

EDITORIAL

1. Extraordinary Expert Professor, School of Medicine, Universidad Nacional Mayor de San Marcos, Lima, Peru. Honorary Academician, Peruvian Academy of Surgery, FACOG, Editor The Peruvian Journal of Gynecology and Obstetrics. ORCID iD: 0000-0002-3168-6717. Scopus Author ID: 34971781600
2. Obstetrician and Gynecologist, FACOG, President of the Committee on Sexual and Reproductive Rights of the Peruvian Society of Obstetrics and Gynecology, Member of the Peruvian Academy of Surgery, Scientific Editor The Peruvian Journal of Gynecology and Obstetrics, Latin American Master of Gynecology and Obstetrics. ORCID: 0000-0002-2603-3607

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Corresponding author:

José Pacheco-Romero

✉ jpachecoperu@yahoo.com

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Woman-Centered Medicine and Health Medicina y Salud Centrada en la Mujer

José Pacheco-Romero¹, Luis Távora Orozco²

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In the recent successful Person-Centered Medicine and Health Course in Latin America, 57 expert teachers from 16 countries participated, most of them from Latin America, USA, Canada and European countries. Hundreds of health professionals from Latin America attended, who gathered a significant amount of knowledge and experiences to be transferred to our reality.

Person-Centered Medicine (PCM) does not yet have a standard definition. It is defined as health care with the active participation of patients and their families or caregivers⁽¹⁾. The World Health Organization extends such care to communities⁽²⁾. It represents a holistic approach to health care of human beings in all their biopsychosocial dimensions according to their integral needs⁽³⁾, as a result of reflection on the transformation of the practice of medicine over the centuries from the empirical and paternalistic stages to those of bedside medicine and currently to modern medicine with technological, computer and artificial intelligence assistance.

In PCM's personalized and humanistic form of care that addresses both treatment and health prevention, medical vigilance is based on the professional's experience and scientific evidence and includes the ethics and values of the patient and his or her circumstances, but also those of the care team.

The Declaration of Principles of the Code of Ethics and Deontology of the Peruvian Medical Association states: 'Medicine is oriented towards respect for life and the achievement of the highest quality of life, it is a scientific and humanistic profession whose mission is to care for both individual and collective health, which implies promoting and preserving it, as well as preventing, treating, relieving and comforting the patient and their relatives, accompanying them respectfully and empathically in the course of agony and death⁽⁴⁾ a statement that is in accordance with the Hippocratic legacies.

The biopsychosocial model is postulated as the most appropriate way of understanding the reality of the human being, which does not contradict the biomedical model, but rather complements it. We recall that the British physician William Osler said that the good physician treats the disease, while the great physician treats the patient who has the disease⁽⁵⁾.

The course mentioned at the beginning of this editorial included a special session on Latin American Woman Centered Medicine and Health. It explored the situation of the care of women at different ages by the obstetrician-gynecologist specialist, the general practitioner and the specialized health professional. The health of girls and women is mediated by biology associated with sex, gender and other social determinants. Medical surveillance now starts from the fetal stage, carefully observing the anatomy, growth and development of the fetus,



with involvement of the specialist in fetal medicine and surgery when necessary. Later on, the obstetrician and gynecologist -and in Peru and Latin America the general practitioner- takes care of the adolescent, her sexual and reproductive health, gynecological disorders, gestation and childbirth, infertility and reproductive medicine, participates in the prevention of gynecological cancer, manages the climacteric and menopause problems and is concerned with maintaining health and reducing the diseases of aging. For this reason, Professor Mamhoud Fatalha proposed as early as 1997 to use the name Women's Health⁽⁶⁾.

We aspire to the application of PCM in obstetrics. Traditionally, women have been attended and supported by other women during childbirth. Today, in hospitals, continuous support during childbirth is often the exception. Women deliver unaccompanied in a non-private setting. The World Health Organization recommends respectful maternal care with dignity, confidentiality, without causing harm or mistreatment, and proposes informed choice and continuous support during labor and delivery⁽⁷⁾. Several publications around the world find better maternal and perinatal outcomes in cases of person-centered obstetric care. Thus, to speak of humanization in the quality of clinical care is to put the best competencies of its human resources at the service of women. Humanizing is a question of an ethical nature that relates to the values that guide our conduct in the field of obstetrics. The humanization of childbirth involves a pseudo-confrontation between two different cultures, one that privileges the value of efficiency based on the results of knowledge, technology and management, and the other that privileges respect for the individual, her autonomy and defends her rights.

Women live longer than men⁽⁸⁾. In 2022, life expectancy at birth in the world was 71.7 years, 75 years for women and 70 for men⁽⁹⁾. In the same year, life expectancy in Peru was 78 years⁽¹⁰⁾. Longevity will continue to increase as the fertility rate decreases and the age of having the first baby increases. Today's physician must be prepared to care for a woman who is living longer.

On the preventive side, in childhood the professional must be attentive to alterations that we often let pass as 'normal', but that we are ob-

serving are associated with future reproductive and health problems, such as genital malformations, menstrual alterations, dysmenorrhea, onset of sexual activity, sexually transmitted infections, ovarian cysts, pregnancy and abortion complications, contraceptive methods, as well as and more and more frequently, violence, mental health, alcohol and drugs, self-inflicted injuries, suicidal tendencies. If the physician is alert during the consultation, he/she can foresee problems that could later develop into complex diseases in the woman and will refer her to a specialized professional.

Evidence shows that cardiovascular diseases cause more deaths in women. Depression is more common in women than in men. Metabolic syndrome and obesity lead to diabetes, hypertension and are associated with cancer. And cervical and breast cancers are the most common cancers in women⁽⁸⁾. Although women live longer than men, morbidity is higher in women and they use health services more than men, especially during their reproductive years.

The Latin American PCM Network points out the scientific advances in disease research and the usefulness of their application in diagnosis and treatment. But it also finds excessive focus of the professional on diseases and organs, fragmentation of services, patient objectification, weakening of the physician-patient relationship, commercialization of health⁽¹¹⁾, together with resistance to the change of paradigm, adaptation of computer technology and artificial intelligence, growing dehumanization of health care, tendencies of professional corruption. Faced with this situation, physicians should not forget that the relationship health professional-woman/patient should consider the biological attributes, autonomy, human rights, ethics and dignity of the woman. Always include recommendations to preserve health (emotional, psychosocial, biological and others), prevent disease (balancing medicine and personalized care) and keep in mind the woman's life expectancy (elder-centered care)⁽¹²⁾. We suggest applying person-centered medicine when attending to the integral health of the woman's body and mind, which can also be extended to the family and, eventually, to the community.

We need to empower the population to be attended with quality and equality at all levels of



public and private care, strengthen the PCM approach in the teaching of future professionals and health officials, balance the economic income of the population for better education, food, work, housing, among others.

We are confident that sooner rather than later we will see the change we aspire to, within which the Peruvian Society of Obstetrics and Gynecology has a great task, in order to bring about a change in the model of care for women.

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