic and psychobiological understanding of a healthy and good life are observed to confirm the teachings of St. Ambrose in the fourth century, as well as other wisdom and humanistic traditions that are currently neglected in modern disease-oriented medical care.

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Zwir I, Del-Val C, ..., Cloninger CR (2019). The evolution of genetic networks for human creativity. *Molecular Psychiatry*, in press (PMID 33879864)

Cloninger, C. Robert, MD, PhD, Anthropedia Foundation & Washington University in St. Louis,
c.robert.cloninger@wustl.edu

The Place of the Person in Social Psychiatry: A Synthesis of Person-centred Medicine with Social Psychiatry in the Time of the New Coronavirus Syndemic”

Vincenzo Di Nicola

This is the inaugural speech on the occasion of the founding of the Licentia Docendi in Honorem – the Honorary Chair – in Social Psychiatry at the Scuola Medica di Milano della Università Ambrosiana conferred upon Professor Vincenzo Di Nicola, who is given the academic title of Magister ad Honorem – Honorary Professor.

The speech will address three themes: (1) the place of the person in social psychiatry linking Prof. Di Nicola’s call for a 21st century social psychiatry manifesto (Di Nicola, 2019) with the new person-centred paradigm for medicine, health, and social care at the Scuola Medica di Milano; (2) the struggle for a person-centred vision of health and social care in a time that Neil Postman (1993) characterized as technopoly, defined as “the surrender of culture to technology,” with examples from psychiatry (Di Nicola & Stoyanov, 2021), child development (Di Nicola & Daly, 2020), and family therapy (Di Nicola, 2011); and (3) the challenges of the new coronavirus pandemic, better understood as a syndemic or combination of biological and social epidemics (Horton, 2020), for both medicine and society, addressing its impacts on children and families (Di Nicola & Daly, 2020), on society (Barreto, et al., 2020; Chadda, et al., 2020), and on biopolitics (Agamben, 2020; Di Nicola, 2021). Prof. Di Nicola’s speech will conclude with a call for a synthesis of social psychiatry with person-centred medicine, balancing evidence-based medicine with values-based practice, by embracing the emerging epistemology of the Global South (Di Nicola, 2020) and an eco-social perspective.

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Mental Health Promotion from a Person-Centered Perspective.

George N. Christodoulou

On an individual basis, mental health promotion is very much in line with the person-centered perspective. It is linked with concepts like resilience, salutogenesis, holism and positive health and actions like empowerment, self help and recovery.

It can also be assisted by personal experiences communicated by prominent public figures like politicians, athletic idols and performers (for example videos of singer Stefanie Germanotti - Lady Gaga with Prince Edward of the UK).

The person-centered approach in Medicine and Psychiatry is expressed in a comprehensive laconic way by Hippocrates when he professed that it is more important to know what person has a disease than know what disease a person has.

On a public level, on the other hand, health promotion is associated with measures that are not necessarily linked with the health sector, like socio-economic measures that may be subject to political will. Cost-benefit considerations are important and in view of the fact that "investment" in mental health has been shown to be economically beneficial it is important to communicate this to decision-makers.

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Covid 19 and the imperative for a paradigm shift to Person Centered Medicine

Prof Roy Abraham Kallivayalil (India)

The 2019 Corona Virus Disease (COVID-19) has caused universal psychosocial impact by causing emotional disturbances, economic burden and financial losses on a massive scale. Effects such as posttraumatic stress disorder (PTSD), depression, anxiety, obsessive- compulsive symptoms and insomnia in the post infection period have been reported among Covid-19 survivors in. With disease progression, clinical symptoms become severe and psychological problems in infected patients will change; therefore, psychological intervention measures should be targeted and adapted as appropriate. India's current COVID-19 surge is an unprecedented public health crisis. With exponential growth in the number of daily COVID-19 cases since March, 2021, India reported more than 400000 new cases daily on May 1, 2021. India's COVID-19 surge could have become a regional disaster impacting all of south Asia. But India has successfully avoided that disaster by strengthening of surveillance systems, imposing travel restrictions, lockdowns and mandatory travel quarantine for individuals returning infected areas. These were necessary to control the spread of SARS-CoV-2. The situation in India requires urgent, bold measures and close cooperation between India and the global community. This was done and the pandemic has been brought under control. Currently free vaccinations for the whole population is being given. With 1.4 billion, this is going to be a massive effort. The pandemic and the aftermath needs a paradigm shift from our traditional medical care models to one that is Person Centered. We have studied the resilience among the frontline physicians in India. Fear of infection, uncertainty, stigma, guilt, and social isolation emerged as the main challenges. Simultaneously, their "unmet needs" were flexible work policies, administrative measures for better medical protection, the sensitivity of media toward the image of Health Care Worker, effective risk communication for their health, and finally, social inclusion. A person centred model will be best solution here and all across the world. This is especially so, when we are fighting a disastrous pandemic.

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The Collaborative, Integrative, Conceptual, and Operational Development of a New Perspective in Medicine

Juan E. Mezzich MD MA MSc PhD

The development of a new perspective in medicine and health by the International College of Person Centered Medicine has a number of critical elements and features that could be outlined as follows.

One is its collaborative basis, a precedent of which could be found in the fundamental role of collaborative care for health documented as early as during the Neanderthals period, and which is presently identified concerning the development of person centered medicine in the collaboration among institutions such as the World Medical Association and the World Health Organization, and by the PCM principles of communication, collaboration and common ground for clinical care.xAnother is an integrative dynamic, historically illustrated by the concept of health in the Andean cosmovision as harmonious equilibrium among an interior world, a social world and a natural world. And more recently articulated by the integration of the broad concepts of health in virtually all ancient civilizations into WHO's definition of health as complete physical, emotional and social well-being and not merely the absence of disease, crafted by the chair of the first World Health Assembly, Andrijas Stampar, an early proponent of person-centered care.

The conceptualization of person centered medicine has evolved from one that posits the person in context as the center of the concept of health and as the proper goal of health actions; to another that understands medicine as informed by evidence, experience and values; to systematic studies that have identified principles such as ethical commitment, holistic framework, and relationships at all levels, on the basis of which instruments for assessing progress towards person-centered care have been constructed, validated, and applied.

The operational development of person centered medicine has evolved over the past two decades through a process of annual conferences in Geneva and international

congresses across continents; regional networks including one particularly active in Latin America; research projects such the design of a Person-centered Integrative Diagnosis (PID) model, which has supported applications such as the Latin American Guide for Psychiatric Diagnosis; a publication program that includes the International Journal of Person Centered Medicine and textbooks on Person Centered Psychiatry and Person Centered Medicine published by Springer Switzerland.

At this stage, and appreciative of the pioneering and plural contributions of Università Ambrosiana to person centered medicine, we may want to embrace the value of inter-institutional collaboration to move forward more effectively this innovative perspective in our challenging world, inspired by the collaboration for health from our Neanderthal ancestors 70, 000 years ago.

Juan E. Mezzich MD MA MSc PhD, Juan <juanmezzich@aol.com>Professor of Psychiatry at the Icahn School of Medicine at Mount Sinai in New York, Hipolito Unanue Professor of Person Centered Medicine at San Marcos National University in Lima, and Editor of the International Journal of Person Centered Medicine, London

Medical Student Satisfaction, Workload, Performance and Wellbeing

Before and during the COVID-19 Pandemic

Claudio Violato,

Background: Has the COVID-19 pandemic had an impact on medical student satisfaction, workload, performance and wellbeing? We analyzed psychological characteristics, work habits, satisfaction and wellbeing in medical student experience both prior to and during the COVID-19 pandemic.

Summary of work: A total of 1,485 students in all four years of a US medical school participated (n=608 pre; n=777 during the pandemic). Baseline data from 10/2019 (pre-COVID-19) were compared to data from 10/2020 where the curriculum was virtual, online. Empathy, burnout, satisfaction, work habits, hours/week academic work, and independent learning time in medical students were assessed.

Summary of results: There was a slight decrease in satisfaction in years 1 & 3 but not in years 2 & 4. Empathy scores from the Interpersonal Reactivity Index increased systematically for both perspective taking and emotional concern. Scores on the Oldenburg Burnout Inventory were stable between 2019-2010 on physical, affective, and cognitive exhaustion and disengagement. Student performance prior to the pandemic and during was slightly better in Surgery, but about the same for Medicine and Obstetrics / Gynecology. The mean hours/week of academic work reported by students was 44.44. The mean for independent learning time was 15.06 hours/week, homogeneous across all four years. Ninety percent said that they are satisfied, very satisfied or neutral with their workload.

Data for student ratings of 9 clerkships (Psychiatry, Neurology, Family Medicine, Emergency Medicine, Pediatrics, Obstetrics / Gynecology, Surgery, Sub-I Clerkship, Medicine) showed a decrease in the student ratings during a virtual curriculum but returned to baseline on return to the clinical environment.

Discussion and Conclusions: The pandemic appears to have had little negative impact on medical student satisfaction, performance and wellbeing. Empathy actually increased; burnout was stable as was satisfaction, workload and wellbeing. Increase in

empathy may reflect an emotive response to a present and external threat and suffering (COVID-19) to the whole group.

Take-home Messages: While the COVID-19 pandemic has the possibility of a negative impact on medical student satisfaction, performance, and well-being, data from our institution indicates that this impact can be mitigated by student resiliency, combined with pedagogical restructuring by staff and faculty.

PhD – Professor and Assessment Dean University of Minnesota Medical School, Magister Scientiae ad honorem
University Ambrosiana- Co.director Dept Medical Education.

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Relativita' del progetto educativo al concetto di persona

Imer Paolo Callegaro

L'educazione è finalizzata al bene del soggetto, ma “si scontra” con la sua libertà. In questo, sta la difficoltà e il fascino dell’impegno educativo che ci addentra nel mistero di ogni persona. L'educazione è qualcosa in più rispetto a informazione, istruzione, addestramento perché, oltre a fornire informazioni, presuppone che la vita abbia uno scopo, un obiettivo, un “bersaglio” da colpire inteso come “realizzazione” della persona che, se raggiunto, gli consenta di star bene. Educare è, quindi, un obbligo etico nei confronti dei giovani per evitare loro la sofferenza che può conseguire a scelte di vita dovute ad una mancata o errata educazione. Inoltre, attraverso l'educazione si può far uscire il soggetto dal proprio “Io” egoistico proiettandolo verso gli altri, evitando, così, la frattura del “patto sociale” tra le persone. Educare è un investimento economico perché, oltre a valorizzare e dare spazio alle risorse dei giovani che contribuiranno al miglioramento della società, evita gli investimenti per il “recupero” di quelli che agiscono comportamenti a rischio. Se sulle finalità educative siamo tutti abbastanza d'accordo, non lo siamo più quando si tratta di definire le modalità e i percorsi educativi. Infatti, ogni operatore, coinvolto nel compito educativo, è libero di proporre il suo modello operativo e lo fa a partire, io credo, dalla definizione che dà di persona. Anche i risultati sul soggetto da educare, però, saranno diversi, con gradi diversi di autorealizzazione e di salute. Scopo della relazione è riproporre il significato etimologico originale di “educare”, analizzare come nasce l'attuale differenza sul modo di intendere l'educazione e la progettazione dei percorsi educativi, valutare i risultati che conseguono all'applicazione dei vari modelli.

English

Education is aimed at the good of the subject, but it "clashes" with his freedom. In this lies the difficulty and the fascination of educational commitment that penetrates us into the mystery of every person. Education is something more than information, education, training because, in addition to providing information, it presupposes that life has a purpose, a goal, a "target" to hit understood as "realization" of the person who, if reached, Let him feel good. Educating is, therefore, an ethical obligation towards young people to avoid their suffering that can be achieved to life choices due to a failure or incorrect education. Moreover, through education one can get the subject out of his own selfish "I" by projecting it towards others, thus avoiding the fracture of the "social pact" between people. Education is an economic investment because, in addition to enhancing and giving space to the resources of young people who will contribute to the improvement of society, it avoids investments for the "recovery" of those who act at risk behaviors. If we are all quite in agreement on educational aims, we are no longer in agreement when it comes to defining educational methods and paths. In fact, every operator, involved in the educational task, is free to propose his operating model and he does so starting, I believe, from the definition he gives in person. The results on the subject to be educated, however, will also be different, with different degrees of self-realization and health. The aim of the report is to re-propose the original etymological meaning of "educating", to analyze how the current difference in the way of understanding education and the design of educational paths is born, to evaluate the results that result in the application of the various models.

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Medicina centrata sulla persona e counselling medico in Medicina d'urgenza

Domenico Francomano

Il Pronto Soccorso è uno dei servizi più utilizzati dai giovani (Rosso, Pezzoni, 1999; Knishkoway e coll., 1995; Nimnuan e coll., 2001; Amitai e coll., 1998; Amitai e coll., 1999; Walzer, Townsend, 1998; Bertolotti e coll., 2001; Pennacchi, Anticoli, 2002) e cioè proprio da quella fascia della popolazione che dovrebbe goder del miglior stato di salute e che - quindi- dovrebbe girare alla larga dall'ospedale.e cioè proprio da quella fascia della popolazione che dovrebbe goder del miglior stato di salute e che -quindi- dovrebbe girare alla larga dall'ospedale.In realtà l'alta affluenza è dovuta a due fenomeni accomunati dal fatto che il corpo è il protagonista - e la vittima - di tanti agiti adolescenziali.Il primo fenomeno è l'elevata incidentalità giovanile e i traumi che ne conseguono.A conferma di questa macchia cieca, è interessante sottolineare come la letteratura specialistica continui ad ignorare il problema e il micidiale intreccio di acting e incidenti.La seconda ragione per cui il Pronto Soccorso è un servizio così frequentato dai giovani è che in quest'età, molto spesso, l'angoscia viene somatizzata (Beiter e coll., 1991; Campo, Fritsch, 1994; Fritz e coll. 1997).I tantissimi adolescenti che tendono ad agire o a somatizzare consultano raramente psicologi o psichiatri, ma vanno spesso (alcuni regolarmente!) al Pronto Soccorso.Pensiamo che proprio lì dovremmo essere presenti per accoglierli e dare significato alla loro domanda: di amore, verità e bellezza.Più della metà (66%) dei maschi accedono al P. S. in seguito ad incidenti.Più della metà delle ragazze (52%) accedono al Pronto Soccorso, invece, per sintomi senza causa somatica, ovvero sintomi di varia natura (mal di testa, dolori addominali,...), che non corrispondono a una causa organica identificabile.Per me è stato molto utile aver messo in gioco la formazione di medico Adolescentologo e averla sperimentata in interventi al di fuori del classico setting della "cura tipo", un setting caratterizzato da parametri spazio-temporali costanti e ben definiti.La medicina centrata sulla persona di cui l'autore è il Prof. G. R. Brera, propone un nuovo concetto di salute basato sulla qualità della vita e sulle risorse del soggetto. Il metodo clinico ha l'obiettivo di individuare i punti di forza e le risorse per la salute personale, ma anche i fattori di rischio e le minacce. La salute è il lavoro di costruzione della persona di fattori protettivi che neutralizzano i fattori di rischio che coinvolgono corpo-mente e spirito. La relazione del medico col paziente può essere il momento opportuno (kairos), uno spazio ed un tempo dove e quando il pathos può essere visto come possibilità per scoprire la reale

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dignità della persona: questa possibilità riguarda sia il paziente che l'operatore sanitario. La dignità della persona risiede nella realizzazione della sua libertà. La medicina centrata sulla persona propone una nuova teoria del pensiero medico fondata sul riconoscimento che il valore e la valorizzazione dell'uomo dal concepimento alla morte naturale è fine del sapere medico.

English

The ER is one of the services most used by young people (Rosso, Pezzoni, 1999; Knishkoway and coll. 1995; Nimnuan and coll. 2001; Amitai and coll. , 1998; Amitai e coll. , 1999; Walzer, Townsend, 1998; Bertolotti and coll. , 2001; Pennacchi, Anticoli, 2002) and that is precisely from that section of the population that should enjoy the best state of health and that -therefore- should move away from the hospital.

and that is precisely from that group of the population that should enjoy the best state of health and that -therefore- should turn away from the hospital. In reality, the high turnout is due to two phenomena in common with the fact that the body is the protagonist - and the victim - of many adolescent movements. The first phenomenon is the high juvenile incidentality and the traumas that result. As confirmation of this blind spot, It is interesting to note that specialist literature continues to ignore the problem and the deadly intertwining of acting and accidents. The second reason why the ER is such a popular service for young people is that at this age, very often, anxiety is somatized (Beiter and coll., 1991; Campo, Fritsch, 1994; Fritz and Coll. 1997). The many teenagers who tend to act or somatize rarely consult psychologists or psychiatrists, but they often go (some regularly!) to the ER. We think that right there we should be present to welcome them and give meaning to their question: of love, truth and beauty. More than half (66%) of males access the P. S. following accidents. More than half of the girls (52%) access the ER, instead, for symptoms without somatic cause, or symptoms of various kinds (headaches, abdominal pain, ...), which do not correspond to an identifiable organic cause. For me it was very useful to have put into play the training of doctor Adolescentologist and to have experienced it in interventions outside the classic setting of the "type care", a setting characterized by space-parameters constant and well-defined temporals. The medicine centered on the person whose author is Prof. G. R. Brera, proposes a new concept of health based on the quality of life and resources of the subject. The clinical method aims to identify strengths and resources for personal health, but also risk factors and threats. Health is the person's work of building protective factors that neutralize risk factors involving body-mind and spirit. The

doctor's relationship with the patient can be the appropriate time (kairos), a space and a time where and when pathos can be seen as a possibility to discover the real dignity of the person: this possibility concerns both the patient and the health care provider. The dignity of the person lies in the realization of his freedom. The person-centred medicine proposes a new theory of medical thought based on the recognition that the value and valorization of man from conception to natural death is the end of medical knowledge.

Le sfide della genitorialità: integrazione tra il metodo kairos di educazione alla salute e il counselling medico kairologico centrato sulla persona nel laboratorio creativo di genitorialità.

Vito Galante

Il laboratorio di genitorialità, aperto a tutti coloro che a diverso titolo svolgono ruoli educativi (genitori, educatori, insegnanti, catechisti) promosso dallo spazio adolescenti e giovani Giovanni Paolo II impegna le persone a migliorare la qualità della vita personale per realizzare l'essere persona umana nell'amore, verità e bellezza.

Integrando i temi esistenziali del metodo Kairos di educazione alla salute con le dinamiche del counselling medico kairologico centrato sulla persona diamo la possibilità a chi segue il nostro laboratorio di cercarsi, di trovarsi, di donarsi. Li accompagniamo in questo percorso di riflessività. Non seguiamo un modello da conferenza, ma cerchiamo di mettere le persone al centro aiutandole a mettere la testa nella loro vita, valorizzando la dimensione relazionale all'interno del gruppo e promuovendo lo spazio autobiografico-narrativo. Direi che lo stesso contesto del laboratorio cioè le relazioni feconde, empatiche, attente, cariche di ascolto ed adeguate sono il primo motore formativo. La centralità dell'ascolto, del dialogo, della relazione non è semplicemente una scelta metodologica funzionale ma direi ontologica perché coerente con l'identità più profonda dell'uomo che è "un essere con ed un essere per", cioè chiamato alla relazione e alla trascendenza. Non si tratta tanto di dare suggerimenti, consigli ma di accompagnarli a fare esperienza della propria realtà e di come dovrebbe essere la propria realtà in un clima di relazioni feconde caratterizzate da empatia, ascolto, compassione, tempo, fiducia, accoglienza. Il nostro criterio di riferimento, ma anche d'interpretazione e di verifica è di partire dalla persona nella sua totalità per arrivare alla persona per favorirne la continua crescita. Persone autentiche, vere, libere faranno la differenza ad ogni livello, in particolare saranno capaci di relazioni educative feconde e di assolvere al ruolo di pace maker per le giovani generazioni aiutandole a trovare un senso nella propria vita secondo la logica del dono.

English

The laboratory of parenting, open to all those who in different capacities play educational roles (parents, educators, teachers, catechists) promoted by the space adolescents and young people John Paul II commits people to improve the quality of personal life to realize being a human person in love, truth and beauty.

By integrating the existential themes of the Kairos method of health education with the dynamics of kairological medical counselling centered on the person, we give the possibility to those who follow our laboratory to try, to find themselves, to give themselves. We accompany them in this path of reflection. We don't follow a conference model, but we try to put people at the center helping them put their heads in their lives, enhancing the relational dimension within the group and promoting the autobiographical-narrative space. I would say that the context of the laboratory itself, that is, the fruitful, empathic, attentive, full of listening and adequate relationships, are the first engine of formation.

The centrality of listening, of dialogue, of relationship is not simply a functional methodological choice but I would say ontological because it is consistent with the deepest identity of man who is "a being with and a being for", that is called to relationship and transcendence.

It is not so much a matter of giving suggestions, advice but of accompanying them to experience their own reality and how their own reality should be in a climate of fruitful relationships characterized by empathy, listening, compassion, time, trust, welcome.

Our criterion of reference, but also of interpretation and verification is to start from the person in its totality to get to the person in order to favor the continuous growth. Authentic, true and free people will make a difference at every level, in particular they will be capable of fruitful educational relations and of fulfilling the role of peace maker for the young generations helping them to find a meaning in their lives according to the logic of the gift.

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The different functions of the Epigenetic Code and its role genes regulation at experimental level and in clinical trials. The possibility to realize person-centered therapies.

Pier Mario Biava

Previous studies, conducted in our laboratory on zebrafish embryos, allowed the identification of precise moments of organogenesis in which a lot of genes switch on and off, a sign that the genome is undergoing substantial changes in gene expression. It was demonstrated that stem cell growth and differentiation stages factors present in different moments of organogenesis have different specific functions in gene regulation. Indeed the substances present in the first phases of cell differentiation of zebrafish embryo are able to counteract the senescence of stem cells, reducing the expression of beta-galactosidase marker, enhancing the genes Oct-4, Sox-2,c-Myc, TERT and the transcription of Bmi-1, which act as key telomerase-independent repressors of cell aging. It was also demonstrated that the factors present in all the stages of cell differentiation are able to counteract the neurodegeneration and to regenerate the tissues: indeed it was possible to regenerate the hairs in many patients with androgenetic alopecia after the transdermal administration of stem cell growth and differentiation factors using cryopass-laser. Finally the molecules taken during the intermediate- late stages of cell differentiation are able to reprogram cancer cells and other pathological cells, like those of psoriasis, in which the cells of the basal layer of epidermis have a higher multiplication rate than normal cells.

These studies allowed us to conceive specific therapies centered on the person in order to have the best possible therapeutic responses at the body-mind system level.

Italian

Studi precedenti, condotti nel nostro laboratorio sugli embrioni di zebrafish, hanno permesso l'identificazione di momenti precisi di organogenesi in cui molti geni si attivano e si spengono, segno che il genoma sta subendo cambiamenti sostanziali nell'espressione genica. È stato dimostrato che la crescita delle cellule staminali e i fattori degli stadi di differenziazione presenti in diversi momenti di organogenesi hanno diverse funzioni specifiche nella regolazione genica. Infatti le sostanze presenti nelle prime fasi di differenziazione cellulare dell'embrione zebrafish sono in grado di contrastare la senescenza delle cellule staminali, riducendo l'espressione del marcatore beta-galattosidasi, migliorando i geni Oct-4, Sox-2,c-Myc, TERT e la trascrizione di Bmi-1, che fungono da repressori chiave telomerasi-indipendenti dell'invecchiamento cellulare. È stato inoltre dimostrato che i fattori presenti in tutte le fasi di differenziazione cellulare sono in grado di contrastare la neurodegenerazione e di rigenerare i tessuti: Infatti è stato possibile rigenerare i peli in molti pazienti con alopecia androgenetica dopo la somministrazione transdermica di cellule staminali e fattori di differenziazione utilizzando il laser criopass. Infine le molecole prelevate durante gli stadi intermedi- tardivi di differenziazione cellulare sono in grado di riprogrammare le cellule tumorali e altre cellule patologiche, come quelle della psoriasi, in cui le cellule dello strato basale dell'epidermide hanno un tasso di moltiplicazione più elevato rispetto alle cellule normali.

Questi studi ci hanno permesso di concepire terapie specifiche incentrate sulla persona al fine di avere le migliori risposte terapeutiche possibili a livello di sistema corporemente.

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La medicina centrata sulla persona, la salute e la cultura del COVID-19 : prospettive e azioni: la sfida

Giuseppe R.Brera

Negli ultimi 40 anni in Medicina c'è stata una rivoluzione simile alla fisica quantistica agli inizi del secolo scorso. Il paradigma scientifico grazie alla neurobiologia, alla teoria dell'allostasi, la psiconeuroimmunologia, l'epigenetica, la scienza degli affetti, la medicina quantistica, è passato dal meccanicismo determinista, positivista, all'indeterminismo. Le parole chiavi di questa rivoluzione epistemologica sono: l'interazionismo e la teleonomia della natura umana fondata sui concetti di persona che cerca inconsciamente dall'adolescenza di interpretare le possibilità dell'esperienza alla ricerca della verità, dell'amore e della bellezza, nel mistero di un indeterminabile e misterioso tempo propizio (kairos), come per un surfista l'onda giusta da surfare. Questo ha portato alla nascita della teoria della relatività delle reazioni biologiche e come conseguenza alla Medicina centrata sulla persona, al counselling medico kairologico, (1991) al metodo clinico centrato sulla persona che insegniamo dal 1998 e a un nuovo concetto di salute: "La scelta delle migliori possibilità per essere la migliore persona umana. La salute è dunque relativa alla qualità dell'interpretazione della realtà e coincide con la libertà e la dignità dell'uomo, non riducibile a una macchina, a una tecnologia o a un animale. Essa si fonda sull'interazione continua di tre sistemi di variabili appartenenti al mondo soggettivo, biologico, ambientale che sono pilotate dalla qualità dell'essere persona. La salute si basa su un codice simbolico definibile in quattro parole in gerarchia : *verità, affetti positivi, come fede, speranza e amore, energia, apertura*. La relazione con il codice epigenetico è ancora da scoprire ma è intuibile che la qualità dell'essere persona, fondata sulla verità o sul falso, determina campi quantistici opposti che aprono o chiudono l'interazione tra i sistemi di variabili , come l'apertura o la chiusura della cromatina, producendo o assorbendo energia, cioè entropia negativa o positiva. La nuova (2011) concezione della salute, applicata all'interpretazione della pandemia da SARS-COV 2, mostra inconfutabilmente come questa non sia stata determinata da un virus facilmente neutralizzabile con l'educazione alla salute di uno stile di vita, comprendente l'alimentazione, che aumenta le difese immunitarie, ma dall'applicazione agonizzante e fallimentare dell'erroneo modello interpretativo della natura umana basato sulla causalità lineare, meccanicista e determinista separata dalla qualità dell'essere persona, benedetta dai mercanti della salute, per cui virus = malattia = morte, senza l'esistenza di fattori protettivi generati dalla qualità della persona e dalla

sua libertà, finalizzate all'aumento dell'immunità naturale, prima di quella adattiva (vaccini limitati per tempo d'immunità, varianti e effetti avversi, anche gravi)

Siamo dunque di fronte a una nascosta guerra epistemologica, che per il bene dell'umanità dobbiamo vincere: è una sfida tra la vita e la morte, tra la luce e le tenebre del falso, dell'inganno, del profitto che sta portando a morte milioni di vite umane, non solo per il virus ma per mancanza di cibo, di educazione di possibilità di cura. Per questo motivo si deve affermare la "Charte Mondiale de la Santé-the World Health charter" e il nuovo concetto di salute - anche un programma politico- e gli scienziati e i medici di animo nobile-come coloro presenti in questo congresso, tra cui chi ha cambiato la storia della medicina- e non venduti o ignoranti o vigliacchi, devono dare battaglia per cambiare paradigma della medicina e della scienza medica, centrandolo sulla persona, combattendo la pandemia degli asini.

English

In the last 40 years in Medicine there was a revolution similar to quantum physics at the beginning of the last century. The scientific paradigm thanks to neurobiology, the theory of allostasis, psychoneuroimmunology, epigenetics, the science of affections, quantum medicine, has passed from deterministic mechanism, positivist, to indeterminism. The key words of this epistemological revolution are: the interactionism and teleonomy of human nature based on the concepts of the person unconsciously seeking from adolescence to interpret the possibilities of experience in search of truth, of love and beauty, in the mystery of an indeterminable and mysterious propitious time (kairos), as for a surfer the right wave to surf. This led to the birth of the theory of relativity of biological reactions and as a consequence of the Medicine centered on the person, to the medical kairological counselling,(1991) to the clinical method centered on the person we teach since 1998 and to a new concept of health: "The choice of the best to be the best human person. Health is therefore related to the quality of the interpretation of reality and coincides with the freedom and dignity of man, not reducible to a machine, a technology or an animal. It is based on the continuous interaction of three systems of variables belonging to the subjective, biological, environmental world that are driven by the quality of being a person. Health is based on

a symbolic code defined in four words in the hierarchy : truth, positive affections, such as faith, hope and love, energy, openness. The relationship with the epigenetic code is still to be discovered but it is clear that the quality of being a person, based on truth or falsehood, determines opposite quantum fields that open or close the interaction between systems of variables , as the opening or closing of chromatin, producing or absorbing energy, ie negative or positive entropy. The new (2011) concept of health, applied to the interpretation of the pandemic by SARS-COV 2, shows irrefutably that this was not determined by a virus that can be easily neutralized with health education of a lifestyle, including nutrition, which increases immune defenses, but by the agonizing and failing application of the erroneous interpretative model of human nature based on linear, mechanistic and deterministic causality separated from the quality of being a person, blessed by the merchants of health, for which virus =disease= death, without the existence of protective factors generated by the quality of the person and his freedom, aimed at increasing the natural immunity, before the adaptive one (limited vaccines for immunity time, variants and adverse effects, even serious)

We are therefore faced with a hidden epistemological war, which for the good of humanity we must overcome: it is a challenge between life and death, between the light and the darkness of falsehood, deception, profit that is leading to death millions of human lives, Not just because of the virus, but because of lack of food, education, possibility of treatment. For this reason we must affirm the "Charte Mondiale de la Santé-the World Health charter" and the new concept of health - also a political program- and scientists and doctors of noble spirit-as those present in this congress, including those who have changed the history of medicine- and not sold or ignorant or cowardly, must give battle to change the paradigm of medicine and medical science, centering on the person, fighting the donkey syndrome pandemic

