

INTRODUCTIVE CHAPTER OF THE BOOK

**PERSON-CENTERED MEDICINE
AND
PERSON CENTERED CLINICAL METHOD**

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Edizioni Università Ambrosiana 2021

The book is distributed worldwide by Amazon and Ambrosiana University press

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The second book of the same author published on the matter after

“Person-Centered Medicine and Medical Education in the third Century”

IEPI 2001

Summary of the chapter

Giuseppe R. Brera's introduction to *Person-centered Medicine and the Person-centered Clinical Method* argues for a paradigm change of medical science away from mechanistic, reductionist models toward an **interactionist, indeterministic, person-centered epistemology**. Brera situates this shift at the intersection of contemporary biological discoveries (allostasis, psycho-neuro-endocrino-immunology, epigenetics) and a long philosophical tradition that conceives the human being as a person — an ontological subject whose interpretive acts shape physiological and behavioral outcomes. He contends that health should be reconceptualized not as a mere absence of pathology but as a construct produced by the person's interpretive choices among available possibilities, which in turn drive downstream psycho-neuro-endocrine-immune allostasis and long-term adaptation.

Brera grounds his argument historically and philosophically, linking Aristotelian and Augustinian notions of personhood and later personalist thought to clinical practice. He emphasizes that the physician's role must expand from diagnosing biological dysfunctions to understanding how a patient's **meaning-making**, values, and existential choices modulate biological reactions and disease trajectories. The introduction synthesizes empirical and theoretical strands—experimental work that undermined Selye's linear stress model, the allostasis framework, and epigenetic evidence of environment–gene interactions—to support a Relativity of Biological Reactions (RBR) perspective: biological responses are contingent on the interpretive context offered to the person, not solely on fixed stimulus–response laws.

Methodologically, Brera proposes a Person-Centered Clinical Method that integrates three domains—subjectivity (psychological and existential variables), biology (molecular and physiological processes), and environment (social, cultural, and physical stimuli)—and treats the person as the active pilot of interactions among these domains. Clinically, this implies that pathogenesis is redefined as a dynamic process in which deficits in subjective and environmental resources permit dominant risk factors to produce maladaptive allostasis; therapeutically, the physician's task becomes maieutic: to elicit and reshape the patient's interpretive frameworks so as to generate healthier choices and adaptive biological states.

Finally, Brera calls for systemic changes in medical education and health governance: curricula should integrate humanities and ethical formation to prevent the reduction of clinicians to “biotechnicians,” and public health policies should recognize subjective and social determinants of health. He frames Person-Centered Medicine as both an epistemological correction and a practical program for improving prevention, care, and the moral quality of medical practice.

Representative excerpt from the introduction: “Person-centered Medicine showed the epistemological error of contemporary clinics and introduced the interactionist multidimensional health concept and the determinant Person's role in running the interaction of the multidimensional variables.”

Implications for research and practice: Brera's introduction invites empirical testing of the RBR framework (for example, studies linking measures of meaning-making and decision quality to biomarkers of allostasis), development of clinical tools to assess the person's interpretive landscape, and controlled trials to evaluate interventions that target subjective resources alongside conventional biomedical therapies.

Italian translation

L'introduzione di Giuseppe R. Brera a *Person-centered Medicine and the Person-centered Clinical Method* sostiene un cambiamento di paradigma della scienza medica, allontanandola dai modelli meccanicistici e riduzionisti verso un'epistemologia interactionista indeterminista **centrata sulla persona**. Brera colloca questo cambiamento all'incrocio tra le scoperte biologiche contemporanee (allostasi, psico-neuro-endocrino-immunologia, epigenetica) e una lunga tradizione filosofica che concepisce l'essere umano come persona — un soggetto ontologico i cui atti interpretativi plasmano esiti fisiologici e comportamentali. Egli sostiene che la salute debba essere riconcettualizzata non come mera assenza di patologia, ma come un costrutto prodotto dalle scelte interpretative della persona tra le possibilità disponibili, le quali a loro volta guidano a valle l'allostasi psico-neuro-endocrino-immunitaria e l'adattamento a lungo termine.

Brera fonda il suo argomento su basi storiche e filosofiche, collegando le nozioni aristoteliche e agostiniane di persona e il successivo pensiero personalista alla pratica clinica. Sottolinea che il ruolo del medico deve ampliarsi: non più limitarsi a diagnosticare disfunzioni biologiche, ma comprendere come la costruzione di significato del paziente, i suoi valori e le sue scelte esistenziali modulino le reazioni biologiche e le traiettorie della malattia. L'introduzione sintetizza filoni empirici e teorici — lavori sperimentali che hanno messo in crisi il modello lineare dello stress di Selye, il quadro dell'allostasi e le evidenze epigenetiche delle interazioni ambiente-gene — per sostenere una prospettiva di **Relatività delle Reazioni Biologiche (RBR)**: le risposte biologiche dipendono dal contesto interpretativo offerto alla persona, e non esclusivamente da leggi fisse stimolo-risposta.

Dal punto di vista metodologico, Brera propone un Metodo Clinico centrato sulla Persona che integra tre domini — soggettività (variabili psicologiche ed esistenziali), biologia (processi molecolari e fisiologici) e ambiente (stimoli sociali, culturali e fisici) — e considera la persona come pilota attivo delle interazioni tra questi domini. Clinicamente, ciò implica che la patogenesi venga ridefinita come processo dinamico in cui deficit di risorse soggettive e ambientali permettono ai fattori di rischio dominanti di produrre un'allostasi maladattiva; terapeuticamente, il compito del medico diventa maieutico: evocare e rimodellare i quadri interpretativi del paziente in modo da generare scelte più salutari e stati biologici adattativi.

Infine, Brera sollecita cambiamenti sistemici nell'educazione medica e nella governance della salute: i curricula dovrebbero integrare le discipline umanistiche e la formazione etica per evitare la riduzione del clinico a «biotecnico», e le politiche di sanità pubblica dovrebbero riconoscere i determinanti soggettivi e sociali della salute. Egli presenta la Medicina centrata sulla Persona sia come correzione epistemologica sia come programma pratico per migliorare prevenzione, cura e la qualità morale della pratica medica.

Estratto rappresentativo dall'introduzione: «Person-centered Medicine showed the epistemological error of contemporary clinics and introduced the interactionist multidimensional health concept and the determinant Person's role in running the interaction of the multidimensional variables.»

Implicazioni per ricerca e pratica: l'introduzione di Brera invita a test empirici del quadro RBR (per esempio studi che colleghino misure di costruzione di significato e qualità decisionale a biomarcatori di allostasi), allo sviluppo di strumenti clinici per valutare il paesaggio interpretativo della persona e a trial controllati per valutare interventi che mirino alle risorse soggettive insieme alle terapie biomediche convenzionali.

1, The epistemological and scientific basis of Person-Centered Medicine

Socrates- Well then, could we ever know what art makes the man himself better if we were ignorant of what we are ourselves?

Alcibiades: Impossible! ¹

Plato first formulated the epistemological basis of knowledge, beginning with Socrates' lesson about the "idea" necessity for unifying fragmented perceptions.

In Medicine, one hypothetic idea about the cause of a clinical picture runs the diagnostic process, and one word assesses it, but it concerns a person. Up to the birth of Person-centered Medicine (PCM) theory, the diagnosis was dominated by linear causality reasoning. However, it was overcome by the Medicine interactionist change of the last 40 years and by the revolution in physiology determined by the "Allostasis" concept made by Peter Sterling and Joe Heyer, not known by most physicians and investigators yet.² Based on the Relativity theory of biological reactions, PCM showed the epistemological error of contemporary clinics and introduced the interactionist multidimensional health concept and the determinant Person's role in running the interaction of the multidimensional variables through the interpretation of experience possibilities according to a meaning given to internal-external information. The Person's affective and cognitive world is crucial because it is the necessary tool for perceiving and building "meaning" given to received unforeseeable possibilities, like waves of the sea, which call surfing. Kairology highlighted that "meaning" is mysteriously pre-existent in human nature and naturally reveals itself in existence as a question of truth, love, and beauty, orienting the Person to interpret possibilities according to the quality of the individual answers, to which is entrusted the individual and human survival and life. Health appears as a construct depending on an interpretation process, choices among possibilities according to meaning, and inducing a biologic and behavior quality drawing an individual lifestyle.

According to an existential choice, experience possibilities and the individual interpretation quality induce downstream psycho-neuro-endocrine-immunological allostasis and derived Person's adaptation changes, determining humanity's evolution quality toward life or death. If a million people believe that $1+1 = 1$, like pro-abortion physicians, probably humanity is damned to death. The truth is the principal meaning which makes life possible.

The medical science person-centered epistemological change focuses the man's role in piloting different health systems variables interaction; Medicine must be re-oriented to know how disease pathogenesis and healing processes are conditioned by the subjective interpretation of the being-person quality revealing itself through the choices among a world of possibilities. This determinism is the key to understanding the teleonomy of human nature. The wrong interpretation of disease

¹ Plato.Alcibiadesmajorhttp://www.acnice.fr/philo/textes/Plato-Works/07-Alcibiades.htm

² Sterling P.,Eyer J.Allostasis: a new paradigm to explain arousal pathology. In: Fischer S Reason J. editors. Handbook of Life Sciences, cognition and health . New York 1988 : J.Wiley and sons;p. 629-649

pathogenesis results from trying to close the Person in the biological system and a biological diagnosis, but it always hides higher questions about the meaning of this event in the Person's lifestyle quality. In this light, suffering may be interpreted as pathos derived from the relationship between diseases, limits, possibilities, and the natural tendency to the truth, love, and beauty, like a meaningful-based existential compass. Thanks to these premises, Medicine is called for questioning the being-person identity, analyzing the Person's world quality: the "who," the subject, before the "What," the object. *We can know an object only if we know its nature, and men and women are subjects, not objects.* Knowledge of the being-person identity nature appears as a clinical and scientific necessity: "Who is" (the Person I am) and "Who" are you correspond to the Christian culture western revolution by interconnecting Aristotle's "being" science and the "person's" concept, resolving the existential and metaphysical question about the human nature identity, indissolubly linked to being quality in existence. This is the first question when coping with person-centered sciences like Medicine, not with molecules driven by natural laws interacting with pilots.

"To be" a "person" is more than a biological function or structure but a statement belonging to ontology, metaphysics, and science founded on the union between ancient Greek philosophy and Christian anthropology, roots of the western culture. The concept of being like the "Substance" of reality comes from Aristotle (Ousia). Then the Roman philosopher Boetius (475/77-524/526) assessed the concept of the Person as an "Individual substance by rational nature" before being introduced by Augustin of Hippo (St. Augustine) in the 4th century. The soul's freedom (St. Augustine) and the person concept were determinants for western culture and the constitution of fundamental human rights. "Personalism" is the philosophical stream that developed Augustin-Boetius' original foundation of the idea of "person," gathering the contributions of Aristotle, St. Thomas, Kierkegaard, and empathy phenomenology founded by Edith Stein, Husserl's pupil, converted to the Christian religion and murdered in Auschwitz as a sister "Jean of Cross," because of her Hebrew birth. Emmanuel Mounier, Jacques Maritain, and Josef Seifert built the personalist philosophy; Karol Wojtyla also contributed.

Philosophy and Medicine appear interconnected by the epistemology founded on Allostasis, Neurobiology, Psycho-neuro-endocrine-immunology, and Epigenetics as "Trait d'union." Since 1983 thanks to M.L. Laundeslanger, S.M. Ryan, S. F Drugan, et al. seven authors, we know that biological reactions are related to different experimental conditions offered to animals to escape or not stress with the fall of Selye's mechanistic stress theory. I interpreted "the different experimental conditions as an analogy of "Possibility," but it is not a word belonging not to medical science but philosophy. Epistemological elaboration of the investigation interconnected "Possibility" to biological reactions already to the animal level. Animals do not choose an adaptation quality, which is the limit of experimental Medicine. What happens when the person chooses the adaptation quality according to true or wrong meaning, depending on the interpretation quality of unforeseeable possibilities received? This question has been at the origin of the "Determinate and indeterminate relativity of biological reactions to coping possibilities and quality (RBR theory)".⁸

To date, physicians should know more about the roots of their science and mission, not closing the Person in biotechnology, only a tool, beginning from Medical education in colleges of Medicine. It could impede a progressive reduction of Medicine to biotechnology. Ignorance about Humanities and the epistemological evolution of medical science promotes only the education of bio-technicians who do not know the meaning of their acts and their moral transcendence, involving their existential choices and their affective-cognitive-spiritual maturity. To date, this spread reduction diffused in Medical education is a severe epistemological error because persons are more than biochemical machines. Therefore, students, physicians, and medical educators must share a humanistic culture and develop ethical, affective-cognitive existential maturity in medical school and knowledge. This problem poses questions and new methods for selecting educators and medical students in the light of universal humanistic roots (**fig 1**)

Fig 1 below

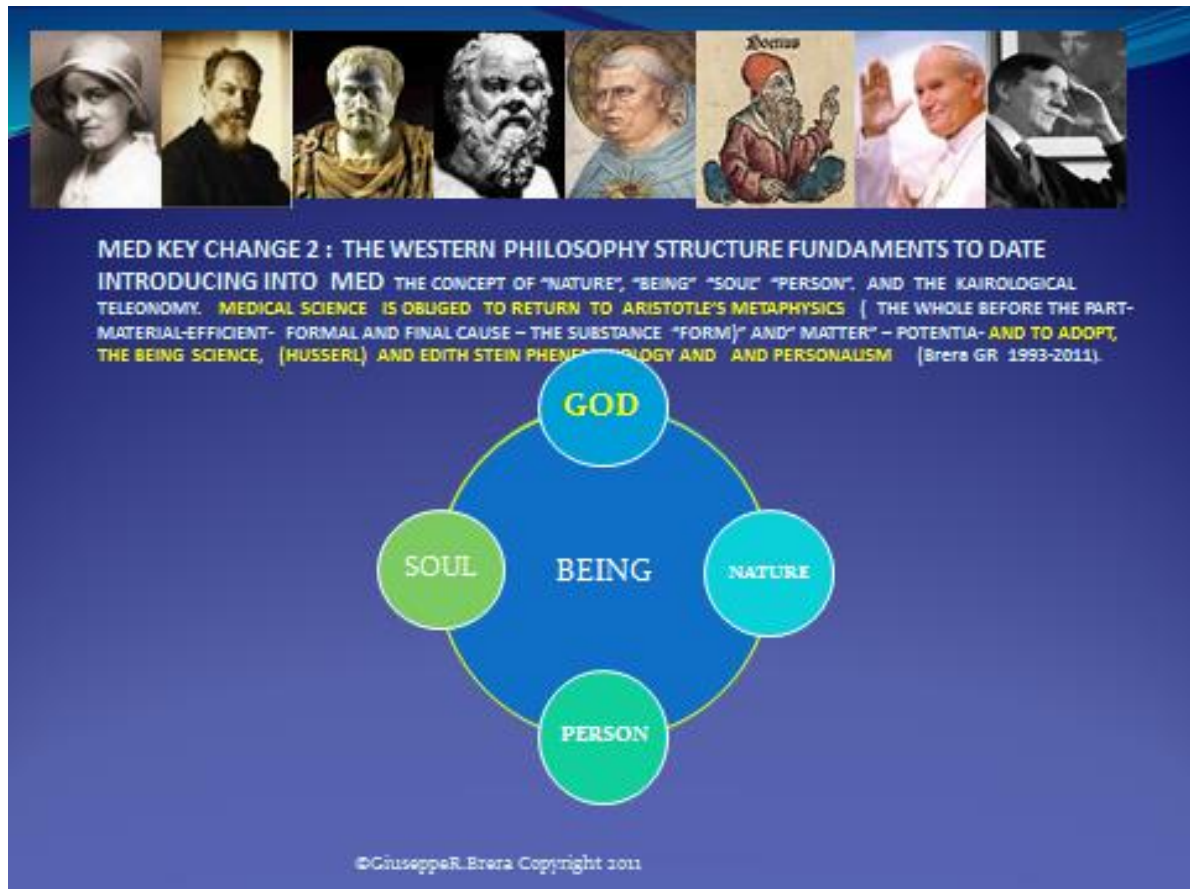


Fig.1 The cultural structure of Person-centered Medicine

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

Hippocrates said: "A physician -philosopher is similar to God." The sense is that contemplation of the truth does not come only from the empirical world, but it is a meaning question possible only thanks to the mind's cognitive formal structures discovered by Jean Piaget. This means one mysterious cognitive phylogenetic – ontogenetic evolution and one mysterious pre-determined teleonomy naturally present in human nature, also depicted by the psychosexual maturation stages discovered by Sigmund Freud.⁹ The adult symbolic world hides human nature's teleonomy. This perspective has been omitted by the psychoanalysis founder, who considered the meaning question a disease's symptom, a conception opposed by his pupils Karl Gustav Jung and Alfred Adler. The adult symbolic world hides human nature's teleonomy, as Kairology states. Conversely, "the Truth" appears as a human's pre-existent mysterious meaning, not a human creation that constitutes a mind's natural attractor. Such metaphysical evidence, like the sunlight, appears as a necessary condition for survival and existence, like the Physics enigma about the origin of space-time and the "Big Bang."

In epistemological and methodological studies, the concept of the Person is well suited to Medicine because its applications are the basis of the individual's health care, through clinical method and prevention, addressing a search of human suffering meaning in particular existence, hidden by a pathology.

Seven person-centered values found clinical applications:

1. an objective ethical basis of the motivation, intention, and choice to take care of a suffering person;
2. the knowledge of the human nature psychobiological laws and their variability according to Allostasis;
3. the unrepeatable and unique Person's individuality of human nature in the universe from conception to natural death;
4. the Person's natural question for the existence meaning from adolescence time;
5. the person variable health systems piloted by the Person and their interaction;
6. a clinical method to know the clinical syndrome's pathogenesis interacting with the Person's subjectivity and environment;
7. pharmacological,-biotechnological, andtherapeutical methods and tools.

Nevertheless, up to 1998, there has not been an applied theory of clinical method formulated on a theoretical-epistemological basis, addressed to a synthesis between science and the Person's individuality, starting from the question: "Who is" the Person beyond his biology or empirical symptoms. These questions about the Person's existence are interconnected in a bidirectional way with human physiology. This epistemological operation was born in 1998 with the birth of the paradigm of Person-Centered Medicine (PCM),³ the first formulation of a cohesive ethical, epistemological and educational Medicine paradigm in the history of medical science.⁴ The paradigm is epistemologically structured on a theoretical model founded on enunciations corroborated by ethics, humanities, psychobiology, and psycho-neuro-immunology. The PCM paradigm structure is based on:

- a. ***Teleonomia*** of human nature as evidenced by cognitive⁵, psychodynamic research⁶, and phenomenology. Teleonomy depicts clinics as an ethically founded relationship between two persons finalized to construct new possibilities for an individual and relational reality toward the realization of the existence of a harmonic meaning founded on objective values of cognitive (truth), affective (love), and spiritual (meaning) nature⁷.
- b. ***The ethical meaning*** of medical science is founded on Hippocratic⁸ and anthropological western objective values⁹.
- c. ***Interactionism among a three-dimensional nature of human nature variables belonging to subjectivity, biology ,and environment (fig.2)*** according to the medical science progress in the

³ Brera G. R, The manifesto of Person-Centred Medicine. Medicine, Mind and Adolescence 1999.XIV, 1-2:7-11

⁴ Brera Giuseppe R. Introduction to the Medical Science and Health Paradigm Change. Available on Internet: www.healthparadigmchange.it DOI: 10.13140/RG.2.2.31541.06880

⁵ Piaget J. The Psychology of intelligence. New York:Harcourt Brace,1947

⁶ Fornari F. Genitalità e Cultura, Milano: Feltrinelli, 1973

⁷ Brera G. R. The kairos of existence. Mystery, Possibility and Reality in Adolescence and Human nature. Milano: CISPM, 1994.

⁸ Jouanna J. Hyppocrate. Paris: Librairie Artème Fayard,1992

⁹ Brera G.R Creativity in medicine. Ethos, Pathos and Pietas. Medicine and Mind. 1984; Jan. 2 : 3-10.

last 40 years founding epigenetics,^{10 11 12 13 14 15} psycho-neuro-immune-endocrinology^{16 17 18}, neurobiology,¹⁹ Allostasis theory,²⁰ quantum biology^{21 22}, and survival studies.²³ "Spirit" means the quest for meaning in existence. Religion is the freedom to answer the meaning of the truth, love, and beauty natural questions in existence as human sciences and kairological hermeneutics corroborate through the trust in God. Relativity theory of biological reactions formulated in 1996 as the psycho-neuro-endocrine-immune-based probabilistic interactionist theory is at the origin of Person-Centered Medicine.

The progress of basic and human sciences founded two main epistemological concepts: the interactions between three orders of variables belonging to subjectivity, biology, and environmental physical - relational stimuli (Fig.2) and the natural human nature teleology. It revealed the unique human possibility of making meaning through the Person's mysterious unconscious and conscious natural tendency to truth, love, beauty, and unity.

The human symbolic work of interpreting information giving a right or wrong meaning for survival, life, and health shows an analogy with the biological interpretation work made by cell membrane for answering adaptation requests. It allowed the reformulation of the health concept: "The choice of the best possibilities for being the best human persons."

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- ¹¹ Szyf M and Meaney J.M Epigenetics, Behaviour, and Health. Allergy Asthma Clin.Immunology 2008;4(1):37-
 - ¹² Strohmman Richard. Manoeuvring in the Complex Path from Genotype to Phenotype. Science. 2002; 296: 701-703
 - ¹³ Francis D. Biological Embedding of Social Factors: Epigenetic Processes and Health Inequalities. Paper presented at 13st APA Annual Meeting and Exposition; Proceedings of 136 Meeting; 2008 Oct. 25-29, San Diego, USA; APA; 2008
 - ¹⁴ Biava P.M Reprogramming of normal and cancer stem cells. Curr. Pharm.Biotechn. 2011Feb.1;12(2):145
 - ¹⁵ McGowan PO, Sasaki A, D'Alessio AC, Dymov S, Labonté B, Szyf M, Turecki G, Meaney MJ Epigenetic regulation of the glucocorticoid receptor in human brain associates with childhood abuse. Nat Neurosci. 2009 Mar;12(3):342-8
 - ¹⁶ Shavit, Y. Stress-induced immune modulation in animals: opiates and endogenous opioid peptides. In Ader, R., Felten, D., & Cohen, N. (eds.). Psychoneuroimmunology. Academic Press; 1991.
 - ¹⁷ Ader R. Felten, D., & Cohen, N. eds. Psychoneuroimmunology.: New York :Academic Press.;1991
 - ¹⁸ Laundeslangers M.L., Ryan S.M., Drugan S.F.F et al. Coping and immune-suppression: inescapable but not escapable shock suppresses lymphocytes proliferation. Science. 1983; 221 :568-570
 - ¹⁹ Kandel E ,Dubai Y, Mayford MR The molecular and systems biology of memory. Cell. 2014 Mar 27;157(1): 163-doi/cell.2014.03.01
 - ²⁰ Sterling P., Eyer J. Allostasis: a new paradigm to explain arousal pathology. In: Fischer S Reason J. editors. Handbook of Life Sciences, cognition and Health . New York 1988 : J.Wiley and sons;p. 629-649
 - ²¹ Montagnier L., Aissa J., Del Giudice E., Lavallee C., Tedeschi A., Vitiello G. DNA waves and water. Journal of Physics: Conference Series 306 (2011) 012007 doi:10.1088/1742-6596/306/1/012007
 - ²² Rein G. Effect of conscious intention on human DNA. Proceedings of the International Forum of New Sciences. October 1996 Denver.CO.USA
 - ²³ Field T, Diego M, Hernandez-Reif M, Salman F, et al. D. Prenatal anger effects on the fetus and neonate. J Obstet Gynaecol. 2002 ; 22(3):260-6

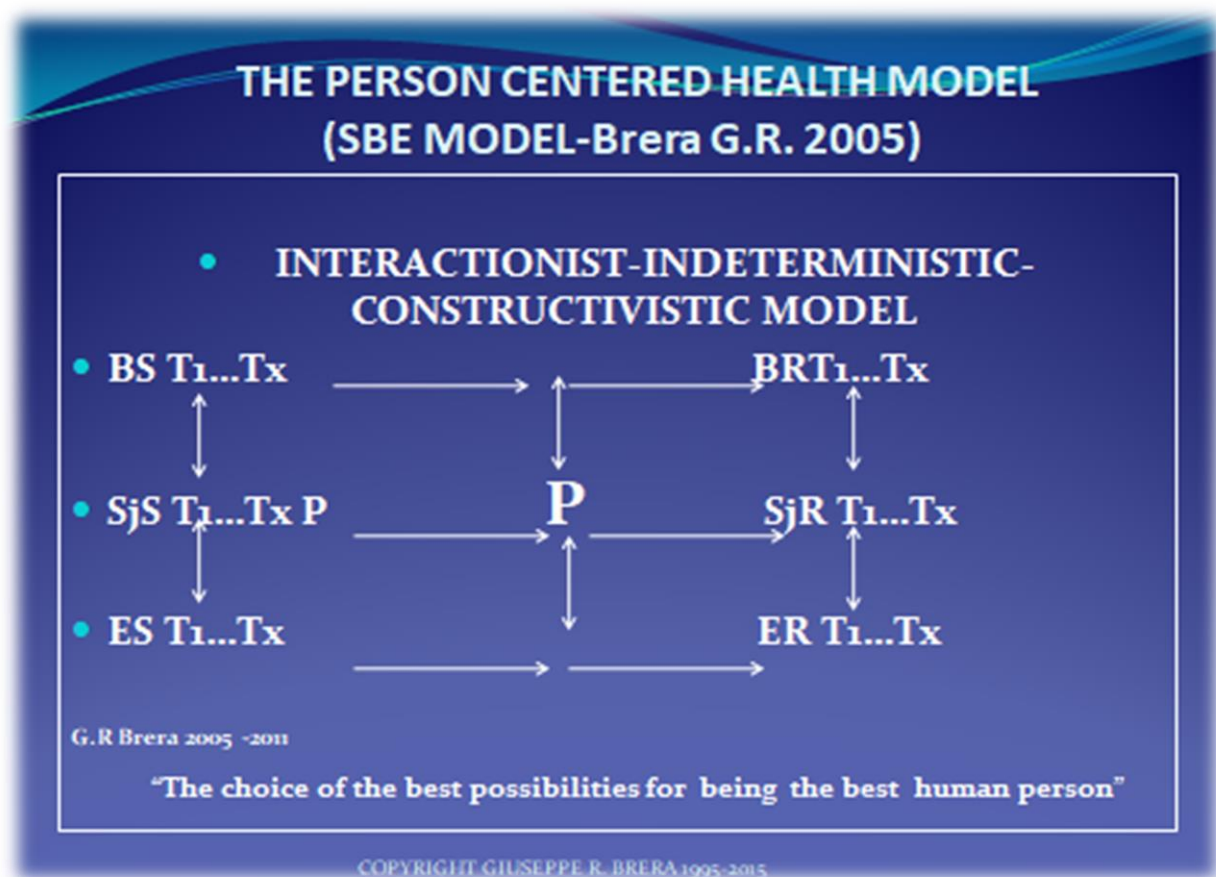


Fig 2. The new interactionist paradigm of Medical science and the derived new concept of health

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

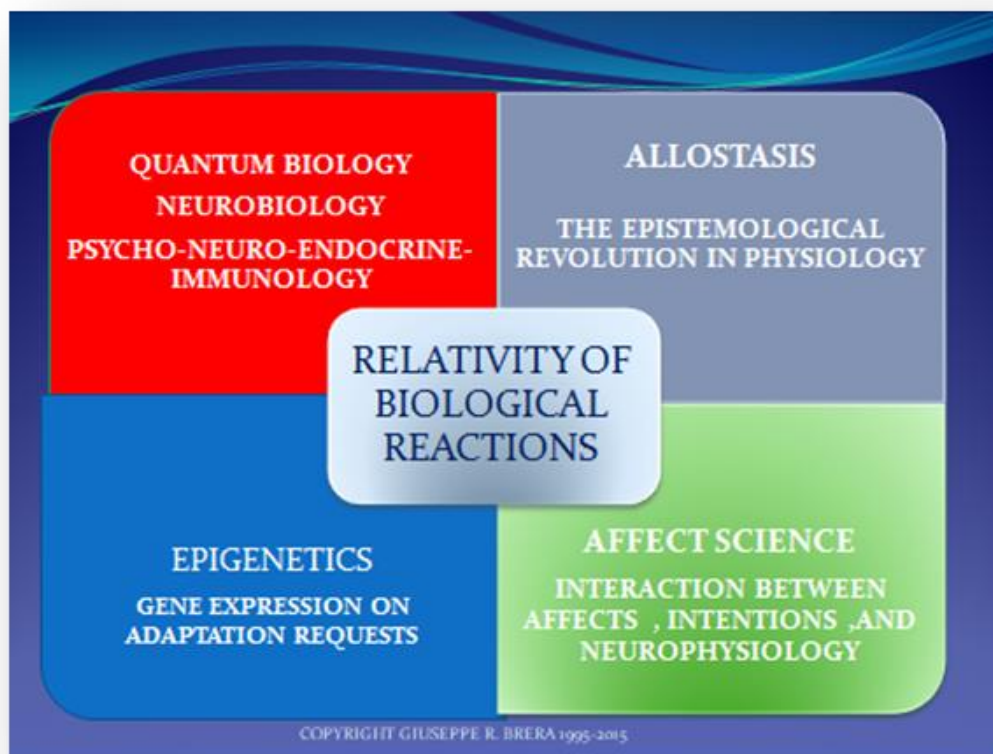
From: Brera G.R. Epistemology and medical science: change of the paradigm. Paper presented at the conference: [Return to Hippocrates: Quality and Quantity in Medical Education](#). Milano, 27-28 May 2005 and in Person-Centered Medicine and the Change of the Paradigm of Health: its implications for Medical Education and Health Governance. in [WHO Symposium on Person-centered Medicine and Medical Education](#). Geneva 4 May 2011 ©Giuseppe R.Brera 2005-2011 and in the Conference: [Medical Science and Health Paradigm Change \(13-14-15 October 2017-Milan\)](#)

.d. The overcoming of the deterministic and mechanistic approach to medical science and the shift to an indeterministic one in the light of the theory of Relativity of biological reactions to coping possibilities^{24 25} and quality

²⁴ Ibidem 24

²⁵ Brera G.R. The relativity of biological Reactions and the first Formulation of and interactionist epistemological paradigm for medical science and its application in clinical research and medical education. *Medicine, Mind and Adolescence*. 1997; Jan. 1-2: 7-15

corroborated by Genetics and Epigenetics^{26 27 28 29}, Psycho-neuro-biology^{30 31 32}, Psycho-neuro-endocrine-immunology³³ and, affect science³⁴ (fig 3)



²⁶ Willet C. Walter. Balancing Life Style and Genomic Research for Disease Prevention. Science. 2002; 296 :695-699

²⁷ Rees Jonathan . Complex Disease and the New Clinical Sciences. Science. 2002; . 296 : 698-701

²⁸ Robinson E.G.,Fernald R., Clayton D. Genes and Social Behavior.Science 2008;322 :896-900

²⁹ Zhang TY, Meaney MJ. Epigenetics and the environmental regulation of the genome and its function. Annu Rev Psychol. 2010; 61:439-66

³⁰ Rossi E.L . The Psychobiology of mind-body healing. New York: Norton & Co, Inc., 1986

³¹ Liu D., Dorio J., Tannembaum J. Maternal care, Hypocampal Glucorticoid Receptors and Hypotalamic-Pituitary-Adrenal Responses to stress. Science. 1997; 277:1659-1662

³² Sterling P.,Eyer J. Allostasis: a new paradigm to explain arousal pathology. In: Fischer S Reason J. editors. Handbook of Life Sciences, cognition and Health J.Wiley and sons;p. 629-649

³³ Fawzy F.L ,N.Y.Fawzy, and al. Short term psychiatric intervention for patients with malignant melanoma: effect on psychological state, coping and the immune system. in C..E. Lewis, C.O'Sullivan, and J. Barraclough eds. The Psychoimmunology of cancer Oxford,.New York, Tokio : Oxford University Press; 1994: 291-320

³⁴ Ryff C.D. and Burton H. Singer The role of emotion on pathways to positive health. In.: R.J.Davidson, K.R.Scherer&H.H. Goldsmith Eds.Handbook of affective sciences. New York:Oxford University Press; 2003 p. 1083-1997

Fig.3 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. in WHO Symposium on Person-Centered Medicine and Medical Education. Geneva 4 May 2011 ©Giuseppe R.Brera

The indeterministic paradigm shift of medical science is due to the integration of Medicine with human sciences such as cognitive psychology, psychoanalysis, counseling, and kairological hermeneutics. It allowed the building of reality from a right or wrong choice of possibilities received and created by the person, giving an anthropological structure to "Liberum arbitrium." This change can be considered a revolution of medical science, similar to the shift to quantum physics, from Newtonian determinism and mechanisms created by the supremacy of positivism (Claude Bernard) and Descartes dualism and has been theorized by the Relativity Theory of Biological Reaction (RBR)^{35 36}. RBR was built in 1996 in the light of the fall of Selye's mechanic stress-answer biological linear causality caused by the psycho-neuro-endocrine immunology and neuro-endocrinological investigation^{37 38}. Human health appears to be a construct related to individual spiritual-affective-cognitive symbolic answers -impossible to animals- allowing humans to interpret the internal and external possibilities received. The answering quality is interconnected to epigenetic information to cells through biochemical and quantum signals, learned and/or memorized. The person pilots the interaction between three worlds of variables naturally addressed to look at a unitary meaning: the being a human person, according to a mysterious quest for constituting a true meaning of life. **(Fig 2)** *The sick person call for a physician's help is the personal experience of a life event belonging to existence. This possibility calls for a right or wrong meaning that empirical variables cannot explain while interacting. Relativity to this interpretation and the consequent coping and behavior to received-created possibilities quality of interpretation and choices^{39 40 41 42} are the health construct. Health appears based on a semantic hologram posing the*

³⁵ 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

³⁶ Brera G. R. The relativity of biological reactions and the first formulation of and interactionist epistemological paradigm for medical science and its application in clinical research and medical education. Medicine, Mind and Adolescence. 1997; 12, 1-2: 7-1

³⁷ Laundeslangers M.L., Ryan S.M., Drugan S.F.F et al. Coping and immuno suppression : inescapable but not escapable shock suppresses lymphocytes proliferation. Science. 1983, 221 :568-570

³⁸ Liu D., Dorio J., Tannembbaum J. Maternal care, Hypocampal Glucocorticoid Receptors and Hypotalamic-Pituitary -Adrenal Responses to stress. Science 1997; 277:1659-1662

³⁹ Fawzy F.L ,Fawzy N.J., and al. Short term psychiatric intervention for patients with malignant melanoma: effect on psychological state, coping and the immune system. In: C.E. Lewis, C.O'Sullivan, and J. Barraclough eds. The Psycho-immunology of cancer. Oxford, New York, Tokio : Oxford University Press; 1994. p. 291-320

⁴⁰ McGowan P.O., Sasaki A., D'Alessio A.C., Dymov S., Labonté B., Szyf M. et al Epigenetic regulation of the glucocorticoid receptor in human brain associates with childhood abuse. [Nat Neurosci.](#) 2009 Mar;12(3):342-8

⁴¹ Svensson T, Inoue M, Sawada N, Yamagishy K, Charvat H, Saito I,Kohuko Y et al. Coping strategies and risk of cardiovascular disease incidence and mortality: the Japan Public Health Center-based prospective Study.Eur.Hearth J. 201 Mar 14; 37 (11):890-9 doi: 10.1093/eurheartj/ehv72

⁴² Svensson T., Inoue M., Sawada N., Charvat H.O, Iwasaki M., Sasazuki S. et al. Coping strategies and cancer incidence mortality: the Japan Public Health Center-based prospective study. Cancer Epidemiol. 2016 Feb; 40: 126-33.doi10.1016/j.caneco.2015.12.003

meaning question to the person. Decrypting the individual semantic hologram and its interaction in a patient's life is the new necessary ending point of the clinical method.

The epistemological change in medical science brought the birth of the Person-centered Medicine paradigm (1998)^{43 44 45 46}, the derived Person-centered Medicine Clinical method^{47 48}, and the Person-centered Health concept⁴⁹ that I proposed to WHO⁵⁰, defined as "The choice of the best possibilities for being the best human person." It re-assesses the physicians' role, calls them for being "Person-centered Health anthropologists," and re-conceives Medicine as an "Anthropology of human nature." ***Clinicians, to date, should be able to conceive their work like "Maieutics" of the Person's individual nature. The physician's objective is to create the patient possibilities for interpreting a clinical event like an existential one, a maieutic of "the being person." It is structured on the diagnosis reformulation as "Person-centered," by looking at how the Person pilots interactions between the three health variables worlds and the disease development. It allows discovering a hidden meaning of the disease and improving the quality of life in a social and environmental context.*** Person-centered clinical work is naturally addressed to research the correct meaning of perceived possibilities. It assumes a spiritual dimension that we know to be interconnected to physiology, realizing in such a way the health definition: "The choice of the best possibilities for the best being a human person." A truth-based diagnosis about a clinical picture and the love received for own suffering corresponds to the person's research about an objective truth concerning his/her existence and desire to improve its quality by discovering the meaning of being-person in existence time. ***The Person, in this way, is not reduced to be an attribute of an abstract bio-technological diagnosis, only necessary in a survival emergency room. It requests to overcome a stimulus-answer linear causality-based diagnosis and therapy adopting a multidimensional and indeterministic one (fig. 2).***

⁴³ Brera G.R. The manifesto of Person-centered Medicine. Medicine, Mind Adolescence ,1999; Vol. XIV, n. 1-2:3-7

⁴⁴ Brera G.R. . Person-centered Medicine and Medical Education in third Millennium (with the introduction of Iosef Seifert The seven aims of Medicine it.) Roma- Pisa: IEPI ;2001 (Italian)

⁴⁵ Mezzich E.J. The Geneva Conferences and the emergence of the International Network for Person-centered Medicine. Journal of Evaluation of Clinical Practice 2011;17(2):333-33

⁴⁶ Brera G.R. Person-centered Medicine: Theory,Teaching,Research. Int.J.Pers. Cent.Med 2011; 1 (1):69-79

⁴⁷ Brera G.R. and ITFOP Education in Person-Centered Clinical Method and Perceived Quality of Person-Centered Clinical method. In : GR Brera, C. Brera G. R ,Violato C . 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 from http://www.unambro.it/html/pdf/Person_Centred_Clinical_Method_Teaching.pdf

⁴⁸ Brera G.R et al. Reliability and validity of Person-centered Medicine Clinical Method for a Person and People Centered Care: a survey on 144 clinical reports of physicians prepared to apply Person-centered Clinical Method to adolescents from the Academic Year 1997 to 2002 at the Milan School of Medicine of the University Ambrosiana . Proceedings of the Vth Geneva Conference on Person-centered Medicine . 2012 April 30-May 2 Geneva , Person-centered Medicine International Network 2012. DOI 10.13140/RG.2.1.4699.0568

⁴⁹ Brera G.R. The Person-centered Health Paradigm and its impact on health sciences.(Internet) Research Gate 2015 DOI:10.13140/RG.2.1.2594.1925 2015-05-21 T 15:42:05 UTC. Available from <https://www.researchgate.net/publication/277010325>

⁵⁰ WHO Person-centered Medicine and Medical Education. (internet) Geneva : WHO Symposium; 4 May 2011. WHO Available from http://www.unambro.it/html/pdf/All_Symposium_Education_People_Centred_4May2011.pdf

*Biotech reductionism is a risk factor for health if it excludes the right multifactorial and teleological interactionism, to date, the right epistemological reality of person-centered health and medical science in the light of the medical science progress. To date, this epistemological shift from deterministic mechanism is obligatory in primary care, prevention, research, and pre-post degree medical education. 95% of pathologies from non-communicable diseases come from a lifestyle⁵¹ built on the actual or false quality of being a person depending on the right or poor quality of the interpretation of perceived possibilities, and from right or wrong choices for adaptation to environmental requests.⁵² **Health appears to be a construct based on a right or wrong interpretation and choices among experience possibilities. (Table 1)***

HEALTH EPISTEMOLOGY	
•	HUMAN HEALTH IS AN INTERACTIONIST AND INDETERMINISTIC CONCEPT REALIZED BY THE EXPERIENCE POSSIBILITIES AND QUALITY INTERPRETATION ORIENTED BY THE HUMAN NATURE TELEONOMY TO A MEANING WARRANTING LIFE AND SURVIVAL (E.G THE TRUTH) . IT DEPICTS HEALTH RELATIVITY TO THE PERSON. THIS PROCESS INVOLVES THE INTERACTION BETWEEN THE PERSON'S – SUBJECTIVE, BIOLOGICAL, ENVIRONMENTAL RESOURCES.
•	HEALTH IS A HERMENEUTIC AND TELEONOMIC CONCEPT DEPENDING ON AN INTERPRETATION QUALITY RELATIVITY DIAGRAM AT DIFFERENT LEVELS (EXTERNAL WORLD/ INTERNAL WORLD).
•	HUMAN HEALTH IS THE CONTINUING CONSTRUCTION OF A NEW SPIRITUAL-SYMBOLIC-BIOLOGIC WORLD DEPENDS ON A BALANCE BETWEEN THE PERSON'S AND ENVIRONMENT INDUCTION OF PROTECTIVE OR RISK FACTORS HEALTH IS NOT A MECHANIC ADAPTATION
	HEALTH IN HUMANS IS AN EXISTENTIAL-METAPHYSICAL
•	CONCEPT BASED ON HUMAN NATURE TELEONOMY AND BELONGS TO THE HIGHEST PERSON'S IDENTITY, BASED ON FREEDOM, DIGNITY, AND RESPECT FOR THE WEAKEST AND IS CHARACTERIZED, AS CONSTANT , BY THE MYSTERY AND POSSIBILITY OF THE PERSON'S TO GIVE A MEANING TO EXPERIENCE
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Tab 1 Health epistemology

Communicable diseases become epidemic where there are no health policies addressed to create immune-metabolic possibilities for health, changing environmental and social conditions that could make more vulnerable to infections and transmission of diseases, and considering that peace is a necessary protective factor for health. A pandemic results from a wrong epistemological approach to human nature and Medicine based on linear causality, e.g., virus-infection-death, hiding the existence of a people immune-metabolic shield, that in more vulnerable people must be reinforced

⁵¹ Willet C. W., Balancing Life Style and Genomic Research for Disease Prevention. Science 2002 Apr 26; 296 (5568):695-8

⁵² Brera G. R The adolescent as person. Person-centered adolescence theory. Medicine Mind and Adolescence 2001; XVI (1-2): 5

and trained.⁵³ We know that we cannot separate existence from science and health and Medical science to construct a society where health and life are possibilities for all human beings from conception to natural death!

The epistemological revolution of Medicine leading to the first explicit paradigm of medical science and health "Person-centered Medicine" allowed to formulate a general theory of pathogenesis that can be assessed as: 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.

⁵³ The WHO COVID-19 and countries scientific committees prevention failure, like in Italy, based on epistemological and scientific ignorance, which omitted to prevent the infection in older people at risk of fatality (secondary prevention). Why didn't they learn the 2002 SARS-COV and 2010 MERS lesson made by thousand investigations ?